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

Demographics

Our Community

Total Population 1 ................................................................................................................................................................................. 65,465
Total Population, African American ........................................................................................................................................................... 1,304
Total Population, American Indian/Alaskan Natives .......................................................................................................................... 1,712
Total Population, Asian/Pacific Islander ................................................................................................................................................... 909
Total Population, Hispanic ..................................................................................................................................................................... 12,074
Total Population, White ........................................................................................................................................................................ 49,466
Total Live Births 2 .................................................................................................................................................................................. 758

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy 2 .......................... 69.8%
% of births covered by Medi-Cal 2 ............................................................................................................................................................ 68.3%
% of women ages 18-64 without health insurance 3 .......................................................................................................................... 22.1%
% of women giving birth to a second child within 24 months of a previous pregnancy * ................................................................. 41.7%
% live births less than 37 weeks’ gestation 2 ........................................................................................................................................... 8.8%
Gestational diabetes per 1,000 females age 15-44 .............................................................................................................................. 7.7
% of female population 18-64 living in poverty (0-200% FPL) 3 ........................................................................................................ 47.1%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* ....................................................................................... 104.0
Unemployment Rate 4 ........................................................................................................................................................................... 12.8

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) 2 ............................................................................................................................................. 35.5
Motor vehicle injury hospitalizations per 100,000 children age 0-146 .......................................................................................... 18.3
% of children, ages 0-18 years living in poverty (0-200% FPL) 3 ......................................................................................................... 61.4%
Mental health hospitalizations per 100,000 age 15-24* ..................................................................................................................... 2,566.2
Children in Foster Care per 1,000 children 5 ......................................................................................................................................... 12.2
Substance abuse hospitalization per 100,000 aged 15-24* ................................................................................................................ 1,586.9

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

• Lake County is located in Northern California just two hours by car from the San Francisco Bay Area, the Sacramento Valley, or the Pacific Coast. The two main transportation corridors through the county are State Routes 29 and 20.

• Predominantly rural, about 100 miles long by 50 miles wide, and includes the largest natural lake within California borders.

• Economy is based largely on tourism and recreation. Lake County is mostly agricultural, with tourist facilities and some light industry. Major crops include pears, walnuts and wine grapes. Dotted with vineyards and wineries, orchards and farm stands, and small towns, the county is home to Clear Lake, California’s largest natural freshwater lake, known as “The Bass Capital of the West,” and Mt. Konocti, which towers over Clear Lake.

• Many roads are unpaved, unmarked, and unlit, even within blocks of main streets and schools in Clearlake and Lakeport. In addition, few market and store availabilities which make transportation a necessity for this population.
• Lake County has 6.2 numbers of recreational facilities per 100,000 residents. With limited access to parks and open spaces, only 18.4% of adults engage in regular weekly walking. An estimated 17.6% of adults did not exercise in the past month.

• Lake County was struck by two natural disasters this fiscal year – Clayton fire and flooding

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

• Multiple collaboratives and/or coalitions exist such as Health Leadership Network, Hope Rising/ Wellville, Lake County Health Coalition, Tribal Health Continuous Quality Improvement Committee (Home Visitation Program), Breastfeeding Coalition, Safe RX Opioid Task Force, Partnership HealthPlan – Public Health committee, Oral Health Access Council, MCAH Advisory Board, Mother-Wise Program, Suicide Prevention Task Force, Healthy Start Collaborative, Children’s Council, Lake County First 5 Commission, and Child Health and Disability (CHAD).

• Opioid usage data from Partnership HealthPlan shows positive downward trends on several fronts with opioid Rxs.

• Specialty care for the MCAH populations remains an ongoing problem. Local transportation resources are underfunded and fluctuate in availability. Often families are able to access gas funds but don’t have a vehicle. Several groups are looking at this need especially with Partnership HealthPlan, because the majority of MCAH population base is on this Managed Care Medi-Cal plan.

• Providing CPSP services to incarcerated females is being implemented in Lake County by Jail Medical – California Forensic Medical Group.

• Arresting law enforcement officers are screening all females for pregnancy. If yes, then taken to local emergency room for medical clearance.

• A free sleep sack program for newborns to prevent suffocation by blankets/bedding has now been implemented both birthing units in Lake County. MCAH program initiated this program with Clearlake Hospital’s birthing unit. Its success has led to similar project at Sutter Lakeside Hospital’s birthing unit. Nurses at the birthing center pass out sleep sacks with safe sleep information. Lake County Public Health provides a free sleep sack for those babies born outside of these birthing units that participate in a mini in-service on safe sleeping practices and/or enrolled in the MCAH HVP.

• Due to natural disasters – fires and flooding – housing is a problem. MCAH is now receiving referrals on pregnant females in homeless encampments. LHJ staff is working with law enforcement, Department of Social Services, Behavioral Health and medical providers.

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

• In the recent Robert Wood Johnson Community Health Status report, Lake County is currently ranked second from bottom in health outcomes-#56 out of the 57 that were ranked. County data and ranking continues to motivate several groups such as Health Leadership Network, Hope Rising/ Wellville, Lake County Health Coalition, Safe Rx Opioid Task Force, Oral Health Access Council, etc.

• MCAH Director continues her two-year Public Health Nurse Leadership Award training and project with Robert Wood Johnson Foundation and California Action Coalition which ends in September 2017 with leadership conference at CDC. Project is nursing workforce – retention and recruitment.

• Partnership HealthPlan is providing data on the population trends in Lake County. Incremental changes are being made but much more work is needed to develop a “Culture of Health” in Lake County. They share data sheets 3-4 times yearly on their health measurements (HEDIS indicators).

• OB providers are limited so covering more than one CPSP clinic. They are being paired with MDs and/or midwives.

• Clearlake Dental Clinic is in the process of expanding their dental chairs so they can meet the needs of our largest populated community. They are utilizing the MCAH purchased portable dental chair and equipment to provide dental care at school based clinic on campus, Konocti Unified School District’s middle school and high school campus.

• Mother-Wise Program is a grass roots program that receives funding from Lake County Behavioral Health and First 5 Commission to coordinate volunteer support to new parents at risk for post-partum mood disorders. They have locations for
play/support groups where parents can meet with their newborns. MCAH program is a consultant to this group; cross referrals happen between Mother-Wise clients and MCAH HVP, and MCAH distributes information about this program into the community and/or with CPSP providers.