**Demographics**

### Our Community

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>35,038</td>
</tr>
<tr>
<td>Total Population, African American</td>
<td>3,038</td>
</tr>
<tr>
<td>Total Population, American Indian/Alaskan Natives</td>
<td>1,098</td>
</tr>
<tr>
<td>Total Population, Asian/Pacific Islander</td>
<td>585</td>
</tr>
<tr>
<td>Total Population, Hispanic</td>
<td>6,220</td>
</tr>
<tr>
<td>Total Population, White</td>
<td>24,097</td>
</tr>
<tr>
<td>Total Live Births</td>
<td>294</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: 78.5%
- % of births covered by Medi-Cal: 46.6%
- % of women ages 18-64 without health insurance: 15.2%
- % of women giving birth to a second child within 24 months of a previous pregnancy: 43.5%
- % live births less than 37 weeks gestation: 7.5%
- Gestational diabetes per 1,000 females age 15-44: 77
- % of female population 18-64 living in poverty (0-200% FPL): 33.2%
- Substance use diagnosis per 1,000 hospitalizations of pregnant women: 35.8
- Unemployment Rate: 12.2

### Our Children and Teens

- Teen Birth Rate per 1,000 births (ages 15-19): 30.4
- Motor vehicle injury hospitalizations per 100,000 children age 0-146: 0.0
- % of children, ages 0-18 years living in poverty (0-200% FPL): 41.8%
- Mental health hospitalizations per 100,000 age 15-24: 837.1
- Children in Foster Care per 1,000 children: 11.5
- Substance abuse hospitalization per 100,000 aged 15-24: 360.6

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

1. Lassen County is located in northeastern California along the Cascade mountain range and Sierra Nevada Mountains. Lassen County’s varied terrain encompasses forests, mountain ranges, agricultural valleys, and vast expanse of high desert. The County covers 4,557 square miles. Communities have distinct identities and are separated by long distances and rural roads. To the north of Lassen is Modoc County; Shasta County is to the west; Plumas County and Sierra County are to the south. The State of Nevada is Lassen’s eastern border. State route 44 and 36 connect Lassen County to the greater Sacramento Valley and the City of Redding, while Reno is a scenic 85-mile drive via Highway 395.

2. Government jobs employ the majority of Lassen County’s workforce with County, City, School Districts, three prisons; California Correctional Center, High Desert State Prison and Herlong Federal Prison and Sierra Army Depot as the major industries. Some of the other larger private employers include: Banner Lassen Medical Center, Northeastern Rural Health Clinic, Lassen Community College, Wal-Mart and Safeway.
3.) Walkability in the county is limited due to rural roads with little to no shoulder, dangerous curves, rare sidewalks, and long distances between desired destinations. However, there are many miles of developed trails for recreational use such as hiking, biking and horseback riding.

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

There is one community hospital in Lassen County, located in Susanville. It is staffed by private physicians and has an emergency room and a birthing facility. There is one CPSP provider, Northeastern Rural Health Clinic, located in Susanville. There are two permanent OBGYNs and one Certified Nurse Midwife that perform deliveries. There are no obstetrics specialists within the county.

There is one pediatrician in Lassen County. Northeastern Rural Health Clinic and Lassen Indian Health Clinic serve the Medi-Cal populations and have family physicians and nurse practitioners. Partnership Healthplan of California is Lassen County’s Medi-Cal managed care plan.

Lassen County is medically underserved. Challenges to accessing healthcare include lack of providers, health coverage issues and transportation to health services. Populations in outlying areas such as Herlong and Doyle must travel 45 minutes to access healthcare and minimal transportation services are available.

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

Lassen County is medically underserved.

- Clinics and the hospital struggle to recruit and maintain physicians and adequate healthcare providers.
- There are limited healthcare providers including OB services, pediatric health, behavioral health and healthcare specialists.
- The health clinics struggle to schedule timely appointments as they are often booked out far in advance. As a result, preventative care services such as well-child exams are often not completed on time.
- Adolescents have limited access to sexual health and education with no Planned Parenthood and lack of education in the school system due to social resistance.
- Specialist healthcare services are accessed out of county at a minimum of 85 miles travel. Those utilizing Medi-Cal must travel distances of 100 to 300 miles to access healthcare specialists within the state.

There is limited access to affordable, healthy foods. Outlying areas have limited grocery options. In some areas gas station convenience stores are the only available access to food for at least 30 miles.

- There are many inexpensive fast food options available with unhealthy food choices that are over utilized by low income populations. Tobacco use and substance use rates remain high due to societal acceptance and limited resources.
- There are no residential substance abuse treatment centers in the county.
- Substance abuse counseling is difficult to access by populations in outlying areas.

Progress to improve health outcome success of the following public health objectives

- Mandated smoke-free parks within the incorporated city.
- Health education campaigns including nutrition classes for Cal-fresh recipients.
- Community collaboration to target access to care and lack of providers.
- Programs for transportation assistance to healthcare services.