

Mono County

Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

Total Population ¹	14,305
Total Population, African American.....	37
Total Population, American Indian/ Alaskan Natives.....	211
Total Population, Asian/Pacific Islander	203
Total Population, Hispanic	3,880
Total Population, White.....	9,740
Total Live Births ²	131

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	74.6%
% of births covered by Medi-Cal ²	48.6%
% of women ages 18-64 without health insurance ³	23%
% of women giving birth to a second child within 24 months of a previous pregnancy *	22.6%
% live births less than 37 weeks gestation ²	9.2%
Gestational diabetes per 1,000 females age 15-44	4.6
% of female population 18-64 living in poverty (0-200% FPL) ³	37.2%
Substance use diagnosis per 1,000 hospitalizations of pregnant women*	4.6
Unemployment Rate ⁴	10.2

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) ²	20.6
Motor vehicle injury hospitalizations per 100,000 children age 0-146	0
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	46.9%
Mental health hospitalizations per 100,000 age 15-24*	380.3
Children in Foster Care per 1,000 children ⁵	1.5
Substance abuse hospitalization per 100,000 aged 15-24*	289.8

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

* Located on the eastside of the Sierra Nevada mountain range; north of Inyo County and south of Nevada State.

* 108 miles long and 38 miles wide; sparsely populated averaging 4.2 persons per square mile, mostly open space managed by the United States Forest Service and the Bureau of Land Management.

* One of the highest counties in the United States; many 13,000-14,000 -foot high peaks, seven highway passes ranging in elevation from 7,000 to 9,945 feet, all towns have elevations above 5,000 feet.

*Winters can last six to seven months and there is usually heavy snowfall between November and April.

* Major industries include recreation, accommodation, food services, arts, entertainment, education, health, social services,

construction, retail trade, ranching, agriculture, mining, and a small military presence.

* Large influx of tourists during winters and summers for snow sports, fishing, camping, hiking, biking, climbing.

* An abundance of open space for walkability, and continued work in towns to create safe routes to school and pedestrian friendly environments.

Health System – Health and Human Services for the MCAH Population

* Mono County has one birthing hospital, located in Mammoth Lakes. The hospital does not have a Neonatal Intensive Care Unit (NICU), so in general, high risk pregnancies are managed outside of the County. Infants born preterm or with other complications are transported to surrounding major medical centers in Los Angeles, Loma Linda, Reno, and Davis.

* There is one Obstetrics/Gynecology office associated with Mammoth Hospital, and they have chosen not to be a CPSP provider as historically they have been paid higher rates due to their rural health status.

* Sierra Park Dental in Mammoth Lakes and Toiyabe Indian Health Clinic in Coleville both provide services to Denti-Cal clients, but only Sierra Park Dental has Pediatric Dentists on site.

* Local Medi-Cal Managed Care Plans include Anthem Blue Cross and California Health & Wellness.

* Barriers to accessing services include lack of insurance for non-citizens, payment up-front for cash pay, limited public transportation, the culture of poverty, stigma related to accessing some services, beaurocratic/administrative burden, and fear of accessing services for immigrants.

Health Status and Disparities for the MCAH Population

Due to the small population in Mono County, local data is often unable to capture health disparities. However, it is evident when looking at anecdotal evidence, that these disparities exist. Examples include the following:

* Health Behaviors: Residents who live in rural parts of Mono County, low-income individuals, and the Hispanic population have higher rates of overweight and obesity. Children who come from low-income families and Hispanic children in general have poor oral health habits and more dental decay.

* Physical Environment: The remote location of Mono County and limited resources create an environment where some residents must travel hours for the services they need. This is not realistic for families who have limited means. Even if a family is able to access free transportation through MediCal Managed Care, they often have to travel long distances which are prohibitive when working multiple jobs without paid time off.

* Social Determinants of Health: Low income individuals, people who have limited English proficiency, and individuals with less formal education in general have poorer health.

* Progress Made: While the rates of children living in poverty has significantly declined since 2006, local poverty rates remain statistically higher than for California. Additionally, Mono County has a large population of Spanish-speaking only residents.

* Disparities in health related to income, education and language will continue to be a challenge on a population-wide basis.