### Demographics

#### Our Community

<table>
<thead>
<tr>
<th>Total Population</th>
<th>57,366</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population, African American</td>
<td>410</td>
</tr>
<tr>
<td>Total Population, American Indian/Alaskan Natives</td>
<td>256</td>
</tr>
<tr>
<td>Total Population, Asian/Pacific Islander</td>
<td>1,542</td>
</tr>
<tr>
<td>Total Population, Hispanic</td>
<td>32,775</td>
</tr>
<tr>
<td>Total Population, White</td>
<td>21,454</td>
</tr>
<tr>
<td>Total Live Births</td>
<td>752</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 | 83.1% |
- % of births covered by Medi-Cal | 48.5% |
- % of women ages 18-64 without health insurance | 21.8% |
- % of women giving birth to a second child within 24 months of a previous pregnancy | 34.5% |
- % live births less than 37 weeks gestation | 8.5% |
- Gestational diabetes per 1,000 females age 15-44 | 11.5 |
- % of female population 18-64 living in poverty (0-200% FPL) | 32.1% |
- Substance use diagnosis per 1,000 hospitalizations of pregnant women* | 12.5 |
- Unemployment Rate | 13 |

#### Our Children and Teens

- Teen Birth Rate per 1,000 births (ages 15-19) | 22% |
- Motor vehicle injury hospitalizations per 100,000 children age 0-146 | 23.5 |
- % of children, ages 0-18 years living in poverty (0-200% FPL) | 43.1% |
- Mental health hospitalizations per 100,000 age 15-24* | 891 |
- Children in Foster Care per 1,000 children | 5.9 |
- Substance abuse hospitalization per 100,000 aged 15-24* | 434.3 |

**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

San Benito County is located between Gavilan and Diablo mountain ranges at the southern end of the Santa Clara Valley. It is surrounded by Fresno, Merced, Monterey, Santa Clara and Santa Cruz counties. The City of Hollister, located 47 miles South of San Jose, is the county seat and other unincorporated areas include Aromas, Paicines, San Juan Bautista and Tres Pinos. More remote, outlying areas include Bitterwater, New Hydria, Panoche and Pinnacles National Monument/Park. At least 1/3 of the population lives in rural areas and over 49% of the employed commute out. Agriculture is the largest industry in San Benito County. Roughly 32,000 acres are farmed and 510,000 acres are grazed. Manufacturing, private and small businesses and County and City government also provide employment. Citizens can be observed daily utilizing the city sidewalks, streets and country roads for walking and biking which vary in levels of safety due to traffic/speed, crime and accessibility. Approximately 10 city and county parks provide open space for play, education, exercising and picnicking. Please visit http://sbcparks.org/parks/ for more information on recreation in San Benito County.
Health System – Health and Human Services for the MCAH Population

- Increase access to health care to the MCAH population through collaborative partnership.
- Promote screening and linkages of CYSHCN
- Implement a community awareness campaign targeting women of childbearing age and men and boys to increase awareness of healthy relationships and intimate partner violence
- Targeted SIDS outreach to MCAH population and other public health programs and providers. Increase knowledge of parents of newborns and childcare providers
- Adopt practices that support the exclusive initiation of breastfeeding within labor and delivery facilities as per state law
- Educate employers, pregnant and postpartum women employees on laws to implement lactation accommodations in businesses
- Promote practices that support breastfeeding within health centers including the local hospital to be designated Baby – Friendly by 2020
- Promote Healthy nutrition and increase physical activity among MCAH populations
- Develop policies to implement healthy food choices in schools and the community, increase access to community walkability and physical activity, promote breastfeeding
- Target injury prevention outreach to MCAH populations in collaboration with Safe Kids SBC, First 5, Behavioral Health, law enforcement, schools, hospitals, clinics and develop policies to implement injury prevention programs
- Increase access to local resources and agencies addressing adolescent mental and behavioral health issues, screening and early identification with linkage to appropriate referrals, suicide prevention organizations and hotlines, community outreach and education, collaboration

Health Status and Disparities for the MCAH Population

A lack of health care providers, undocumented residency status, migrant population and transportation pose challenges in accessing medical, mental health, dental and social services. The majority of births to San Benito County residents occur at the only hospital in Hollister, Hazel Hawkins Memorial, many of which are to Medi-Cal recipients. Surrounding counties also provide birthing hospitals; Santa Clara County, Monterey and Santa Cruz counties are utilized for prenatal care and births by citizens mostly with private health insurance. San Benito County has two CPSP providers, one which is an FQHC, sends patients out of county for third trimester care and births and the other is a rural clinic which is part of the local hospital system. San Benito County has two Denti-Cal providers, sedated dentistry is sent to Monterey and Santa Clara counties. According to the Healthy San Benito Initiative report of January 2014, high school and college educations are lower than that of the State and lower education statistics reveal that elementary students fare worse than the State of California in 3rd grade reading level and 7th grade math standards. Fifty percent of the restaurants in San Benito County are fast food restaurants with drive through windows making unhealthy food choices readily available and obesity rates in teens and adults are higher than 2 of the bordering counties, Monterey and Santa Cruz as well as the State. Youth tobacco use is higher than the State average and San Benito County has a lower rate of unemployment than the State. Preventable hospital stays and primary, dental and mental health provider-to-population rates are worse than the State average. Given that agriculture is the largest industry, there is a migrant population that is primarily Latino, uninsured and has limited access to health care. Poverty levels appear to be slightly lower than those of the state, but the statistics probably do not account for undocumented residents working for minimum wage and/or have unreported income. The rate of prenatal care first trimester entry has decreased, Gestational diabetes per 100 females age 15 to 44 has increased, perinatal mood disorders have increased, low birthweight has increased, hospitalizations due to substance use in youth aged 15-24 has risen, poverty in in women of childbearing age and children is on an upward trend for the period ending in 2013. Uninsured rates of children and youth have decreased, premature births have decreased, unemployment has declined, and mental health hospitalizations in youth age 15-24 have declined.