

# Sonoma County

## Maternal Child and Adolescent Health Community Profile 2017-18

### Demographics

#### Our Community

Total Population <sup>1</sup> .....	501,350
Total Population, African American .....	6,992
Total Population, American Indian/ Alaskan Natives.....	3,904
Total Population, Asian/Pacific Islander .....	22,136
Total Population, Hispanic .....	133,625
Total Population, White.....	320,419
Total Live Births <sup>2</sup> .....	5,092

#### Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy <sup>2</sup> .....	84.3%
% of births covered by Medi-Cal <sup>2</sup> .....	42.6%
% of women ages 18-64 without health insurance <sup>3</sup> .....	16.5%
% of women giving birth to a second child within 24 months of a previous pregnancy * .....	35.1%
% live births less than 37 weeks gestation <sup>2</sup> .....	7.4%
Gestational diabetes per 1,000 females age 15-44 .....	9.7%
% of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup> .....	45.2%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* .....	29.8
Unemployment Rate <sup>4</sup> .....	3.8%

#### Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) <sup>2</sup> .....	16.1
Motor vehicle injury hospitalizations per 100,000 children age 0-146 .....	6.7
% of children, ages 0-18 years living in poverty (0-200% FPL) <sup>3</sup> .....	39.2%
Mental health hospitalizations per 100,000 age 15-24* .....	1,138.7
Children in Foster Care per 1,000 children <sup>5</sup> .....	3.9
Substance abuse hospitalization per 100,000 aged 15-24* .....	549.7

Data sources: <sup>1</sup> CA Dept. of Finance population estimates for Year 2015, January 2013; <sup>2</sup> CA Birth Statistical Master Files 2011-2013 Annual Average, 3 year average; <sup>3</sup> California Health Interview Survey, 2014; <sup>4</sup> [State of California, Employment Development Department, February 2017](#); <sup>5</sup> [Data from CA Child Welfare Indicators Project, UC Berkeley Point in Time Jul 2015](#); <sup>6</sup> [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

Sonoma County is a large, urban-rural county encompassing 1,575 square miles neighbored to the south by Marin, east by Napa and north by Mendocino Counties. The Pacific coastline makes up the western border. Open space and agricultural land account for a great majority of Sonoma County acreage. Sonoma County has 501,350 residents which inhabit nine cities and a large unincorporated area, including many geographically isolated communities. The majority of the county's population resides within cities clustered along the north-south Highway 101 corridor.

The county's principal employment sectors are: government and public education, educational and health services, professional and business services, retail, manufacturing, leisure and hospitality, construction, and agriculture.

Although many areas of Sonoma County are rural and the overall walkability score is low, a few cities such as Sebastopol, Healdsburg, and neighborhoods near downtown Santa Rosa, the county seat, have scores of 98 (daily errands do not require a car). General plans in Sonoma County include extensive provisions that enhance walkability and bicycling, and protect open space for outdoor recreation. Eight out of nine cities have adopted strong anti-sprawl measures including urban growth

boundaries. There remain opportunities for refining existing policies, and for more effective implementation and expansion into underserved neighborhoods.

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

Sonoma County has 7 acute care hospitals including 3 large non-profit corporate hospitals in Santa Rosa & 4 district hospitals = total 829 licensed beds; 5 hospitals operate perinatal services. An Alternative Birth Center staffed by Certified Nurse Midwives has operated for over 20 years and a birth center staffed by licensed midwives opened in 2014. There was an average of 93 “out of hospital births” between the years of 2010-2014.

The county has 17 Medi-Cal OB providers; 15 in Comprehensive Perinatal Services Program; 11 are FQHC/Indian Health Service sites which offer Presumptive Eligibility & have on-site Certified Enrollment Counselors.

8 dental providers (7 FQHC/Indian Health Service sites and St. Josephs) accept pregnant women & children with Denti-Cal and sliding scale for those without insurance; the local community college provides low-cost cleanings; preventative oral health services for children are provided; an outpatient pediatric dental surgery center exists for children and special needs clients on DentiCal that need sedation. Women, Infant & Children (WIC) offers Dental Days for WIC children at their offices. In 2016, WIC provided 1,368 dental visits to 1,100 children.

Substance Use Disorder Services: Perinatal Alcohol & Drug Treatment: 2 residential & 1 outpatient programs; 2 methadone programs; 1 tobacco cessation program for pregnant women and parents with children 0-5 years.

Sonoma County has a single County-Organized Health System managed Medi-Cal plan: Partnership Health Plan of California.

Challenges: high cost of living with relatively low salaries; geographically spread out without adequate public transportation; isolation; complicated mental health system; no residential recovery services for women needing medication-assisted treatment.

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

Residents struggle with the high cost of living and low wages, 41.6% households reported spending an estimated 30 percent or more of household income on housing costs (American Community Survey (ACS), 2015). To adequately meet basic needs needed on a daily basis by families, the self-sufficiency standard for two adults and one infant is \$65,585 (California Family Economic Self-Sufficiency Standard, 2014) and 45.9% of households with children reported living below the self-sufficiency standard (kidsdata.org, 2014).

47% of students are eligible for free and reduced price school meals (California Department of Education, 2016) and while only 19.9% of children are reported to be living in food insecure households (Kidsdata.org, 2016), significant disparities exist between Hispanic/Latino and White populations. 24.5% of Hispanic/Latino households with children (0-17) report incomes below the FPL (the FPL was \$24,008 for a family of two adults and two children in 2014) compared to White households (7.4%). However, 58% of white households receive CalFresh (Food Stamps) in contrast to 33% of Hispanic/Latino households (ACS, 2015). Low income families have less access to healthy foods, fewer parks & sidewalks and are exposed to more marketing of tobacco, alcohol and processed foods. Many work at low paying jobs without health insurance; yet are ineligible for Medi-Cal and public assistance.

In general, residents of color with less education, low income levels, and possible language barriers have decreased access to resources. For instance, 36.9% of Hispanic/Latino children (0-17) compared to 63.7% of White children (0-17) are receiving coordinated, ongoing, comprehensive care that meets the American Academy of Pediatrics ‘medical home’ standards (ACS, 2016). Therefore these vulnerable populations experience higher rates of poor health outcomes including higher rates of prematurity, teen birth, hypertension, diabetes, overweight/obesity and depression. The infant mortality rate of Hispanic Latino children under age 1 is 5 per 1,000 deaths compared to White children under age 1 is 3 per 1,000 deaths (California Department of Public Health (CDPH), 2015). Exceptions to this pattern are immunization rates and risky alcohol use which are greater problems in educated and higher income groups. MCAH programs promote economic self-sufficiency, prevention of tobacco, alcohol and drug use/exposure, access to high quality health care services, healthy foods, opportunities for safe physical activity, exclusive & sustained breastfeeding, availability of low-cost car seats and cribs. Since 2000-2002, Sonoma County has seen improvement in rates of teen births (rate of 21.2 to 13.6 from 2009-2013 according to the CDPH in 2015), closely-spaced pregnancies to teens & adults women, uninsured children, and deaths & motor vehicle injuries to adolescents.