Demographics

Our Community

Total Population 1 ....................................................................................................................................................................... 97,257
Total Population, African American ............................................................................................................................................. 1,887
Total Population, Hispanic ....................................................................................................................................................... 29,028
Total Population, White ........................................................................................................................................................... 50,009
Total Live Births 2 .................................................................................................................................................................... 1,285

Alaskan Natives ............................................................................................................................................................................. 989
Total Population, Asian/Pacific Islander .................................................................................................................................. 15,356
Total Population, American Indian/Alaskan Natives ........................................................................................................... 989
Total Population, African American ........................................................................................................................................... 1,887
Total Population, White ........................................................................................................................................................... 50,009
Total Live Births 2 .................................................................................................................................................................... 1,285

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy 2 .......... 71.2%
% of births covered by Medi-Cal 2 ................................................................................................................................................... 57.4%
% of women ages 18-64 without health insurance 3 .................................................................................................................. 23.3%
% of women giving birth to a second child within 24 months of a previous pregnancy * ................................................................. 37.7%
% live births less than 37 weeks’ gestation 2 .......................................................................................................................... 7.9%
Gestational diabetes per 1,000 females age 15-44 ..................................................................................................................... 8.4
% of female population 18-64 living in poverty (0-200% FPL) 3 .................................................................................................. 42.8%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* .............................................................................. 21.2%
Unemployment Rate 4 ............................................................................................................................................................... 16.6%

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) 2 ........................................................................................................................... 25.2
Motor vehicle injury hospitalizations per 100,000 children age 0-146 ..................................................................................... 7.9
% of children, ages 0-18 years living in poverty (0-200% FPL) 3 .................................................................................................. 54.9%
Mental health hospitalizations per 100,000 age 15-24* ............................................................................................................... 1,381.7
Children in Foster Care per 1,000 children 5 .......................................................................................................................... 6.5
Substance abuse hospitalization per 100,000 aged 15-24* ........................................................................................................ 758.4

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

Geography: Sutter County is situated in the northern Central Valley about 40 miles north of Sacramento. It lies between the Sacramento and Feather Rivers, and covers an area of 606.8 square miles. Sutter County is home to the smallest mountain range in the world, the Sutter Buttes. The southern half of the county shares its borders with Sacramento, Yolo and Placer Counties. Other neighboring counties include Colusa, Yuba, and Butte. The county consists of two incorporated cities: Yuba City and Live Oak, and several unincorporated areas. Yuba City has the largest population center, hub of government agencies, and the business district and downtown areas. Within a one-hour drive radius, residents of Sutter County have access to three State Universities, a major metropolitan airport, and the State Capitol.

Major Industries and Employers: Sutter County is primarily an agricultural area, and is known for rice, walnut, peach, tomato and prune production. Because agriculture is the largest industry in the county, Sutter County is home to a large population of seasonal and migrant workers and families.
Walkability and Recreational Areas: Sutter County has limited recreational opportunities for low-income residents. There is a bike path that runs between Yuba City and the small town of Sutter, but paths and lanes for walking and biking are otherwise limited.

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

Maternal/Women’s Health: In Sutter County, there is one delivery hospital, Fremont Medical Center, in Yuba City. Rideout Health, the corporation that owns the facility plans to relocate birthing services to Rideout Memorial Hospital in Marysville on May 1, 2017. This move may create access barriers to residents of Sutter County. There is a limited number of prenatal care providers in the county, due to the recent closure of Rideout Health Women’s Services. Three of the four obstetricians from their clinic are no longer providing care in our area. There is currently one CPSP provider in Sutter County, Women’s Circle Midwife Services. Which is the only provider who accepts Presumptive Eligibility Medi-Cal. Sutter North Medical Group is the only other prenatal care provider in Sutter County. Sutter North accepts straight Medi-Cal, however there is an access to care issue for women on one of the 2 manage care plans, California Health and Wellness and Anthem Blue Cross. Sutter North Medical Group does not have a contract with California Health Wellness and although they have a contract with Anthem Blue Cross, they do not have a contract with River City Medical Group, the Independent Physician Association, which recently contracted with Anthem Blue Cross. There are 2 FQHCs in Sutter County, Ampla Health and Peach Tree Healthcare, however neither organization offers prenatal care.

Perinatal/Infant Health, Child Health, and Adolescent Health: In Sutter County, there seems to be an adequate amount of medical providers to meet the needs of these populations at this time. However, access to medical care for this population should be monitored, as families have begun reporting it is difficult to schedule appointments on short notice. There are two large private group practices (Sutter North and Rideout Primary Care), two FQHC systems (Ampla Health and Peach Tree Healthcare), and a tribal health center (Feather River Tribal Health). Families with children generally have adequate access to medical care, although transportation can be a barrier for many, especially those living in outlying areas. The bus service is very limited, and there are few transportation options for low-income persons.

Children with Special Health Care Needs: Sutter County Human Services operates a Level 2 CCS Program, and collaborates with CHDP, WIC, MCAH, FQHCs, and private medical providers. There is also an agency, Family Soup, that helps families of children with special needs navigate complex systems by offering support and resources. However, there are limited pediatric specialists, and families typically must travel to Sacramento or San Francisco for specialty care. Sutter County MCAH is currently in process of applying for Help Me Grow affiliation, in collaboration with the Sutter County Children and Families Commission, which is the leading agency on the project.

Cross-cutting or Life Course Issues: In Sutter County, there are some health disparities among the MCAH population. For example, teen birth rates are similar to the state average. However, the rate is disproportionately high for Hispanic women under age 20. Additionally, Sutter County has had low rates of early access to prenatal care. While there has been an upward trend in the rates of early access to prenatal care, the rate continues to be below the state average and the HP 2020 goal, and the rate is disproportionately lower among Hispanic women. The 2015/2016 MCAH Scope of Work included initiatives to promote the importance of early prenatal care and assess barriers to early prenatal care access. The 2016/2017 MCAH Scope of Work will continue to carry out these initiatives, as well as implement new initiatives that will address assisting women in accessing prenatal care and raising awareness of local options/resources for prenatal care coverage, providers, and transportation.

### Health Status and Disparities for the MCAH Population

In Sutter County, the main issues facing the MCAH population are higher than average rates of poverty, low breastfeeding rates, low access to early prenatal care rates, and an increasing trend in mood disorder hospitalizations in females of child-bearing age and mental health hospitalizations in youth 15-24.

A contributing factor to the low breastfeeding rates is the lack of breastfeeding resources and support in the community. The birthing hospital has historically offered very little, if any, breastfeeding support to new moms. The hospital now has one RN, IBCLC on staff to implement a program to support lactation. While there is no active La Leche League, there is the TriCounties Breastfeeding Alliance which is focusing on removing barriers to breastfeeding for local moms. WIC has a lactation peer
counseling program; the support is available to mothers participating in the WIC Program. This is a longstanding issue that has had little improvement over the past several decades. However, recently there seems to be more activity in regards to this issue, with the hospital beginning to address the issue and the TriCounties Breastfeeding Alliance implementing a strategic plan.

Barriers to accessing early prenatal care in the area include the largest OB-Gyn practice accepts only accepts straight MediCal, and there are a limited number of OB providers. Transportation is also a barrier for women residing in outlying areas of the county. This is a longstanding issue that has had very little improvement over the past several decades. MCAH continues to work on providing information regarding transportation services through the Managed Medical Plans.

Mental health and substance abuse disorders in the MCAH population were not identified in the 5 years needs assessment. However, do to the upward trend shown in the most recent data, MCAH plans to try to identify contributing factors and implement strategies to address this need in the 2017-2018 SOW.