

Yolo County

Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

Total Population ¹	211,658
Total Population, African American	6,484
Total Population, American Indian/ Alaskan Natives	1,168
Total Population, Asian/Pacific Islander	27,932
Total Population, Hispanic	65,680
Total Population, White	102,631
Total Live Births ²	2,420

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	80.2%
% of births covered by Medi-Cal ²	39.3%
% of women ages 18-64 without health insurance ³	17.9%
% of women giving birth to a second child within 24 months of a previous pregnancy *	20.8%
% live births less than 37 weeks' gestation ²	7.7%
Gestational diabetes per 1,000 females age 15-44	14.2
% of female population 18-64 living in poverty (0-200% FPL) ³	40.1%
Substance use diagnosis per 1,000 hospitalizations of pregnant women*	29.6
Unemployment Rate ⁴	5.8%

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) ²	8.5
Motor vehicle injury hospitalizations per 100,000 children age 0-146	16.2
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	41.8%
Mental health hospitalizations per 100,000 age 15-24*	643
Children in Foster Care per 1,000 children ⁵	3.6
Substance abuse hospitalization per 100,000 aged 15-24*	994.0

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

Yolo County encompasses 1,001 square miles and its eastern boundary is the Sacramento River. There are three major cities (Davis [population 68,314], Woodland [population 57,526]-and West Sacramento [population 53,082]). Eighty-two percent of the land is devoted to agriculture. About 13% of the ~214,000 residents live in rural areas. West Sacramento is the fastest-growing city in the county with a population increase of 68% between 2000 and 2016. The city of Davis is home to a UC campus of about 40,000 students and UC-Davis is also a major employer. There are a number of other large employers in biotech, agriculture, manufacturing, warehouse distribution, retail, healthcare and recreation. Woodland and Davis have high walkability scores. The county has 66 miles of bike lanes, mostly in Davis and Woodland. The county has 442 acres designated as parks and 2650 acres as open space.

Health System – Health and Human Services for the MCAH Population

Maternal Health: As part of the Healthy Yolo initiative, a workgroup on Chronic Disease Prevention was formed to identify areas for intervention. Yolo County NEOP conducts outreach events to increase healthy eating and activity levels, started a Safe Routes to School program in the Woodland Joint Unified School District, and supervises activities at the community garden in Woodland. The Maternal Mental Health Collaborative has developed a 5 year plan to train and engage providers, increase awareness of PMADs, and reduce stigma relating to PMADs. They also participate in the Healthy Yolo Mental Health (MH) Workgroup.

Infant health: Breastfeeding (BF) initiation and duration have improved, with 88% of infants being exclusively breastfed in the hospital in 2015 compared to 78% in 2009. Initiatives: two baby-friendly hospitals, WIC BF peer counseling program, Community BF Coalition. The FIMR Team continues to review infant death cases and to recommend improvements in maternal and infant care. MCAH Nurse Home Visiting Program provides case management for high-risk pregnant women and their infants and families. Yolo County has two evidence-based home visiting programs administered by partner agencies: Early Head Start via the Yolo County Office of Education and Healthy Families America via the Yolo County Children's Alliance.

Child Health: Programs to address injury prevention and healthy behaviors include NEOP, ATP Safe Routes to School, and the Yolo County Child Passenger Safety Program that provides low-cost car seats to families and car seat checks. Yolo County has a robust system of safety net providers that provide CHDP services for families on Medi-Cal.

Adolescent health: Initiatives include the Yolo County Tobacco Program's Youth Tobacco Coalition and Friday Night Live Programs, AFLP, and Teen Success (offered through Planned Parenthood). MCAH Adolescent Sexual Health Priority area staff are working with schools and other partners to revise the sexual education curriculum and are providing sex education classes for at-risk youth in the juvenile hall.

Approximately 800 children with special healthcare needs are served by the local California Children's Services (CCS) program. The county's most recent initiative has been to improve and coordinate continuity of care for young adults transitioning out of CCS at age 21.

Health Status and Disparities for the MCAH Population

Disparities: Certain neighborhoods in Woodland and West Sacramento and the rural unincorporated areas experience higher poverty rates; later prenatal care (PNC) entry rates; higher teen birth rates; and higher STD infection rates. Poverty rates among children and women of childbearing age in West Sacramento remain elevated compared to other cities in the county (24% and 18% in 2015, respectively) despite 8 years of economic recovery. About half of Yolo County mothers are overweight and one in four are obese, with Asian and Non-Hispanic White mothers less likely to be obese and to have obesity-related health problems such as GDM and Type II DM than Hispanic and black mothers.

First-trimester entry into PNC has fallen slightly from a high of 83% in 2014 to 80% in 2016. A lower percentage of mothers received first-trimester PNC in the county's rural communities. Teen birth rates declined from 16.9 per 1,000 in 2007 to 8.5 per 1,000 in 2016, driven by decline of more than 50% in the Hispanic teen birth rate from 52 births per 1,000 in 2007 to 20 per 1,000 in 2016. The Hispanic teen birth rate is more than twice the county rate.

The percentages of infants born preterm (7.7%) and at low birth weight (6.3%) in 2016 increased slightly but are below the State. Infant deaths rose in 2015 but then dropped to only 4 in 2016. Infant mortality rates remain similar to the State, whereas childhood (age 1 to 14) mortality rates are lower than the State. The county's two baby-friendly hospitals have higher breastfeeding initiation rates for all race ethnicities compared to the State. Racial disparities are lessening, with an increase in the percentage of black infants exclusively breastfeeding in the hospital from 65% in 2011 to 89% in 2015. Improvement has also occurred in duration of exclusive breastfeeding for infants receiving WIC benefits: 28% were exclusively breastfed at six months old in 2016 compared to only 16% in 2009.

The high school graduation rate has improved from 85.7% in 2012 to 89.2% in 2015. Regarding youth mortality, the rate for youth aged 1 to 24 from 2012 to 2016 was significantly higher for black youth at 67 deaths per 100,000 than all other race-ethnicities at 18 deaths per 100,000. The rate for black youth has fallen compared to the previous 5-year period 2007 to 2011 (72 deaths per 100,000).