

Placer County

Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

Total Population ¹	365,125
Total Population, African American	4,588
Total Population, American Indian/ Alaskan Natives	2,186
Total Population, Asian/Pacific Islander	19,983
Total Population, Hispanic	52,078
Total Population, White	275,049
Total Live Births ²	3,684

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	84.3%
% of births covered by Medi-Cal ²	24.3%
% of women ages 18-64 without health insurance ³	13.4%
% of women giving birth to a second child within 24 months of a previous pregnancy *	42.8%
% live births less than 37 weeks gestation ²	7.3%
Gestational diabetes per 1,000 females age 15-44	7.5
% of female population 18-64 living in poverty (0-200% FPL) ³	21.4%
Substance use diagnosis per 1,000 hospitalizations of pregnant women*	17.1
Unemployment Rate ⁴	9.3

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) ²	10.2
Motor vehicle injury hospitalizations per 100,000 children age 0-146	10.2
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	25.4%
Mental health hospitalizations per 100,000 age 15-24*	1,558.7
Children in Foster Care per 1,000 children ⁵	3.4
Substance abuse hospitalization per 100,000 aged 15-24*	745.8

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

1) Geography: Placer County is a geographically diverse county in Northern California with a population of 365,125. The county is separated into three geographic areas: (a) the Foothills – Roseville to Penryn; (b) the Gold Country - Newcastle to Dutch Flat; and (c) the High Sierras - Alta to Tahoe. It covers 1,506 square miles with approximately 68% of the population living within incorporated cities and towns and the remaining 32% residing in rural areas. Roseville is the largest city with approximately one third of the county population. Placer County’s population increased 34% from 2000-2015 and at a rate more than 3 times that of the state from 2000-2010.

2) Major industries and employers (Placer County Economic and Demographic Profile 2014): Placer County has become one of the fastest growing business communities in the State due to its world-class recreational opportunities, available housing, safe schools and neighborhoods, an educated workforce, an international transportation network, and the choice of rural and suburban living. The business sectors employing the largest numbers in Placer County are: a) Trade, Transportation and

Utilities, b) Educational and Health Services and c) Government. These industries combined make up about half of Placer County's economy.

3) Walkability and open space: Walkability scores in Placer County vary from 0 in isolated communities such as Emigrant Gap to a high of 66 in Roseville. Placer County has over 11,000 acres of open space, 154 developed parks, almost 27,000 acres of developed parks, almost 584,000 acres of State National Forest and recreational areas, 109 miles of trails and 12 beaches. Placer County operates 4 bus transportation options that will connect to neighboring counties such as Sacramento areas, North Shore Tahoe, Incline Village (Nevada State) and Truckee (Nevada County).

Health System – Health and Human Services for the MCAH Population

There are currently two hospitals where women give birth in Placer County (Sutter Roseville Medical Center and Kaiser Permanente); however, many deliveries are out of county at Mercy San Juan Hospital (Sacramento County), Tahoe Forest Hospital in Truckee (Nevada County), and Sierra Nevada Memorial Hospital in Grass Valley (Nevada County). There are no longer any CPSP providers in Placer County as of January 2015. There are currently 16 Denti-Cal providers for children in Placer County.

The most acute challenges in the local health care system include: 1) lack of providers accepting Medi-Cal; 2) low Medi-Cal reimbursement rates; 3) a managed care system that restricts access to providers (referrals are sometimes made as far as 200 miles away from the patient's home); 4) lack of adequate public transportation, especially to and from outlying areas; 5) lack of sufficient mental health care providers (ratio of providers to residents is lower than the State and Sacramento ratios); and 6) lack of delivering hospitals and obstetricians in Placer County – residents need to go to other counties to receive prenatal care and delivery. Provider availability varies by location around the county, and some areas are designated as federal Healthcare Provider Shortage Areas (HPSA) by the Health Resources and Services Administration. Geographic areas designated HPSAs for primary care services in Placer County include Foresthill, Colfax, and the greater North Tahoe area. A total of thirteen census tracts in the eastern portion of the county have a shortage of primary care providers. All of Placer County is designated as short in primary care, mental health, and dental providers for American Indian tribal populations.

Key disparities: Barriers for Latinos include lack of adequate transportation, stigma (especially for mental health care), language barriers, and difficulty navigating the health care system.

Placer County has two Medi-Cal managed care plans: Anthem Blue Cross and California Health & Wellness. Kaiser Permanente extends Medi-Cal Managed Care Plan services to their members who are Medi-Cal recipients. According to the DHCS report, as of 2015 Placer County ranked lowest among California counties in Medi-Cal enrollment and, in 2016, DHCS determined that 17% of the residents were certified as eligible for coverage.

Strategies/Initiatives: 1) Chapa de Indian Health Center, Auburn, CA, is partnering with Camellia Women's Health, Granite Bay, to provide CPSP-like services to Medi-Cal eligible pregnant women. 2) Weimar Family Care is also exploring options to collaborate with Western Sierra Medical Clinic and Sierra Nevada Hospital in Grass Valley to provide prenatal care services to Medi-Cal eligible pregnant women in the Auburn area. 3) In 2017, Placer County Medical Clinics were closed and Western Sierra Medical Clinic (WSMC) assumed the patient load. Placer MCAH enjoys strong collaborative efforts to expedite access to services. 4) Placer County was awarded a First5 Grant to address dental service disparities including access to services for pregnant women and children. This dental grant has created a partnership with Placer County WIC and Head Start to provide education, outreach and fluoride varnishing services. 5) WIC has been re-located from Human Services Division into the Public Health Division allowing for increased collaboration between MCAH In-Home Visiting/Case Management services and High Risk WIC clients as well as facilitating breastfeeding support to mutual clients.

Health Status and Disparities for the MCAH Population

Most women and children in Placer County are covered by some form of health insurance. In 2013, 6.5% of children ages 0 – 18 were uninsured and 13.4% of women ages 18 – 64 were uninsured. Only 24.3% of births were covered by Medi-Cal in 2013, compared with the State average of 45.3%. Overall, an estimated 10.7% of Placer county adults were uninsured (2014 data).

Hispanics have a slightly higher percentage of births, with 15% of the population and 18% of births to Hispanic mothers in 2013, while 73% of the population and 69% of births were to white mothers in 2013. Placer County has higher concentrations of Hispanics in Tahoe, North Auburn, Lincoln, Sheridan and parts of Roseville. Residents living in more isolated areas, such as Sheridan, Foresthill, and other foothill communities have transportation challenges in accessing health and human services. According to the Placer County 2017 Community Health Status Assessment, 29% of Hispanic/Latina mothers did not receive prenatal care in the first trimester, compared to 15% of white mothers (2013). Also, adolescent birth rate (15-19) among Hispanic/Latino females was 3 times the rate of white females (2014). Babies born in Kings Beach were low birth weight (<5 lbs. 8 oz.) at a rate 2.3 times the county rate (2010-2012).

CA Physical Fitness Test: Body Composition indicated that among 9th graders, 18% of Black/African American students, 14% Hispanic students and 9% of white students were at a higher probability of health risks related to weight/body fat. Additionally, Roseville (49-59 per 10,000), Rocklin (49 per 10,000) and Auburn (51 per 10,000) experienced high rates of mental health ER visits among youth (<18 years) compared to county rate of 42 per 10,000 populations.

Data from the California Department of Public Health shows that the state infant mortality rate declined slightly from 2009-2013. Placer County's infant mortality rate for the 5-year period was 4.1 deaths per 1,000 births. Though there was an upward fluctuation in the infant mortality rate across this 5- year period, analysis of two prior time spans (2004-2008 and 1999-2003) indicate that infant mortality continues to decline.

Households of Hispanic or Latino origin had a median income 28% lower than those who were white alone. Families with children (under age 18) were affected by poverty more than families with no children. In 2015, an estimated 6% of all Placer families lived in poverty compared to 10% of families with children. Across the state of California, 12% of families lived in poverty compared to 18% of families with children. According to estimates from the U.S. hunger relief organization Feeding America, there were about 45,470 people in Placer County in 2014, or 12.6% of the population, who were without reliable access to a sufficient quantity of affordable, nutritious food. In 2014, 5.6% of households in Placer County received CalFresh benefits, which was 58% of the rate of recipients across California (9.7%). In 2015, the Homeless Resource Council of the Sierras reported that 15% of Placer County's surveyed homeless were children.

Improvements: The 2014 Small Area Health Insurance Estimate (SAHIE) illustrates that: 1) The rates of uninsured adults dropped 30% from 2010 to 2014. 2) The rate of uninsured children dropped 33% from the 2010 figure. Children in Placer County who are at or below 138% of the Federal Poverty Level were twice as likely to be uninsured compared to children of all income levels. 3) The 2014 California Health Interview Survey found that about 94% of Placer County residents have a usual source of health care. 4) Data from the California Department of Public Health shows that the rate of babies who received any feedings by breast in the hospital remained steady from 2011-2015. The proportion of newborns who were exclusively breastfed in the hospital rose 6% over the same period.