

# Merced County

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

### Demographics

#### Our Community

Total Population <sup>1</sup> .....	263,441
Total Population, African American.....	8846
Total Population, American Indian/ Alaskan Natives.....	1,194
Total Population, Asian/Pacific Islander .....	19,635
Total Population, Hispanic .....	147,729
Total Population, White.....	81,379
Total Live Births <sup>2</sup> .....	4,161

#### Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy <sup>2</sup> .....	63.4%
% of births covered by Medi-Cal <sup>2</sup> .....	46.6%
% of women ages 18-64 without health insurance <sup>3</sup> .....	25.1%
% of women giving birth to a second child within 24 months of a previous pregnancy * .....	38.1%
% live births less than 37 weeks gestation <sup>2</sup> .....	8.5%
Gestational diabetes per 1,000 females age 15-44 .....	7.2
% of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup> .....	51.7%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* .....	20.6
Unemployment Rate <sup>4</sup> .....	16.1

#### Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) <sup>2</sup> .....	39.1%
Motor vehicle injury hospitalizations per 100,000 children age 0-146 .....	13.7
% of children, ages 0-18 years living in poverty (0-200% FPL) <sup>3</sup> .....	65.4%
Mental health hospitalizations per 100,000 age 15-24* .....	893.4
Children in Foster Care per 1,000 children <sup>5</sup> .....	7.6
Substance abuse hospitalization per 100,000 aged 15-24* .....	470.1

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

Merced is a medium-sized rural county in Central California. Located in the heart of the San Joaquin Valley, Merced is part of the world’s most productive agricultural areas. The County has six incorporated cities, and 18 additional census-designated places. In 2015, the population estimate of Merced County was 268,455 people. Since 2000, the population has grown by over 50,000 people, or 26.6%. Though considered a rural county, the majority of the residents in Merced County (85.7%) live in urban centers. Agricultural-related industries are focused on cattle, dairy, almonds, pistachios, sweet potatoes, and other crops.

Up to 30% of county residents are migrant and seasonal farm workers. Other major employers (more than 500 employees, listed alphabetically) in the county are the County of Merced, Foster Farms, Golden Valley Health Center, Hilmar Cheese Co., J Marchini & Son, Mercy Medical Center, Quad/Graphics Inc., University of California-Merced, and Western Marketing & Sales. The median age of Merced County residents is 30.2, which is young compared to the US median, 37.4. 31.0% of the county are younger than 18 years old; only 9.7% are 65 and older. Merced County is a very diverse county. The majority (58.2%) of

residents are Hispanic or Latino, 28.9% are White, 4.1% are Black, and 8.1% are Asian. The Merced County Hispanic/ Latino population has grown at an even faster pace than the general population—46.7% between 2000 and 2010. The county is home to approximately 7,254 Hmong persons, one of the largest concentrations of this group outside Southeast Asia. Nearly 52% of the County population speaks a primary language other than English at home (35.3% Spanish, 3.2% Hmong, 2.9% Portuguese and 1.0% Punjabi and 9% other noted as their primary language).

82.2% of Merced County teens agree or strongly agree that there is a park or playground near their house that is safe during the day. However, the majority of Merced County teens do not agree (71.8%) that they live near a park or playground that is safe at night. 72.1% of children and teens reside within walking distance to a park, playground, or open space.

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

Merced County Department of Public Health, Nursing Division implemented a Universal Referral form that is reviewed by the MCAH Director, MCAH Coordinator, AFLP Director, and NFP Supervisor and triaged into appropriate programs. The triage criteria are:

- Teens up to 19 years beyond 28 weeks gestation, post-partum, or multipara = AFLP
- Medically fragile infants or high risk mothers with substance abuse = MCAH
- Low-income high-risk pregnant mothers, eligible for Medi-Cal and over the age of 19 = CHVP/HFA
- Any referral that is not assigned a program or minimally wait-listed is referred to the Early Head Start (EHS) program for home visiting services by educators.

**The following intake criteria are used for our MCAH program:**

### Maternal Child & Adolescent Health

- Children 0 to 5-year population
- High-risk mom, e.g. substance abuse, no/late prenatal care, mental health issues
- Medically fragile infant/child, e.g. premature, exposure to substance abuse in utero, congenital anomalies

### Adolescent Family Life Program

- Less than 19 year's old
- Pregnant or parenting
- Not currently utilizing

### Cal Learn Services of Health Families America

- Age 19 years and older
- Pregnant
- High-risk, e.g. blended family
- Medi-Cal eligible

## Health Status and Disparities for the MCAH Population

A majority of all residents, and 2 out every 3 children in Merced County, are living in poverty (less than 200% FPL). 32% of County residents 25 years and older do not have a high school diploma. The Hispanic/Latino population has higher rates of no diploma (50.0%) than non-Hispanic/Latinos (14.7%). 16.7% of Merced County residents are food insecure (CA: 15.0%, US: 15.2%). Substandard housing is federally defined as having at least one of the following: 1) incomplete plumbing facilities, 2) incomplete kitchen facilities, 3) more than 1.01 occupants per room, 4) selected owner costs of greater than 30% of monthly income, or 5) gross rent of greater than 30% of monthly income. 45.2% of Merced County housing units meet one or more of these conditions. Licensed childcare spots are only available for 18% of the children in Merced County who might need them. Merced County's unemployment rate (12.8%) is higher than the state's rate (6.8%) and is over twice as large as the national rate (5.4%). 25.9% of Merced County residents characterize local healthcare services as "fair" or "poor" which may be caused by lack of access to services. 43.8% of Merced County adults report difficulty or delay in obtaining healthcare services in the past year. Merced County ranks higher than the 90th percentile for late prenatal care, indicating significant barriers to accessing early prenatal care.

Despite these challenges, Merced County has seen significant drops in rates of fetal in infant deaths, and has met the Healthy Passages 2020 objectives for pre-term birth and of low birth weight rates. Furthermore, though still above the state rates, Merced County has also seen a significant drop in teenage birth rates. Within these outcomes, some health inequities have been lessened. For example, the Merced County Hispanic population had fetal death, late fetal death, and neonatal death rates that were significantly higher than the state in the early 2000's; in 2010-12, those rates had all decreased were no longer significantly different from the state rates.

MCDPH developed the Merced County Community Health Improvement Plan (CHIP) which will serve as a blueprint for collective action to address health disparities and to promote health equity with the goal of health and wellness for all county residents. Health and wellness cannot be realized through medical care alone. Quality, accessible medical care is an important component of a healthy community and is identified as one of the CHIP's top three health priorities. But, the framework to achieve health and wellness must also be present at home, in neighborhoods and communities, at work, and at school. To build that framework, the social determinants of health – safe, violence-free environments, affordable housing, adequate education and training, and a broad base of livable-wage employment opportunities - must be available. MCAH aims to provide substantial support in improving the network of care by strengthening partnerships, prioritizing efforts and leveraging opportunities for collective impact in our community.