

Tuolumne County

Maternal Child and Adolescent Health Community Profile 2017-18

Demographics

Our Community

Total Population ¹	55,041
Total Population, African American.....	1,159
Total Population, American Indian/ Alaskan Natives.....	829
Total Population, Asian/Pacific Islander	625
Total Population, Hispanic	6,168
Total Population, White.....	44,904
Total Live Births ²	447

Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy ²	82.5%
% of births covered by Medi-Cal ²	50%
% of women ages 18-64 without health insurance ³	16.7%
% of women giving birth to a second child within 24 months of a previous pregnancy *	35.2%
% live births less than 37 weeks' gestation ²	7.4%
Gestational diabetes per 1,000 females age 15-44	3.7
% of female population 18-64 living in poverty (0-200% FPL) ³	33.1%
Substance use diagnosis per 1,000 hospitalizations of pregnant women*	14.0%
Unemployment Rate ⁴	12.7

Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) ²	18.8
Motor vehicle injury hospitalizations per 100,000 children age 0-146	13
% of children, ages 0-18 years living in poverty (0-200% FPL) ³	43.4
Mental health hospitalizations per 100,000 age 15-24*	1593.5
Children in Foster Care per 1,000 children ⁵	10.8
Substance abuse hospitalization per 100,000 aged 15-24*	881.1

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

Tuolumne County is a rural, foothill community in the southern Mother Lode Gold Country. The county lies just a half hour from local ski resorts and mountain recreation, 120 miles from San Francisco, a few hours south of Lake Tahoe and within an hour of Yosemite National Park on the western slope of the Sierra Nevada Mountains. Elevations range from 300 feet to 12,000. Over seventy (70%) percent of the land is publicly owned. The diverse landscape provides residents and visitors alike, an opportunity to use hiking trails, rivers and campgrounds in a wide array of outdoor sports such as biking, hiking, fishing, skiing and rock climbing. The area enjoys a mild, four-season climate. While a light snow may fall a few times a year, winters are relatively mild and above the fog of the San Joaquin Valley. Major Industries: Service industry, health care, recreation, tourism and retail stores.

Major employers: Tuolumne County, Adventist Health Care System, State Prison, retail stores and casinos. Collectively seasonal jobs, as well as small business and construction employ a large number of county residents.

Through the development of special projects, available walking and bike paths have increased. Four pedestrian paths were developed and expenditures and plans for three more projects have been finalized to improve community access to walking paths and bike trails. To insure ongoing development, a community workshop project priority list was developed to facilitate the needs of the community.

Health System – Health and Human Services for the MCAH Population

- Assess each Public Health client for eligibility for Medi-Cal and refer/link to Social Services.
- Encourage enrolled clients to complete an appointment with a health, dental or mental health care provider and follow-up to assure completion.
- Educate and assist parents to ensure that their children receive immunizations according to the recommended schedule.
- Assist with developing policies to integrate preconception health content into programs.
- Provide infant safe sleep education and SIDS risk reduction to Prenatal and CPSP providers and staff.
- Encourage Prenatal and CPSP providers to develop and implement policies/protocols to provide infant safe sleep and SIDS risk reduction information to their pregnant and postpartum women.
- Assist providers to identify and implement the use of validated tobacco smoking/vaping screening tools.
- Collaborate with other providers, community organizations, and support groups to establish a referral resource network.
- Develop a process to ensure partner involvement and engage them to draft a nutrition and physical activity plan (NUPA) utilizing the life course perspective to address obesity for the local MCAH population.
- Develop and implement a Continuous Quality Improvement/Quality Assurance (CQI/QA) process to monitor implementation of policies/processes, a regular feedback mechanism to continually improve the process and evaluate the impact.
- Assess providers for type of developmental screening tools used for children ages 0-5 years and for the number of children, including CYSHCN receiving a yearly preventive medical visit.

Health Status and Disparities for the MCAH Population

Although Medi-Cal Managed Care has now been in our county for the past three years there continues to be an ongoing challenge in the community with finding providers that are accepting Medi-Cal or there are lengthy waiting times to get in to providers as a new patient. This is due to an increase in residents who qualify for Medi-Cal as well as a lack of an adequate number of providers, particularly specialty providers. The MCAH population in turn goes to the Emergency Department routinely for health care that could be managed at the provider's office. This also includes the homeless population and the undocumented persons who do not have continuous healthcare. Transportation is also a barrier for access to care. The transit system has expanded service in the last few years but is still much more limited than urban areas. The poverty and unemployment rate remains a significant challenge with limited job opportunities. Tuolumne County continues to struggle with a high illicit drug use rate as well as a high alcohol and smoking rate with a high number of hospitalizations related to substance use, including opioid use. The number of children in foster care both initial and reentry remain higher than the State average.

Tuolumne County has many collaborative alliances that have been in place for well over twenty years. With such a long and rich history of partnerships agencies are able to leverage funding and work cooperatively to fill identified services gaps with limited resources. Public Health continues to work with Behavioral Health, Child Welfare to advocate for and provide care to the medically underserved. The youth suicide rate has decreased significantly as well as teen births over the past several years due to collaborative efforts of many of the area agencies and community based organizations.