

# Modoc County

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

### Demographics

#### Our Community

Total Population <sup>1</sup> .....	9,395
Total Population, African American.....	88
Total Population, American Indian/ Alaskan Natives.....	329
Total Population, Asian/Pacific Islander .....	102
Total Population, Hispanic .....	1,339
Total Population, White.....	7,536
Total Live Births <sup>2</sup> .....	63

#### Our Mothers and Babies

% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy <sup>2</sup> .....	52.5%
% of births covered by Medi-Cal <sup>2</sup> .....	49.2%
% of women ages 18-64 without health insurance <sup>3</sup> .....	24.1%
% of women giving birth to a second child within 24 months of a previous pregnancy * .....	44.2%
% live births less than 37 weeks gestation <sup>2</sup> .....	8.7%
Gestational diabetes per 1,000 females age 15-44 .....	*
% of female population 18-64 living in poverty (0-200% FPL) <sup>3</sup> .....	46.0%
Substance use diagnosis per 1,000 hospitalizations of pregnant women* .....	*
Unemployment Rate <sup>4</sup> .....	12.4

#### Our Children and Teens

Teen Birth Rate per 1,000 births (ages 15-19) <sup>2</sup> .....	13.3
Motor vehicle injury hospitalizations per 100,000 children age 0-146 .....	*
% of children, ages 0-18 years living in poverty (0-200% FPL) <sup>3</sup> .....	61.4%
Mental health hospitalizations per 100,000 age 15-24* .....	700.9
Children in Foster Care per 1,000 children <sup>5</sup> .....	5.8
Substance abuse hospitalization per 100,000 aged 15-24* .....	458.1

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

1) Modoc County is located in the northeastern corner of California. It borders Oregon and Nevada. It encompasses 4,203 square miles with a population density of 2.25 persons/square mile (2010, US Census). This remote northern county is characterized as high desert sage brush country with warm dry summers and freezing winters. The county seat and only incorporated city is Alturas. Alturas has a population of 2,827 people (2010, US Census). There are 13 unincorporated communities throughout the county with populations ranging from less than 20 to 514 people. Several of the communities are separated by high mountain ranges. Modoc county is relatively isolated from metropolitan areas with the closest city being Klamath Falls, Oregon which is 40-150 miles away depending on where one begins.

2) The largest employer in Modoc County is Government (Federal, State and Local) which employs 1,230 individuals (Jan. 2017, EDD). The private sector provides the second largest employment (1,050 individuals, Jan. 2017, EDD) which includes, hospitals/clinics, stores, motels, restaurants, and a casino. The third largest sector of employment is farming/agriculture (230 individuals, Jan. 2017, EDD). Median household income is \$37,860 (2011-2015, US Census)

3) Modoc has a significant amount of federal land which provides a conducive environment for hunting, bird watching, camping, fishing and various other outdoor activities.

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

The strategies that the MCAH program is utilizing to address maternal/women’s health, perinatal/infant health, child health, adolescent health, and children with special needs in Modoc County are:

- Conducting home visits for pregnant/postpartum women through the Perinatal Outreach Education program (POE).
- The POE program utilizes a nurse who helps women receive appropriate prenatal medical and dental care through case management and transportation assistance. In addition, the nurse provides educational information regarding healthy lifestyle, access to local resources, safe infant sleep practices, and successful breastfeeding.
- We provide another nurse home visiting program called the Healthy Beginnings program. The nurse works with families to ensure that children are receiving adequate medical and dental services, are achieving appropriate development, and that families have the resources they need to raise healthy children. We also help families access Mental Health and Alcohol and Drug services.
- We collaborate with the SNAP-Ed program to provide evidence based nutritional materials to families through our home visiting programs and presentations to various agencies.
- We work with the local dentists, schools, Early Head Start, Head Start, State Preschools, and home daycares to provide free dental screenings for children and pregnant women several times throughout the year.
- We collaborate with other agencies in order to conduct several injury prevention related activities throughout the year such as car seat safety events and bicycle rodeo.
- We have a nurse who works with schools to provide education to teens on healthy lifestyle choices, positive relationships, STDs/HIV prevention, and how to access local resources.
- We participate in several collaboratives that work together to address issues in our MCAH population such as, the MCAH Collaborative, the Prevention Collaborative, and the Domestic Violence Collaborative Response Team.

## **Health Status and Disparities for the MCAH Population**

Domestic violence has been identified as a key health disparity in Modoc County. According to the data provided through the Family Health Outcomes Project (FHOP), in 2013 Modoc had a rate of 878.6 calls to police for violent or aggressive behavior within the home per 100,000 populations. This is over twice the State rate of 406.7. There are likely several contributing factors. Modoc has a high rate of poverty. There are limited employment opportunities within the county. The jobs that are available tend to be in the service industry which often pays low wages. Young people generally have to travel 2-4 hours for onsite higher education or vocational training opportunities. In addition, substance use is prevalent in our communities and appears to be increasing.

The MCAH program is addressing this and other health disparities through our local nurse home visiting program. A nurse provides home or office visits to families with children 0-5 years of age. The program is partially funded through a First 5 grant. The nurse receives referrals and collaborates with Behavioral Health, Child Protective Services, Family Wellness Court, Early Head Start, local medical providers and other local agencies. The nurse provides education, support and case management services in order to help families meet their full potential. In particular, the nurse assists parents in establishing positive parent/child interactions through the utilization of the Nurturing Parenting Curriculum. The nurse ensures access to appropriate preventive oral health and CHDPs. She assists families with transportation barriers by providing gas vouchers and transports to out of town medical/dental appointments. She helps families understand health and nutrition concepts and provides resources to encourage healthy lifestyle choices.

Although it is often difficult for our small county to quantify the impact of a particular program, we have heard from many of our clients and partner agencies that this program has been beneficial for our community. We have served over 150 families since the program’s inception in 2007. We believe that working with families to enhance parent child interactions will help to

reduce domestic violence as children grow into adults. We are also working as a community to address this issue. Several agencies are involved in organizing educational events over the next year that are geared toward Adverse Childhood Experiences and Trauma Informed Care. We are hoping to utilize a multidisciplinary approach to develop community based interventions in order to address this issue.