

# 2022

## BASELINE COMMUNITY SNAPSHOT

A descriptive survey of Yolo County family wellbeing prior to the *Welcome Baby* program.



## About the Baseline Community Snapshot | Yolo County

*Welcome Baby* is a proactive prevention strategy designed to mitigate exposure to toxic stress related to the COVID-19 pandemic and to build family resiliency in Yolo County. The *Welcome Baby* evaluation will serve multiple purposes, including documenting the level of success in accomplishing program objectives, uncovering which participants benefit from the program and which do not, making midcourse adjustments to improve client flow and client outcomes, and deciding how to allocate limited public health sector funds.

The Baseline Community Snapshot aims to answer the following question: **How is the community faring before the *Welcome Baby* program begins?** This descriptive ‘snapshot’ of the community being served was conducted using data from recent years of retrospectively collected administrative and state-wide survey data. When possible, historical baselines are established for *Welcome Baby* population accountability outcomes of interest.

The snapshot is organized into the following sections:

- **General population and households:** characteristics including demographic features and family assets & vulnerabilities
- **General health outcomes and health factors:** social, behavioral, and structural factors associated with population health
- **Maternal and infant determinants of health:** health status and factors associated with population health for childbearing people and their infants, specifically
- **COVID-19 pandemic impacts**

### FIRST 5 YOLO MISSION STATEMENT

First 5 Yolo will assist our community to raise children who are healthy, safe, and ready to learn. We will assure that our resources are effectively used, and all community voices heard.

### FIRST 5 YOLO STRATEGIC GOALS

F5Y prioritizes four main areas of improvement in Yolo County: **Systems & Networks; Child Health; Child Safety;** and **Quality Early Learning.**

- **Improve Systems & Networks:** Investments, services, and advocacy efforts support and enhance a system of care that is coordinated, responsive, and delivered by effective providers.
- **Improve Child Health:** Investments and services provide prevention and early intervention so that children prenatal through 5 are supported in reaching their optimal developmental outcomes.
- **Improve Child Safety:** Investments and services support and strengthen parents, caregivers, and families to provide safe environments and relationships to allow children 0-5 to thrive.
- **Improve Quality Early Learning:** Investments and services improve access and opportunity for quality early learning so that children enter kindergarten ready to learn.

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### CREDITS AND CITATION

This **2022 Baseline Community Snapshot** reflects the hard work and commitment of multiple organizations.

The **Health Equity Across the Lifespan (HEAL) Lab** is the research hub for Dr. Leigh Ann Simmons, Professor and Chair in the Department of Human Ecology at UC Davis. The HEAL Lab is home to a group of interdisciplinary scholars with a goal of promoting population health equity by reducing disparities in chronic diseases among vulnerable and medically underserved populations.

**First 5 Yolo County** is the county agency that administers Yolo County’s Proposition 10 revenue allocation; as an agency, they are committed to serving the needs of the county’s youngest residents through direct services and systems change efforts.

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## EXECUTIVE SUMMARY

First 5 Yolo's mission is to assist the Yolo County community in raising children who are healthy, safe, and ready to learn. *Welcome Baby* is a new hybrid home visiting program that is designed to build family resiliency in response to the COVID-19 pandemic. To understand how Yolo County families are faring before *Welcome Baby* begins, the First 5 Yolo *Welcome Baby* team and the Health Equity Across the Lifespan (HEAL) Lab at UC Davis have collaborated on this Baseline Community Snapshot. The outcomes here serve as important context to understand more deeply those whom we serve; it also serves as a benchmark for later impacts of the *Welcome Baby* program itself. Using several large, county- and state-wide surveys, reports, and administrative datasets as our primary data sources, we have sought to gain a holistic understanding of strengths and areas of need for families living in Yolo County.

**Yolo County is diverse and growing.** Yolo County is among the smaller counties of California. The population is growing, however, at a slightly faster rate than California as a whole. There are numerous distinct geographical areas (including major metropolitan, urban, suburban, and rural areas) and significant racial, ethnic, and language diversity in the community.

**General health measures show many areas of strength.** Overall, Yolo County is one of the healthiest in the state, ranking 13<sup>th</sup> out of 58 in the County Health Rankings. We are among the leading counties in important indicators like child mortality, obesity, and access to clinical care for the general population.

**Income inequality is very high.** One area that is particularly concerning is that income inequity – the ratio of income from the top earners as compared to the bottom earners – is extremely high. In fact, Yolo County ranks last (58<sup>th</sup> out of 58) in income inequality in the State of California. The income of those in the 80<sup>th</sup> percentile of earners is ~\$153,000, while the income at the 20<sup>th</sup> percentile is ~\$26,000 (a ratio of 5.9). As a comparison, the neighboring county of Solano has a ratio of less than 4. The proportion of the population living in poverty has also remained stubbornly high over the last 10 years, despite significant reductions in poverty in the state of California overall.



**Mental health is a major concern.** In the general population, mental health is poorer among Yolo County residents compared to the state overall: those in Yolo County report more days of poor mental health per month and more frequent mental distress. Substance use in the general population – as well as among those who are new parents – is also significantly higher than in California overall. This is

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unsurprising, given the strong evidence that higher income inequality is tied to poorer population mental health. Proximal risk factors for poor mental health in new parents – like intimate partner violence, lacking social support, food insecurity, and housing instability – are also substantially higher in the Yolo County Medi-Cal population when compared to California as a whole. Perhaps due to these societal factors, child welfare indicators in Yolo County are also worrying. Despite similar rates of allegations and investigations of child maltreatment as compared to all of California, Yolo County has a higher rate of substantiation, and a higher likelihood of maltreatment befalling those who are infants and toddlers.

**Children suffered during the pandemic.** The state of income inequity, caregiver mental health, and child welfare were sufficiently troubling prior to the COVID-19 pandemic; but the effect of the pandemic and its economic fallout has likely been a dramatic exacerbation of these existing societal conditions. Preliminary data shows loss of health insurance and lower access to healthcare for children and birthing people; underemployment; increased childcare difficulties; and fewer opportunities for educators to step in to address child maltreatment. Continued data collection is important to provide an accurate account of community wellbeing as we move into the future.

**First 5 Yolo Welcome Baby is designed to address these challenges.** *Welcome Baby* provides another layer to the social safety net for parents and their newborns who have limited economic resources. Given the findings that Yolo County specifically struggles with income inequity and its damaging effects to mental health, this is a crucial component of an equitable system of care.

- A major gap in care for Californians is a lack of accessible, evidence-based home visiting for families that need it most. *Welcome Baby* aims to fill this gap in Yolo County.
- *Welcome Baby* plays to Yolo County’s considerable community strengths, including its racial, ethnic, and language diversity, as well as the recent expansion of Medi-Cal coverage to encompass the entire first year postpartum.
- Community home visitors in *Welcome Baby* work with low-income families to get them connected to programs that they qualify for, like WIC, CalFresh, and Help Me Grow.
- Postpartum mental health is prioritized in the *Welcome Baby* program. Newly postpartum participants are screened for psychological distress early and often, taught the signposts of postpartum mental distress in a non-stigmatizing way, provided trauma-informed lactation support, and connected with high quality and culturally appropriate mental healthcare providers as needed.
- Addressing key drivers of postpartum mental health is also a priority for home visitors – including food and housing insecurity, disconnection from primary medical care, social isolation, and breastfeeding difficulties.
- *Welcome Baby* is flexible in responding to the needs of the specific families being served. Those who desire a one-time check-in are afforded that ‘light touch’ opportunity, while those who desire or need a deeper dive will be provided additional visits and support.

**Moving forward.** First 5 Yolo’s *Welcome Baby* program, a hybrid home visiting model funded by the American Rescue Plan (ARP), is an important step in the right direction to ensuring that every family in Yolo County can reach their full potential as we recover from the COVID-19 pandemic.

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### INDICATOR DEFINITIONS

**Children in poverty:** the percentage of people under age 18 living in a household whose family income is below the federal poverty threshold for their family size

**Excessive drinking:** the percentage of a county’s adult population that reports binge or heavy drinking in the past 30 days

**Food insecurity:** the percentage of the population who did not have access to a reliable source of food during the past year

**Frequent mental distress:** the percentage of adults self-reporting 14 days or more of poor mental health per month

**Frequent physical distress:** the percentage of adults self-reporting 14 days or more of poor physical health per month

**Income inequality:** the ratio of household income at the 80<sup>th</sup> percentile to that at the 20<sup>th</sup> percentile, from the American Community Survey

**Low birthweight:** the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.), from the National Center for Health Statistics Natality files

**Maltreatment allegations:** the unduplicated count of children/youth (0-17 years old) with one or more of the following allegations (i.e sexual abuse, general neglect, caretaker absence/incapacity, physical abuse, exploitation, at risk (sibling abused), severe neglect, emotional abuse, and substantial risk)

**Maltreatment investigations:** The unduplicated count of children/youth (0-17 years old) with an investigated child maltreatment allegation

**Maltreatment substantiations:** The unduplicated count of children/youth (0-17 years old) whose allegation of maltreatment or risk of maltreatment was supported or founded according to state law or policy

**Poor or fair health:** the percentage of adults in a county who self-report currently being in “poor” or “fair” health

**Physical inactivity:** the percentage of adults ages 20 and over reporting no leisure-time physical activity in the past month

**Severe housing cost burden:** the percentage of households that spend 50% or more of their household income on housing

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### GENERAL POPULATION AND HOUSEHOLDS

Data on general population characteristics include total population and population change over time, household type, poverty status, and race / ethnicity / immigration information. Data comes from the 2010 and 2020 US Census, the American Community Survey (ACS; conducted annually, five-year grouped estimates from 2016-2020), and the California Health Interview Survey (CHIS) Dashboard.

#### GENERAL POPULATION CHARACTERISTICS, 2020

	Yolo County		California	
	Count	Percent	Count	Percent
Total Population	<b>216,403</b>		<b>39,538,223</b>	
Population change, 2010-2020	<b>+15,554</b>	<b>+7.7%</b>	<b>+2,284,267</b>	<b>+6.1%</b>
Total Households	<b>74,614</b>		<b>13,103,114</b>	
Family with children *		<b>30.3%</b>		<b>29.7%</b>
Single parent with children *		<b>8.2%</b>		<b>8.5%</b>

Source: 2010 and 2020 Census; American Community Survey five-year estimates 2016-2020

\* Universe: total households

#### ETHNICITY, RACE, AND IMMIGRATION STATUS, 2020

	Yolo County		California	
	Count	Percent	Count	Percent
Hispanic or Latino/a (of any race)	<b>71,700</b>	<b>33.1%</b>	<b>15,579,652</b>	<b>39.4%</b>
Race				
White	<b>107,304</b>	<b>43.4%</b>	<b>16,296,122</b>	<b>41.2%</b>
Black	<b>6,164</b>	<b>2.8%</b>	<b>2,237,044</b>	<b>5.7%</b>
Asian / Pacific Islander	<b>31,571</b>	<b>14.6%</b>	<b>6,243,210</b>	<b>15.8%</b>
American Indian / Alaskan Native	<b>3,366</b>	<b>1.6%</b>	<b>631,016</b>	<b>1.6%</b>
Other & Multiracial	<b>67,998</b>	<b>31.4%</b>	<b>14,130,831</b>	<b>35.7%</b>
Immigration Status (estimate) *				
US Born / Naturalized Citizen	<b>203,000</b>	<b>94.9%</b>	<b>34,812,000</b>	<b>89.6%</b>
Non-Citizen	<b>11,000</b>	<b>5.1%</b>	<b>4,037,000</b>	<b>10.4%</b>
Does not speak English well or at all *		<b>17.6%</b>		<b>20.2%</b>

Source: 2020 Census; CHIS dashboard, UCLA website: <http://healthpolicy.ucla.edu>

\* Universe: Imputed CHIS total California and Yolo County populations

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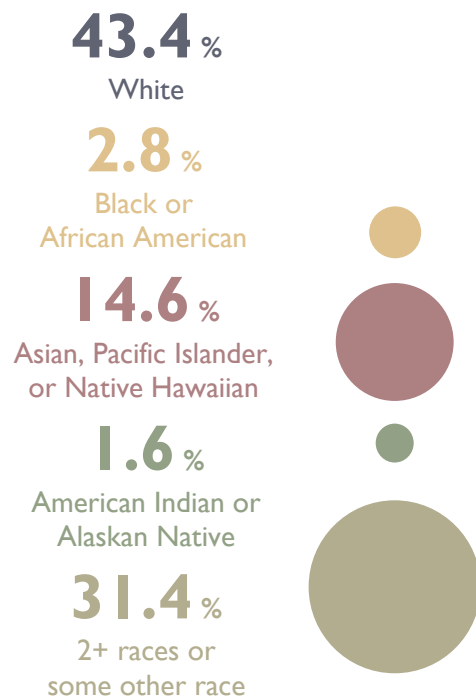
YOLO COUNTY FAMILIES AND CHILDREN

Yolo County is home to 216,400 people. **45,400 are children.**

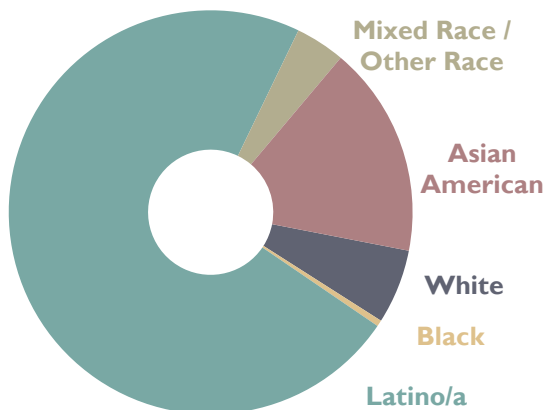
While many are thriving, too many children aged 0-to-5 face marginalization due to the structural inequities of poverty and racism.

Yolo County is considered a majority-minority county, like most of the state of California. After *White* race, the second most populous racial group is that of Asian Americans. About one third of Yolo County’s population also identifies as Hispanic or Latino/a. While the portion of the population living in poverty has decreased in California, the portion in Yolo County is about the same as a decade ago.

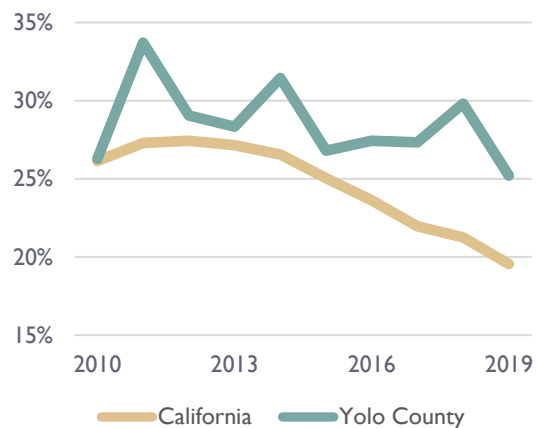
**In California, there are estimated to be about 2.3 million immigrants lacking authorized status**, while an additional 385,000 have Temporary Protected Status (TPS) or Deferred Action for Childhood Arrivals (DACA) status. Many families with unauthorized or mixed status confront barriers to accessing basic services, like healthcare, affordable housing, and means-tested programs.



Portion of Yolo County Population Lacking Authorization, by Race / Ethnicity in 2018



Percent of Residents in Poverty



Sources: US 2020 Census; 2010 – 2019 American Community Survey 1-year estimates; California Immigrant Data Portal (CIDP)

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### GENERAL HEALTH OUTCOMES AND HEALTH FACTORS

The general health outcomes and health factors tables include information about the quality of life, health behaviors, clinical care, and social and economic factors in Yolo County and California. This data comes from County Health Rankings & Roadmaps which uses a variety of state and national data sources. This information reflects the most recent County Health Rankings available (2021).

#### QUALITY OF LIFE, 2021

	Yolo County		California	
	Count	Percent	Count	Percent
Low birthweight		<b>6.0%</b>		<b>7.0%</b>
Infant mortality, incidence per 1,000 live births	<b>4</b>		<b>4</b>	
Child mortality, incidence per 100,000	<b>20</b>		<b>40</b>	
Poor or fair health *		<b>18.0%</b>		<b>18.0%</b>
Frequent physical distress		<b>13.0%</b>		<b>12.0%</b>
Frequent mental distress		<b>13.0%</b>		<b>11.0%</b>
Poor physical health days, average per month	<b>4.1</b>		<b>3.9</b>	
Poor mental health days, average per month	<b>4.3</b>		<b>3.7</b>	

Source: County Health Rankings & Roadmaps, website: <http://www.countyhealthrankings.org>

\* Universe: Adult respondents in California and Yolo County

#### HEALTH BEHAVIORS, 2021

	Yolo County	California
	Percent	Percent
Adult obesity	<b>24.0%</b>	<b>24.0%</b>
Physical inactivity	<b>15.0%</b>	<b>18.0%</b>
Adult smoking	<b>14.0%</b>	<b>11.0%</b>
Excessive drinking	<b>20.0%</b>	<b>18.0%</b>

Source: County Health Rankings & Roadmaps, website: <http://www.countyhealthrankings.org>

Universe: Adult respondents (age-adjusted) in California and Yolo County

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### CLINICAL CARE, 2021

	Yolo County		California	
	Count	Percent	Count	Percent
Uninsured adults		<b>8.0%</b>		<b>10.0%</b>
Uninsured children		<b>3.0%</b>		<b>3.0%</b>
Preventable hospital stays, incidence per 100,000 *	<b>2,454</b>		<b>3,358</b>	

Source: County Health Rankings & Roadmaps, website: <http://www.countyhealthrankings.org>

Universe: Adults under age 65 and children under age 19 in California and Yolo County

\* Universe: Medicare enrollees

### SOCIAL AND ECONOMIC FACTORS, 2021

	Yolo County		California	
	Count	Percent	Count	Percent
Median household income	<b>\$71,000</b>		<b>\$80,400</b>	
Income inequality	<b>5.9</b>		<b>5.2</b>	
High school graduation		<b>86.0%</b>		<b>87.0%</b>
Unemployment		<b>4.1%</b>		<b>4.0%</b>
Children in poverty		<b>13.0%</b>		<b>16.0%</b>
Food insecurity		<b>11.0%</b>		<b>11.0%</b>
Homeownership		<b>52.0%</b>		<b>55.0%</b>
Severe housing cost burden		<b>19.0%</b>		<b>20.0%</b>

Source: County Health Rankings & Roadmaps, website: <http://www.countyhealthrankings.org>

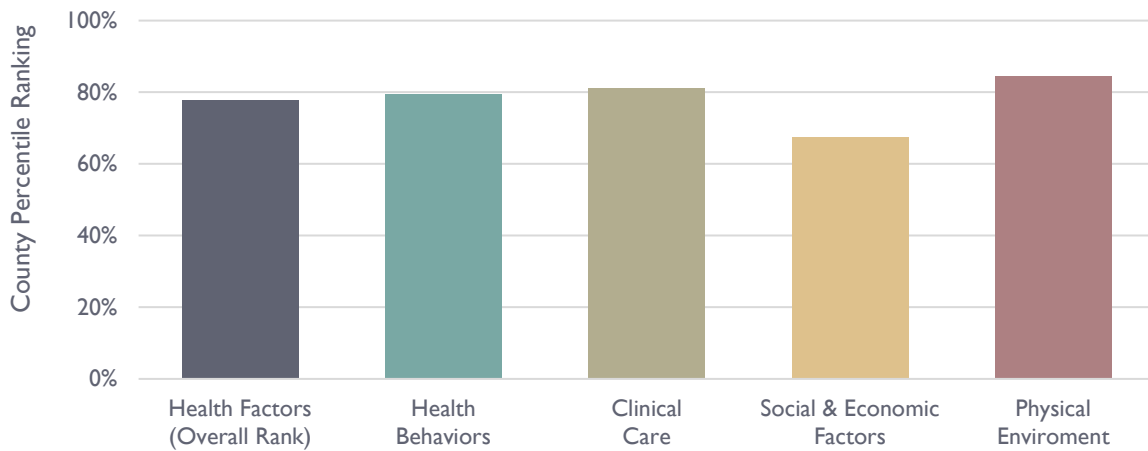
Universe: Adult respondents (age-adjusted) in California and Yolo County

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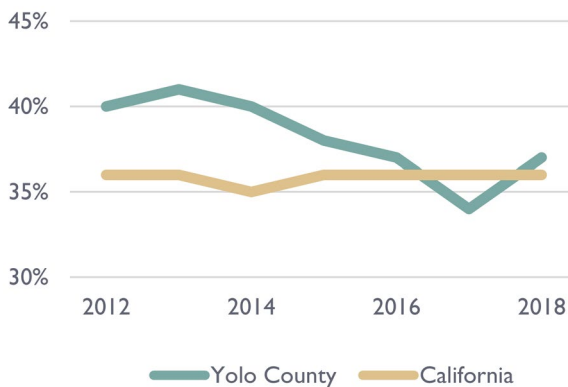
### CROSS-COUNTY HEALTH COMPARISONS

Yolo County ranks **13<sup>th</sup> out of California's 58 counties** for factors that contribute to general population health, placing it among the top quartile of counties in California.

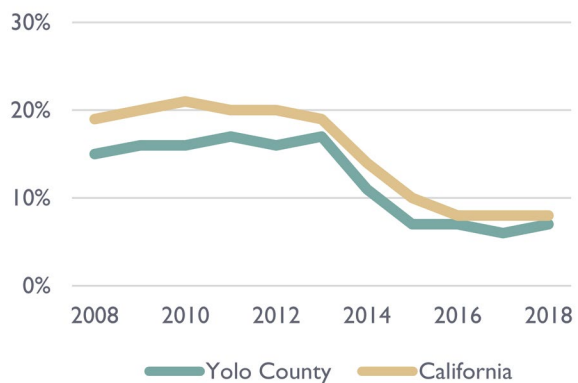
Health Rankings for Yolo County among California counties



Trends in Mammogram Screens



Trends in Uninsured Rates



One **area of strength** for Yolo County is its **declining rates of the uninsured population**. Yolo County is following the **same trend** as the state of California in reducing the uninsured population for the last 10 years. However, other trends are more concerning. For example, rates of certain cancers screenings have declined over time, while the rate has held steady in California as a whole.

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### MATERNAL AND INFANT DETERMINANTS OF HEALTH

The maternal and infant determinants of health tables include information about health behaviors and social, economic, and clinical contexts for birthing people in Yolo County and across California. Data are disaggregated by insurance payor when available. Data in this section come from the California Department of Public Health’s Maternal and Infant Health Assessment (MIHA) Data from the most recent survey waves available (grouped 2016, 2017, and 2018 waves).

#### MATERNAL HEALTH BEHAVIORS, 2016-2018

	<b>Yolo County</b>		
	<b>All</b>	<b>Medi-Cal</b>	<b>California</b>
	Percent	Percent	Percent
Daily folic acid use, 1 month pre-pregnancy	<b>37.3%</b>	<b>21.0%</b>	<b>36.6%</b>
Excessive weight gain during pregnancy	<b>39.7%</b>	<b>38.4%</b>	<b>41.8%</b>
Inadequate weight gain during pregnancy	<b>22.2%</b>	<b>33.4%</b>	<b>23.5%</b>
<b>Substance use</b>			
Alcohol use, 3 <sup>rd</sup> trimester	<b>9.8%</b>	<b>8.6%</b>	<b>7.5%</b>
Smoking, 3 <sup>rd</sup> trimester	<b>5.4%</b>	<b>7.3%</b>	<b>2.5%</b>
Smoking, postpartum	<b>7.6%</b>	<b>12.4%</b>	<b>4.3%</b>
Cannabis use, during pregnancy	<b>4.2%</b>	<b>7.2%</b>	<b>4.7%</b>

Source: CDPH Maternal and Infant Health Assessment Data Snapshot, 2022  
 Universe: California resident women with a live birth

#### INFANT HEALTH BEHAVIORS, 2016-2018

	<b>Yolo County</b>		
	<b>All</b>	<b>Medi-Cal</b>	<b>California</b>
	Percent	Percent	Percent
Placed on back to sleep	<b>83.6%</b>	<b>79.3%</b>	<b>83.2%</b>
Always or often bedsharing	<b>32.7%</b>	<b>40.2%</b>	<b>34.8%</b>
Any breastfeeding, 3 months postpartum	<b>78.5%</b>	<b>74.9%</b>	<b>70.6%</b>
Exclusive breastfeeding, 3 months postpartum	<b>49.8%</b>	<b>55.0%</b>	<b>33.5%</b>

Source: CDPH Maternal and Infant Health Assessment Data Snapshot, 2022  
 Universe: California resident women with a live birth

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### CLINICAL CARE, 2016-2018

	Yolo County		
	All	Medi-Cal	California
	Percent	Percent	Percent
Gap in insurance during pregnancy	<b>9.5%</b>	<b>13.6%</b>	<b>9.2%</b>
Usual source of pre-pregnancy care	<b>77.8%</b>	<b>65.2%</b>	<b>73.6%</b>
Attended postpartum visit(s)	<b>92.4%</b>	<b>89.9%</b>	<b>90.3%</b>

Source: CDPH Maternal and Infant Health Assessment Data Snapshot, 2022  
 Universe: California resident women with a live birth

### SOCIAL AND ECONOMIC FACTORS, 2016-2018

	Yolo County		
	All	Medi-Cal	California
	Percent	Percent	Percent
High school graduation or GED	<b>88.9%</b>	<b>81.3%</b>	<b>87.0%</b>
Primiparous (first live birth)	<b>38.3%</b>	<b>32.4%</b>	<b>39.3%</b>
Economic insecurity			
Income under 100% federal poverty line	<b>25.1%</b>	<b>47.5%</b>	<b>34.6%</b>
Food insecurity	<b>14.3%</b>	<b>24.3%</b>	<b>15.0%</b>
Homeless or without regular place to sleep	<b>1.9%</b>	<b>4.2%</b>	<b>3.4%</b>
Program utilization			
Participant in WIC during pregnancy	<b>38.1%</b>	<b>70.0%</b>	<b>48.2%</b>
Received CalFresh during pregnancy	<b>17.3%</b>	<b>29.5%</b>	<b>22.5%</b>
Social hardships			
Prenatal depression	<b>14.5%</b>	<b>25.4%</b>	<b>15.2%</b>
Postpartum depression	<b>9.6%</b>	<b>16.8%</b>	<b>12.3%</b>
Intimate partner violence during pregnancy	<b>2.5%</b>	<b>5.4%</b>	<b>5.8%</b>
No social support (practical or emotional)	<b>6.2%</b>	<b>9.4%</b>	<b>4.6%</b>

Source: CDPH Maternal and Infant Health Assessment Data Snapshot, 2022  
 Universe: California resident women with a live birth

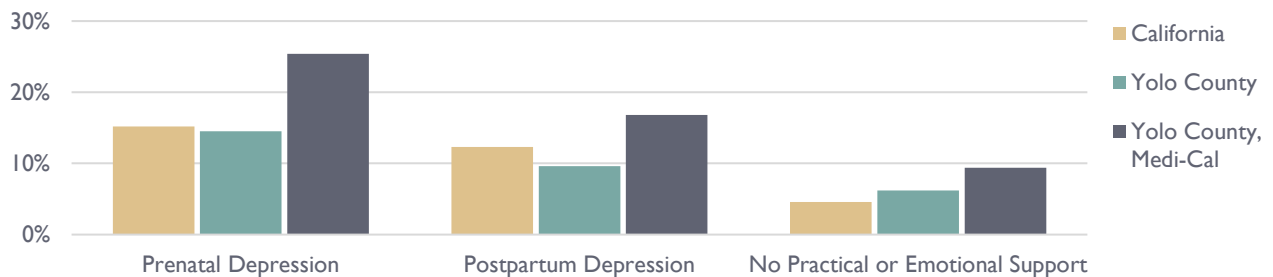
Baseline Community Snapshot | Yolo County

THE NEED FOR MATERNAL AND INFANT HOME VISITING

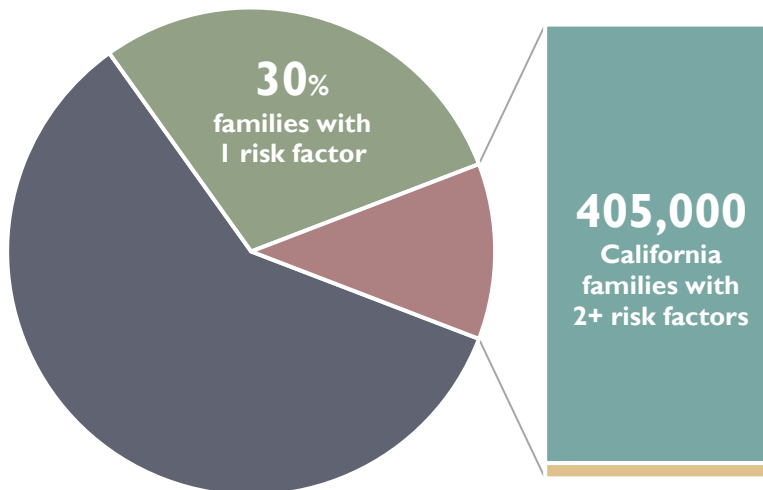
California is the most expensive state in which to raise a baby; home visiting can mitigate the negative impacts of poverty and financial strain. Despite this, California’s home visiting capacity is among the worst in the nation.

**Access to evidence-based home visiting provides crucial benefits to California families and should be scaled up to meet current needs.**

Social Hardships During the Childbearing Year, 2016-2018



**2,131,800** California families could benefit from home visiting.



**14,137 (3.5%)**  
California families receiving home visiting services

In 2021, there were **500,000 babies born** in California; more than **2 million** California families had a pregnant woman or children aged 0-to-6.

About 19% of those families had 2 or more family risk factors, including low income, single parenthood, or adolescent motherhood.

**Only a small fraction of these families received voluntary, evidence-based home visiting.**



## Baseline Community Snapshot | Yolo County

### COVID-19 PANDEMIC IMPACTS

The COVID-19 impacts tables include preliminary data collected across state-wide administrative data sources and population-based surveys, conducted during the first 18 months of the pandemic. Health and economic impact data were sourced from the California Health Interview Survey (CHIS) Dashboard; child welfare impact data were sourced from the California Child Welfare Indicators Project (CCWIP) Dashboard.

#### HEALTH AND ECONOMIC IMPACTS, AUGUST 2021

	California	
	All	Uninsured
	Percent	Percent
Has had, or thought had, COVID-19	<b>22.4%</b>	<b>25.9%</b>
Lost job	<b>13.4%</b>	<b>25.5%</b>
Reduced work hours or income	<b>20.5%</b>	<b>22.4%</b>
Increased difficulty paying for necessities	<b>12.9%</b>	<b>26.2%</b>
Increased mental health challenges	<b>3.8%</b>	<b>2.1%</b>
Increased childcare difficulties	<b>3.6%</b>	<b>3.3%</b>

Source: CHIS dashboard, UCLA website: <http://healthpolicy.ucla.edu>

#### CHILD WELFARE IMPACTS, 2015-2019 VS 2020

	Yolo County		California	
	5-Year Average 2015 - 2019	2020	5-Year Average 2015 - 2019	2020
Maltreatment allegations, count	<b>2,418</b>	<b>2,164</b>	<b>492,118</b>	<b>391,470</b>
% aged 0-to-2	<b>17.0%</b>	<b>17.3%</b>	<b>16.3%</b>	<b>16.3%</b>
% reported by educators, daycare	<b>19.8%</b>	<b>10.9%</b>	<b>21.5%</b>	<b>14.1%</b>
0-to-2 investigations, incidence per 1,000	<b>95</b>	<b>88</b>	<b>99</b>	<b>85</b>
0-to-2 substantiations, incidence per 1,000	<b>46</b>	<b>43</b>	<b>33</b>	<b>31</b>

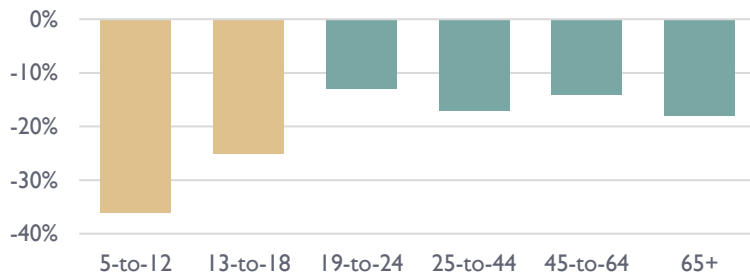
Source: CCWIP reports, UC Berkeley CCWIP website: <http://ccwip.berkeley.edu>

Baseline Community Snapshot | Yolo County

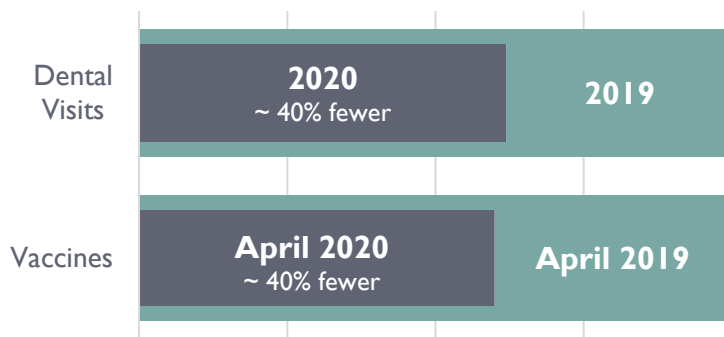
PANDEMIC IMPACTS ON CALIFORNIA’S FAMILIES

Children and families have been negatively impacted in numerous ways – directly and indirectly – by the COVID-19 pandemic and its economic fallout.

Percent Drop in Outpatient Visits 2019 to 2020, by Age



While the whole population saw decreases in access to healthcare during the pandemic, children’s use of healthcare dropped more than adult’s use in California.

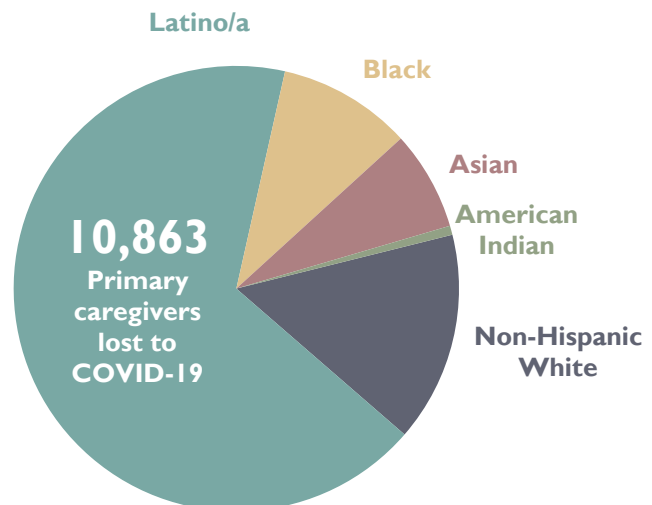


Children’s dental visits **decreased by nearly 40%** for those with Medi-Cal.

Across the US, there were **40% fewer routine childhood vaccinations** administered in April 2020 vs. April 2019.

Over **16,000** California children lost a primary caregiver to COVID-19 between April 2020 and June 2021.

**Two thirds of those children were Latino/a or Hispanic.**



Sources: CA Children’s Report Card, 2021; CA LAO Report, 2021; CDPH press release, 2020: [cdph.ca.gov/Programs/OPA/Pages/NR20-090.aspx](https://cdph.ca.gov/Programs/OPA/Pages/NR20-090.aspx); Hillis et al., (2021) *Pediatrics*, 48(6)