



Mark Twain Medical Center  
Community Health Needs Assessment and  
Implementation Strategy Summaries  
2014

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## **Mark Twain Medical Center**

### **Community Health Needs Assessment Summary**

Conducted every three years, the most recent community health needs assessment (CHNA) was conducted in 2014 by Applied Survey Research on behalf of Mark Twain Medical Center and the Calaveras County Health Department for the 46,000 residents of Calaveras County, California. Calaveras County is approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population is about 46,000 with an area of 1,008 square miles. Our only incorporated city, the Angels Camp, has a population of about 5,400. Our county geography begins near sea-level in the west with oak-dotted rolling hills, changes to mixed evergreens and oak forests, then dramatic stands of gigantic trees, and culminates near 8,200 feet in the eastern part of the county with evergreens growing among granite boulders of the Sierra Nevada Range. Major rivers, the Mokelumne and the Stanislaus, form borders north and south.

The goal of the assessment is to continually improve the quality of health and health care for county residents by providing accurate and reliable information to community members and health care providers; raising awareness of health needs, changing trends, emerging issues, and community challenges; and providing research-based data for the hospital and the community to continue strategic planning efforts. The focus of the assessment is on health and the major factors that impact health such as the economy, public safety and the natural environment.

### **Description of Community Served by the Hospitals**

In Calaveras County, the poorest residents have been severely impacted by the recession and the elimination of programs and services that local governments are no longer able to fund. The growing gap in needed services has placed at risk the health of hundreds of underserved individuals and families who are now turning to emergency departments for basic non-acute medical services because they have lost or lack a primary care provider. Our 5 Medical Centers (rural health clinics) help to fill this gap. However, it is still estimated that 25% of the visits to the ED are for non-emergent care.

Access to care for these patient populations requires collaborative problem solving at the community level. Not-for-profit health providers must work together to leverage resources and maximize health assets in innovative ways to restore what has been lost, enhance what still exists and ensure sustainable health programs and services are developed and available over the long-term to the populations that need them the most. Community-based collaboration has been and will be a priority and will continue to drive community benefit efforts in the future. It will become more important for community stakeholders to work in partnerships to maximize the limited resources that are available.

Data and a map detailing current demographics, including income levels, age, race/ethnicity, and educational attainment for the city and surrounding counties with a comparison to state and national information is included in Attachment A.

## **Who was Involved in Assessment**

Hospital Leadership oversees community benefit activities for the hospital as it strives to meet the health and wellness needs of the local community. Several members of Mark Twain's senior and middle management team serve the community on a variety of community-based not-for-profit Boards, such as Children and Families Commission, Habitat for Humanity, Soroptimists International, Economic Development Corporation, local Churches and Chamber of Commerce, to name a few, and provide insight into the unique needs of the community that may not be apparent in a secondary data base. Community benefit leadership of Mark Twain Medical Center oversaw the process of the needs assessment, which was conducted by Applied Survey Research. MTMC Board of Directors, many of whom are recognized community leaders including the Chief Medical Officer for the Department of Public Health, also represented the medical community.

## **How the Assessment was Conducted**

### **Methodology**

**Secondary Data:** Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: the U.S. Census Bureau, federal, state and local government agencies; health care institutions; and computerized sources through online databases and the Internet. Whenever local (Calaveras County) data were available, they were included. When local data were unavailable, regional data from nearby counties were used.

Data in the report underwent extensive proofing to ensure accuracy. The data proofing protocol is a nine-step process that thoroughly checks text, numbers, and formatting in narratives, tables, charts and graphs. This process is repeated no fewer than three times.

**Note on Population Figures:** Unless otherwise noted, population projections data are drawn from the California Department of Finance's annual estimates for January of each year.

Calaveras County conducted a Point-in-Time Homeless Count through surveys of their homeless population during January to February of 2013. The survey showed that 132 individuals were homeless or unstably housed. Fifty-nine percent were in an unstable housing situation, couch surfing or staying temporarily with friends or family. Seventeen percent were in a temporary shelter, (an emergency shelter bed or transitional housing, for example), and 23% were living on the street or in a vehicle.

**California Health Interview Survey (CHIS):** Some responses from the CHIS are included in the Health section of the report. The CHIS is the largest health survey of its kind in the nation. Further, CHIS is the largest telephone survey in California. The major areas covered in the survey include health-related behaviors, health insurance coverage, health status and conditions, and access to health care services.

The CHIS data was unavailable at the Calaveras County level alone, so surrounding communities were included in the data calculations and to provide a larger sample size. Calaveras and surrounding counties include: Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, and Alpine.

The State of California Bureau of Vital Statistics: The State of California Bureau of Vital Statistics manages vital records for the State of California which include birth, death, fetal death, divorce and marriage data, and reports of adoption. The bureau's statistics used in this report are available for Calaveras County.

The U.S. Census: The 2010 Census represented the most massive participation movement ever witnessed in our country. Approximately 74% of the households returned their census forms by mail; the remaining households were counted by census workers walking neighborhoods throughout the United States. National and state population totals from the 2010 Census were released on December 21, 2010. Restricting data, which include additional state, county and local counts, were released starting in February 2011.

The U.S. Census counts every resident in the United States. It is mandated by Article 1, Section 2 of the Constitution, taking place every 10 years. The data collected by the decennial census determine the number of seats each state has in the U.S. House of Representatives and are used to distribute billions in federal funds to local communities.

The American Community Survey: The American Community Survey (ACS) is a nationwide survey designed to provide communities a fresh look at how they are changing. The ACS eliminated the need for a decennial census long form in 2010. The ACS collects long form type information throughout the decade, publishing statistics yearly rather than only once every 10 years. The American Community Survey produces demographic, social, housing and economic statistics in the form of 1-year, 3-year, and 5-year estimates based on population thresholds. The strength of the ACS is in estimating characteristic distributions. Thus it is recommended that users compare derived measures such as percents, means, medians, and rates rather than estimates of population totals.

The Community Need Index: In addition to the methods identified above, the hospital takes into consideration the data provided in the Community Need Index, an analytical tool that identifies communities of need based on the socio-economic barriers of insurance, employment, education, housing and language/culture.

### **Community Needs Assessment Process**

A Community Needs Assessment was conducted in 2014, as required by California State Senate Bill 697 (SB697). The needs assessment is a primary tool used by the hospital to determine its community benefit plan, which outlines how the hospital will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that

focus on the health and social needs of the MTMC Service Area. The Primary Service Area encompasses the cities, towns and communities of Calaveras County that include 22 zip code areas.

Targeted interviews were used to gather primary data and opinions from members of the MTMC community. For the interviews, community leaders were contacted and asked to participate in the needs assessment. Secondary data was collected from a variety of sources, including but not limited to: U.S. Census Bureau; federal, state and local government agencies; health care institutions; and online databases.

## **Health Needs Identified**

### **Health Issues**

- 33% of Calaveras County students were overweight or obese in 2010, slightly lower than California overall at 38%.
- The percentage of adults with diabetes is 7.8% and 8.4% in the rest of the state.
- One-third of residents reported that they had been diagnosed with high blood pressure.
- 19% of individuals in Calaveras County from ages 5 to 17 have a disability, compared to the state level of 10%.
- Limited services and service providers make it difficult to access mental health, obstetrical and specialty care services.
- The percentages of Calaveras County kindergartners with all required immunizations were 78% in 2012-2013 compared to the 90% state average.
- There is a lack of mental health services in the county.
- Suicides are increasing at 25.2% over the state average of 10.2% per 100,000 population.

## **Community Assets Identified**

Despite the fact that Mark Twain Medical Center is located in a rural and isolated area, the services available to the community are assets in the community and help to fulfill a continuum of care as well as other services vital to the health of the community. The hospital distributed brochures in the community listing the organizations in the community and also post information and contacts on the facility website for ease of reference for community members.

Adult Protective Services  
AIDS Council  
Alcohol/Drug Services  
Child Protective Services

### **Board & Care Homes**

Gracewood  
Sunrise Country Manor

### **Convalescent Care**

Mark Twain Convalescent Hospital  
San Andreas Convalescent Hospital  
Sonora Community  
Sunbridge Convalescent Hospital (Jackson)

Emergency Services (Food & Shelter)  
Family Resource Network (for medically/mentally challenged children)  
Healthlink (mental health services for Medi-Cal patients)  
HICAP (Health Insurance Counseling)

### **Home Health**

Country Home Care  
VNA Soleus  
House Calls  
Hospice (serves Calaveras County) of Amador of Sierra

In Home Support Services (Nurses' Aides for homebound low income seniors)

Public Health  
Senior Peer Counseling (support for elderly)  
Stagecoach (transportation)  
Valley Mountain Regional Center (For developmentally delayed client services)  
Womens' Crisis Center

### **Other Resources**

Legal Aid

Linkages (help with case management of Patients with complex cases)

Meals on Wheels

Mental Health

In addition to these community assets, the public health department, school district, community based organizations like the American Heart Association chapter and other businesses in the community have worked together with the hospital to address other health issues identified in the assessment. The community assets also provide opportunities to share information at the county's well-attended health and community fairs. Specific programs established by the hospital to address the prioritized needs of the community also take into consideration the assets of the community for partnership opportunities.

The County's Resource Connection and the Mark Twain Health Care District have reviewed the assessment and have developed their own strategies to effect change.

### **Summaries: Assessments and Priorities**

The Community Health Needs Assessment is accessible online on the hospital's website. The MTMC priority areas of focus, based on the identified needs and the medical center's response, include:

- **Improved access to care**, including enhancement of geographic access for MediCal and Healthy Families and the provision of primary care clinics to serve the rural areas of Calaveras County. Access to care in the County is further supported by five MTMC'S Medical Centers located in Arnold, Angels Camp, Copperopolis, San Andreas, and Valley Springs. Additionally, MTMC now also operates three Specialty Care Centers: in Angels Camp for Orthopedics and in San Andreas on the Medical Center campus for Cancer and Infusion Therapy, and Gastroenterology Specialty Care.
- **Preventive services** including the five primary care clinics as well as the engagement in community health fairs, will offer cholesterol screening, blood pressure checks, bone density studies, health education and information about other relevant services available in the community.
- **Chronic Disease Management** with specific focus on diabetes, heart disease and pulmonary heart disease. The goal of these programs is to improve quality of life for participants by increasing their self-efficacy and avoiding hospital admissions.

## **Next Steps**

Mark Twain Medical Center, in partnership with the Public Health Department and the Mark Twain Health Care District, support the county offered Chronic Disease Self-Management Program. A dedicated Diabetes Educator has been hired to focus specifically on patients and community members who are living with diabetes.

The hospital is actively recruiting physicians to the area, specifically in the area of obstetrics and gynecology, as well as for other medical shortage areas of focus. The Medical Centers/Community Clinics will continue to operate in five locations with services that include ambulatory centers, immediate care, primary care, behavioral health care, pediatrics, general x-ray, laboratory services and health education.

## **Mark Twain Medical Center Implementation Strategy**

Mark Twain Medical Center (MTMC), founded in 1951, is located at 768 Mountain Ranch Road, San Andreas, CA. It became a member of Dignity Health, formerly Catholic Healthcare West (CHW) <sup>1</sup>, in 1996. The facility is a not-for-profit, 25-bed Critical Access Hospital serving all of Calaveras County, California. Over 300 employees provide the necessary services.

The hospital's services include 24-hour Emergency Services; Inpatient/Outpatient Surgery; Intensive Care Unit; Medical and Surgical Units; General X-ray, Ultrasound, Mammography, CT Scan, MRI and Nuclear Medicine; Respiratory Therapy Services; Cancer/Infusion Center; Orthopedic Center, Gastroenterology Center, Physical Therapy Services; Inpatient Skilled Rehabilitation; Full Service Clinical Lab; Cardiac & Pulmonary Rehabilitation; and Health Education.

The hospital's affiliated medical staff provide Family Practice, Allergy, Alternative Medicine, Hematology, Internal Medicine, Pathology, Psychology, Pediatrics, Gastroenterology, Gynecology, Orthopedic Surgery, General Surgery, Oncology, Ophthalmology, Orthopedic Surgery, Urology, Podiatry, Allergy, Behavioral Health, Dermatology, Radiology, Anesthesiology, Neurology, Pain Management, Emergency Medicine, Cosmetic and Reconstructive Surgery, Cardiology and Pulmonary Medicine.

## **Target Areas and Populations**

Mark Twain Medical Center will focus its community benefit efforts in the primary service area of the hospital and support the rural areas of the community in Arnold, Angels Camp, Valley Springs, San Andreas and Copperopolis.

Programs and services have a primary, but not exclusive focus on the unmet needs of the poor and vulnerable. Populations living with diabetes, heart disease and other chronic conditions are a particular focus of the evidence-based interventions the hospital is providing. In addition, the broader community is served with preventive health education and services.



## **How the Implementation Plan was Developed**

MTMC leadership oversees the development of the community benefit plan for the hospital as it strives to meet the health and wellness needs of the local community. Community involvement is evidenced by participation of local business and community leaders in the Hospital's Governing Boards, Finance Committee, Ethics Committee and Patient Advisory Committee.

Taking into consideration the resources and expertise of the hospital, existing programs and services were evaluated in light of current needs, and were either sustained or enhanced to meet the needs. It was also determined that the chronic care needs of the community needed to be addressed and active recruitment efforts were needed to bring specialty care physicians to the county, which is a Health Professional Shortage Area and portions of the County are Medically Underserved Areas (MUA).

The County's Resource Connection and the Mark Twain Health Care District have reviewed the assessment and have developed their own strategies to effect change.

## **Major Needs and How Priorities were Developed**

Working with the Mark Twain Healthcare District Board of Directors and other community stakeholders, the Community Needs Assessment was reviewed and discussed. Priorities were identified. Factors considered for this process included the size of the problem, the seriousness of the problem, the target population, geographic location of the target population, resources available, available community partners, etc. Partnerships also addressed how the identified health issues can be addressed and if a vulnerable population was identified.

The strategic plan of Mark Twain Medical Center was also taken into consideration in determining which of the unmet needs we would invest efforts in to provide an effective response. Mark Twain Medical Center is striving to be the cornerstone of the community, through provision of services and community engagement. We want to become the community health leader through collaboration, socially responsible programs and advocacy for the community.

## **Description of What Mark Twain Medical Center Will do to Address Community Needs**

**Improved access to care**, including enhancement of geographic access for MediCal and Healthy Families and the continuing provision of primary care to serve the rural areas of Calaveras County.

**Preventive services** including the five primary care clinics as well as the engagement in community health fairs, which offer cholesterol screening, blood pressure checks, bone density studies, health education and information about other relevant services available in the community.

**Chronic Disease Management** with specific focus on diabetes, heart disease and pulmonary heart disease.

## **Action Plans**

Community benefit programs and services sponsored by Mark Twain Medical Center will be offered for the improvement of health in the community.

## **Access to Health Care Services**

Mark Twain Medical Centers - Five Federally-qualified Rural Health Clinics strategically located in remote communities of Calaveras County. Visitors to these centers are provided primary healthcare services and provide us with information about the additional needs and services that are important to their community.

## **Preventive Services**

- Annual vaccination against influenza is the primary means for minimizing serious adverse outcomes from influenza virus infections. These infections result in approximately 20,000 deaths and 110,000 hospitalizations per year in the United States. The amount of trivalent inactivated influenza vaccine produced for distribution in the United States has increased substantially. The hospital began to offer pneumonia vaccinations at their annual Fall Health Fair and now offer them at all Health Fairs. Donations are accepted, but not required.
- Health Fairs (Free Admission) – Throughout the year, Mark Twain Medical Center is involved with many Health Fairs in partnership with other agencies and businesses in the community. It not only serves to provide preventive services and community education, but also helps the economy of the community. Cholesterol Screening, Blood Pressure Checks, Bone Density Studies and Health Education are just a few of the services provided. The locations for the health fairs are across the broader community, but additional health fairs have focused on the more rural settings, including along the Highway 4 corridor and in the North-West community. Strategic focus has also been placed on the more than 400 employees of the Black Oak Casino in neighboring Tuolumne County to provide health information and screening services.
- An annual Fall Health Fair is held on the hospital campus. Over 60 informational booths feature health, exercise, wellness, childcare, safety, traditional and alternative medicine, health foods, quality of life and recreation. Free Cholesterol and Osteoporosis screenings and Blood Pressure Checks are conducted, and flu and pneumonia vaccinations are provided. Blood draws/tests are provided at a discounted price. Other benefits included a Child Car Seat Checkup.
- In partnership with the American Heart Association, classes in Life Support are offered to community members and to the medical personnel. Partners include the San Andreas and Copperopolis Fire Departments.

- The safety of young children and enhanced competencies of youth who may care for them is addressed by offering a Baby Sitting Basics course.
- To improve processes and coordinate technologies for emergency services organizations, disaster preparedness workgroups have been formed to coordinate communications between Public Safety, Public Health and MTMC Partners include law enforcement, Fire, EMS, EMSA, Public Health and EMA.
- Free Blood Pressure Checks are always offered at the five Medical Centers and the Hospital. Blood Pressure Checks are also conducted at various community events throughout the county.
- Mark Twain Medical Center participates in the California State funded Breast Cancer Early Detection Program (BDECP) as a provider of clinical services and advanced diagnostics. Staff physicians and the hospital reach out to women over 40 who, because of financial or insurance limitations, are not able to receive annual breast exams and mammograms.
- For the seventh year in a row, The Soroptimist International of Calaveras County joined MTMC to offer free comprehensive cholesterol tests to all Calaveras County women during April and May in a "Take it to Heart" promotion of heart health. To date over 3500 local women have participated in this annual free screening.

In addition, Mark Twain Medical Center partners with others in the community to offer the following:

- **Community Health Education Substance Abuse** – Collaborative between the Calaveras County Health Services Agency, Mark Twain Medical Center and the Calaveras County Office of Education. The vision is to have a community free from substance abuse through better education.
- **Calaveras County Chronic Disease Self-Management Program** - Collaborative between the Calaveras County Health Services Agency, Mark Twain Medical Center, and various agencies. Both the walk and the six-week workshop are projects funded through the Center for Disease Control and Prevention as part of the Community Transformation Initiative. Calaveras County was one of 12 rural California counties to receive grant funding to improve rural health disparities in key preventative areas – reducing exposure to second-hand smoke, facilitating healthy communities through reduced consumption of sugary-sweetened beverages and safe walking routes and the provision of increased clinical and community preventive services. Calaveras County Public Health Department and 11 other rural counties in California are receiving grant funds through the Affordable Care Act to improve the health and well-being of the community and to prevent chronic disease. Examples are high blood pressure, diabetes, depression, high cholesterol, unhealthy weight, and arthritis. The work is focused on change in the environment where we live, work, and play and play. In partnership with local schools, students, service agencies, the faith community and community residents, the Calaveras County Public Health Department is working in four areas. "By reducing exposure to tobacco smoke in apartments, encouraging physical activity through healthy and safe communities, increasing healthy drink choices, and promoting

skills to help manage chronic conditions, we can reach the goal to make healthy choices the easy choices in Calaveras County,” Dr. Kelaita, County Health Officer.

- **Children and Families Master Plan** – Includes Mark Twain Medical Center, Human Resources Council and the Calaveras County Health Services Agency as the lead agent. The goal is to train community advocates for the underserved children of our communities.
- **Mark Twain Medical Centers (RHC’s)** - Five Federally-qualified Rural Health Clinics strategically located in remote communities of Calaveras County. Visitors to these centers are provided primary healthcare services and provide us with information about the additional needs and services that are important to their community.
- **Women’s Health Resource Center** – As part of our Strategic Plan for FY2006, we first identified Women’s Health as a major need for services. In the years since, our strategic plan continues to identify a Women’s Resource Center as a goal. A community advisory group was identified and provided valuable input into the Center’s programs. The Center, planned to open in the next few years, will be part of the new Medical Center in Angels Camp, providing education, support, and services for our communities.

### **Chronic Disease Management**

- MTMC implemented a Diabetes Self-Management Education (DSME) program on July 17, 2012. A Certified Diabetes Educator, Registered Dietitian began patient education within the community of Calaveras County. Patient consultations/education occur at MTMC’s Medical Centers (five locations within Calaveras County) to increase outreach & access. Self-management topics include but are not limited to: Diabetes Overview, Monitoring, Physical Activity, Healthy Eating, Meal Planning, Problem Solving, and Reducing Risks.
- Mark Twain Medical Center, in partnership with the public health department and the Mark Twain Health Care District, supports the county offered Chronic Disease Self-Management Program. A dedicated Diabetes Educator has been hired to focus specifically on patients and community members who are living with diabetes.
- The Medical Center provides comprehensive support and education for persons living with chronic obstructive pulmonary disease.
- Without having access to proper medication at home, patients would need to remain hospitalized. A program to provide prescription medication vouchers to those who cannot afford needed medications was implemented for the indigent.

### **Health Professional Shortage Area / Medically Underserved Areas**

The hospital is actively trying to recruit medical specialists to the community, particularly in the area of obstetrics and gynecology. To date, we have successfully recruited one new gynecologist and a psychiatrist.

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the Hospital should then refocus its limited resources to best serve the community.

### **Priority Needs Not Being Addressed and the Reasons**

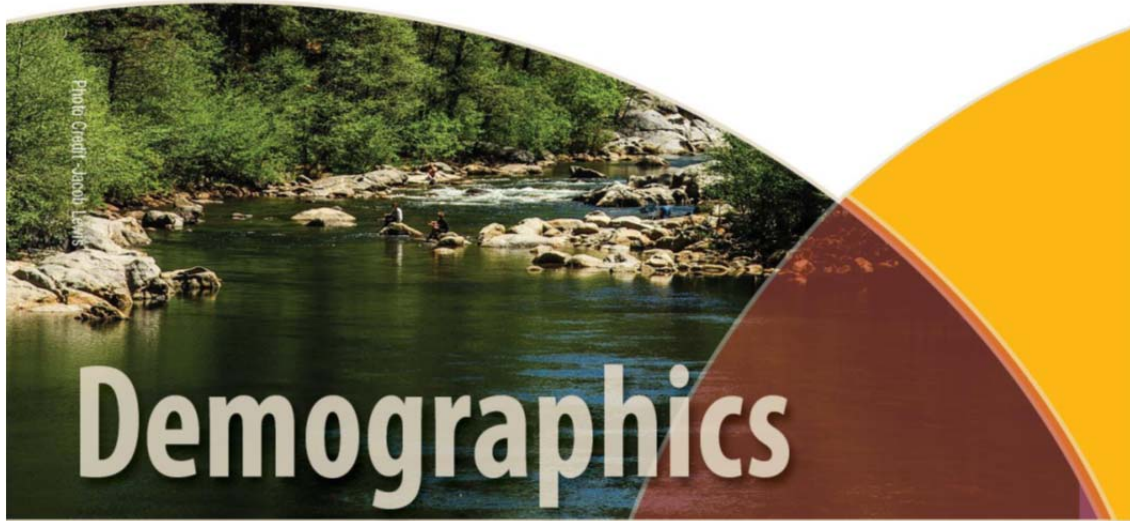
Though MTMC is actively recruiting physicians, it is unable at this time to address the needs for mental health professionals, obstetrical and specialty care services due to the physician and health professions shortage in the service area. At this time patients are referred outside the county to access obstetrical and gynecological services.

The established programs and services will indirectly address issues related to obesity, but other programs offered within the community, including the school district, will address the issues of obesity more directly.

### **Approval**

In accordance with policy, the Mark Twain Healthcare Board of Directors reviewed and approved the annual Community Benefit Report and Implementation Plan on October 23, 2014.

## Attachment A



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## POPULATION ESTIMATES

The U.S. Census Bureau calculates population estimates based largely on three factors: birth rates, mortality rates and migration. Policy makers use these estimates to plan for the future, especially in areas such as food, water, energy, and services such as health care. For example, with an aging population, there will be more demands on the health care system, social security, retirement homes, geriatric specialists, and home health care workers. With an increasing birth rate, there will be more demands on pediatricians, early childhood education, and K-12 education.

*The population in Calaveras County has been declining since 2008 and is now at 44,932.*

The population of Calaveras County was 44,932 in 2013, down from a high of 45,702 in 2008. The three biggest cities and towns were Rancho Calaveras (6,223), Copperopolis (4,174), and Angels City (3,824).

### Population Estimates, All Ages

	2000	2002	2004	2006	2008	2010	2012	2013	00-13 % CHANGE
Calaveras County	40,658	42,119	43,924	45,316	45,702	45,642	45,216	44,932	10.5%
California	34,000,835	34,938,290	35,752,765	36,246,822	36,856,222	37,370,595	37,668,804	37,966,471	11.7%

Source: California Department of Finance (2014). 2000-2013 July 1 Population Estimates for State and Counties. Table 2: E-6. Retrieved from [www.dof.ca.gov](http://www.dof.ca.gov).

### Population Estimates by City, 2008-2012

	TOTAL POPULATION	PERCENTAGE OF POPULATION
Angels City	3,824	8.4%
Arnold CDP	2,552	5.6%
Avery CDP	588	1.3%
Copperopolis CDP	4,174	9.2%
Dorrington CDP	503	1.1%
Forest Meadows CDP	1,313	2.9%
Mokelumne Hill CDP	688	1.5%
Mountain Ranch CDP	1,600	3.5%
Murphys CDP	2,012	4.4%
Rancho Calaveras CDP	6,223	13.7%
San Andreas CDP	3,015	6.6%
Valley Springs CDP	3,619	8.0%
West Point CDP	837	1.8%
Remainder of the county	14,559	32.0%

Source: U.S. Census Bureau (2014) 2008-12 American Community Survey 5 Year Estimates. Retrieved from [www.factfinder.census.gov](http://www.factfinder.census.gov).

Note: CDP indicates Census Designated Place.

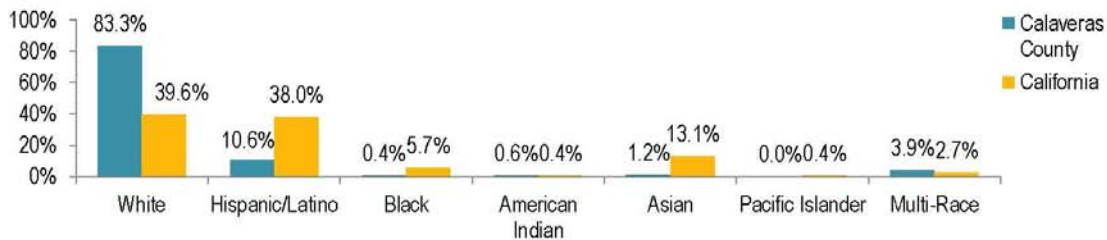
## ETHNICITY

Changes in patterns of migration and birth rates will require adaptations in current health services and programs. Eighty-three percent of Calaveras County's population was White in 2010-2012 and 11% was Latino/Hispanic.

*11% of the population in Calaveras County is now Latino and is expected to rise to 27% by 2060.*

The White population in the county is expected to decrease by 2020, while the Latino population is expected to increase. About three-quarters (79%) of the county population is projected to be White and 14% Latino/Hispanic by 2020.

### Ethnic Distribution, 2010-2012



Source: U.S. Census Bureau (2014) 2010-12 American Community Survey 3 Year Estimates. Retrieved from [www.factfinder.census.gov](http://www.factfinder.census.gov)

Note: Federal guidelines specify separate collection of ethnicity (Hispanic/Latino origin) and race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, two or more races). It is common practice for data tabulations to use a single, mutually exclusive set of categories of "race/ethnicity" that combine race and Latino origin into a single dimension. In the combined categories, all persons of Latino origin are included in the "Latino" category, then all remaining (non-Latino) persons are distributed among the remaining categories.

### Ethnic Distribution and Projections, Calaveras County

		WHITE	HISPANIC/ LATINO	ASIAN	AFRICAN AMERICAN	AMERICAN INDIAN	PACIFIC ISLANDER	MULTI- RACE	TOTAL (ALL ETHNICITIES)
2020	%	78.9%	14.3%	1.2%	0.8%	1.1%	0.2%	3.5%	100.0%
	#	38,107	6,897	557	410	545	97	1,700	48,312
2030	%	75.6%	17.0%	1.2%	0.9%	1.1%	0.2%	4.1%	100.0%
	#	40,049	8,990	631	480	570	99	2,183	53,000
2040	%	71.2%	20.9%	1.4%	0.9%	1.0%	0.2%	4.5%	100.0%
	#	40,729	11,965	773	520	568	125	2,547	57,225
2050	%	67.6%	24.2%	1.6%	0.9%	0.9%	0.2%	4.6%	100.0%
	#	40,580	14,528	935	539	551	135	2,785	60,051
2060	%	65.0%	26.5%	1.8%	0.9%	0.9%	0.2%	4.8%	100.0%
	#	40,943	16,701	1,108	565	551	119	3,039	63,026

Source: California Department of Finance (2014). 2010-2060 Race/Ethnic Population with Age and Sex Detail.

Note: Data includes 2010 Census results; data based on projections.



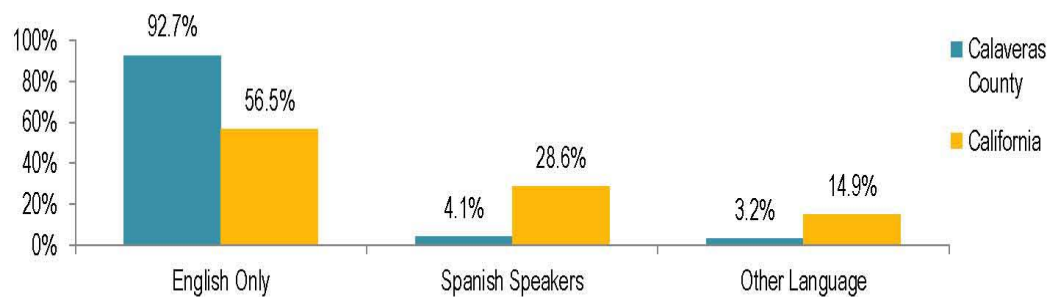
## LANGUAGES SPOKEN AT HOME

Language barriers can prevent access to critical services such as employment, transportation, medical, and social services. In order to provide language appropriate services to the community, it is important to examine the percentage of the population that speaks other languages and which languages they are speaking.

*93% of people 5 years and older speak English in Calaveras County households.*

The majority of Calaveras County residents five years old and older (93%) spoke only English in their homes, 4% spoke Spanish, and 3% spoke a language other than English or Spanish in 2008-2012. There was a much lower percentage of Spanish speakers in Calaveras County (4%) compared to the state (29%).

### Language Spoken in the Home, Population 5 Years and Older, 2008-12



Source: U.S. Census Bureau (2014) 2008-12 American Community Survey 5 Year Estimates. Retrieved from [www.factfinder.census.gov](http://www.factfinder.census.gov)

Grandchildren Under 18 Years		
Grandparent responsible for own grandchildren	391	42.4%
Grandparent NOT responsible for own grandchildren	532	57.6%

Source: United States Census Bureau. (2014). Selected Social Characteristics in the United States, Table S1002. *American Community Survey 2008-2012 5-year estimates.*

## HOUSEHOLD COMPOSITION

Family structure is an important factor in the health, development, and education of children. There are links between family structure, income inequality, and ethnicity that intersect and get compounded across generations. The authors of one 2008 study describe a cycle where single motherhood leads to higher child poverty rates, and poverty exacerbates racial inequalities.

The U.S. Census Bureau collects data about household composition and it defines a “family household” as an individual living with related family members (and possibly non-related individuals in addition). There is no requirement that a child be present to be considered a family household. A “non-family household” is an individual living alone or with non-related individuals.

*The average family size is 2.82 in the county.*

When looking only at family households in Calaveras County, about half (55%) were married-couple families, 9% were female-headed households and 4% were male-headed households in 2010-12. The average family size in the county was 2.82. Thirty-eight percent of households included someone 65 years or older. Forty-two percent of grandparents living with their own grandchildren under 18 years old are responsible for their care.

### Households by Type, Calaveras County

	2007-09	2010-12	07-12 NET CHANGE
<b>Non-Family Households</b>	<b>28.7%</b>	<b>31.3%</b>	<b>2.6</b>
<b>Family Households</b>	<b>71.3%</b>	<b>68.7%</b>	<b>-2.6</b>
Married-Couple Family	60.2%	55.4%	-4.8
Female Householder Family (No Husband Present)	8.7%	9.0%	0.3
Male Householder Family (No Wife Present)	2.5%	4.4%	1.9
<b>Total Households</b>	<b>17,954</b>	<b>18,819</b>	<b>-</b>
Percentage with Persons Under 18 Years	22.9%	23.4%	0.5
Percentage with Persons 65 Years and Older	34.2%	37.9%	3.7
<b>Total Population in Households</b>	<b>46,572</b>	<b>44,517</b>	<b>-</b>
Average Household Size	2.59	2.37	-
Average Family Size	2.95	2.82	-

Source: United States Census Bureau. (2014). Selected Social Characteristics in the United States, Table DP02. *American Community Survey 2007-2012 3-year estimates.*

### Grandparents Living with Own Grandchildren, Calaveras County, 2008-2012

	NUMBER	PERCENTAGE
<b>Number of Grandparents Living with Own Grandchildren Under 18 Years</b>	<b>923</b>	<b>-</b>
Grandparent responsible for own grandchildren	391	42.4%
Grandparent NOT responsible for own grandchildren	532	57.6%

Source: United States Census Bureau. (2014). Selected Social Characteristics in the United States, Table S1002. *American Community Survey 2008-2012 5-year estimates.*