



Dignity Health™
Mark Twain Medical Center



Community Health Needs Assessment 2023

Adopted by the hospital's Board of Directors in May 2023.

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Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Mark Twain Medical Center. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that nonprofit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Consultant

Mark Twain Medical Center engaged Biel Consulting, Inc. to conduct the CHNA.

Community Definition

Mark Twain Medical Center is located at 768 Mountain Ranch Road, San Andreas, CA 95249. The hospital service area includes the 20 ZIP Code Tabulation Areas largely located within Calaveras County. The population of the Mark Twain Medical Center (MTMC) service area is 45,709. Children and youth, ages 0-17, make up 16.7% of the population, 55.3% are adults, ages 18-64, and 28% of the population are seniors, ages 65 and older. In the service area, 80.2% of the population are non-Hispanic White residents, 12.5% are Hispanic or Latino residents. 3.7% of the population are multiracial (two-or-more races) residents, 1.9% are Asian residents, and 1% are Black or African American residents. 0.6% of the area population are American Indian or Alaskan Native residents, 0.1% are a race and ethnicity not listed, and 0.04% are Native Hawaiian or Pacific Islander residents. 91.8% of the population, 5 years and older, speak only English in the home. Among the area population, 5.3% speak Spanish, and 1.6% speak an Asian/Pacific Islander language in the home.

Among the residents in the service area, 11.4% are at or below 100% of the federal poverty level (FPL) and 29% are at 200% of FPL or below. In Calaveras County, 11.8% of the population experienced food insecurity in 2019. Among children in Calaveras County, 18.7% lived in households that experienced food insecurity. Feeding America

estimates that in 2020, 70% of those experiencing food insecurity in Calaveras County, and 65% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospital service area, 10.3% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (16.7%). 20% of area adults have a bachelor's or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Calaveras County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing the community data findings with Healthy People 2030 objectives.

MTMC conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Twelve (12) interviews were completed during November and December 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have “current data or other information relevant to the health needs of the community served by the hospital facility.”

Process and Criteria to Identify and Prioritize Significant Health Needs

Significant health needs were identified from an analysis of the primary and secondary data sources. Interviews with community stakeholders provided input and prioritized the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

The key informant stakeholders were asked to prioritize the health needs according to the highest level of importance in the community.

Prioritized Significant Health Needs

Analysis of the CHNA data identified these significant health needs:

- Access to care
- Chronic diseases
- COVID-19
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices (screenings, vaccines)
- Substance use

Among these needs, mental health, substance use, access to health care, and housing and homelessness were identified as the top four priority needs by the key informant stakeholders.

Mental health – Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the county, the rate of mental distress among adults was 13.9%. In Calaveras County, 19% of adults reported having been told by a doctor, nurse, or other health professional they had depressive disorder.

Substance use – In Calaveras County, 13.7% of adults smoke cigarettes. The Healthy People 2030 objective for cigarette smoking among adults is 5%. Among service area adults, 16.9% reported having engaged in binge drinking in the previous 30 days. 22.4% of area adults had engaged in heavy drinking. In Calaveras County, 6.5% of 9th graders and 18.3% of 11th graders had engaged in binge drinking at least once in the past month. The rate of mortality from opioid overdose in Calaveras County was 19.2 deaths per 100,000 persons in 2021. The rate of opioid prescriptions in Calaveras County was 560.7 prescriptions per 1,000 persons.

Access to health care – Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.1% coverage. 94.7% of the civilian, non-institutionalized population in the service area has health insurance and 99.4% of children, ages 18 and younger, have health insurance coverage in the service area. A lack of providers is evident in Calaveras County where the ratio of the population to primary care providers is 2,190:1 compared to the state ratio of 1,240:1. The ratio of the population for dental providers and mental health providers in Calaveras County is double the state ratio. On the basis of stakeholder feedback, there are a number of identified barriers to accessing health care,

including: a lack of health care providers and specialists, transportation, long waits for appointments and no prenatal care.

Housing and homelessness – Of the 122 people experiencing homelessness who were counted in Calaveras County in 2022, 86.9% were adults, 13.1% were minors (under age 18). One adult was a parenting youth (ages 18 to 24) with a single minor child. 4.9% were veterans, all of whom were unsheltered. Finding affordable housing in the county is a struggle. Housing is a problem even for people with solid county jobs. There are many people here who have second homes and they sit vacant most of the year. As a result, there is a housing inventory issue.

Resources Potentially Available to Address Needs

Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Mark Twain Medical Center community board in May 2023. The report is widely available to the public on the hospital's web site at <https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports/community-health-needs-assessments>, and a paper copy is available for inspection upon request at the Mark Twain Medical Center Philanthropy Department.

Written comments on this report can be submitted to Mark Twain Medical Center, Philanthropy Department, 768 Mountain Ranch Road, San Andreas, CA 95249. To send comments or questions about this report, please contact Charanjit Singh at charanjit.singh@dignityhealth.org.

Community Definition

Service Area

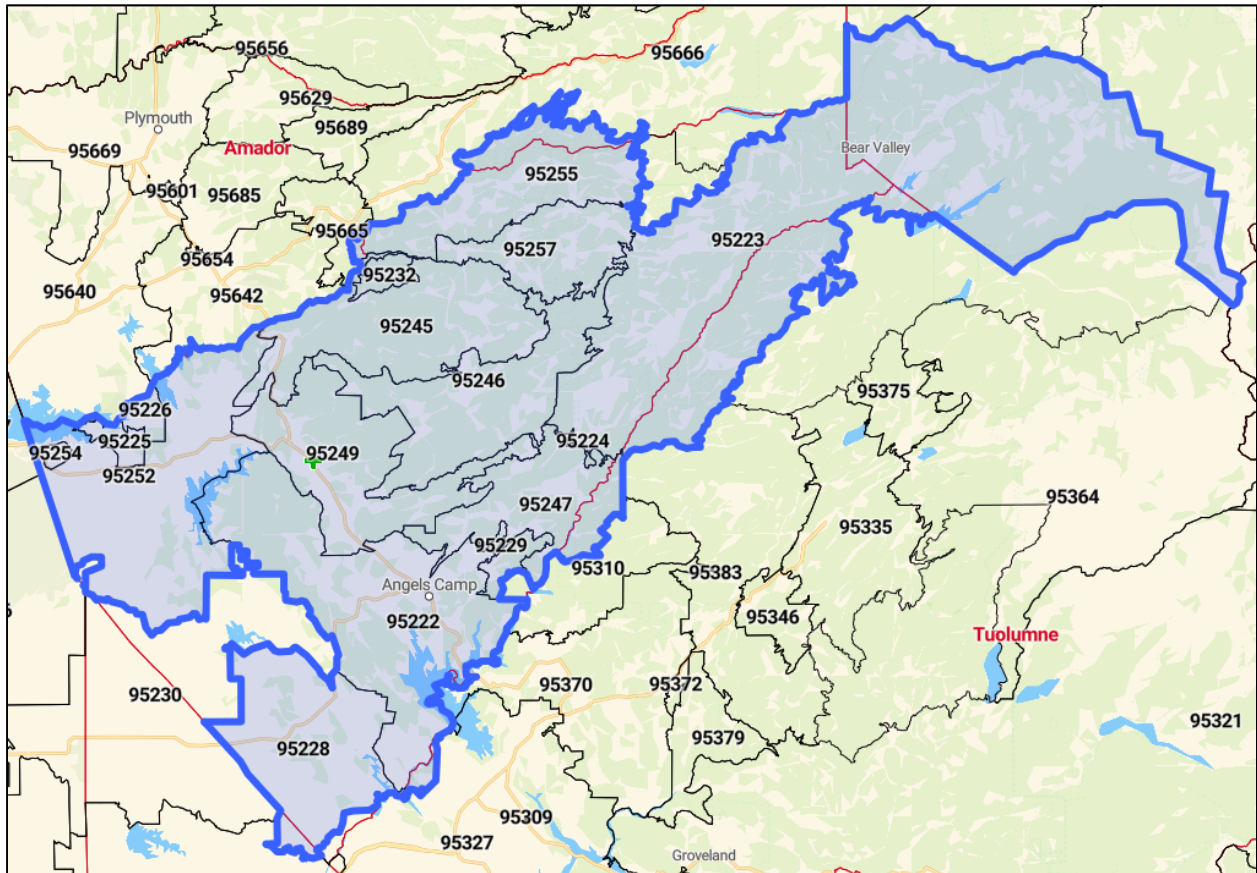
Dignity Health – Mark Twain Medical Center is located at 768 Mountain Ranch Road, San Andreas, CA 95249. The hospital tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area as including 20 ZIP Code Tabulation Areas (ZCTA) largely located within Calaveras County. In the CHNA, some data sources are based on the county, and others are the ZIP Codes that compose the county, and for the purposes of the CHNA the two areas are considered equivalent.

Among the county’s ZIP Codes, two ZIP Codes encompass other ZIP Codes and Campo Seco ZIP Code 95226 has no reportable population. As a result, 17 ZIP Codes are reported for the service area. ZCTA 95223 includes a portion of Alpine County that encompasses a sparsely populated region in the Stanislaus National Forest.

Mark Twain Medical Center Service Area

Place	ZIP Code Tabulation Area (ZCTA)
Angels Camp (and Altaville, ZIP Code 95221)	95222 (encompasses ZIP Code 95221)
Arnold	95223
Avery	95224
Burson	95225
Campo Seco	95226 (zero population recorded)
Copperopolis	95228
Glencoe	95232
Hathaway Pines	95233
Mokelumne Hill	95245
Mountain Ranch	95246
Murphys (and Douglas Flat, ZIP Code 95229)	95247 (encompasses ZIP Code 95229)
Rail Road Flat	95248
San Andreas	95249
Vallecito	95251
Valley Springs	95252
Wallace	95254
West Point	95255
Wilseyville	95257

Service Area Map



Source: PolicyMap

The population of the Mark Twain Medical Center (MTMC) service area is 45,709. Children and youth, ages 0-17, make up 16.7% of the population, 55.3% are adults, ages 18-64, and 28% of the population are seniors, ages 65 and older. In the service area, 80.2% of the population are non-Hispanic White residents, 12.5% are Hispanic or Latino residents. 3.7% of the population are multiracial (two-or-more races) residents, 1.9% are Asian residents, and 1% are Black or African American residents. 0.6% of the area population are American Indian or Alaskan Native residents, 0.1% are a race and ethnicity not listed, and 0.04% are Native Hawaiian or Pacific Islander residents. 91.8% of the population, 5 years and older, speak only English in the home. Among the area population, 5.3% speak Spanish, and 1.6% speak an Asian/Pacific Islander language in the home.

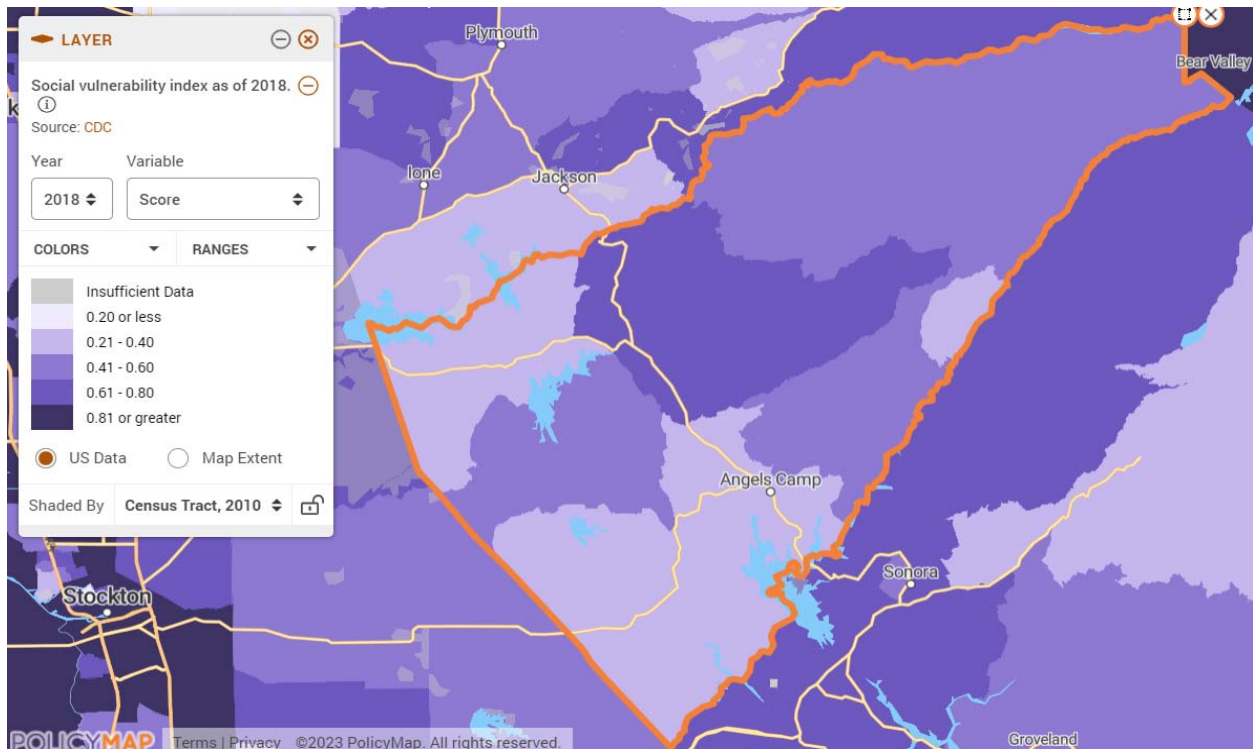
Among the residents in the service area, 11.4% are at or below 100% of the federal poverty level (FPL) and 29% are at 200% of FPL or below. In Calaveras County, 11.8% of the population experienced food insecurity in 2019. Among children in Calaveras County, 18.7% lived in households that experienced food insecurity. Feeding America estimates that in 2020, 70% of those experiencing food insecurity in Calaveras County,

and 65% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospital service area, 10.3% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (16.7%). 20% of area adults have a bachelor's or higher degree.

Calaveras County has areas designated as Health Professional Shortage Areas (HPSAs) for primary care, dental health and mental health.

Social Vulnerability Index

Social vulnerability refers to populations that are particularly vulnerable to disruption and health problems because of natural disasters, human-made disasters, climate change, and extreme weather. The Geospatial Research, Analysis, and Services Program (GRASP) within the CDC created the Social Vulnerability Index (SVI) to help flag areas that will be in greatest need of support and recovery assistance in the case of a disaster or extreme weather event. The index is comprised of four categories of vulnerability: socio-economic status, household composition and disability, minority status and language, and housing and transportation.



Source: Social Vulnerability Index (SVI), 2018, via PolicyMap. Data from 2014-2018 American Community Survey. <https://commonspirit.policymap.com/newmaps#/>

Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Calaveras County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Primary Data Collection

MTMC conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Twelve (12) telephone interviews were conducted during November and December 2022. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Calaveras County who spoke to issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. The interviews were structured to obtain greater depth of information and build on the secondary data

review. During the interviews, participants were asked to identify the major health issues in the community and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. Attachment 3 provides stakeholder responses to the interview overview questions.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews focused on these significant health needs:

- Access to care
- Chronic diseases
- COVID-19
- Economic insecurity
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices (screenings, vaccines)
- Substance use

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. MTMC invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public at <https://www.dignityhealth.org/about-us/community-health/community-health-programs-and-reports/community-health-needs-assessments>. No written comments have been received.

Project Oversight

The CHNA process was overseen by:

Charanjit (CJ) Singh

Director, Philanthropy

Mark Twain Medical Center

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience

conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Community Demographics

Population

The population of the Mark Twain Medical Center (MTMC) service area is 45,709. From 2015 to 2020, the population increased by 2.3%. Population growth was highest in San Andreas ZIP Code 95249 (54.9%).

Localized changes in population within the county are due in part to the wildfires experienced in and around Calaveras County in recent years. The largest fire was the Butte Fire of September 2015, which claimed approximately 877 structures in Amador and Calaveras Counties, more than half of which were in the community of Mountain Ranch. Other fire effects included damage to structures, increased air pollution, and degradation to natural areas and water supplies, which have affected the health and habitability, of some areas. The Electra Fire of 2022 burned in some of the same areas as were burned in the Butte Fire.

Total Population and Change in Population

	ZIP Code Tabulation Area	Total Population	Change in population, 2015-2020
Angels Camp	95222	5,418	8.8%
Arnold	95223	2,602	-6.4%
Avery	95224	195	1.0%
Burson	95225	618	-17.5%
Campo Seco	95226	14 residents in 2015	-100.0%
Copperopolis	95228	4,486	-5.0%
Glencoe	95232	203	-23.7%
Hathaway Pines	95233	381	-39.2%
Mokelumne Hill	95245	1,650	-27.9%
Mountain Ranch	95246	1,234	-1.8%
Murphys	95247	3,853	-22.6%
Rail Road Flat	95248	108	-10.7%
San Andreas	95249	5,988	54.9%
Vallecito	95251	496	-43.1%
Valley Springs	95252	15,779	13.7%
Wallace	95254	721	-24.5%
West Point	95255	1,591	-10.3%
Wilseyville	95257	386	3.2%
MTMC Service Area		45,709	2.3%
Calaveras County		45,828	2.4%
California		39,346,023	2.4%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 & 2016-2020, DP05. <http://data.census.gov>

The population gender of the service area is 50% male and 50% female.

Population, by Gender

	Calaveras County	California
Male	50.0%	49.7%
Female	50.0%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov>

In the region, 95.6% of the adult population identify as straight or heterosexual, and 99.8% as cisgender, or not transgender.

Population, by Sexual Orientation and Gender Identity, Adults

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Moro and Alpine Counties)	California
Straight or heterosexual	95.6%	91.6%
Gay, lesbian or homosexual	*1.3%	2.9%
Bisexual	*2.1%	3.6%
Not sexual/celebrate/none/other	*1.0%	1.8%
Cisgender/not transgender	*99.8%	99.4%
Transgender/gender non-conforming	*0.2%	0.6%

Source: California Health Interview Survey, 2015-2021 combined. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Children and youth, ages 0-17, make up 16.7% of the population, 55.3% are adults, ages 18-64, and 28% of the population are older adults, ages 65 and older. The county has a lower percentage of children and young adults, and higher percentages of older adults and seniors than the state.

Population, by Age

	Calaveras County		California	
	Number	Percent	Number	Percent
Age 0-4	1,904	4.2%	2,409,082	6.1%
Age 5-17	5,714	12.5%	6,547,559	16.6%
Age 18-24	2,843	6.2%	3,724,239	9.5%
Age 25-54	14,084	30.7%	16,280,971	41.4%
Age 55-64	8,443	18.4%	4,739,675	12.0%
Age 65-74	7,650	16.7%	3,270,380	8.3%
Age 75+	5,190	11.3%	2,374,117	6.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov/>

When the service area population is examined by community, San Andreas has the highest percentage of children and youth (22.5%) followed by Valley Springs (20.8%). Glencoe and Wilseyville do not report any children or youth among their population.

Avery has the highest percentage of seniors in the area (52.3%), followed by Arnold (48.4%). Valley Springs reports the lowest percentage of seniors in the service area

(19.8%).

Population, by Youth, Ages 0-17, and Seniors, Ages 65 and Older

	ZIP Code	Total Population	Youth, Ages 0 – 17	Seniors, Ages 65 and Older
Angels Camp	95222	5,418	15.9%	31.0%
Arnold	95223	2,602	7.2%	48.4%
Avery	95224	195	15.4%	52.3%
Burson	95225	618	15.2%	41.9%
Copperopolis	95228	4,486	17.6%	29.2%
Glencoe	95232	203	0.0%	21.7%
Hathaway Pines	95233	381	2.4%	31.5%
Mokelumne Hill	95245	1,650	2.0%	39.3%
Mountain Ranch	95246	1,234	5.8%	28.7%
Murphys	95247	3,853	16.0%	36.6%
Rail Road Flat	95248	108	13.0%	29.6%
San Andreas	95249	5,988	22.5%	22.9%
Vallecito	95251	496	2.2%	25.8%
Valley Springs	95252	15,779	20.8%	19.8%
Wallace	95254	721	10.4%	38.7%
West Point	95255	1,591	13.3%	34.8%
Wilseyville	95257	386	0.0%	43.5%
MTMC Service Area		45,709	16.7%	28.1%
Calaveras County		45,828	16.6%	28.0%
California		39,346,023	22.8%	14.3%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov/>

Race and Ethnicity

In the Calaveras County service area, 80.2% of the population are non-Hispanic White residents, 12.5% are Hispanic or Latino residents. 3.7% of the population are multiracial (two-or-more races) residents, 1.9% are Asian residents, and 1% are Black or African American residents. 0.6% of the area population are American Indian or Alaskan Native residents, 0.1% are a race and ethnicity not listed, and 0.04% are Native Hawaiian or Pacific Islander residents.

Race and Ethnicity

	Calaveras County	California
White	80.2%	36.5%
Hispanic or Latino	12.5%	39.1%
Multiracial	3.7%	3.4%
Asian	1.9%	14.6%
Black or African American	1.0%	5.4%
American Indian or AK Native	0.6%	0.3%
Some other race	0.1%	0.3%
Native HI or Pacific Islander	0.04%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov/>

When race and ethnicity are examined by community, Burson, Hathaway Pines and Rail Road Flat have 100% of the population identifying as non-Hispanic White residents. Avery has the highest percentage of Hispanic or Latino residents (20%). Mokelumne Hill has the highest percentage of Asian residents (5.3%) and the highest percentage of Blacks or African American residents in the service area (9.2%). 18.2% of the population of Glencoe identify as Native American or Alaskan Native residents.

Race and Ethnicity, by ZIP Code

	ZIP Code	White	Hispanic or Latino	Asian	Black
Angels Camp	95222	80.6%	11.4%	0.4%	-
Arnold	95223	93.6%	3.0%	2.5%	-
Avery	95224	80.0%	20.0%	-	-
Burson	95225	100.0%	-	-	-
Copperopolis	95228	78.4%	15.0%	1.9%	3.3%
Glencoe	95232	73.9%	-	-	-
Hathaway Pines	95233	100.0%	-	-	-
Mokelumne Hill	95245	79.5%	4.1%	5.3%	9.2%
Mountain Ranch	95246	84.4%	13.4%	0.6%	-
Murphys	95247	85.7%	10.0%	0.4%	0.9%
Rail Road Flat	95248	100.0%	-	-	-
San Andreas	95249	76.2%	13.9%	1.8%	0.6%
Vallecito	95251	86.7%	13.3%	-	-
Valley Springs	95252	76.5%	15.9%	2.8%	0.4%
Wallace	95254	94.9%	5.1%	-	-
West Point	95255	78.4%	11.7%	1.8%	-
Wilseyville	95257	77.5%	14.0%	-	-
Calaveras County		80.2%	12.5%	1.9%	1.0%
California		36.5%	39.1%	14.6%	5.4%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. <http://data.census.gov/>

Language

In the county, 91.8% of the population, 5 years and older, speak only English in the home, while 5.3% speak Spanish in the home. 1.6% of the population speak an Asian/Pacific Islander language, and 0.9% speak an Indo-European language in the home.

Language Spoken at Home for the Population Ages 5 and Older

	Calaveras County	California
Population, ages 5 and older	43,924	36,936,941
English only	91.8%	56.1%
Speaks Spanish	5.3%	28.3%
Speaks Asian or Pacific Islander language	1.6%	10.0%
Speaks other Indo-European language	0.9%	4.5%
Speaks other language	0.3%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov/>

The highest percentage of Spanish speakers, within the service area, are in Wallace (19.8%) and Vallecito (11.3%). Mokelumne Hill has the highest percentage of Asian or Pacific-Islander language speakers in the service area (5.3%). Wilseyville has the highest percentages of Indo-European language speakers (14.5%).

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo European
Angels Camp	95222	89.2%	8.8%	0.5%	0.6%
Arnold	95223	95.1%	3.0%	1.1%	0.4%
Avery	95224	100.0%	0.0%	0.0%	0.0%
Burson	95225	100.0%	0.0%	0.0%	0.0%
Copperopolis	95228	89.3%	8.4%	1.4%	0.8%
Glencoe	95232	92.1%	0.0%	0.0%	7.9%
Hathaway Pines	95233	100.0%	0.0%	0.0%	0.0%
Mokelumne Hill	95245	90.3%	3.0%	5.3%	1.4%
Mountain Ranch	95246	98.5%	0.9%	0.6%	0.0%
Murphys	95247	94.3%	3.9%	0.1%	1.7%
Rail Road Flat	95248	100.0%	0.0%	0.0%	0.0%
San Andreas	95249	96.3%	1.2%	2.0%	0.3%
Vallecito	95251	84.7%	11.3%	0.0%	4.0%
Valley Springs	95252	90.4%	6.2%	2.4%	1.0%
Wallace	95254	80.2%	19.8%	0.0%	0.0%
West Point	95255	92.7%	2.0%	1.8%	0.0%
Wilseyville	95257	85.5%	0.0%	0.0%	14.5%
Calaveras County		91.8%	5.3%	1.6%	0.9%
California		56.1%	28.3%	10.0%	4.5%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov/>

The California Department of Education defines “English Learners” as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Calaveras County school districts, the percentage of students who were classified English Learners was 3.9%. Among area school districts English Learners ranged from 1.7% of students in the Bret Harte Union High School District to 5.8% of students in the Mark Twain Union Elementary School District.

English Learner (EL) Students, by School District

	Number	Percent
Bret Harte Union High School District	11	1.7%
Calaveras Unified School District	110	3.9%
Mark Twain Union Elementary School District	42	5.8%
Vallecito Union Elementary School District	30	5.3%
Calaveras County	204	3.9%
California	1,127,648	19.2%

Source: California Department of Education DataQuest, 2021-2022. <http://dq.cde.ca.gov/dataquest/>

Veteran Status

In the service area, 10.7% of the civilian population, 18 years and older, are veterans. This is more than twice the state rate (5%).

Veteran Status

	ZIP Code	Percent
Angels Camp	95222	10.9%
Arnold	95223	11.9%
Avery	95224	27.9%
Burson	95225	9.4%
Copperopolis	95228	12.7%
Glencoe	95232	0.0%
Hathaway Pines	95233	10.8%
Mokelumne Hill	95245	9.5%
Mountain Ranch	95246	15.1%
Murphys	95247	9.7%
Rail Road Flat	95248	18.1%
San Andreas	95249	14.9%
Vallecito	95251	6.8%
Valley Springs	95252	8.0%
Wallace	95254	10.1%
West Point	95255	16.0%
Wilseyville	95257	5.2%
Calaveras County		10.7%
California		5.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

Citizenship

In the county, 4.3% of the population is foreign-born, which is lower than the state rate (26.6%). Of the foreign-born, 44% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Calaveras County	California
Foreign born	4.3%	26.6%
Of the foreign born, not a U.S. citizen	44.0%	47.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Calaveras County is ranked 26 among ranked counties in California, placing it in the top half of the state's counties for social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Calaveras County	26

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

California Healthy Places Index

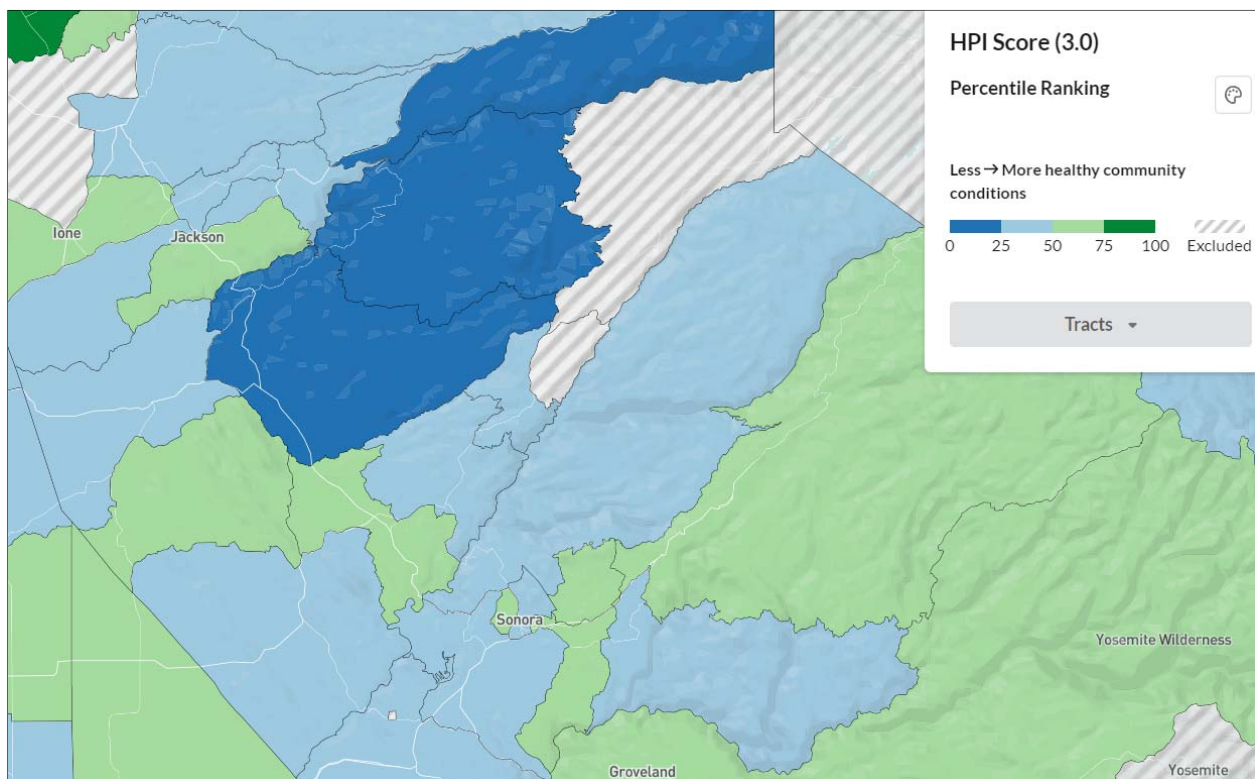
The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the Census Tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, social, transportation, neighborhood, housing, clean environment, and health care access. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map below displays Calaveras County and the surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading (none in Calaveras County) show census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) Calaveras County has an overall HPI score that is better than half (51.8%) of California counties. The county has healthier environmental conditions than just 32.1% of other California counties, based on four criteria: ozone levels, fine particulate matter concentrations, safe drinking water (contaminants), and particulate pollution from diesel sources.

California Healthy Places Index Value and Sub-Scores, as Percentiles

	Calaveras County
Economic	41.1%
Education	41.1%
Social	53.6%
Transportation	78.6%
Neighborhood	62.5%
Housing	85.7%
Clean Environment	32.1%
Health Care Access	71.4%
HPI Score	51.8%

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed August 4, 2022. <https://healthyplacesindex.org>



Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 5.3%. This is lower than the state unemployment rates (6.2%). The highest rates of unemployment are in Rail Road Flat (38.1%) and Glencoe (35.8%). Avery, Burson, Vallecito, West Point, and Wilseyville reported no unemployed workers.

Employment Status for the Population Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Angels Camp	95222	2,162	169	7.8%
Arnold	95223	946	103	10.9%
Avery	95224	72	0	0.0%
Burson	95225	256	0	0.0%
Copperopolis	95228	1,997	150	7.5%
Glencoe	95232	159	57	35.8%
Hathaway Pines	95233	246	16	6.5%
Mokelumne Hill	95245	463	48	10.4%
Mountain Ranch	95246	242	7	2.9%
Murphys	95247	1,544	56	3.6%
Rail Road Flat	95248	42	16	38.1%
San Andreas	95249	1,534	16	1.0%
Vallecito	95251	301	0	0.0%
Valley Springs	95252	7,366	280	3.8%
Wallace	95254	281	42	14.9%
West Point	95255	473	0	0.0%
Wilseyville	95257	88	0	0.0%
MTMC Service Area		18,172	960	5.3%
Calaveras County		18,213	949	5.2%
California		19,875,973	1,229,079	6.2%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. <http://data.census.gov/>

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2020, the federal poverty level (FPL) for one person was \$13,171 and for a family of four it was \$26,246. Among the residents in the service area, 11.4% are at or below 100% of the federal poverty level (FPL) and 29% are at 200% of FPL or below (low-income). The poverty rate is lower than the state rate (12.6%). The highest poverty and low-income rates in the service area are in San Andreas, where 38.2% of the population lives in poverty and 62.3% qualify as low-income.

Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Angels Camp	95222	11.3%	30.9%
Arnold	95223	8.1%	20.8%
Avery	95224	0.0%	46.2%
Burson	95225	21.5%	21.5%
Copperopolis	95228	7.2%	19.1%
Glencoe	95232	28.6%	37.9%
Hathaway Pines	95233	6.6%	13.9%
Mokelumne Hill	95245	10.5%	22.4%
Mountain Ranch	95246	4.9%	12.3%
Murphys	95247	4.2%	24.9%
Rail Road Flat	95248	27.8%	57.4%
San Andreas	95249	38.2%	62.3%

	ZIP Code	<100% FPL	<200% FPL
Vallecito	95251	5.4%	16.7%
Valley Springs	95252	4.9%	23.3%
Wallace	95254	0.0%	0.0%
West Point	95255	17.2%	44.4%
Wilseyville	95257	34.5%	43.5%
MTMC Service Area		11.4%	29.0%
Calaveras County		11.4%	29.2%
California		12.6%	29.4%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1701. <http://data.census.gov/>

Poverty in the service area generally declines with age (though poverty rates are higher in children ages 5 to 17 than in those ages 0 to 5). 17.4% of service area children, 5.3% of service area seniors, and 36% of service area female Heads-of-Household (HoH), with children under the age of 18 living with them, live in poverty.

Burson and Rail Road Flat report 100% poverty among children. San Andreas has the highest rate of poverty among seniors (16.9%). West Point has the highest rate of poverty among female HoH, with children under the age of 18, in the service area (100%).

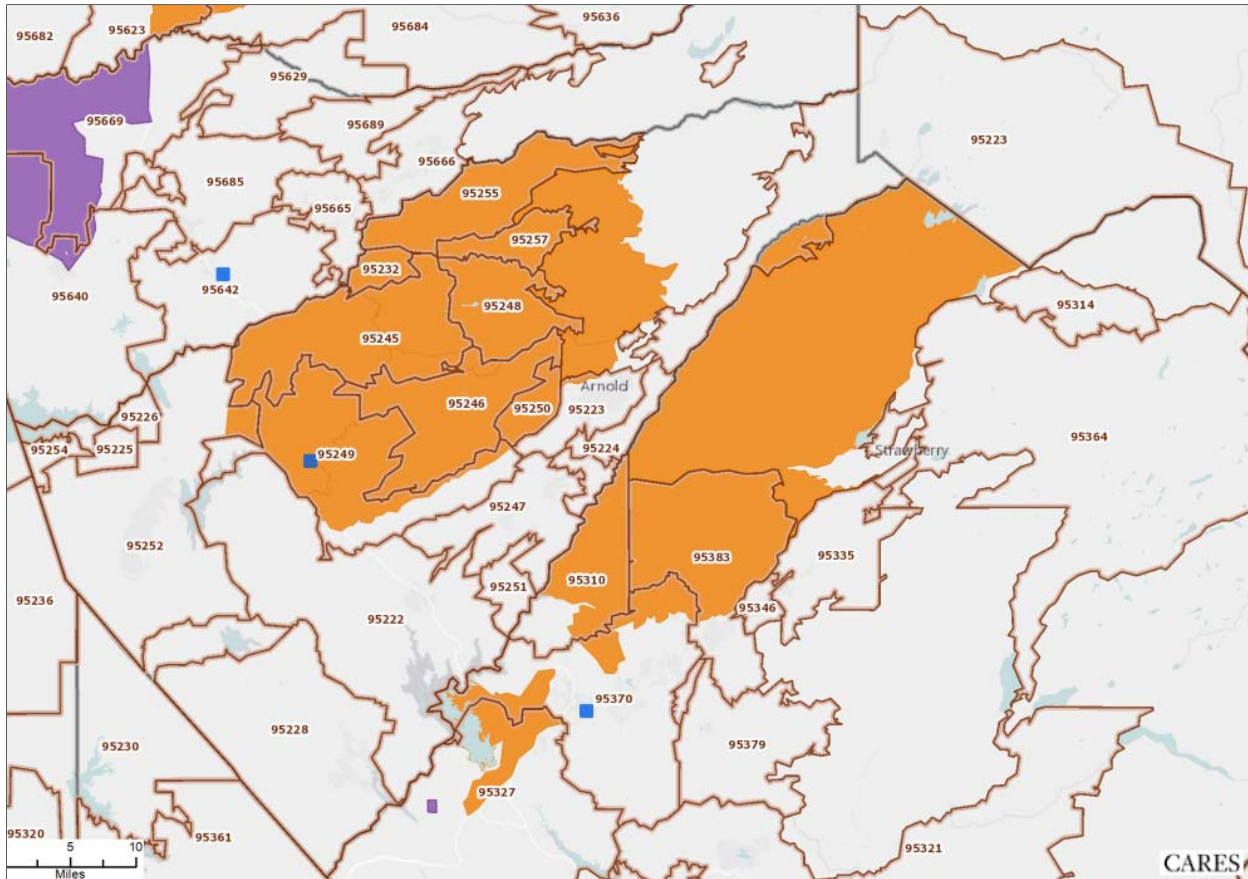
Poverty Levels, Children under Age 18, Seniors Ages 65 and Older, and Female HoH

	ZIP Code	Children	Seniors	Female HoH with Children*
Angels Camp	95222	15.2%	7.1%	0.0%
Arnold	95223	13.9%	3.2%	26.2%
Avery	95224	0.0%	0.0%	-
Burson	95225	100.0%	0.0%	-
Copperopolis	95228	10.2%	1.1%	18.6%
Glencoe	95232	-	0.0%	-
Hathaway Pines	95233	0.0%	0.0%	-
Mokelumne Hill	95245	0.0%	0.5%	-
Mountain Ranch	95246	0.0%	1.7%	0.0%
Murphys	95247	0.0%	4.8%	0.0%
Rail Road Flat	95248	100.0%	0.0%	-
San Andreas	95249	57.8%	16.9%	61.1%
Vallecito	95251	0.0%	0.0%	-
Valley Springs	95252	5.1%	4.2%	24.4%
Wallace	95254	0.0%	0.0%	-
West Point	95255	32.2%	10.1%	100.0%
Wilseyville	95257	-	10.1%	-
Calaveras County		17.4%	5.3%	36.0%
California		16.8%	10.3%	31.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1701 & *S1702. <http://data.census.gov/>. " - " = no individuals recorded for this ZIP Code..

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map of the service area and surrounding areas, highlights the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for both poverty and education, would be noted on the map in brown. Hospitals in the area are represented by blue squares, with Mark Twain Medical Center found in ZIP Code 95249.



https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint

On the map, the north-central portion of Calaveras County shows a high percentage of poverty without low education levels. The closest areas of population with low education levels without high levels of poverty are found in the northwest corner of Amador County.

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranged from 33.1% of students in the Bret

Harte Union High School District to 63.9% in the Vallecito Union Elementary School District. Mark Twain Union Elementary School District (51.9%) was also above the county average (47.2%).

Free and Reduced-Price Meal Eligibility

	Percent Eligible Students
Bret Harte Union High School District	33.1%
Calaveras Unified School District	47.1%
Mark Twain Union Elementary School District	51.9%
Vallecito Union Elementary School District	63.9%
Calaveras County	47.2%
California	57.8%

Source: California Department of Education, 2021-2022. <http://data1.cde.ca.gov/dataquest/>

Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity:

- We’ve seen an increase in people coming in for services. Sometimes people do not have transportation to get to us, so that can be a barrier.
- We had a devastating fire here in 2015 and it displaced a lot of people. A lot of people came in and bought up land and marijuana became a major industry here. Homes were already scarce and now they are scarcer and outside of economic reach for most people.
- There is not a strong economic base in our community and there is a lack of jobs. We see families without income or families leaving to get jobs and we are losing students. We are also seeing a lot of students who are left unsupervised for long periods of time and that results in increased mental health issue and substance use for students. We don’t have sufficient resources in the schools to meet the needs.
- The ability to earn income during the pandemic was limited. I think people were able to not work and get benefits from governmental subsidies and that impacted their desire to go back to work.
- We see a lot of people who are just barely getting by. There is no quality of life when you are working three jobs. We saw food bank numbers go down during the pandemic. That may have been because of all the money the state sent out. But now we are seeing an increase of people who need food.
- There are not a lot of entry level jobs. It is hard for kids to get a summer job here.
- In our county, we have people who retired from other places in the state and moved here. For people who were brought up here, there are no jobs, and there is no job creation. Logging and mining have been gone for decades. The largest employer is county employment and the hospital is the second largest employer. We are an older population and that means we need more resources, and comprehensive health care.

- Many area seniors are on a fixed income and don't have access to basic needs, they are food insecure, they have no transportation. They are silently suffering. They rely on help from their neighbors. It is basic needs they don't have access to.
- We are a poor community. We have a lot of people on social security, which is not enough to pay their bills. And with the economy the way it is, people are having a difficult time just surviving.

Prior to the start of the COVID-19 pandemic, Calaveras County workers spent, on average, 38.3 minutes a day commuting to work. 76.8% of workers drove alone to work and 59.6% of solo drivers had a commute of 30 minutes or more (24.9% had a commute of more than an hour, compared to 10.9% statewide). Few workers commuted by walking or biking to work (1.4%) or by public transportation (1%).

Transportation/Commute to Work

	Calaveras County	California
Mean travel time to work (in minutes)	38.3	29.8
Workers who drive alone	76.8%	73.7%
Workers who carpool	10.7%	10.1%
Workers who work from home	9.8%	5.9%
Workers who walk or bike to work	1.4%	3.6%
Workers commuting by public transportation	1.0%	5.1%
Solo drivers with a long (> 30 min.) commute*	59.6%	42.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S0801 & *S0802. <http://data.census.gov/>

Households

Many factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the service area, there are 16,958 households and 28,096 housing units. Over the last five years, the population grew by 2.4%, but the number of households declined by 6.1% (suggesting increasing family size and/or increased constraints on housing formation). Owner-occupied households decreased by 5.4% while renter-households decreased by 8.6% from their 2015 levels. Housing units grew by 0.2%, and vacant units increased by 11.7%, to 39.6% of overall housing stock. However, rather than 'vacant units', many of these units represent second homes and vacation rentals,

meaning they are not available to local renters/buyers. The 2019 Housing Element of the Calaveras County General Plan noted that more than 30% of local housing stock in unincorporated Calaveras County in 2016 was for seasonal, recreational or occasional use. Only 2.0% of vacant units were for rent, and only 0.7% were for sale.

<https://planning.calaverasgov.us/General-Plan/Housing>

Households and Housing Units, and Percent Change, Calaveras County

	2015		2020		Percent Change
	Number	Percent	Number	Percent	
Housing units	28,031		28,096		0.2%
Vacant	9,971	35.6%	11,138	39.6%	11.7%
Households	18,060		16,958		-6.1%
Owner occ.	14,266	79.0%	13,492	79.6%	-5.4%
Renter occ.	3,794	21.0%	3,466	20.4%	-8.6%

Source: U.S. Census Bureau, American Community Survey, 2011-2015 & 2016-2020, DP04. <http://data.census.gov/>

The weighted average of the median household income in the service area was \$66,372. It ranged from \$33,138 in San Andreas to \$114,861 in Hathaway Pines. Data were suppressed for Avery and Rail Road Flat.

Median Household Income

	ZIP Code	Households	Median Household Income
Angels Camp	95222	2345	\$53,674
Arnold	95223	1311	\$61,331
Avery	95224	98	No Data
Burson	95225	257	\$85,532
Copperopolis	95228	1682	\$84,885
Glencoe	95232	49	\$62,361
Hathaway Pines	95233	118	\$114,861
Mokelumne Hill	95245	745	\$70,325
Mountain Ranch	95246	511	\$72,841
Murphys	95247	1640	\$56,313
Rail Road Flat	95248	57	No Data
San Andreas	95249	1856	\$33,138
Vallecito	95251	254	\$61,316
Valley Springs	95252	4959	\$81,289
Wallace	95254	277	\$101,745
West Point	95255	685	\$42,083
Wilseyville	95257	155	\$72,014
MTMC Service Area		16,999	*\$66,372
Calaveras County		16,958	\$67,054
California		13,103,114	\$78,672

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. <http://data.census.gov/> *Weighted average of the medians, excluding ZIP Codes 95224 (Avery) and 95248 (Rail Road Flat).

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 41.4% of owner and renter occupied households in the service area spend 30% or more of their

income on housing. In the service area, Glencore (81.6%) and San Andreas (63.9%) have with the highest percentage of households spending 30% or more of their income on housing.

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Angels Camp	95222	38.0%
Arnold	95223	34.1%
Avery	95224	28.6%
Burson	95225	20.6%
Copperopolis	95228	39.1%
Glencoe	95232	81.6%
Hathaway Pines	95233	0.0%
Mokelumne Hill	95245	44.6%
Mountain Ranch	95246	32.5%
Murphys	95247	39.8%
Rail Road Flat	95248	54.4%
San Andreas	95249	63.9%
Vallecito	95251	32.3%
Valley Springs	95252	42.2%
Wallace	95254	11.9%
West Point	95255	47.0%
Wilseyville	95257	23.9%
MTMC Service Area		41.4%
Calaveras County		41.5%
California		41.2%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP04. <http://data.census.gov/>

Homelessness

Calaveras County is part of the Central Sierra Continuum of Care (CSCoC), which also includes Amador, Mariposa and Tuolumne Counties. The lead agency for the CSCoC is the Amador Tuolumne Community Action Agency. A point-in-time (PIT) count of people experiencing homelessness is conducted annually in January to determine how many individuals and families are experiencing homelessness on a given day. COVID-19 led to temporary changes in the timing of PIT count. The 2022 homeless count occurred on January 27, 2022, and included a count of sheltered and unsheltered individuals. The previous count of unsheltered individuals occurred in 2019.

There has been variability in the homeless count in Calaveras County because of area fires and the difficulty of performing a safe, accurate count during the pandemic. From January 2019 to January 2022 there was a 34.4% decrease in the total count of people experiencing homelessness. This was largely due to a 45.5% decrease in the count of people who were unsheltered. For this same time period, there was a 160% increase in the number of people who were experiencing homelessness who were sheltered in the county. In 2022, two of the 26 sheltered individuals were in Transitional Housing (as opposed to Emergency Shelters). In 2019 there were no individuals in Transitional

Housing.

People Experiencing Homelessness, Calaveras County

	2019		2022	
	Number	Percent	Number	Percent
Sheltered individuals	10	5.4%	26	21.3%
Unsheltered individuals	176	94.6%	96	78.7%
Count of unhoused individuals	186	100%	122	100%
Couch-surfing (not included in HUD count)	30	-	39	-

Source: Central Sierra CoC PIT Count Report for Calaveras County, 2019 & 2022. <https://www.centralsierracoc.org/pit-counts>

Of the 122 people experiencing homelessness who were counted in Calaveras County in 2022, 86.9% were adults, 13.1% were minors (under age 18). One adult was a parenting youth (ages 18 to 24) with a single minor child. 4.9% were veterans, all of whom were unsheltered. Of those, three individuals (50%) were chronically homeless. 5.7% were survivors of domestic violence.

Homeless Subpopulations, Calaveras County, 2022

	Sheltered		Unsheltered	
	Number	Percent	Number	Percent
Unaccompanied minors	0	-	0	-
Minors (under age 18)	5	19.2%	11	11.5%
Parenting youth (aged 18 to 24)	0	-	1	1.0%
Veterans	0	-	6	6.3%
Chronically homeless veterans	0	-	3	3.1%
Chronically homeless individuals	2	7.7%	14	14.6%
Mental illness	0	-	4	4.2%
Substance use disorder	1	3.8%	0	-
HIV/AIDS	0	-	0	-
Survivors of domestic violence	1	3.8%	6	6.3%
Total	26	21.3%	96	78.7%

Source: Central Sierra CoC PIT Count Report for Calaveras County. https://www.centralsierracoc.org/files/ugd/a55699_844cc4b12ad84f1987c857499ca81c54.pdf

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments edited for clarity:

- There is a lack of housing for people who want to come to our county to work.
- Some people were given housing opportunities and they chose to walk away from those opportunities. It is a choice they make.
- We do not have a homeless shelter. With Project Roomkey we could place people in motels. When that was not available, we had other housing grants. Our housing programs have grown in the last three years from \$150,000 to a multi-million dollar program in our community. We went from two programs to twelve programs, and we

have more money than we can use because we do not have housing. We have a significant shortage in low and very low-income bracket housing. We have shortages across all income spectrums. We must build about 800 new homes in 5 to 7 years to meet our identified needs. One of our issues is infrastructure. We need sewer hook-ups and water access to more areas to plug in more housing.

- We have a lot of NIMBYism. People don't want their property values impacted. We also had the previous fire, the Butte Fire. Housing inventory diminished from that and it hasn't been replaced
- Our homeless population is increasing. I don't think we see all of them. They are good at finding places to stay safe and hidden and away from people. Rental availability is little to none and those that are available are very expensive. Landlords want big deposits. We had a rental assistance program. We saw so many families who were barely making it and they have jobs but not the money for a deposit or money to afford a full one bedroom. We had a landlord call us and tell us they had a single wide one bedroom, one bath and they were going to charge \$950. That is a lot for that given the wages that are paid in our county.
- People who have mental illness and substance use issues on top of being homeless can't work, they can't get disability, or it is such a small amount, they can't afford a place to live. Our rental assistance program is ending in December. The county is getting more money for housing, but it is very specific – for foster families, people trying to get disability, or vets on certain types of aid. So, it leaves out a lot of people who are also in need of assistance.
- We have a limited number of apartments in the foothills and parts of our community have become a vacation area, so rentals have turned into VRBOs. As a result, they are no longer rented to teachers and people who work for an hourly wage at a store.
- Housing is an interesting issue here. We not only have the unhoused where people sleep in parks and in their cars if they have one, but we also have no housing for our employees. When we go to hire someone, they have often declined because they can't find a place to live. Housing is a problem even for people with solid county jobs. There are many people here who have second homes and they sit vacant most of the year. We have a housing inventory issue.
- Affordable housing is very minimal in our county, especially low-income senior housing. There can be a two to five year wait list for senior housing.
- We have a housing and homelessness issue. There just isn't affordable housing in this county. Homelessness is not because people don't have a home. It is more complex behavior that has to do with addictive behaviors, and some behavioral medical problems. It is a complex multifactorial issue. Providing a home doesn't solve the problem.

Public Program Participation

In the county, 5.1% of residents receive SSI benefits, 3.4% receive cash public assistance income, and 7.2% of residents receive food stamp benefits.

Household Supportive Benefits

	Calaveras County	California
Total households	16,958	13,103,114
Supplemental Security Income (SSI)	5.1%	6.1%
Public Assistance	3.4%	3.3%
Food Stamps/SNAP	7.2%	9.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. <http://data.census.gov>

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. In Calaveras County 87.1% of eligible households in 2020, and 2,861 households per month, on average, received food stamps (CalFresh) in 2021. By June of 2022, that number had risen by 12.1% in Calaveras County.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	June 2022	Percent Increase From 2021 Monthly Average
Calaveras County	2,861	87.1%	3,206	12.1%
California	2,481,627	80.4%	2,769,097	11.6%

Source: California Department of Social Services' CalFresh Data Dashboard, 2021 Calendar Year Average and *2020. <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In Calaveras County, 11.8% of the population experienced food insecurity in 2019. Among children in Calaveras County, 18.7% lived in households that experienced food insecurity. These percentages declined in 2020 (11.4% among the overall population and 16.4% among children), which may be due to the government response to the COVID-19 Pandemic. Feeding America estimates that in 2020, 70% of those experiencing food insecurity in Calaveras County, and 65% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP.

Food Insecurity

	Calaveras County		California	
	Number	Rate	Number	Rate
Total population experienced food insecurity during 2019	5,360	11.8%	4,011,960	10.2%
Total population experienced food insecurity during 2020	5,140	11.4%	3,571,920	9.1%
Children, under age 18, experienced food insecurity during 2019	1,460	18.7%	1,221,560	13.7%
Children, under age 18, experienced food insecurity during 2020	1,250	16.4%	1,165,400	13.0%

Source: Feeding America, 2019 & 2020. <https://map.feedingamerica.org/county/2020/overall/california/county/calaveras>

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments edited for clarity:

- We are fortunate that we have a food bank in our county and they do a good job on outreach.
- We are doing a pretty good job of getting food out to people. But transportation and gas are barriers. Public transportation is limited in outlying areas. Often clients don't think ahead either, so their need for food is immediate.
- When school shut down, that impacted kids' ability to get meals.
- We have seen an increase in food insecurity.
- CalFresh did a great job at the state level to make sure food got to families. It has not been as significant as other concerns because I have seen how much CalFresh went out.
- We have a lot of food deserts here so people don't have a lot of access to grocery stores and fresh fruits and vegetables. So those who are suffering the most are the vulnerable, the youngest and the oldest. We have free and reduced-price lunches, but not for the population under 5 years old. For the older population, they are also food insecure. We have Meals on Wheels but it is jointly run with a neighboring county.
- People often depend on the Resource Center and CalFresh and the foodbanks.
- As a rural community, if you want to access a food bank, you have to drive a long distance and that can be expensive.

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 10.3% of adults, ages 25 and older, lack a high school diploma. 19.8% of area adults have a bachelor's degree or higher.

Education Levels, Population Ages 25 and Older

	Calaveras County	California
Population ages 25 and older	35,367	16,665,143
Less than 9 th grade	2.5%	8.9%
9 th to 12 th grade, no diploma	7.8%	7.2%
High school graduate	29.0%	20.4%
Some college, no degree	28.9%	20.9%
Associate degree	12.0%	8.0%
Bachelor's degree	13.5%	21.6%
Graduate/professional degree	6.3%	13.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov/>.

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Area high school districts met this objective from 2019 through 2021.

High School Graduation Rates

	2018-2019	2019-2020	2020-2021
Bret Harte Union High School District	93.8%	93.9%	95.5%
Calaveras Unified School District	90.9%	95.4%	92.4%
Calaveras County	90.7%	92.3%	91.6%
California	84.5%	84.2%	83.6%

Source: California Department of Education DataQuest, 2018-2021. <http://dq.cde.ca.gov/dataquest/>

Preschool Enrollment

50.2% of children, ages 3 and 4, in the county were enrolled in preschool.

Enrolled in Preschool, Population Ages 3 and 4

	Population, Ages 3 and 4	Percent Enrolled
Calaveras County	860	50.2%
California	1,018,577	48.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1401. <http://data.census.gov/>

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Property and violent crime rates in Calaveras County rose from 2016 to 2021. Changes in number of crimes at the departmental level may represent shifts in population or jurisdictional changes from 2016 to 2021, and so rates were not calculated at the sub-county level.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2016 and 2021

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2016	2021	2016	2021	2016	2021	2016	2021
Angels Camp P.D.	37	69	-	-	9	21	-	-
Calaveras County Dept. of Parks & Rec.	0	19	-	-	0	0	-	-
Calaveras County Sherriff's Dept.	535	471	-	-	169	164	-	-
CHP Calaveras County	84	117	-	-	0	0	-	-
Calaveras County	656	677	1,450.2	1,496.6	178	185	393.5	409.0
California	1,001K	858K	2,535.0	2,171.0	175K	184K	442.3	464.6

Source: California Department of Justice, Open Justice Portal, 2022. <https://openjustice.doj.ca.gov/data> *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, rates are estimates. Care should be used when interpreting rates calculated on small populations or small numbers.

Domestic violence calls are categorized as with or without a weapon. 27.1% of domestic violence calls in Calaveras County involved a weapon. The rate of domestic violence calls in Angels Camp (9.7 per 1,000 persons) is higher than the county average. Rates are an estimate and based on a small number, so should be interpreted with caution.

Domestic Violence Call Rates, per 1,000 Persons, 2021

	Total	Rate*	Without Weapon	With Weapon
Angels Camp P.D.	38	9.7	65.8%	34.2%
Calaveras County Sherriff's Dept.	209	5.1	74.2%	25.8%
Calaveras County	247	5.5	72.9%	27.1%
California	164,608	4.2	53.2%	46.8%

Source: California Department of Justice, Open Justice Portal, 2022. <https://openjustice.doj.ca.gov/data> *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. Care should also be used when interpreting rates calculated on a small number.

In Calaveras County, the rate of children, ages under 18, who experienced abuse or neglect was 13.7 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children, 2020

	Calaveras County	California
Child abuse rates	13.7	6.8

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, October 2021. Accessed from KidsData.org at <http://kidsdata.org>

Air Quality

In 2019, the average annual concentration of fine particulate matter in the air of Calaveras County was 5.5 micrograms per cubic meter, as compared to the California

average of 8.1 micrograms. In 2019, Calaveras County had 1 day when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million. This was a 95.5% decrease for Calaveras County from the 2016 count of 22 days, and a 90% decrease from 10 days in 2018. The state average in 2019 was 11 days above the U.S. standard; in 2016 it was 22 days, and in 2018 it was 17 days.

Air Quality Measurements

	Calaveras County	California
Annual average micrograms of particulate matter per cubic meter of air	5.5	8.1
Ozone levels above standards, in days	1	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020 via <http://www.kidsdata.org> N/A = Not Available

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 94.7% of the service area population has health insurance. 99.4% of service area children, ages 18 and younger, have health insurance coverage. Among service area adults, ages 19-64, 90.4% have health insurance. The Healthy People 2030 goal is for 92.1% of the population to have health insurance.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Angels Camp	95222	96.3%	100.0%	92.8%
Arnold	95223	98.8%	100.0%	97.3%
Avery	95224	100.0%	100.0%	100.0%
Burson	95225	100.0%	100.0%	100.0%
Copperopolis	95228	95.3%	98.4%	91.6%
Glencoe	95232	100.0%	N/A	100.0%
Hathaway Pines	95233	95.5%	100.0%	92.9%
Mokelumne Hill	95245	93.6%	100.0%	89.2%
Mountain Ranch	95246	75.5%	100.0%	61.7%
Murphys	95247	97.2%	100.0%	94.1%
Rail Road Flat	95248	100.0%	100.0%	100.0%
San Andreas	95249	97.6%	97.4%	96.7%
Vallecito	95251	94.6%	100.0%	92.4%
Valley Springs	95252	92.9%	100.0%	87.8%
Wallace	95254	100.0%	100.0%	100.0%
West Point	95255	92.8%	100.0%	86.2%
Wilseyville	95257	96.4%	N/A	93.6%
Calaveras County		94.7%	99.4%	90.4%
California		92.8%	96.7%	89.8%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. <http://data.census.gov/>

44% of service area residents have employer-based health insurance coverage, either alone or in combination with Medicare or another form of insurance. 16.2% of residents have Medi-Cal insurance. Medicare coverage rates, alone or in combination with other types of health insurance, are higher than statewide levels.

Insurance Coverage, by Type

	Calaveras County	California
Employer-based only	36.1%	45.2%
Medi-Cal only	16.2%	19.9%
Medicare only	9.4%	5.1%
Private purchase only	7.9%	7.6%
Other combinations	7.9%	4.7%
Employer-based & Medicare	7.1%	2.7%
Private purchase & Medicare	5.3%	2.0%

	Calaveras County	California
Medicare & Medi-Cal	2.8%	3.0%
Employer-based & private purchase	0.8%	1.4%
Other public-only combinations	0.7%	0.4%
TRICARE/military only	0.3%	0.6%
VA Health Care only	0.2%	0.2%
No health insurance	5.3%	7.2%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, B27010. <http://data.census.gov/>

There are differences in the rate of health insurance coverage by race/ethnicity in the service area. Seniors have 100% coverage in the service area, regardless of race/ethnicity. Only non-Hispanic White children show less than total coverage, with 99.1% insured. Health insurance coverage varies primarily among service area adults, ages 19 to 64, and is lowest among Native Hawaiian/Pacific Islander adults (none of the fewer-than-ten individuals reported having health insurance), Multiracial (77.1%), Hispanic (88.3%), and non-Hispanic White adults (90.9%).

Health Insurance, Service Area Population, by Race and Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Black or African American	100.0%	100.0%	100.0%	100.0%
American Indian or Alaskan Native	100.0%	100.0%	100.0%	100.0%
Other race	99.6%	100.0%	99.3%	100.0%
Asian	97.6%	100.0%	95.5%	100.0%
Non-Hispanic White	94.9%	99.1%	90.9%	100.0%
Hispanic	93.6%	100.0%	88.3%	100.0%
Multiracial	86.6%	100.0%	77.1%	100.0%
Native Hawaiian or Pacific Islander	46.2%	N/A	0.0%	100.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, C27001B thru C27001I. <http://data.census.gov/>

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 22% of adults in the service area do not have a usual primary care provider.

No Usual Primary Care Provider

	ZIP Code	Percent
Angels Camp	95222	22.7%
Arnold	95223	19.0%
Avery	95224	18.9%
Burson	95225	23.2%
Copperopolis	95228	22.5%
Glencoe	95232	19.9%
Hathaway Pines	95233	19.5%
Mokelumne Hill	95245	20.8%
Mountain Ranch	95246	21.2%
Murphys	95247	20.5%

	ZIP Code	Percent
Rail Road Flat	95248	19.9%
San Andreas	95249	21.3%
Vallecito	95251	21.2%
Valley Springs	95252	23.4%
Wallace	95254	23.2%
West Point	95255	19.9%
Wilseyville	95257	19.9%
MTMC Service Area*		22.0%
Calaveras County		21.7%
California		25.3%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, <https://www.policymap.com/> *Weighted average; calculated using 2016-2020 ACS adult population estimates.

In the region, 54% of residents access care at a doctor's office, HMO or Kaiser. 18.6% of residents have no usual source of care, which is higher than the state rate (13.5%).

Sources of Care

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Moro and Alpine Counties)	California
Dr. office/HMO/Kaiser Permanente	54.0%	61.3%
Community clinic/government clinic/community hospital	25.2%	23.0%
ER/Urgent care	*1.4%	1.4%
Other place/no one place	*0.8%	0.9%
No usual source of care	18.6%	13.5%

Source: California Health Interview Survey, 2016-2020, <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 23.3% of residents in the region had visited an ER in the past year. Seniors, ages 65 and older, visited the ER at the highest rates (27.7%). residents living in poverty visited the ER at a higher rate (26.1%) as did low-income residents (25.2%). ER utilization rates were higher in the region than the state.

Use of Emergency Room

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Moro and Alpine Counties)	California
Visited ER in last 12 months	23.3%	19.4%
0-17 years old	*20.2%	17.8%
18-64 years old	22.1%	20.9%
65 and older	27.7%	23.0%
<100% of poverty level	*26.1%	24.2%
<200% of poverty level	25.2%	22.9%

Source: California Health Interview Survey, 2016-2020, <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Difficulty Accessing Care

10.1% of adults in the region had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 14.8% of adults reported difficulty accessing specialty care. 5.9% of adults had been told by a primary care physician's office that their insurance was not accepted. 7.2% of adults were told their insurance was not accepted at a specialist's office.

Difficulty Accessing Care in the Past Year, Adults

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Mono and Alpine Counties)	California
Reported difficulty finding primary care	10.1%	7.9%
Reported difficulty finding specialist care	14.8%	15.4%
Primary care doctor not accepting their insurance	5.9%	5.4%
Specialist not accepting their insurance	7.2%	9.6%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

Delayed or Forgone Care

15.6% of residents in the region delayed or did not get medical care when needed. Of these residents, 71.9% went without needed medical care, meaning that 11.2% of the overall population had to forgo needed care. This is higher than the Healthy People 2030 objective of 3.3% of the population who forgo care. 31.6% of respondents who delayed or went without care listed COVID-19 as the main reason, and 31.2% of regional residents agreed that 'cost/lack of insurance' was one of the reasons.

Delayed Care in Past 12 Months, All Ages

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Mono and Alpine Counties)	California
Delayed or did not get medical care	15.6%	15.7%
Had to forgo needed medical care	11.2%	8.8%
Delayed or did not get medical care due to COVID-19	31.6%	24.4%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	31.2%	30.2%
Delayed or did not get prescription meds	8.6%	8.1%

Source: California Health Interview Survey, 2020-2021. <http://ask.chis.ucla.edu/>

In the region which includes Calaveras County, non-Latino Whites were more likely to have delayed or foregone needed medical care during the prior year due to cost or lack of insurance (7.2%) than were Latino residents (5.9%).

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Moro and Alpine Counties)	California
Multiracial (non-Latino)	N/A	6.7%
White (non-Latino)	7.2%	5.7%
Latino	*5.9%	5.6%
Native Hawaiian or Pacific Islander	N/A	*5.3%
American Indian or Alaska Native	N/A	*5.1%
Black (non-Latino)	N/A	4.1%
Asian	N/A	3.3%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size. N/A = Not Available due to small sample size.

Primary Care Physicians

The ratio of the population to primary care physicians in Calaveras County is 2,320:1, which is higher (worse) than the state ratio of 1,230 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	Calaveras County	California
Number of primary care physicians	20	31,906
Ratio of population to primary care physicians	2,320:1	1,230:1

Source: County Health Rankings, 2023. The County Health Rankings used 2020 data for this measure..

<http://www.countyhealthrankings.org>

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)¹, 29.0% of the population in the service area is low-income (200% of Federal Poverty Level) and 11.4% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the residents of the Valley Springs area, including: Community Medical Centers Inc., Golden Valley Health Center, San Joaquin County, and Wellspace Health.

Even with Section 330 funded Community Health Centers serving the area, most low-income residents are not served by one of these clinic providers. The FQHCs have a total of 400 patients in the service area, which equates to 3.1% penetration among low-

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

income patients and 0.9% penetration among the total population. From 2019-2021, the Community Health Center providers served 384 fewer patients for a 49.0% decrease in patients served by Community Health Centers in the service area. There are 12,732 low-income residents, 96.9% of the population at or below 200% FPL, who are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
13,132	400	3.1%	0.9%	12,732	96.9%

Source: UDS Mapper, 2021. <http://www.udsmapper.org>

Dental Care

29.9% of children, ages 3 to 11, in the region have never been to a dentist. In the prior year, 4.5% of area children needed dental care and did not receive it. 48.8% of teens had never been to the dentist or had not seen a dentist in the previous six months.

Delay of Dental Care, Children

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Moro and Alpine Counties)	California
Children, ages 3 to 11, never been to the dentist	*29.9%	15.1%
Children, ages 3 to 11, needed but didn't get dental care in past year**	*4.5%	7.0%
Teen, ages 12 to 17, either never been to the dentist or more than six months ago.	48.8%	24.3%
Teen, ages 12 to 17, condition of teen is fair or poor**	*9.5%	12.0%
Teen, ages 12 to 17, missed school due to a dental problem in the past year**	*15.2%	8.6%

Source: California Health Interview Survey, 2017-2021 **2018-2021 <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

67.3% of Calaveras County adults said they had seen a dentist in the prior year. 11.7% of county seniors had lost all of their natural teeth.

Dental Care, Adults

	Calaveras County	California
Visited dentist within past year, ages 18 and older	67.3%	64.0%
All natural teeth lost, ages 65 and older	11.7%	11.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

The ratio of residents to dentists in Calaveras County is 2,100:1, which is higher than the ratio of dentists per capita in the state.

Dentists, Number and Ratio

	Calaveras County	California
Number of dentists	22	35,599
Ratio of population to dentists	2,100:1	1,100:1

Source: County Health Rankings, 2023. The County Health Rankings used 2021 data for this measure.

<http://www.countyhealthrankings.org>

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Calaveras County, the ratio of residents to mental health providers is 450:1.

Mental Health Providers, Number and Ratio

	Calaveras County	California
Number of mental health providers	103	166,354
Ratio of population to mental health providers	450:1	240:1

Source: County Health Rankings, 2023. The County Health Rankings used 2022 data for this measure.

<http://www.countyhealthrankings.org>

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity:

- We do not have many health care providers and the ones we do have are full and are not always taking new patients. This is especially true with mental health. People are getting frustrated and do not know where to turn to get services. With prenatal care, expectant mothers have to go outside the county for birthing and that can be difficult with transportation and the price of gasoline. The lack of services for expectant parents is disheartening. Breast feeding supports are outside of our county as well.
- If you live in an outlying area, you need transportation and to afford gas to come to town. You often must wait for appointments, and it is a lengthy wait.
- We are lacking in quality long term doctors in the community because they can make twice as much in the Bay Area. Family practice is lacking here. People travel outside of the county for health care.
- Any oversight or clinical support for mental health is limited so we do a lot of contract work and some telehealth. Clinical nursing, public health and mental health are also leaving the medical field, which has grown with COVID.
- We have a part time pediatrician. The other issue is specialty care. It is difficult when you must spend five hours in a day to travel and see a specialist. It is very inconvenient for patients.
- Access to care is limited here in the county. If you are hurt, or get hurt off hours or

the weekend, there is only the ED at Mark Twain. All other clinics are closed. It really limits what you can do and if you can't access it here, you must leave the county to get health care. There is a basic understanding that Mark Twain is an acute care facility. The community is looking for more. We are an older population. We have a bit of cancer care, but we need more. There are not enough cancer resources here. We have very basic care. It is really an ED.

- We do not have prenatal care. When a woman of childbearing age becomes pregnant, she must go outside of the county to get care.
- People that live an hour away from the hospital, each way, it is difficult for them to get a ride for services. And for specialty care, there really are no options for them. People must leave the county for that.
- Our clinic is now closed to new patients. We can't find primary care providers to work here.

Birth Characteristics

Births

From 2016 to 2020 there were, on average, 384 births per year to county residents.

Teen Births

Teen births in the county occurred at an average annual rate of 7.9% of total births (79.2 per 1,000 live births). This rate is higher than the state rate (4.6% of total births).

Births to Teen Mothers, Ages 15 to 19, Rate per 1,000 Live Births

	Calaveras County		California
	Number	Rate	Rate
Births to teen mothers	15	37.7	38.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 2016-2020, Table B01001.

Prenatal Care

Pregnant women in the county entered prenatal care after the first trimester at a rate of 214.6 per 1,000 live births. This rate of late entry into prenatal care translates to 21.5% of women entering prenatal care late or not at all, while 78.5% of women entered prenatal care on time.

The Healthy People 2030 objective is for 80.5% of pregnant women to receive ‘early and adequate’ prenatal care. In addition to timing of entry into care, contains the added criteria of attending at least 80% of recommended prenatal visits. 75.5% of pregnant women in Calaveras County who gave birth to live infants had received adequate, or better, prenatal care.

Late Entry to Prenatal Care, After 1st Trimester, Rate per 1,000 Live Births

	Calaveras County		California
	Number	Rate	Rate
Late entry to prenatal care	85	214.6	156.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 2016-2020, Table B01001.

Adequate/Adequate Plus Prenatal Care, Rate per 1,000 Live Births

	Calaveras County		California
	Number	Rate	Rate
Adequate/Adequate Plus prenatal care	124	75.5%	76.1%

Source: California Department of Public Health's County Health Status Profiles, via the Health and Human Services (CHHS) Open Data Portal, data for 2018-2020. <https://data.chhs.ca.gov/dataset/county-health-status-profiles>

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies is 6.5% (65.1 per 1,000 live births).

Low Birth Weight (Under 2,500g), Rate per 1,000 Live Births

	Calaveras County		California
	Number	Rate	Rate
Low birth weight	25	65.1	69.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 2016-2020, Table B01001.

Delivery Paid by Public Insurance or Self-Pay

In Calaveras County, the rate of births paid by public insurance or self-pay was 537.7 per 1,000 live births, which is higher than the state rate of births paid by public insurance or self-pay (486.4 per 1,000 live births).

Delivery Paid by Public Insurance or Self-Pay, Rate per 1,000 Live Births

	Calaveras County		California
	Number	Rate	Rate
Public insurance or self-pay	206	537.7	486.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 2016-2020, Table B01001.

Preterm Births

The rate of premature birth, occurring before the start of the 38th week of gestation, in the county is 8.3% (82.7 per 1,000 live births). This rate of premature birth is lower than the state rate of premature births (8.8%).

Premature Births before Start of 38th Week, Rate per 1,000 Live Births

	Calaveras County		California
	Number	Rate	Rate
Premature births	32	82.7	87.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 2016-2020, Table B01001.

Maternal Smoking During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) in the county was 8.6% (85.8 per 1,000 live births), which was higher than the state rate (1.8%).

Mothers Who Smoked Regularly During Pregnancy, Rate per 1,000 Live Births

	Calaveras County		California
	Number	Rate	Rate
Mothers who smoked	35	85.8	18.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 2016-2020, Table B01001.

Infant Mortality

For the purposes of this report, the infant mortality rate is defined as deaths to infants under 1 year of age. The infant mortality rate in Calaveras County, from 2014 through 2020, was 4.13 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 4.8 deaths per 1,000 live births.

Infant Mortality, Rate per 1,000 Live Births, Three-Year Average

	Rate
Calaveras County	4.13
California	4.21
Nation	5.73

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 2014-2020, Table B01001.

Breastfeeding

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates for mothers living in Calaveras County, where breastfeeding initiation information was known, indicate that 94% of new mothers initiated breastfeeding. This is similar to the statewide rate of 93.8%.

Breastfeeding Initiation During Early Postpartum Period

	Calaveras County		California
	Number	Rate	Rate
Breastfeeding initiated	304	94.0%	93.8%

Source: California Department of Public Health's County Health Status Profiles, via the Health and Human Services (CHHS) Open Data Portal, data for 2018-2020. <https://data.chhs.ca.gov/dataset/county-health-status-profiles>

Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Calaveras County is 79.5 years. 360 persons per 100,000 residents die before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 7,900 years. Residents of Calaveras County have a lower life-expectancy when compared to residents in the state.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Calaveras County	California
Life expectancy at birth in years	79.5	81.0
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	360	290
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	7,900	5,700

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2018-2020. <http://www.countyhealthrankings.org>*

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in Calaveras County is 685.6 per 100,000 persons, which is higher than California's rate (630.7 deaths per 100,000 persons).

Mortality Rate, Age-Adjusted, per 100,000 Persons, Five-Year Average

Calaveras County		California
Number of Deaths	Rate	Rate
527	685.6	630.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

Leading Causes of Death

The top two leading causes of death in Calaveras County are cancer and heart disease. The heart disease mortality rate in the county is 149.9 deaths per 100,000 persons. The cancer death rate in the county is 143 deaths per 100,000 persons,

In addition to heart disease and cancer, unintentional injuries, Chronic Lower Respiratory Disease, and stroke are in the top five causes of death in Calaveras County.

Leading Causes of Death Rate, Age-Adjusted, per 100,000 Persons, 2016-2020 Average

	Calaveras County		California	Healthy People 2030 Objective
	Average Annual Deaths	Rate	Rate	Rate
Heart disease	119	149.9	141.3	No Objective
Ischemic heart disease	317	76.6	84.6	71.1
Cancer	123	143.0	134.6	122.7
Unintentional injuries	26	53.7	35.8	43.2
Chronic Lower Respiratory Disease	32	36.5	30.5	Not Comparable
Stroke	23	28.0	37.6	33.4
Alzheimer's disease	21	26.8	37.6	No Objective
Suicide	11	19.7	10.5	12.8
Liver disease	11	15.4	12.6	10.9
Pneumonia and influenza	12	14.5	14.0	No Objective
Diabetes	11	13.8	22.4	Not Comparable
Kidney disease	11	12.0	9.0	No Objective
Homicide	--	--	5.1	5.5
HIV	--	--	1.5	No Objective

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

-- Values of 3 or less are withheld per HIPAA guidelines.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the county is 76.6 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 28 deaths per 100,000 persons. The county does meet the Healthy People 2030 objective of a maximum of 33.4 stroke deaths per 100,000 persons but, it does not meet the Healthy People 2030 objective of 71.1 deaths per 100,000 persons.

Ischemic Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Ischemic heart disease death rate	317	76.6	84.6
Stroke death rate	23	28.0	37.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

Cancer

In the county, the age-adjusted cancer mortality rate is 143 deaths per 100,000 persons. This rate does not meet the Healthy People 2030 objective (122.7 deaths from cancer, per 100,000 persons).

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Cancer death rate	123	143.0	134.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

Mortality rates for specific types of cancer are available at the county level from the California Cancer Registry. The Registry combines the populations of Alpine, Amador and Calaveras Counties for reporting purposes. All-site cancer mortality in the region (151 deaths per 100,000 persons, age-adjusted) is higher than the all-site cancer mortality at the state level (137.4 deaths per 100,000 persons). The top five causes of cancer death in the region are lung and bronchus, prostate, breast, colon and rectum and ovary.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Alpine/Amador/Calaveras Counties	California
Cancer all sites	151.0	137.4
Lung and bronchus	34.2	26.6
Prostate (males)	21.7	19.7
Breast (female)	19.3	19.0
Colon and rectum	15.1	12.3
Ovary (females)	8.2	6.7
Pancreas	7.9	10.3
Liver and intrahepatic bile duct	7.4	7.7
Leukemia	7.4	5.6
Urinary bladder	6.4	3.8
Uterine (female)	6.0	5.1
Brain and other nervous system	5.3	4.3
Non-Hodgkin lymphoma	5.2	5.0
Esophagus	4.4	3.1
Kidney and renal pelvis	3.7	3.3

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2015-2019. <https://explorer.ccrca.org/application.html>

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the county is 53.7 deaths per 100,000 persons. This rate is higher than the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Unintentional injuries death rate	26	53.7	35.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the county is 36.5 per 100,000 persons. This is higher than the state rate (30.5 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Chronic Lower Respiratory Disease death rate	32	36.5	30.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

-- Values of 3 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 26.8 deaths per 100,000 persons. This is lower than the state rate (37.6 deaths per 100,000 persons).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Alzheimer's disease death rate	21	26.8	37.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

-- Values of 3 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the county is 19.7 deaths per 100,000 persons. This is higher than the Healthy People 2030 objective for suicide of 12.8 deaths per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Suicide	11	19.7	10.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

-- Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the county is 15.4 deaths per 100,000 persons. This is higher than the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Liver disease death rate	11	15.4	12.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

-- Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 14.5 per 100,000 persons. This rate is above the state rate (14 deaths per 100,000 persons).

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Pneumonia and flu death rate	12	14.5	14.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

-- Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate from diabetes in the county is 13.8 deaths per 100,000 persons. This is lower than the state rate (22.4 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Diabetes death rate	11	13.8	22.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

-- Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

The death rate from kidney disease is 12 deaths per 100,000 persons. This is higher than the state rate (9 deaths per 100,000 persons).

Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Calaveras County		California
	Number	Rate	Rate
Kidney disease death rate	11	12.0	9.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2016-2020 on CDC WONDER Online Database, released December 2021.

-- Values of 3 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have been rising statewide, particularly in the last several years. Drug overdose deaths in Calaveras County have been consistently higher than the statewide rate. The county does not meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons

	2009 - 2011	2012 - 2014	2015 - 2017	2018 - 2020
Calaveras County	31.2	18.8	16.6	21.8
California	10.7	10.8	11.4	16.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

In 2021, the age-adjusted death rate from opioid overdoses in Calaveras County was 19.2 deaths per 100,000 persons, which was higher than the state rate (16.8 deaths per 100,000 persons). The Healthy People 2030 goal is 13.1 opioid overdose deaths per 100,000 persons.

When examined by demographics, opioid overdose deaths in Calaveras County in 2021 were more than three times as likely to occur in men (26.5 deaths per 100,000 men) as compared to women (8.6 deaths per 100,000 women). The rate was highest in the 20- to 24-year-old demographic (119.1 deaths per 100,000 persons).

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2010 - 2021

	Annual Rate					
	2010-2011	2012-2013	2014-2015	2016-2017	2018-2019	2020-2021
Calaveras County	16.2	10.0	9.9	8.7	8.8	13.1
California	4.9	4.5	4.9	5.1	6.9	15.2

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2022. <https://skylab.cdph.ca.gov/ODdash/>

Acute and Chronic Disease

Hospitalizations by Diagnoses

At Mark Twain Medical Center, prior to the start of the COVID-19 Pandemic, the top four primary diagnoses resulting in hospitalization were respiratory system diseases, infectious and parasitic diseases, circulatory system diseases, and injuries and poisonings.

Hospitalizations at MTMC, by Principal Diagnoses, Top Ten Causes

	Percent
Respiratory system	17.8%
Infectious and parasitic diseases	13.8%
Circulatory system	13.4%
Injury and poisoning	11.7%
Musculoskeletal system and connective tissue	10.5%
Digestive system	9.4%
Endocrine, nutritional, and metabolic diseases and immunity disorders	4.8%
Mental illness	4.6%
Genitourinary system	4.2%
Skin and subcutaneous tissue	4.1%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Visits by Diagnoses

At Mark Twain Medical Center, prior to the start of the COVID-19 Pandemic, the top five primary diagnoses seen in the Emergency Department were injuries/poisonings, and respiratory, circulatory, digestive and nervous system diagnoses.

Emergency Room Visits at MTMC, by Principal Diagnoses, Top Ten Causes

	Percent
Injury and poisoning	24.6%
Respiratory system	11.5%
Circulatory system	8.6%
Digestive system	7.8%
Nervous system and sense organs	7.4%
Genitourinary system	7.2%
Musculoskeletal system & connective tissue	6.4%
Mental illness	5.2%
Skin and subcutaneous tissue	3.9%
Infectious and parasitic diseases	2.4%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

Frequent Poor Health

14.7% of adults in the service area reported 14 or more days of poor physical health in the previous month. This is higher than the state rate of 11.6% of adults.

Poor Physical Health, 14 or More Days in Past Month, Adults

	ZIP Code	Percent
Angels Camp	95222	13.9%
Arnold	95223	13.8%
Avery	95224	12.3%
Burson	95225	13.5%
Copperopolis	95228	13.8%
Glencoe	95232	17.5%
Hathaway Pines	95233	13.1%
Mokelumne Hill	95245	17.9%
Mountain Ranch	95246	18.5%
Murphys	95247	14.1%
Rail Road Flat	95248	18.1%
San Andreas	95249	17.2%
Vallecito	95251	13.7%
Valley Springs	95252	13.5%
Wallace	95254	13.4%
West Point	95255	17.6%
Wilseyville	95257	17.5%
MTMC Service Area*		14.7%
Calaveras County		14.4%
California		11.6%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2019 data, <https://www.policymap.com/> *Weighted average; calculated using 2016-2020 ACS adult population estimates

Diabetes

11.2% of adults in the service area and 12.3% of Calaveras County adults had been diagnosed with diabetes by a health professional. This is higher than the state rate (10.1%).

Diabetes, Adults

	ZIP Code	Percent
Angels Camp	95222	10.8%
Arnold	95223	11.5%
Avery	95224	9.2%
Burson	95225	10.8%
Copperopolis	95228	10.6%
Glencoe	95232	13.0%
Hathaway Pines	95233	10.3%
Mokelumne Hill	95245	13.6%
Mountain Ranch	95246	14.9%
Murphys	95247	11.4%
Rail Road Flat	95248	14.0%
San Andreas	95249	12.8%
Vallecito	95251	10.3%
Valley Springs	95252	10.0%
Wallace	95254	10.4%
West Point	95255	13.8%
Wilseyville	95257	13.6%
MTMC Service Area*		11.2%
Calaveras County		12.3%

	ZIP Code	Percent
California		10.1%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2019 data, <https://www.policymap.com/> *Weighted average; calculated using 2016-2020 ACS adult population estimates

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. In 2019 the rate of preventable hospitalizations due to lower-extremity amputation was higher in Calaveras County than in California, and in 2020 the rate of preventable hospitalizations due to short-term complications was higher in the county than in California.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Calaveras County		California	
	2019	2020	2019	2020
Diabetes short term complications	57.0	68.8	60.7	61.2
Diabetes long term complications	51.3	70.0	98.5	85.6
Lower-extremity amputation among patients with diabetes	39.6	18.6	30.1	30.6
Uncontrolled diabetes	15.6	15.4	30.9	25.8
Diabetes composite	152.3	153.6	203.2	186.6

Source: California Office of Statewide Health Planning & Development, 2019 & 2020. <https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Heart Disease and Stroke

A health professional told 7.4% of service area adults they have heart disease. 4% of service area adults reported being told by a health professional they have had a stroke.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Angels Camp	95222	7.3%	3.9%
Arnold	95223	7.8%	4.0%
Avery	95224	6.0%	3.2%
Burson	95225	6.5%	3.6%
Copperopolis	95228	6.6%	3.6%
Glencoe	95232	8.6%	4.6%
Hathaway Pines	95233	7.2%	3.7%
Mokelumne Hill	95245	9.1%	4.9%
Mountain Ranch	95246	10.0%	5.3%
Murphys	95247	8.0%	4.2%
Rail Road Flat	95248	9.2%	5.0%
San Andreas	95249	8.9%	4.9%
Vallecito	95251	6.5%	3.6%
Valley Springs	95252	6.1%	3.4%
Wallace	95254	6.8%	3.7%

	ZIP Code	Heart Disease	Stroke
West Point	95255	9.5%	5.1%
Wilseyville	95257	9.7%	5.1%
MTMC Service Area*		7.4%	4.0%
Calaveras County		7.8%	4.1%
California		4.9%	2.8%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2019 data, <https://www.policymap.com/> *Weighted average; calculated using 2016-2020 ACS adult population estimates

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Calaveras County (248.9 annual hospitalizations per 100,000 persons, risk-adjusted, in 2020) was below the state rate of 297.2 hospitalizations per 100,000 persons. Rates of preventable hospitalizations for heart failure were higher in 2019 than in 2020.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Calaveras County		California	
	2019	2020	2019	2020
Hospitalization rate due to heart failure	323.1	248.9	362.1	297.2

Source: California Office of Statewide Health Planning & Development, 2019 & 2020. <https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percent of adults who reported being diagnosed with high blood pressure or high cholesterol were higher than state rates.

High Blood Pressure and High Cholesterol, Adults

	ZIP Code	Hypertension	High Cholesterol
Angels Camp	95222	34.3%	35.2%
Arnold	95223	36.8%	37.9%
Avery	95224	30.9%	32.9%
Burson	95225	32.9%	34.3%
Copperopolis	95228	33.0%	34.2%
Glencoe	95232	38.1%	36.9%
Hathaway Pines	95233	34.0%	35.0%
Mokelumne Hill	95245	39.1%	37.5%
Mountain Ranch	95246	41.8%	39.6%
Murphys	95247	37.0%	37.3%
Rail Road Flat	95248	40.1%	38.1%
San Andreas	95249	37.6%	35.7%
Vallecito	95251	32.8%	34.4%
Valley Springs	95252	31.7%	34.0%
Wallace	95254	33.4%	34.8%
West Point	95255	40.0%	37.7%
Wilseyville	95257	40.0%	37.6%
MTMC Service Area*		34.8%	35.4%

	ZIP Code	Hypertension	High Cholesterol
Calaveras County		35.8%	36.1%
California		27.8%	29.9%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2019 data, <https://www.policymap.com/> *Weighted average; calculated using 2016-2020 ACS adult population estimates.

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Calaveras County in 2020 (39.1 hospitalizations per 100,000 persons, risk-adjusted) was higher than in the state rate (34.8 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Calaveras County		California	
	2019	2020	2019	2020
Hospitalization rate due to hypertension	24.1	39.1	43.6	34.8

Source: California Office of Statewide Health Planning & Development, 2019 & 2020. <https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Cancer

Cancer incidence rates for specific types of cancer are available at the county level from the California Cancer Registry. The Registry combines the populations of Alpine, Amador and Calaveras Counties for reporting purposes. All-site cancer incidence in the region (418.3 diagnosed cancers per 100,000 persons, age-adjusted) is higher than is all-site cancer incidence at the state level (399.8 diagnosed cancers per 100,000 persons). The top five causes of cancer incidence are for breast, prostate, lung and bronchus, colon and rectum, and melanoma of the skin.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	Alpine/Amador/Calaveras Counties	California
All sites	418.3	399.8
Breast (female)	124.2	124.1
Prostate (males)	98.9	96.3
Lung and bronchus	48.8	39.7
Colon and rectum	36.5	34.8
Melanoma of the skin	30.7	23.4
Corpus uteri (females)	24.2	27.2
Non-Hodgkin lymphoma	18.4	17.6
Kidney and renal pelvis	17.1	15.2
Leukemia	14.3	12.5
Ovary (females)	11.9	11.0
Pancreas	11.6	12.2
Urinary bladder	11.0	8.7
Liver and intrahepatic bile duct	10.9	9.8
Thyroid	9.7	13.2
Cervix uteri (females)	9.5	7.5
Brain & Other Nervous System	7.8	5.9
Esophagus	5.1	3.5

	Alpine/Amador/Calaveras Counties	California
Stomach	3.9	7.4

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2015-2019. <https://explorer.ccrca.org/application.html>

Asthma

Reported rates of adult asthma in the service area (9.7%) were higher than the state (7.8%),

Asthma Prevalence, Adults

	ZIP Code	Percent
Angels Camp	95222	9.6%
Arnold	95223	9.2%
Avery	95224	9.3%
Burson	95225	9.5%
Copperopolis	95228	9.6%
Glencoe	95232	10.5%
Hathaway Pines	95233	9.4%
Mokelumne Hill	95245	10.4%
Mountain Ranch	95246	10.3%
Murphys	95247	9.3%
Rail Road Flat	95248	10.4%
San Andreas	95249	10.4%
Vallecito	95251	9.7%
Valley Springs	95252	9.6%
Wallace	95254	9.4%
West Point	95255	10.2%
Wilseyville	95257	10.1%
MTMC Service Area*		9.7%
Calaveras County		9.3%
California		7.8%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2019 data, <https://www.policymap.com/> *Weighted average; calculated using 2016-2020 ACS adult population estimates

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2020, the rate in Calaveras County for COPD and asthma hospitalizations among adults aged 40 and older was 209.9 hospitalizations per 100,000 persons, which was higher than the statewide rate (133.6 hospitalizations per 100,000 persons).

The rate of hospitalizations in Calaveras County in 2020 for asthma among young adults, ages 18 to 39, was 22.1 hospitalizations per 100,000 persons, which was higher than the 12.0 hospitalizations per 100,000 persons seen statewide.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Calaveras County		California	
	2019	2020	2019	2020
COPD or asthma in older adults, ages 40 and older	264.8	209.9	222.7	133.6
Asthma in younger adults, ages 18 to 39	22.2	22.1	19.8	12.0

Source: California Office of Statewide Health Planning & Development, 2020. <https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments edited for clarity:

- We have an enormous portion of our population who suffer with chronic conditions and have nowhere to go.
- As a practitioner, when you want your patient to see a specialist and they can't get an appointment for eight months, and then their follow-up appointment takes an entire day because they must drive to Sacramento, Modesto, or Stanford. It is frustrating. Right now, an appointment for gastroenterology is almost a year out. Dermatology and rheumatology are 3-6 months out.
- People often go out of the county for care. They go to UC Davis, San Francisco, or Sacramento for treatment. Telehealth is a stopgap at best. And schools lost their nurses.
- We have nowhere to exercise. You can't walk on someone's land here. And you can't go to the school grounds because they are locked up after hours. We don't really have sidewalks either. We also have so many people who commute outside of the county to work. So they spend a lot of time in their cars and they have no physical activity. They end up with chronic diseases like heart disease and diabetes.
- I think the biggest barrier from a doctor's point of view is the administrative burden of medicine. We are spending an inordinate amount of time collecting and entering data into records no one reads. We have to check hundreds of boxes.
- There are economic barriers. People don't have money to pay for drugs and medications. Patients are not on the appropriate medications because they cannot afford it, for their blood pressure, heart diseases, diabetes. The cost of medications is a big deal and people are really struggling.

COVID-19 Incidence, Mortality, and Vaccination Rates

In Calaveras County, there have been 8,497 confirmed cases of COVID-19 as of September 27, 2022. This is a lower rate of infection (187.6 cases per 1,000 persons) than the statewide average of 263.3 cases per 1,000 persons. Despite the lower infection rate, the county has had a higher rate of confirmed deaths due to COVID-19. Through the same date, 133 county residents are confirmed to have died due to COVID-19 complications, for a rate of 2.94 deaths per 1,000 persons, as compared to

the statewide rate of 2.41 deaths per 1,000 residents.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, 9/27/22

	Calaveras County		California	
	Number	Rate	Number	Rate
Cases	8,497	187.6	10,412,352	263.3
Deaths	133	2.94	95,165	2.41

Source: California State Health Department, COVID19 Dashboard, Updated September 29, 2022 with data from September 27. <https://covid19.ca.gov/state-dashboard> *Rates calculated using 2020 U.S. Census population data.

The number of Calaveras County residents, of all ages, who have completed the primary series of a COVID-19 vaccine was 24,955, or 56.5% of the county’s population, as compared to 72.2% for the state. County rates are lower than the statewide vaccination rates among every age group.

COVID-19 Vaccinations, Number and Percent Who Completed Primary Series, by Age

	Calaveras County		California	
	Percent	Number	Percent	Number
Population, under 5	0.6%	12	4.3%	96,739
Population, ages 5-11	11.2%	275	37.4%	1,312,789
Population, ages 12-17	32.6%	848	67.2%	2,151,473
Population, ages 18-49	47.9%	6,520	78.4%	13,403,583
Population, ages 50-64	71.6%	6,790	84.6%	6,285,377
Population, ages 65+	74.9%	10,510	86.7%	5,610,535

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group> Updated September 30th, 2022 with data through September 29, 2022.

In Calaveras County, among the vaccine-eligible population, 73.7% of the Native Hawaiian/Pacific Islander population, 54.2% of the Asian population, 48.4% of White residents, 44.5% of Black residents, and 41% of Latino residents have completed their primary COVID-19 vaccination series. An additional 1,965 county residents were listed as ‘Other’ race on their vaccination data.

COVID-19 Vaccinations, Completed Primary Series, Calaveras County, by Race, 9/29/22

	Percent
Native Hawaiian or Pacific Islander	73.7%
Asian	54.2%
White	48.4%
Black	44.5%
Latino	41.0%
American Indian or Alaska Native	24.7%
Multiracial	5.4%

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group> Updated September 30th, 2022, with data through September 29, 2022.

COVID-19 Vulnerability and Recovery Index

The Vulnerability and Recovery Index compares all ZIP Codes in California, for which sufficient data was available for analysis, along various indices of vulnerability, and is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators, including the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian / Pacific Islander populations, the percent of the population qualified as essential workers, the percent of population under 200% of FPL, percent of population in overcrowded housing units, population aged 75 and older living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates.

ZIP Codes in the 0 to 19th percentile are in the ‘Lowest’ Vulnerability & Recovery Index category, those in the next-highest quintiles are ‘Low’, then ‘Moderate’, while those in the 60th to 79th percentile are ‘High’ and 80th percentile and above are ‘Highest’ in terms of vulnerability to COVID-19 and need for recovery assistance from the effects of COVID-19 on the population.

Within the service area, only three ZIP Codes had sufficient data available to allow for ranking. San Andreas ranked highest in vulnerability, with a ranking higher than 97.3% of California ZIP Codes. Valley Springs ranked as moderately vulnerable, and Copperopolis ranked as low vulnerability.

Vulnerability and Recovery Index, Percentile of California ZIP Codes

	ZIP Code	Risk	Severity	Recovery Need	Index
Copperopolis	95228	21.2	38.3	21.5	25.3
San Andreas	95249	97.1	93.8	97.7	97.3
Valley Springs	95252	45.5	62.5	45.5	50.5

Source: Advancement Project California, Vulnerability and Recovery Index, Originally published February 3, 2021, data as of December 20, 2021. <https://www.racecounts.org/covid/covid-statewide/> Insufficient data available to rank other area ZIP Codes.

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- The community did a really good job as far as making sure people could get tested and knew about vaccines. Public health reached out to a lot of organizations for information and access in the community.
- We are fairly divided in our county and that may arise again. It has some people on guard if there is a spike in COVID as is projected and there will be more mental health and physical health issues. We are seeing a spike in RSV. I think our county is somewhat in denial of COVID coming back and that is more political based vs. medically based.

- There has been a learning loss with the students. There are definitive gaps. The pandemic learning loss is going to take many years to address. There is no quick fix.
- Public Health and the hospital did a good job with collaboration to ensure care and vaccines were available. The barriers included community resistance of the science that guides our decisions around masking and social distancing. We had a lot of backlash from the community around those efforts. Now our medical team is prepared and ready. We see vaccines as supporting the community, whereas others see it as an imposition and impacting their right of autonomy from governmental intervention.
- The isolation, it really impacted people mentally. We got an increase in shelter and hotline calls. People felt hopeless. They needed to just talk to someone. And they were scared to go out into public and catch COVID, and they had underlying health issues.
- From the point of view of service provisions, there are many barriers when staff were not working or they were working from home.
- We heard from a lot of people who couldn't get services. And with mental health care, some people didn't want Zoom or telehealth – others in the house could hear them. It has improved quite a bit and it feels like people are coming back to the office and they have realized how important it is to collaborate and many relationships have blossomed. But other agencies are still working from home, so there are still barriers. Elderly people struggle with Zoom and the phone. And others, they just want the human contact.
- People neglected and delayed their health care and now they are suffering.
- Finding qualified applicants is an issue for the community. People may work for a few weeks and then they leave, and you must start the process all over again.

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. The rate of disability among the population is higher in the county (20.1%) than in the state (10.7%).

Disability, Five-Year Average

	Calaveras County	California
Population with a disability	20.1%	10.7%
Children with a disability	5.6%	3.4%
Adults, ages 18 to 64, with disability	17.6%	8.0%
Seniors with a disability	33.6%	34.2%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. <http://data.census.gov>

In Calaveras County, there are high rates of ambulatory difficulty in adults, ages 18 to 64 (9.2%). There are also high are rates of hearing, cognitive, and independent-living

difficulty among adults, ambulatory and self-care difficulties among children, and hearing difficulty among the county's senior adults.

Disability, by Type of Difficulty, Five-Year Average

	Under Age 18		Ages 18 to 64		Ages 65 and Older	
	Calaveras County	California	Calaveras County	California	Calaveras County	California
Hearing	1.2%	0.5%	5.2%	1.5%	15.8%	13.4%
Vision	0.0%	0.7%	3.2%	1.5%	6.2%	6.2%
Cognitive	4.2%	3.3%	7.1%	3.5%	7.9%	9.5%
Ambulatory	3.3%	0.5%	9.2%	3.5%	22.6%	22.1%
Self-care	3.3%	1.1%	3.1%	1.5%	7.6%	9.6%
Independent living	N/A	N/A	5.7%	3.0%	13.4%	16.6%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1810. <http://data.census.gov>

Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 24 puts Calaveras County in the top half of California counties for healthy behaviors,

Health Behaviors Ranking

	County Ranking (out of 58)
Calaveras County	24

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

Overweight and Obesity

30.5% of adults in the service area are obese and 34.9% are overweight. The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, ages 20 and older, which the service area and area ZIP Codes meet.

Overweight and Obesity, Adults

	ZIP Code	**Overweight	Obese	Combined
Angels Camp	95222	34.7%	29.8%	64.5%
Arnold	95223	37.0%	29.2%	66.2%
Avery	95224	37.2%	28.7%	65.9%
Burson	95225	35.5%	30.1%	65.6%
Copperopolis	95228	35.4%	30.3%	65.7%
Glencoe	95232	33.1%	33.0%	66.1%
Hathaway Pines	95233	36.5%	28.9%	65.4%
Mokelumne Hill	95245	32.0%	33.3%	65.3%
Mountain Ranch	95246	31.3%	33.7%	65.0%
Murphys	95247	36.2%	29.1%	65.3%
Rail Road Flat	95248	32.9%	33.2%	66.1%
San Andreas	95249	32.9%	32.0%	64.9%
Vallecito	95251	35.0%	30.1%	65.1%
Valley Springs	95252	35.5%	30.1%	65.6%
Wallace	95254	36.8%	28.6%	65.4%
West Point	95255	33.1%	32.9%	66.0%
Wilseyville	95257	33.5%	32.5%	66.0%
MTMC Service Area*		34.9%	30.5%	65.4%
Calaveras County		35.1%	30.3%	65.4%
California		36.7%	26.2%	62.9%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 and (for obesity) 2019 data, <https://www.policymap.com/> *Weighted average; calculated using 2016-2020 ACS adult population estimates. **Calculated by subtracting percentage of those with BMI of 30 or more from the percentage of total population with a BMI over 24.9.

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by

skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). In Calaveras County, the percentage of 5th grade students who tested as body composition needing improvement or at health risk was 29.7%. Among 7th grade students in Calaveras County, 32.3% needed improvement or were at health risk. Rates continued to rise with age in Calaveras County, and by 9th grade the percentage of students needing improvement or at health risk was 40.7% for the county.

Body Composition, Needs Improvement and at Health Risk, 5th, 7th and 9th Graders

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Bret Harte Union High	N/A	N/A	N/A	N/A	16.8%	22.4%
Calaveras Unified	19.1%	17.9%	17.5%	20.4%	19.3%	22.4%
Mark Twain Union Elem.	15.1%	1.0%	16.9%	2.2%	N/A	N/A
Vallecito Union Elem.	N/A	N/A	*	*	N/A	N/A
Calaveras County	17.7%	12.0%	17.5%	14.8%	18.6%	22.1%
California	19.4%	21.9%	19.4%	20.6%	18.9%	18.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable <http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest> *Suppressed due to 10 or fewer students.

Adequate Fruit and Vegetable Consumption

32% of children in the region, ages birth through 11 years, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). 23.4% of teens, ages 12 to 17, eat five or more servings of fruits and vegetables daily. The rate is higher for girls than for boys and is highest among those under age five (33.9%).

Five or More Servings Fruit/Vegetables Daily, Children and Teens, by Demographics

	Children	Teens**
Male	*29.0%	*21.4%
Female	*34.1%	*23.0%
0 to 4 years old	*33.9%	-
5 to 11 years old	27.9%	-
12 to 14 years old	-	*31.7%
15 to 17 years old	-	*22.5%
REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Moro and Alpine Counties)	32.0%	*23.4%
California	33.3%	25.6%

Source: California Health Interview Survey, 2016-2020; **2011-2020. <http://ask.chis.ucla.edu/> *Statistically unstable due to small sample size.

Physical Activity

When asked whether they had participated in any physical activities or exercises outside of work in the past month, 22.5% of Calaveras County adults had not engaged in any leisure time physical activity.

No Leisure Time Physical Activity, Past Month, Adults

	Calaveras County	California
No leisure time physical activity, past month	22.5%	24.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
*Weighted average of California county rates.

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 64.3% of Calaveras County 5th graders were in the 'Healthy Fitness Zone' (HFZ) of aerobic capacity. Area ninth graders performed slightly worse, with 62.3% of Calaveras County 9th graders testing in the Healthy Fitness Zone.

Aerobic Capacity, Healthy Fitness Zone, 5th and 9th Grade Students

School District	Fifth Grade	Ninth Grade
Bret Harte Union High School District	N/A	78.3%
Calaveras Unified School District	62.4%	52.3%
Mark Twain Union Elementary School District	67.7%	N/A
Vallecito Union Elementary School District	N/A	N/A
Calaveras County	64.3%	62.3%
California	60.2%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. <http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 76% of Calaveras County residents are considered to live near exercise opportunities.

Adequate Access to Exercise Opportunities

	Percent
Calaveras County	76%
California	95%

Source: County Health Rankings, 2023 ranking, utilizing 2020 and 2022 combined data. <http://www.countyhealthrankings.org>

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be

based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)

50-69: Somewhat Walkable (Some amenities within walking distance)

70-89: Very Walkable (Most errands can be accomplished on foot)

90-100: Walker's Paradise (Daily errands do not require a car)

The overall walkability of every community in the service area is rated as Car Dependent, with few if any amenities within walking distance of people's homes. Valley Springs and Murphys are rated 'Somewhat Walkable'.

Walkability

	ZIP Code	Walk Score by Community	Walk Score by ZIP Code
Angels Camp	95222	16	0
Arnold	95223	45	0
Avery	95224	21	0
Burson	95225	26	28
Copperopolis	95228	22	0
Glencoe	95232	6	0
Hathaway Pines	95233	N/A	0
Mokelumne Hill	95245	36	0
Mountain Ranch	95246	18	0
Murphys	95247	58	0
Rail Road Flat	95248	2	1
San Andreas	95249	39	0
Vallecito	95251	11	0
Valley Springs	95252	57	1
Wallace	95254	20	0
West Point	95255	31	0
Wilseyville	95257	16	0

Source: [WalkScore.com](https://www.walkscore.com/), 2022

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments edited for clarity:

- Public health has preventive programs, so does the hospital. But with the pandemic, it has been hard to do preventive care.
- We are a sedentary community. It is a concern, but not compared to others like mental health and substance use.
- We are opening a weight loss clinic for diet and exercise, patient education and nutrition services. It will be open a couple of days a month

- For those who have chronic conditions or mental health issues, weight can be an issue. We don't have a YMCA, recreation center or a community exercise program here. We are not a walkable community. We don't have sidewalks in most areas. That is an issue with most rural areas. And obesity is tied to food security. If all you can get is what is at the corner store, then that is what you are going to eat.
- It is unusual for us to see a thin or normal weight patient. Virtually most patients are diabetic and undiagnosed. Fatty liver disease related to obesity is a parallel epidemic to obesity and the only treatment is to lose weight. I almost get the impression it is worse in rural communities than in urban communities.

Sexually Transmitted Infections

In 2019, the rate of chlamydia in the county was 227.5 cases per 100,000 persons. The county rate of gonorrhea was 139.7 cases per 100,000 persons. The rate of primary and secondary syphilis for Calaveras County was 2.3 cases per 100,000 persons. There were no cases of early latent syphilis diagnosed in the county from 2016 to 2019.

Sexually Transmitted Infections Cases and Rates, per 100,000 Persons

	Calaveras County		California
	Cases	Rate	Rate
Chlamydia	101	227.5	594.7
Gonorrhea	62	139.7	201.7
Primary and secondary syphilis	1	2.3	20.6
Early latent syphilis	0	0.0	20.8

Source: California Department of Public Health, STD Control Branch, 2019 STD Surveillance Report, 2019 data.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2019-STD-Data-All-STDs-Tables.pdf>

HIV

The rate of new HIV cases in Calaveras County was 4.5 per 100,000 persons in 2019 and 2020. The advent of the COVID-19 Pandemic interrupted many types of care, and the percent of persons in the county with diagnosed HIV who were receiving care dropped from 84% in 2019 to 75.9% in 2020, and the percent who were virally suppressed dropped from 68% to 51.9%. The California Integrated Plan objective was for 90% to be in care, and 80% virally suppressed by 2021.

HIV Cases and Rates, per 100,000 Persons

	Calaveras County		California	
	2019	2020	2019	2020
Newly diagnosed cases	2	2	4,396	3,965
Rate of new diagnoses	4.5	4.5	11.0	9.9
Living cases	50	54	137,785	139,703
Rate of HIV	112.6	121.9	344.8	348.1
Percent in care	84.0%	75.9%	75.0%	71.8%
Percent virally suppressed	68.0%	51.9%	65.3%	63.0%

	Calaveras County		California	
	2019	2020	2019	2020
Deaths per 100k HIV+ persons, in 2019	4.5	2.3	4.8	5.7

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019 & 2020.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Mental Health

Mental Health Indicators

In Calaveras County, 19% of adults reported having been told by a doctor, nurse, or other health professional they had depressive disorder. Among adults in the region, which includes Calaveras County, 8.4% had likely suffered from serious psychological distress in the past year, and 11.7% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Serious psychological distress was experienced in the past year by 37.2% of area teens, which was higher than the state level (24.3%).

Depression, Adults

	Calaveras County	California
Told by health care professional they had depressive disorder, ever	19.0%	15.8%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

Mental Health Indicators

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Mono and Alpine Counties)	California
Adults who had serious psychological distress, past year	8.4%	12.6%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	11.7%	10.7%
Adults: family life impairment during the past year	*88.7%	86.9%
Adults: social life impairment during the past year	84.1%	88.1%
Adults: household chore impairment during the past year	84.4%	83.7%
Adults: work impairment during the past year	*83.2%	82.1%
Teens who had serious psychological distress, past year	37.2%	24.3%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Frequent Mental Distress

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, before the start of the COVID-19 Pandemic, the rate of mental distress was 13.9% of adults.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Angels Camp	95222	13.3%
Arnold	95223	12.0%
Avery	95224	12.8%
Burson	95225	13.2%
Copperopolis	95228	13.7%
Glencoe	95232	15.6%

	ZIP Code	Percent
Hathaway Pines	95233	12.6%
Mokelumne Hill	95245	15.5%
Mountain Ranch	95246	14.9%
Murphys	95247	12.2%
Rail Road Flat	95248	15.2%
San Andreas	95249	15.6%
Vallecito	95251	13.6%
Valley Springs	95252	13.9%
Wallace	95254	13.0%
West Point	95255	14.9%
Wilseyville	95257	14.9%
MTMC Service Area*		13.9%
Calaveras County		12.8%
California		11.9%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2019 data, <https://www.policymap.com/> *Weighted average; calculated using 2016-2020 ACS adult population estimates

Mental Health Care Access

32.1% of teens in the region needed help for emotional or mental health problems in the past year, and 28.1% of teens had received psychological or emotional counseling in the past year. 16.6% of adults in the region needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 58.1% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Mental Health Care Access in the Past Year

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Moro and Alpine Counties)	California
Teen who needed help for emotional or mental health problems in the past year	*32.1%	27.2%
Teen who received psychological or emotional counseling in the past year	*28.2%	16.0%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	16.6%	20.6%
Adults, sought/needed help and received treatment	58.1%	57.5%
Adults, sought/needed help but did not receive	41.9%	42.5%

Source: California Health Interview Survey, 2016-2021. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In 2019, there were 4.5 hospitalization admissions due to mental health issues per 1,000 persons, ages 5 to 14. Among those ages 15 to 19, there were 13.5 hospitalizations per 1,000 persons. In the region, which includes Calaveras County also includes the counties of Amador, Mariposa and Tuolumne, rates declined from 2019 to 2020. This decline may reflect concerns about hospitalization during the COVID-19 Pandemic.

Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14		Ages 15 to 19	
	2019	2020	2019	2020
REGION: Calaveras, Amador, Mariposa and Tuolumne Counties	4.5	3.9	13.5	13.1
California	2.8	2.5	9.8	9.1

Source: California Department of Statewide Health Planning and Development special tabulation, 2021.via <http://www.kidsdata.org>

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- There are no professionals in our county who are certified for infant and early childhood mental health needs. This became an issue with the pandemic. Children are very susceptible to what happens in a family. It all trickles down to the children and sometimes the parents aren't even aware that there is a need. And these young children were not in school and they were not getting school supports, so they are often passed over.
- I find that there are limited mental health services here unless you are on Medi-Cal. Finding a provider in our area who takes regular insurance is difficult, you must go outside of the area. Sometimes people use telehealth, but others want to see someone's face.
- Social media has not helped people with their mental health issues.
- The isolation of the pandemic impacted children's mental health. When they came back to school in-person the mental health and substance use issues were much more profound than prior to the pandemic. They were exacerbated. We had kids whose families were economically impacted by the pandemic and all that entails. Barriers are being able to hire adequate counselors and therapists. And to connect people to resources. Whether it is a lack of awareness, logistical challenges or resistance, there is a need for connecting people.
- Staff are really struggling with burnout, and I don't think anyone believes our staff, on the whole, have adequately recovered.
- In our work with survivors, we see a lot of issues with mental illness and barriers to seeking treatment. There is only one behavioral health program with mental health services and it is difficult to get in. You have to be a danger to yourself or others. If people do not have Medi-Cal, they may not be eligible for insurance coverage. Mental health services are very specific, so some populations fall through the cracks. People who don't have someone to advocate for them, who struggle with communicating, those who do not have Medi-Cal or private insurance, or are dealing with domestic violence, it is hard for them to navigate the system. If you are on your own, not working with an agency, it is almost impossible to access services.
- I think we are doing well. We have telepsychiatry fulltime and the county has a secondary system in place.

- We do not have enough providers in our county to keep up with our demand.
- The biggest issue with behavioral health is our capacity to engage with a board-certified psychiatrist. If I have behavioral health patients, I have to manage it because there is no other access to care. The legal process of holding a person on a 5150s is primarily done in the ED. When that happens, the person is confined to the ED until the system can find transportation at an inpatient facility. Usually that takes 4 to 6 days.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In Calaveras County, 13.7% of adults smoke cigarettes. 81.7% of adult smokers in the region said they were thinking of quitting in the next 6 months. 22.8% of adults, ages 18 to 65, had smoked an e-cigarette.

Smoking, Adults

	Calaveras County	California
Current smoker	13.7%	11.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

Smoking, Adults

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Moro and Alpine Counties)	California
Thinking about quitting in the next 6 months	81.7%	64.8%
Ever smoked an e-cigarette (all adults 18-65)	22.8%	19.4%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

0.7% of Calaveras County 7th graders and 9.1% of 11th graders are current smokers. 5.6% of the county's 7th graders and 32.4% of 11th graders have tried an e-cigarette. 17.1% of 11th graders have smoked an e-cigarette in the past 30 days.

Cigarette Smoking, Teens

	Calaveras		California	
	Ever	Past 30 Days	Ever	Past 30 Days
Grade 7	1.7%	0.7%	1.8%	0.8%
Grade 9	8.6%	3.8%	4.6%	1.5%
Grade 11	18.7%	9.1%	7.8%	2.2%

Source: California Healthy Kids Survey (CHKS), 2017-2019 pooled. Accessed from KidsData.org at <http://kidsdata.org>

E-Cigarettes, Teens

	Calaveras		California	
	Ever	Past 30 Days	Ever	Past 30 Days
Grade 7	5.6%	2.3%	8.9%	4.0%
Grade 9	22.8%	10.6%	18.6%	8.7%
Grade 11	32.4%	17.1%	26.2%	11.2%

Source: California Healthy Kids Survey (CHKS), 2017-2019 pooled. Accessed from KidsData.org at <http://kidsdata.org>

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Heavy drinking is defined as more than 14 drinks in the past week, for men, and more than 7 drinks in the past week, for women. Among service area adults, 16.9% reported having engaged in binge drinking in the previous 30 days. 22.4% of area adults had engaged in heavy drinking.

Alcohol Misuse, Past 30 Days, Adults

	ZIP Code	Binge Drinking	Heavy Drinking
Angels Camp	95222	16.8%	22.6%
Arnold	95223	15.6%	20.9%
Avery	95224	18.9%	21.0%
Burson	95225	17.6%	22.9%
Copperopolis	95228	17.8%	23.0%
Glencoe	95232	15.2%	21.4%
Hathaway Pines	95233	16.8%	21.3%
Mokelumne Hill	95245	15.3%	21.8%
Mountain Ranch	95246	14.3%	21.9%
Murphys	95247	15.5%	21.4%
Rail Road Flat	95248	14.7%	21.4%
San Andreas	95249	15.7%	22.0%
Vallecito	95251	17.5%	21.6%
Valley Springs	95252	18.5%	23.3%
Wallace	95254	17.4%	23.1%
West Point	95255	14.8%	21.4%
Wilseyville	95257	14.8%	21.4%
MTMC Service Area*		16.9%	22.4%
Calaveras County		15.9%	22.3%
California		16.8%	21.0%

Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 (and, for binge drinking, 2019) data, <https://www.policymap.com/> *Weighted average; calculated using 2016-2020 ACS adult population estimates

9% of Calaveras County 7th Graders have tried alcohol, and 4.2% drank alcohol at least once in the prior month. As grade levels rise, teens are more likely to have ever tried alcohol or to have engaged in drinking in the past month.

Alcohol Experience, Teens

	Calaveras County		California	
	Ever	Past 30 Days	Ever	Past 30 Days
Grade 7	9.0%	4.2%	10.2%	4.2%
Grade 9	31.5%	16.0%	21.4%	9.3%
Grade 11	53.2%	29.2%	35.6%	15.9%

Source: California Healthy Kids Survey (CHKS), 2017-2019 pooled. Accessed from KidsData.org at <http://kidsdata.org>

In Calaveras County, 6.5% of 9th graders and 18.3% of 11th graders had engaged in binge drinking at least once in the past month.

Binge Drinking, Past Month, Teens

	Grade 7	Grade 9	Grade 11
Calaveras County	1.5%	6.5%	18.3%
California	1.3%	4.4%	8.4%

Source: California Healthy Kids Survey (CHKS), 2017-2019 pooled. Accessed from KidsData.org at <http://kidsdata.org>

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 67.8% of adults in the region have tried marijuana or hashish. Of those who had tried marijuana, 34.9% used it in the previous month.

Marijuana Use, Adults

	REGION (Calaveras, Tuolumne, Amador, Inyo, Mariposa, Moro and Alpine Counties)	California
Have tried marijuana or hashish	67.8%	50.4%
Used marijuana within the past month	34.9%	32.8%
Used marijuana within the past year	48.0%	49.1%
Used marijuana more than 15 years ago	33.5%	27.2%

Source: California Health Interview Survey, 2017-2021 pooled. <http://ask.chis.ucla.edu/>

Marijuana use was reported by 3.9% of 7th graders in Calaveras County. By the 11th grade, 35.6% of students had tried marijuana. 2.4% of Calaveras County 7th graders and 21.9% of 11th graders had used marijuana in the prior month.

Marijuana Use, Teens

	Calaveras County	California
Ever tried marijuana, 7 th grade	3.9%	6.3%
Ever tried marijuana, 9 th grade	20.0%	17.1%
Ever tried marijuana, 11 th grade	35.6%	28.8%
Used marijuana 0 days in past 30 days, 7 th grade	97.6%	96.4%
Used marijuana 1 day in past 30 days, 7 th grade	1.0%	1.6%
Used marijuana 2 days in past 30 days, 7 th grade	0.0%	0.7%
Used marijuana 3-9 days in past 30 days, 7 th grade	1.1%	0.6%
Used marijuana 10-19 days in past 30 days, 7 th grade	0.1%	0.3%
Used marijuana 20-30 days in past 30 days, 7 th grade	0.2%	0.5%
Used marijuana 0 days in past 30 days, 11 th grade	78.0%	84.3%
Used marijuana 1 day in past 30 days, 11 th grade	4.1%	3.9%
Used marijuana 2 days in past 30 days, 11 th grade	3.6%	2.9%
Used marijuana 3-9 days in past 30 days, 11 th grade	4.8%	3.4%
Used marijuana 10-19 days in past 30 days, 11 th grade	3.0%	1.8%
Used marijuana 20-30 days in past 30 days, 11 th grade	6.4%	3.8%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019 via <http://www.kidsdata.org>

Opioid Use

The rate of mortality from opioid overdose in Calaveras County was 19.2 deaths per 100,000 persons in 2021. The rate of hospitalization in Calaveras County for opioid overdose in 2020 was 12.5 hospitalizations per 100,000 persons. The rate of opioid prescriptions in Calaveras County was 560.7 prescriptions per 1,000 persons.

Opioid Use, Age-Adjusted, per 100,000 Persons, Prescription Rates, per 1,000 Persons

	Calaveras County	California
Hospitalization rate for opioid overdose (excludes heroin)	12.5	8.4
ER visits for opioid overdose (excludes heroin)	22.1	31.1
Opioid prescriptions, per 1,000 persons*	560.7	326.7

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020 and *2021 data. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity:

- Our rate of teen substance use is getting higher and it is starting at lower ages. We have 6th graders who are starting to vape and use marijuana. For parents, there is a need for education – they don't realize it is not ok to provide that to their children or their children's' friends. A lot of kids are getting substances from their parents and their friends' parents. Some parents feel like if they are going to get it and use it anyways, at least I know what they are doing and they are safe here. And they don't want to be hypocrites if their kids know they use themselves. It is so easily available and easy to give in to kids rather than be a responsible adult.
- Our behavioral health system has some substance use programs but there is some cost to participate. We hear from people they want help, but they can't afford it. People are using heroin, meth and fentanyl. When we do checks in the shelter, we find these substances.
- We hired a pain management professional a few years ago and that has helped with controlling our system for refilling opioids on an ongoing basis. As for street drugs, we have opioids and a lot of meth here in the foothills. And tobacco as well.
- It is rampant here. Beth and weed are both used heavily, and it causes a lot of problems. Most people end up in jail. We have quite a few domestic violence incidents and drugs and alcohol tend to be involved.
- Alcohol, marijuana and meth. We see a lot of that in some of our rural communities here. And you can see that in our homeless population as well. Early intervention and proper mental health diagnosis so people aren't self-medicating is critical.
- The biggest challenge with substance use is we don't have anyone with certifications to do substance use disorder therapy like methadone or buprenorphine. On top of that there is a social stigma. The neighborhood here said not in our neighborhood for

methadone. The social stigma around substance use and behavioral health has been a real issue.

- It can be difficult to find housing for people who are not clean or taking their medications. If they are staying in a hotel and they are not taking their medications and are disrupting other guests, that causes an issue for everyone.

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the total population to receive a flu shot. 49.1% of Calaveras County adults, ages 18 and older, received a flu shot.

Flu Vaccines

	Calaveras County	California
Received flu vaccine, ages 18 and older (includes ages 65 and older)	49.1%	47.5%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2019-2020 season.
<https://www.cdc.gov/flu/fluvoxview/interactive-general-population.htm>

Immunization of Children

The rate of full compliance with childhood immunizations upon entry into Kindergarten was 94.6% for Calaveras County. The childhood immunization rate among service area school districts rates ranged from 93.4% in the Mark Twain Union Elementary School District to 95.3% among those Calaveras Unified School District schools where data was not suppressed.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2019-2020*

School District	Immunization Rate
Calaveras Unified School District *	95.3%
Mark Twain Union Elementary School District	93.4%
Vallecito Union Elementary School District	93.9%
Calaveras County*	94.6%
California*	94.0%

Source: California Department of Public Health, Immunization Branch, 2019-2020. *For those schools where data were not suppressed due privacy concerns over small numbers. <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, ages 50 to 74, to have a mammogram in the past two years. In Calaveras County, 73.9% of women obtained mammograms in the prior two years.

Mammogram in the Past Two Years, Women, Ages 50-74, Two-Year Average

	Crude Rate
Calaveras County	73.9%
California*	74.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
 *Weighted average of California county rates.

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. In Calaveras County, 84.2% of women, ages 21 to 65, had a cervical cancer screening in the prior three years.

Pap Test in the Past Three Years, Women, Ages 21-65

	Crude Rate
Calaveras County	84.2%
California*	81.9%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of California county rates.

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 71.5% of Calaveras County residents, ages 50-75, met the colorectal cancer screening guidelines.

Colorectal Cancer Screening, Adults, Ages 50-75

	Crude Rate
Calaveras County	71.5%
California*	66.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020, 2018 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of California county rates.

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity:

- I feel like our hospital and public health did a phenomenal job making vaccines available and getting the word out. There is a majority percentage that do not want vaccines here, they do not believe in COVID and they do not support their children or themselves getting vaccinated. That is the climate we live in and I don't really think it has anything to do with the vaccine being available or the outreach efforts; it is just the choices people are making.
- We have immunization dollars that we can't spend because we can't get a nurse. We do not have capacity to issue or offer immunization clinics. It is frustrating for families who want school readiness.
- Getting in for preventive screenings, our clients are having trouble. There are very long wait times.
- We are doing pretty well. We have a childhood immunizations program with a nurse and a pediatrician. We have an electronic medical record system that prompts us to

pursue vaccinations.

- As a county, we had one of the lowest COVID vaccine rates in the state. We also have a very noncompliant community with other vaccines.
- With COVID, we are still about 59% fully vaccinated. We have a lot of vaccine and immunization hesitancy here. Vaccinations have become so politicalized that the local primary care practitioners didn't want to get involved. The Mark Twain Hospital was an amazing partner, they helped us tremendously.

Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

Mental health, access to care, economic insecurity, housing and homelessness and substance use had the highest scores for severe and very severe impact on the community. Mental health, housing and homelessness, and substance use were the top needs that had worsened over time. Housing and homelessness, mental health and substance use had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	88.9%	33.3%	77.8%
Chronic disease and disability	44.4%	11.1%	33.3%
COVID-19	77.8%	0	11.1%
Economic insecurity	88.9%	55.6%	77.8%
Food insecurity	55.6%	66.7%	33.3%
Housing and homelessness	88.9%	88.9%	100%
Mental health	100%	100%	88.9%
Overweight and obesity	44.4%	33.3%	33.3%
Preventive practices	55.6%	0	22.2%
Substance use	88.9%	77.8%	88.9%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, access to care, housing and homelessness, substance use and food insecurity were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	4.00
Access to care	3.89
Housing and homelessness	3.89
Substance use	3.89
Food insecurity	3.88
Economic insecurity	3.78
Preventive practices	3.44
Chronic disease and disability	3.22
Overweight and obesity	2.75
COVID-19	2.44

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Calaveras County at <https://211calaverascounty.org>.

Health Need	Community Resources
Access to care	Calaveras Connect, Calaveras Health and Human Services, Calaveras Wellness Centers, First 5 Calaveras, MACT Health Board, Inc. (Mariposa, Amador, Calaveras & Tuolumne Health Board), Mark Twain Medical Center James Dalton Clinic, Teen Link Calaveras, The Resource Connection
Chronic diseases	American Cancer Society, Area 12 Agency on Aging, Disability Resources Agency for Independent Living (DRAIL), In-Home Supportive Services (IHSS) Calaveras County, Mark Twain Medical Center James Dalton Clinic
COVID-19	Calaveras Health and Human Services, MACT Health Board, Inc. (Mariposa, Amador, Calaveras & Tuolumne Health Board)
Economic insecurity	CalFresh, Catholic Charities, Calaveras Senior Center, Common Ground Senior Services, First 5 Calaveras, Interfaith Community Social Services, Murphy's Senior Center, Resource Connection, Servant's Heart Ministry
Food insecurity	CalFresh, Catholic Charities, Calaveras Senior Center, Common Ground Senior Services, First 5 Calaveras, Interfaith Community Social Services, Murphy's Senior Center, Resource Connection, Servant's Heart Ministry
Housing and homelessness	Catholic Charities, Habitat for Humanity, Interfaith Community Social Services
Mental health	988 Suicide & Crisis Lifeline, Blue Mountain Coalition for Youth & Families, Breaking Down the Walls School-based Mental Health Services, Calaveras Care Team: Student Mental Health, Calaveras Youth Council, Calaveras Crisis Center, Family Caregiver Support Program
Overweight and obesity	Calaveras Health and Human Services, Calaveras Wellness Centers, First 5 Calaveras, MACT Health Board, Inc. (Mariposa, Amador, Calaveras & Tuolumne Health Board), Mark Twain Medical Center James Dalton Clinic
Preventive practices	Calaveras Health and Human Services, Calaveras Wellness Centers, First 5 Calaveras, MACT Health Board, Inc. (Mariposa, Amador, Calaveras & Tuolumne Health Board), Mark Twain Medical Center James Dalton Clinic
Substance use	Alliance for Substance Abuse Prevention (ASAP), Calaveras County Office of Education Tobacco Use Prevention Education and Resources, California Smokers Helpline 1-800-NO-BUTTS, My Life My Quit, Teen Link Calaveras

Impact of Actions Taken Since the Preceding CHNA

In 2019, MTMC conducted the previous CHNA and significant health needs were identified from issues supported by primary and secondary data sources. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to primary and specialty care, behavioral health (mental health and substance use), cardiovascular disease and older adult health through a commitment of community benefit programs and resources. The following activities addressed these selected significant health needs since the completion of the 2019 CHNA.

Access to Primary and Specialty Care

Expanded services in new Rural Health Clinics in Angels Camp and Copperopolis. Virtual Visits were implemented, including telephone visits. Pain Management Services were added to Clinic services.

Distributed flu shots at community health fairs and partnered with the local Public Health Department to provide support for their annual drive thru flu shots. In FY21 1,600 doses of flu vaccine were distributed at our Clinics and in partnership with Public Health and in FY22, 1,400 flu shot doses were distributed.

Worked with Calaveras County Public Health to decrease the readmission rates among vulnerable populations.

Awarded grant funds to nonprofit organizations to increase access to health care.

Behavioral Health (Mental Health and Substance Use)

Utilized telehealth for psychiatric assessments and provided medication prescriptions and recommendations for treatment and suggestions for appropriate disposition. In FY21, provided 86 telepsych visits. In FY22, provided 160 telepsych visits.

Connected youth in the Emergency Room who needed additional resources for services related to diagnoses for cognitive impairment.

Providers created Care Plans by partnering with Public Health to refer patients in need of Substance Abuse Counseling Support Services.

Partnered with the Professional Mental Health Countywide task force to develop best practices with known local resources.

Awarded grant funds to nonprofit organizations to provide behavioral health and referrals.

Cardiovascular Disease

Collaborated with Soroptomist and the Hospital Foundation to provide free Lipid Panels to residents to promote heart health. In FY21, 139 women received cholesterol screenings at no cost and in FY22, 79 persons received free lipid panels. In FY22, 280 persons received blood screenings at a discounted rate.

Initiated a heart disease management program to help improve health outcomes and decrease admissions and/or length of hospital stay for persons with CHF or COPD.

Awarded grant funds to nonprofit organizations to supply nutritious food, to provide exercise and recreation spaces, and to deliver CPR training, rescue equipment, and advanced EMT skills to improve cardiac outcomes.

Older Adult Health

“A Plan 4 Me” workshops provided access to information focused on senior health issues. Several virtual seminars were held in FY21 and FY22 and average attendance was 40 persons.

The Nutrition & Food Services Department at Mark Twain Medical Center collaborated with Common Ground Senior Services for the Senior Nutrition Program.

Partnered with Common Ground Senior Services, Area 12 Agency on Aging, and other public and local organizations to provide services and outreach to the older adult population.

Awarded grant funds to nonprofit organizations to improve the quality of life for older adults to develop, promote, and distribute a series of videos focused on enhancing the health and well-being of lower income and homebound seniors, primarily in isolated or remote areas of Calaveras County.

Attachment 1: Benchmark Comparisons

Where data were available, the service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	92.4% - 95.5%	90.7%
Child health insurance rate	99.4%	92.1%
Adult health insurance rate	90.4%	92.1%
Unable to obtain medical care	11.2%	3.3%
Ischemic heart disease deaths	76.6	71.1 per 100,000 persons
Cancer deaths	143.0	122.7 per 100,000 persons
Colon/rectum cancer deaths	15.1	8.9 per 100,000 persons
Lung cancer deaths	34.2	25.1 per 100,000 persons
Female breast cancer deaths	19.3	15.3 per 100,000 persons
Prostate cancer deaths	21.7	16.9 per 100,000 persons
Stroke deaths	28.0	33.4 per 100,000 persons
Unintentional injury deaths	53.7	43.2 per 100,000 persons
Suicides	19.7	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	15.4	10.9 per 100,000 persons
Drug-overdose deaths	21.8	20.7 per 100,000 persons
Overdose deaths involving opioids	19.2	13.1 per 100,000 persons
Early and adequate prenatal care	75.5%	80.5%
Infant death rate	4.1	5.0 per 1,000 live births
Adult obese, ages 20+	30.5%	36.0%, ages 20 and older
Obese ('Health Risk') 5th 7th & 9th graders	12.0% - 22.1%	15.5%, ages 2 to 19
Adults engaging in binge drinking	16.9%	25.4%
Cigarette smoking by adults	13.7%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	84.2%	84.3%
Mammogram, ages 50-74, screened in the past 2 years	73.9%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	71.5%	74.4%
Annual adult influenza vaccination	49.1%	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Cori Allen	Director	Calaveras County Health and Human Services
Mark Campbell	Superintendent	Calaveras Unified School District
Kelli Coane	Director	Calaveras Crisis Center
Dr. John Krpan	Medical Director Primary Care	Mark Twain Medical Center James Dalton Clinic
Terri Lane	Executive Director	First Five Calaveras
Tina Mather	Director	The Resource Connection Food Bank
Kristin Millhoff	Executive Director	<i>Area 12 on Aging</i>
Tim Oaskey, AAMS	Financial Advisor	Edward Jones
Rick Randolph	Member-at-Large	Mark Twain Health Care District
Colleen H. Rodriguez, MSW, MPH	Deputy Director, Public Health	Calaveras Health and Human Services Agency Public Health Division
Randy Smart	Chief Executive Officer	Mark Twain Health Care District
Greg Stark	Lieutenant	Calaveras County Sheriff's Office

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- There is a gap in our community for dental care, substance use, and mental health supports, including mental health supports for very young children, children under age 5. Substance use includes tobacco and marijuana vaping, especially for teens.
- Lack of affordable housing, lack of mental health care, lack of resources to help people with housing.
- Mental health and substance use, drugs and alcohol are very significant. They have been consistent in terms of our top two areas of need, and they were negatively impacted by the pandemic.
- Health issues relating to poverty and access. Substance use and mental health. We are a community with very old individuals and winding roads, and limited transportation options. And the distance to get to medical care is an issue. For maternity care, someone has to leave the county. That is a gap. We deal with foster youth and access to care is very difficult. I don't know that we have enough pediatricians per capita.
- Mental illness is huge, substance use, and issues related to being pregnant. The hospital doesn't serve pregnant women.
- Access to specialty care like rheumatology, dermatology and gastroenterology.
- We have limited access to health care. For example, if I get hurt on the weekend, the only place I can go is the ED. There is no urgent care and all of the clinics are closed.
- Substance use, particularly opioid use, and mental health has become even more of an issue post COVID. Also, people use the ED as their primary care because they can't get a primary care provider here.
- Isolation due to a lack of broadband internet access, and social isolation due to transportation.
- One of the biggest issues is maintaining a health care workforce. We don't have a lot of trained people in our county. Attracting a workforce and maintaining that workforce is really challenging. We usually lose our applicants to bigger systems that have more money. And then there are those who stay here to get trained and then leave. Three years ago, our biggest issue was access to primary care. But now it is the ability to attract a workforce. We've lost more of our workforce in the past three years. It is an odd dynamic. Primary care shortages have expanded to all types of care now. We can't find people to do the work.
- Meth is a growing issue. I don't think it is a new issue, but it is not getting better, it is getting worse. There is also recreational drugs use, opioids use, and street drugs. But meth is top of the list. There is more availability and people seem to have more

discretionary money and maybe that is governmental money. We seem to see it more frequently in the underserved population that is struggling with homelessness and getting jobs.

- One of the biggest challenges is mental health issues, specifically people not taking their medications or needing their medications adjusted due to changes in their behavior.

Interview participants were asked about the most important socioeconomic, behavioral, or environmental factors contributing to poor health in the community. Their responses included:

- There is a lack of transportation in this community to get to and receive services. We are limited with only one hospital that doesn't have birthing or prenatal support and that lack of providers has a huge impact on our community.
- There is a lack of good paying jobs, and the fact that we are a rural community, impacts your ability to find a decent wage. People must travel so far to get to work.
- There is a lack of affordable housing around here. Folks who work in the service industry do not have adequate housing. We struggle to keep people at the grocery store, the lumber yard. Any position that doesn't pay more than \$100,000.
- The economy in a rural area is a huge issue. It is impacting our health and wellbeing. Racially and multiculturally, we are not the most diverse community. We have had reports of students and families of color who have been treated poorly by others. These incidents could have negative impacts on their health.
- Child neglect is growing, which is impacted by mental health issues and the economy.
- Poverty is significant. There is also a culture of self-preservation, which is a culture of not being comfortable with governmental assistance or intervention that might help someone access care. As a result, people are very isolated and it is by choice, that self-determination.
- We have a lot of people who do not have insurance, jobs that don't pay a living wage, or no jobs at all. It is hard to find a place to live because rents are high.
- We are a rural community with lack of access to specialty care. It is simply a geographic issue. And we have difficulty attracting specialty providers to our area.
- It is a very poor county. There is no rapid or mass transit around here. Transportation options are very limited. There is no Uber. We have one cab for the entire county.
- Multigenerational poverty and trauma. We have families that generation after generation continue the same trajectory of limited access. And we have a pretty serious issue with racism in our county. We are not particularly welcoming to our community of color. We are 85% Caucasian, so it never gets spoken about. But it

comes out a lot and it impacts our small communities of color. They are less inclined to seek services.

- There is a lack of health care and physicians available in this rural community. Residents struggle with the cost of being able to survive on limited income and resources, and being able to pay for utilities, food and medications.

Who are some populations in the area that are not regularly accessing health care and social services? Why? Responses included:

- Those living in outlining areas.
- Our population of elderly that live in remote areas. We have families that struggle with or without medical benefits. We see that in our schools as well.
- We have a team that works with veterans who aren't getting the care they need.
- Our indigenous community, our local tribes,
- The population experiencing homelessness, and those who are survivors of domestic sexual assault. They do not regularly access medical care.
- We have limited pediatric access.
- We have a large community of persons on Medicaid who only access care when they have no other choice.
- People of color, LGBTQ+ who are not well seen here, and our native population.
- Individuals who live far away from the nucleus of the community.
- There is a lot of distrust in the medical and health care institutions. Health care has a big governmental label, and some residents don't like it, they don't trust it. They don't trust the government no matter who it is.
- The population of people who live in the furthest geographical areas of our county.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- For some people, there is a caution about being out and about and connecting with in-person services. And then there is the opposite, where people don't care and they are not getting immunizations, they are not being cautious and COVID is still spreading.
- We had more people seeking assistance. The need for food has almost doubled. Many people have moved here because people who lost their job have family here and decided to consolidate finances and living arrangements. That didn't work out and now they are living in their cars or camping in someone's backyard or they are living in the woods.
- This is a tourist town. At first everything dried up, but then we got flooded by Bay Area people looking to get away from the city. We are rural and were inundated with people. A lot of people relocated here, and it impacted the affordability of the community; housing prices skyrocketed.

- Those who are still suffering economically from the pandemic, they aren't finding themselves in a position to access high quality health care. We have seen an increase in mental health issues and substance use issues that our community is facing.
- Isolation was huge. Youth had no access to the normalcy of schools and social programs, which impacted their wellbeing. That hit all of us. Domestic violence situations and access to interventions – whether medical or just a sense of safety were impacted.
- There was a lot of miscommunications about where to get vaccines and tests. The California website listed places but when you called them, they said they didn't have that service. It was frustrating for the community.
- With domestic violence, people were reporting it more, people needed to get out of the house. Our shelter numbers increased three times normal. Now, though, our number have gone back down.
- It might have increased health care access for some patients because they did phone and Zoom appointments. A phone call made seeking care easier, particularly for our elderly.
- Isolation is not a good thing. But it is changing, and people are getting back out there, and we are seeing people more involved with community events.
- It has made people aware of the lack of resources for rural communities. Everyone thinks that we all have internet access, and everyone has a computer, but that is not the case.
- The biggest issue with the pandemic has been that people have not maintained their health care. They haven't gotten tests and stayed on medications or gotten the flu shot. As a result, we are seeing more morbidity and mortality. More people are dying than we've seen in the past. And not just from COVID, but from their other diseases. People have really neglected their regular health care.
- We had a significant number of people move here during the pandemic with remote work access. Many people are not familiar with services available here.