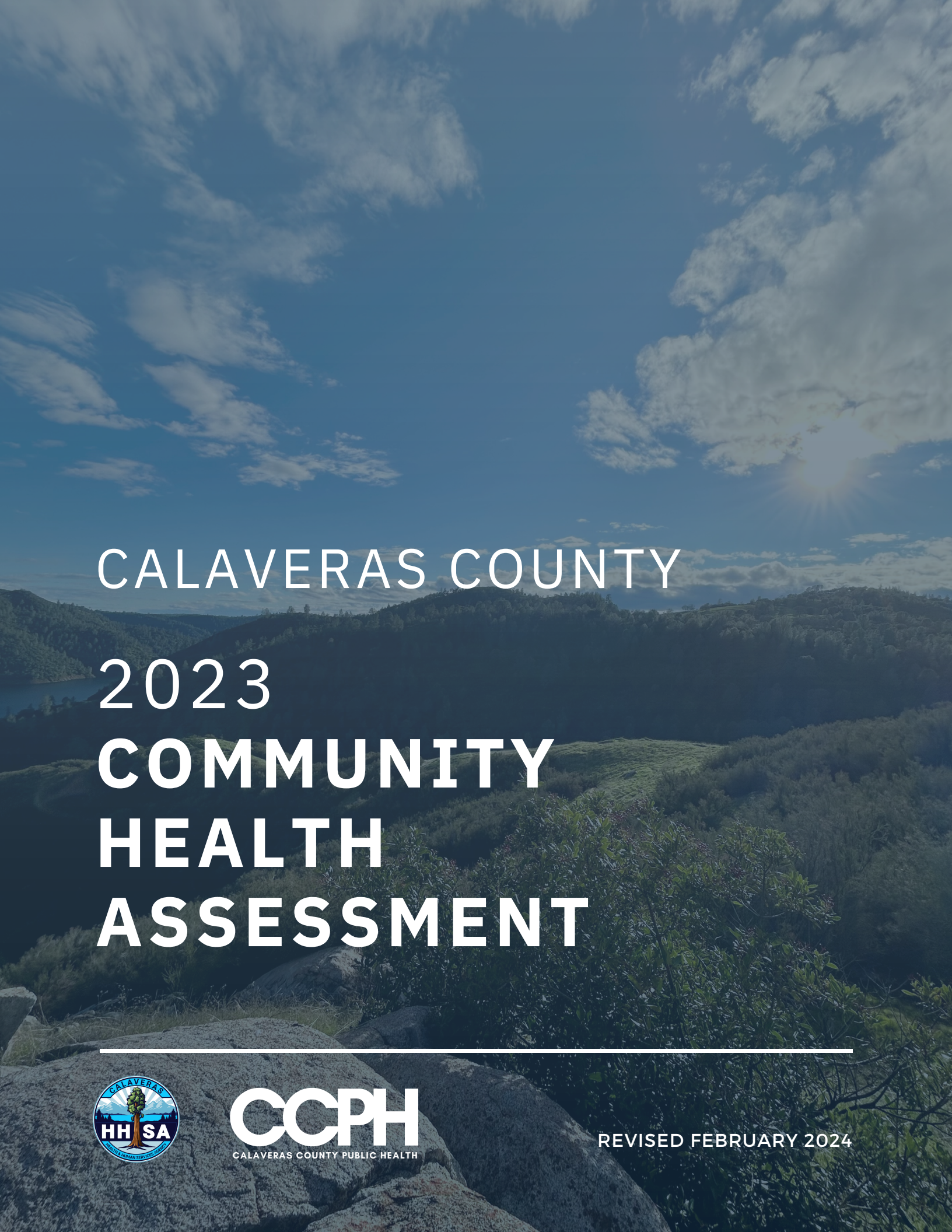

CALAVERAS COUNTY

2023 COMMUNITY HEALTH ASSESSMENT

CALAVERAS COUNTY PUBLIC HEALTH

REVISED FEBRUARY 2024

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Acknowledgments

We extend our gratitude to the following partners for contributing to the success of this Community Health Assessment:

Angels Camp Business Association
Angels Camp Farmers Market
Angels Camp Police Department
Blue Mountain Youth and Family Coalition, West Point
Calaveras County Board of Supervisors
Calaveras County Health and Human Services Agency
Calaveras County Libraries in Mokelumne Hill, San Andreas, Murphys, and Valley Springs
Calaveras County Public Health Staff
Calaveras County Sheriff's Department
Calaveras Senior Center
Calaveras Unified School District
Copperopolis Armory
Stephanie Duvall, Senior Service Coordinator, Valley Mountain Regional Center, San Andreas
Perales and Associates Evaluation Services
The Resource Connection of Amador and Calaveras

We sincerely thank the many community members of Calaveras County whose perspectives, experiences, and voices informed this health assessment through thoughtful contributions of time, openness, and compassion for their community.

2023 Calaveras Community Health Assessment

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Land Acknowledgment

We honorably acknowledge that the health of our community is directly tied to the history of its people.

This health assessment is an attempt to gain deeper insights into community health needs and disparities while recognizing the region's history and the present-day contributions of all Indigenous peoples.

Information in this health assessment only shares a glimpse into the health outcomes that were shaped by the history of Miwok people who have inhabited this region for centuries before the formal recognition of what we now know as Calaveras County [1].

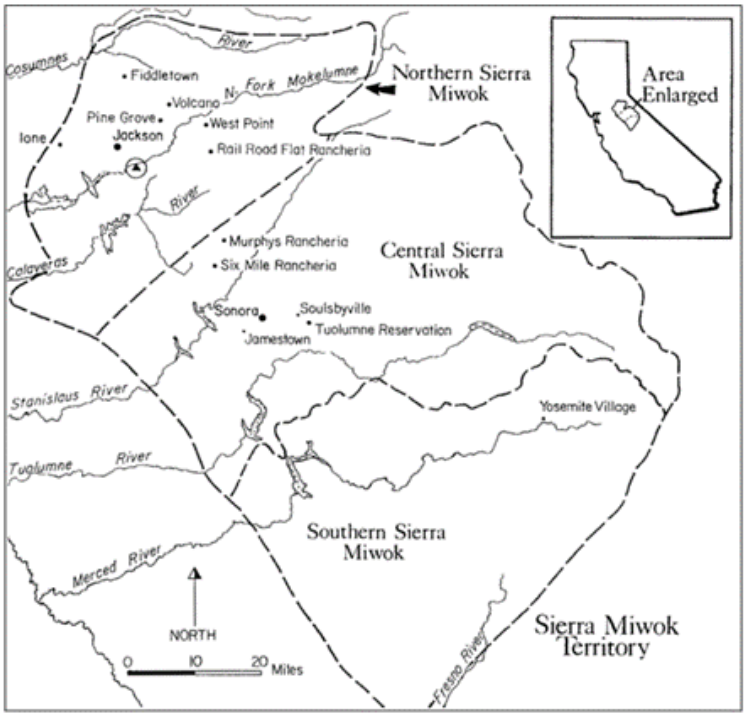


Figure 1. Sierra Miwok Territory.

Land Acknowledgment

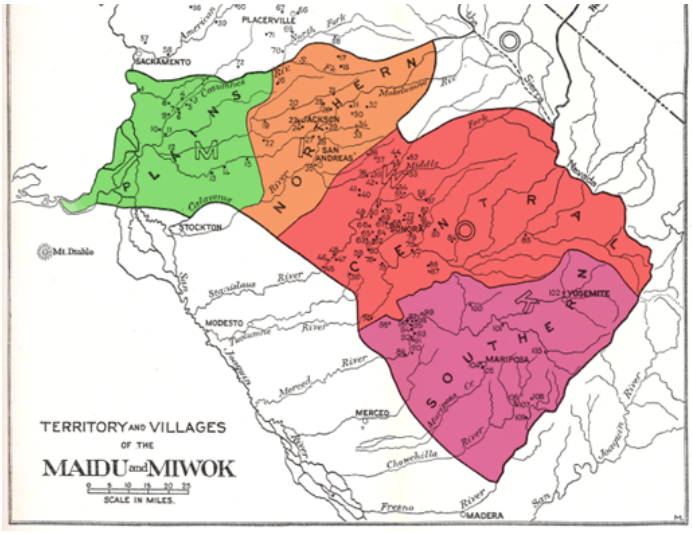


Figure 2. Territories and Villages of the Maidu and Miwok [28].

Miwok people have deep-rooted connections to this land in the Sierra foothills and continue to be an integral part of Calaveras. The resilience, sovereignty, and strength of Miwok people is weaved throughout the culture of the community.

We acknowledge the harm caused by settler-colonialism and its disruption of countless generations of Miwok people, traditions, and stories. We acknowledge that our institution benefits from the unceded ancestral lands of Miwok people. We are dedicated to correcting the history we share and promoting Indigenous stories throughout the community.

We aspire for mutually enlightening partnerships that hold space for traditionally nurtured lands. May we continue to work alongside those who courageously confront unjust histories and uplift human dignity for all who now call Calaveras County home.

Introduction

Calaveras County Public Health is pleased to present Calaveras County's 2023 Community Health Assessment.

Calaveras County Public Health (CCPH) is pleased to present Calaveras County's 2023 Community Health Assessment. As the local public health department, the mission of Calaveras County Public Health (CCPH) is to improve the health and well-being of all Calaveras County residents. It is important to conduct regular community health assessments to understand local health needs and move towards achieving our mission.

The Centers for Disease Control and Prevention (CDC) defines a community health assessment (CHA) as an "...assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis." [2] CHAs are critical tools public health departments use to understand their community's current health and health-related issues [3].

The 2023 CHA provides a comprehensive overview of current health status, health behaviors, healthcare access, and other health-related conditions Calaveras community members experience. Information in this report was collected from over 600 Calaveras community members between April 2023 and October 2023. Data collection methods included one-on-one interviews, focus group discussions, and a community-wide survey. The data collected was then analyzed to identify key health needs and priority issues for our community.

The CHA serves as a compass for guiding our public health planning and community decision-making to better serve everyone who lives in

Introduction (cont.)

Calaveras County. It will help us focus our resources, programs, and policies on the most important public health challenges facing our county. We will use the 2023 CHA findings to inform community health improvement efforts and develop a Community Health Improvement Plan focused on data-driven health priorities for Calaveras County.

We hope this CHA serves as a call to action for collective efforts between public health, healthcare organizations, human services agencies, community-based organizations, policymakers, businesses, education, law enforcement, and community members. We invite you to review our findings and join us in this important work ahead.

The Importance of Local Data

For rural counties with smaller populations, health data is often combined, or aggregated, with data from surrounding rural counties. When data from several counties is aggregated, the final data presented misses the truth of conditions in each individual county [4]. Data products like State Health Profiles or California Health Interview Survey (CHIS) pool regional rural samples together, obscuring unique local variations across neighboring rural counties. For example, according to the CHIS, 2.7% of Calaveras residents did not have a routine check-up with a doctor in the past 12 months [5]. This statistic is combined for the counties of Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, and Alpine, and there is no way to know the statistic for Calaveras specifically. While Calaveras County shares some similarities with neighboring rural counties, the health needs of Calaveras residents and the barriers impacting their daily lives are unique.

For these reasons, we conducted a Calaveras-specific CHA. Truly understanding the needs, challenges, and potential solutions for

The Importance of Local Data *(cont.)*

improving the health of community members required collecting information directly from those who live, work, age, and play here. Community-specific information provides a stronger basis for tracking trends in community and individual health, designing solutions to address challenges and barriers to health, and evaluating programs and policies.

To gain a thorough understanding of the health needs and issues faced by people in Calaveras County, CCPH and partners carried out a three-phase Community Health Assessment (CHA). CCPH met with over 15 representatives from local organizations and the community to establish the CHA team. The team determined that both quantitative

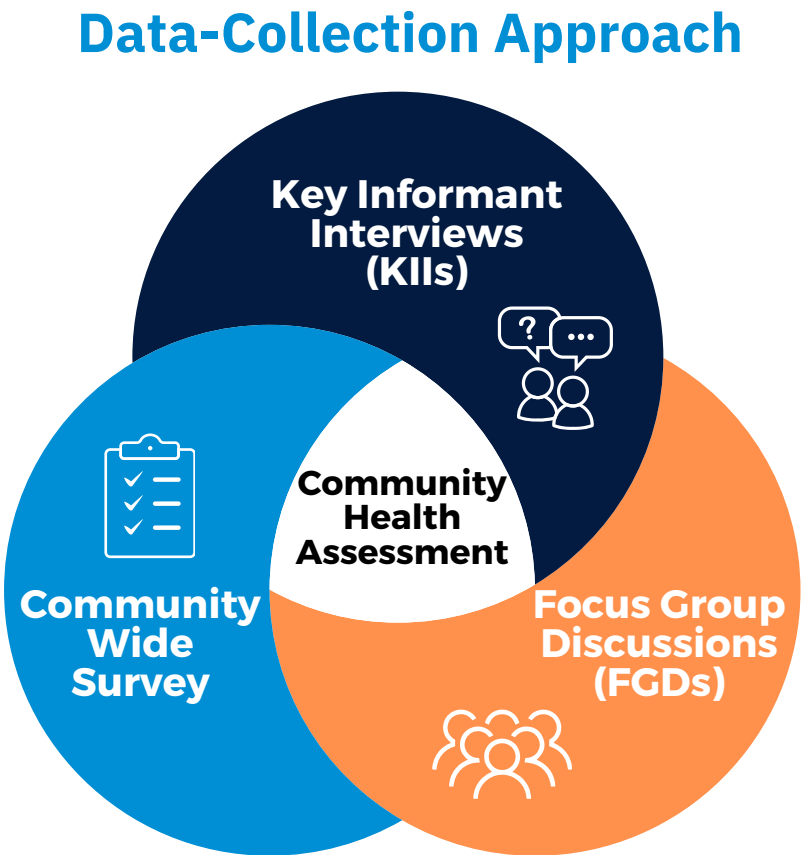


Figure 3. Three-pronged approach to Calaveras County CHA data collection.

The Importance of Local Data *(cont.)*

and qualitative data (in other words, data from interviews as well as data from counting responses to survey questions) had to be collected in a three-stage process. As a shown in *Figure 3*, data was gathered using the following mixed-methods approach: key informant interviews, focus group discussions, and a community-wide survey.

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, and age that affect health and quality-of-life risks and outcomes. SDOH are the nonmedical factors that influence health and include factors like socioeconomic status, education, neighborhood and physical environment, employment, social support networks, and access to healthcare. The conditions in which people live can help explain why some people are healthier than others. SDOH helps us understand how health is affected by conditions such as low income or living in substandard housing. Evidence shows that SDOH contribute greatly to population health outcomes. Addressing non-medical factors through policy, system, and environmental changes has significant potential to advance community health equity [6].

This CHA opens the door for specific insights on SDOH assets and barriers at the local level. Findings can help identify combinations of SDOH driving disproportionate risks for preventable diseases and illnesses that affect particular segments of the county's population [7].

The health of priority populations may also be impacted by systemic barriers that could limit access to health services, education,

Social Determinants of Health *(cont.)*

jobs, transportation, and other resources needed to maintain health. For example, previous institutional admissions policies that systematically preferred some groups over others can skew access to education and job opportunities [8], which then impacts health [9]. Identifying and addressing systemic gaps through collaborative action across sectors represents an opportunity to foster health equity for all residents.

> ***"Alcoholism is a big issue in our patient population, and so is recreational drug use, like methamphetamine, fentanyl. Those are very, very linked to homelessness, joblessness, foodlessness, they all kind of travel together. Because if you're abusing alcohol, or you're abusing whatever drug, then typically it's pretty hard to maintain a job. If you can't maintain a job, you can't pay the rent; if you can't pay the rent and you don't have a home [and so] those problems specifically trigger the social determinants of health."***
>
> **-** *KII participant*

Community Profile

Calaveras is a rural county located in the foothills of the Sierra Nevada mountains in Central California. The county is comprised of many small communities: Arnold, Avery, Copperopolis, Dorrington, Forest Meadows, Mokelumne Hill, Mountain Ranch, Murphys, Rail Road Flat, Rancho Calaveras, San Andreas, Vallecito, Valley Springs, Wallace, West Point, and only one incorporated city, Angels Camp.

Figure 4. Location of Calaveras County, CA.

History

The land within county lines was originally inhabited by indigenous Miwok people until the area's population increased during California's Gold Rush era, which began after the 1848 discovery of gold in California [1]

The meaning of the word calaveras is skulls in Spanish. The county takes its name from the Calaveras River which itself is said to be named by an early explorer when he found, on the banks of the stream, many skulls of Indians who had either died of famine or had been killed in tribal conflicts over hunting and fishing grounds [10].

Author Mark Twain spent time in the county during his early writing career and used it as inspiration for some of his literary works. His short story The Celebrated Jumping Frog of Calaveras County brought world-wide attention to the county [11].

Geography

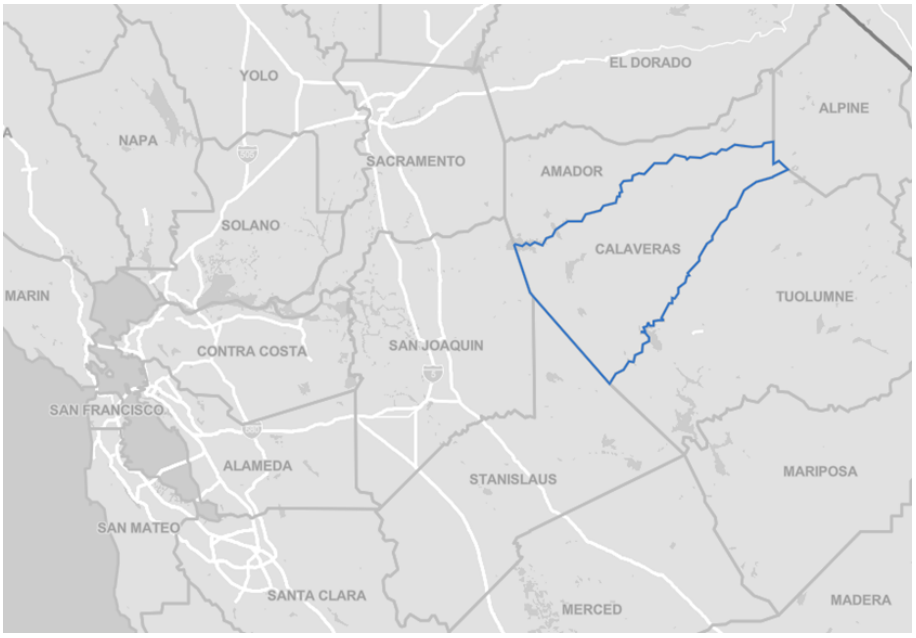


Figure 5. Location of Calaveras County in the region.

Calaveras County spans 1,037 square miles, ranging in elevation from around 400 feet in the west to over 8,000 feet in the Sierra Nevada mountains [12]. The changes in elevation over relatively short distances results in a variety of microclimates and terrain. At the lower elevations summers are generally hot and dry while winters are mild; higher elevations can experience snow almost any time of year, with heavy snows common during the winter season.

The county is prone to a variety of natural disasters including wildfires, droughts, snowstorms, and floods. In 2015, the devastating Butte Fire burned over 70,000 acres and 921 structures [13]. Seasonal flooding along waterways and burn scar areas from wildfires also impacts communities [14].

In addition to natural disasters, power safety shutoffs instituted by the local utility company during high wildfire risk conditions affect residents and businesses. The rural nature of the county makes emergency preparedness and self-reliance important for communities.

Economy

The county has rich natural resources that drive the local economy through industries such as cattle ranching, timber harvesting, and recreational tourism. Agricultural products include cattle, timber, and organic produce. In recent years, Calaveras County has developed a growing wine industry. The region's vineyards and wineries have gained recognition for producing a variety of award-winning wines. The county's Gold Rush era historical sites, scenic landscapes, and outdoor recreational opportunities attracts tourists and generates significant revenue for the local economy. There are a total of 948 major employers that include government services, healthcare, retail, tourism, and hospitality [12]. However, because Calaveras communities are spread apart, with some located in remote areas, there are challenges to maintaining infrastructure, employment opportunities, and access to services, including those services needed to support healthy communities.

According to the 2020 Census, about half (48%) of people over the age of sixteen comprise the labor force of Calaveras County, 46% of whom are female. The median household income is $77,526. The percent of people living in poverty is 12% of the population [12].

Government

Calaveras has been an incorporated California county since February of 1850. The United States Senators for California are Laphonza Butler and Alex Padilla, both Democrats [15]. The United States House Representative for Calaveras County is Republican Tom McClintock [16]. San Andreas is the county seat for Calaveras County. Calaveras County has historically voted for Republican candidates [17]. The County is governed by a Board of Supervisors elected by the residents of their

district. As of January 2024, the Board of Supervisors included: Amanda Folendorf, Jack Garamendi, Martin Huberty, Benjamin Stopper, and Gary Tofanelli [18] [19].

Demographics

The U.S. Census population estimate for Calaveras for 2022 was 46,563 [12]. About 4% of the population is under 5 years of age; 17% of the population is under 18 years old. More than a quarter (29%) of the population is over the age of 65. Ninety percent of the county identify as White, while African Americans represent 1%, Asians 2%, American Indians/Alaskan-Natives 2%, Hispanics or Latinos 14%, and 4% identify as two or more races. The Census shows that about 5% of the population was born outside of the US. Over 3,600 veterans live in Calaveras County. On average there are two to three people in a household and most of the population (92%) speaks English at home. The majority of the population (82%) own homes, while 18% rent. Calaveras County has an above average high school graduation rate of 93%; 21% of the population have received post-secondary school degrees [12].

Calaveras County and California Demographics

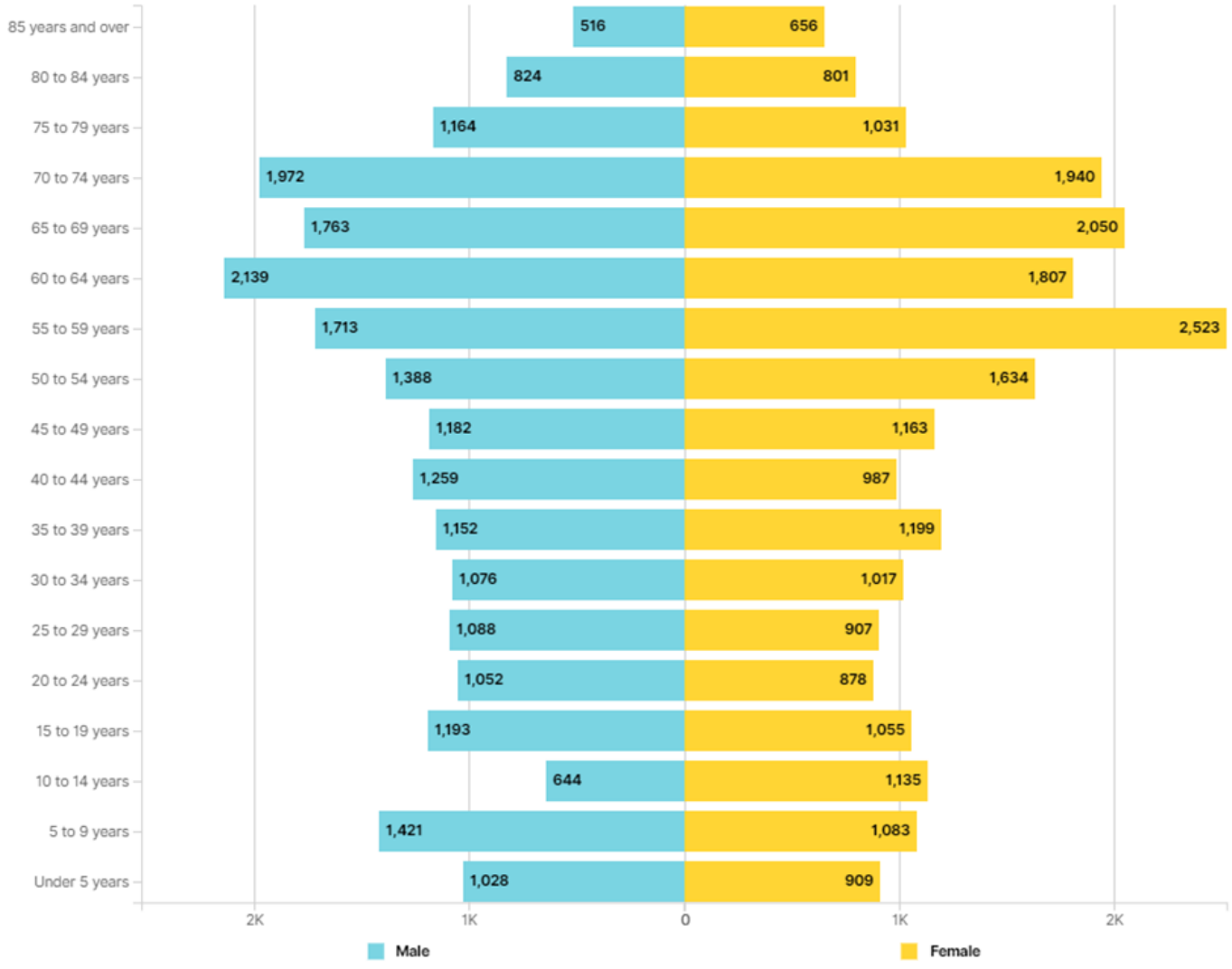


Figure 6. Calaveras County population pyramid.

Calaveras County and California Demographics

Statistic	Calaveras	California
Median age (years)	52.3	37.9
Median household income	$70,119	$91,551
Poverty	14.1%	12.2%
Bachelor's degree or higher	19.9%	37.0%
Average travel time to work (minutes)	38.0	28.3
Mean gross rent	$1,430	$1,870
Homeownership	81.5%	55.8%
Disabled population	20.1%	11.7%
Without health care coverage	6.6%	6.5%
Average family size	3.06	3.39
Never married	23.9%	38.3%
Other than English spoken at home	8.7%	44.4%
Foreign born population	4.8%	26.7%
65 years or older	28.0%	15.8%
Veterans	9.7%	4.3%

Table 1. Calaveras County and State of California demographic statistics.

Calaveras County Zip Codes

Zip Code	Population	Proportion of Population
95221 (Altaville)	549	1.2%
95222 (Angels Camp)	4888	10.8%
95223 (Arnold)	4050	8.8%
95224 (Avery)	367	0.8%
95225 (Burson)	605	1.3%
95226 (Campo Seco)	48	0.1%
95228 (Copperopolis)	4571	10.1%
95232 (Glencoe)	170	0.4%
95233 (Hathaway Pines)	363	0.8%
95245 (Mokelumne Hill)	2126	4.7%
95246 (Mountain Ranch)	1307	2.9%
95247 (Murphys)	3963	8.8%
95248 (Railroad Flat)	266	0.6%
95249 (San Andreas)	3983	8.8%
95251 (Vallecito)	753	1.7%
95252 (Valley Springs)	14260	31.6%
95254 (Wallace)	525	1.2%
95257 (Wilseyville)	454	1.0%

Table 2. Calaveras County zip codes, population count, and proportion of county population.

Community Profile *(cont.)*

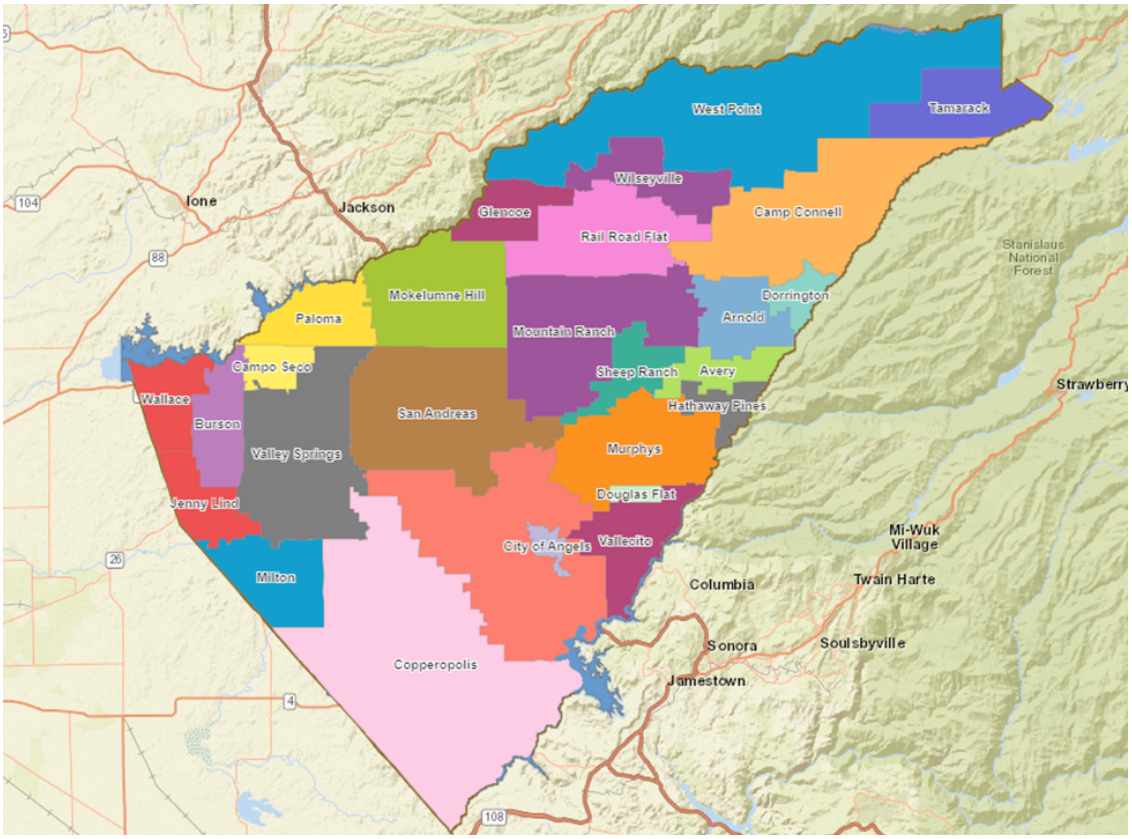


Figure 7. Map of community areas of Calaveras County [20].

Health

Fourteen percent of people living in Calaveras County have poor or fair health, which is the same rate as that of the State of California. Poor physical health days are on average 3.4 days out of the month and 5.0 poor mental health days were reported, compared to the state rate of 3.0 days of poor physical and 4.0 days of poor mental health. There are 7,900 premature deaths per 100,000 people annually which is much higher than the state rate of 5,700 per 100,000. The county life expectancy rate is 79.5 years compared to the state rate of 81 years. The diabetes prevalence in Calaveras County is 9% which is the same as the state rate. The county HIV rate (122 per 100,000) is much lower than the

state rate (406 per 100,000). The adult obesity rate is 30% of the population which is the same as the California rate. Thirty-five percent of driving deaths in Calaveras County are due to alcohol impairment compared to the state rate at 28%. The adult smoking rate in Calaveras County is 15% compared to the state rate of 9%. The teen birth rate in Calaveras County is 13 births per 1,000 females ages 15 to 19, which is lower than the state rate 16 per 1,000. Eleven percent of households suffer food insecurity, or not having a reliable source of food, which is slightly higher than the state average of 9%. There are 21 drug overdose deaths per 100,000 in Calaveras, compared to 17 per 100,000 in the state of California. For every 1 primary care physician in Calaveras County there are 2,320 patients; on average, the state of California has 1 primary care provider for every 1,230 patients. Seven percent of people over the age of 65 are without health insurance compared to 8% in California. A greater proportion of Calaveras children (18%) live in poverty than those in the state (16%). There are 20 deaths by suicide per 100,000 in Calaveras compared to 10 per 100,000 in California. Calaveras sees 19 firearm-related deaths per 100,000 people compared to 8 per 100,000 in the state [21].

Resources

Calaveras County's rural nature poses challenges for healthcare access and infrastructure. Mark Twain Medical Center in San Andreas is the only hospital located in Calaveras County. Only a limited number of medical clinics exist in the county. There are 3.1 primary care physicians per 10,000 population compared to the state average of 8.4 per 10,000. Mental health providers are also scarce at a rate of 3.8 per 10,000 residents compared to the state average of 10 per 10,000. Dental and

Community Profile *(cont.)*

pharmacy services exist, but access is still lacking compared to more urban areas of the state.

Emergency medical services in the county are operated by the American Legion Ambulance and Ebbetts Pass Fire District, and various air ambulance providers [22]. The county relies on a combination of paid and volunteer firefighting personnel across 15 fire districts and the Calaveras Consolidated Fire Protection District. Law enforcement is provided by the Calaveras County Sheriff's Office, Calaveras County Probation Office, Angels Camp Police Department, and California Highway Patrol. The Calaveras County Public Health office provides a variety of services such as vaccinations, health education, and emergency preparedness. They collaborate with various community-based organizations to promote public health in schools, community centers, and community events.

Recreational opportunities connected to health outcomes exist but vary across the county. According to the California Healthy Places Index, only 42.2% of Calaveras residents live within a half-mile of a public park, beach, or open-space greater than 1 acre, compared to 76.7% of California residents [23]. However, the county's natural landscape provides options for outdoor recreation like hiking, fishing, boating and winter sports. Enhancing and maintaining infrastructure and opportunities for active lifestyles across the county's communities presents challenges but also opportunities to improve public health.

Methodology

Throughout this document, we refer to the study subjects or people who we surveyed or interviewed as “participants”, “respondents”, “people”, “residents”, “individuals”, or “community members” interchangeably. We prefer the term *community members* to residents as it does not exclude those who may work, go to school, or spend significant time in the county without technically residing here. *Community members* more broadly encapsulates all those who are part of and contribute to the fabric of life in our county.

For the first data collection stage, we conducted *key informant interviews* (KIIs), where we spoke with community leaders, health providers, non-profit organizations, and others who directly serve community members. Their experience and expertise provided valuable views on community health needs. Analyzing these discussions helped us identify common themes related to community and community members’ experiences.

For the second stage, we facilitated *focus group discussions* (FGDs). We met with different groups of Calaveras County residents, including youth, families, older adults, and cultural minorities. These FGDs offered additional perspectives on most of the top health and health-related issues discussed during the KII. We used information from focus group participants to identify and further refine key concerns most important to residents.

For the third and final stage, we surveyed people across Calaveras County using a 62-question questionnaire. The *community-wide survey* collected the community’s status, behaviors, opinions, experiences, and priorities related to health and well-being.

During each stage of data collection, participants’ responses were analyzed and used to develop questions for the next stage. For example,

Methodology *(cont.)*

responses from KIIs identified areas of concern that were then included as questions for the FGDs. This purposeful 3-stage process of open-ended key informant interviews, focused group discussions, and a county-wide survey helped clarify the most important health advantages and challenges facing Calaveras community members.

Key Informant Interviews

Key Informant Interviews (KIIs) are one-on-one interviews with people who have first-hand knowledge about a community and community members' characteristics and experiences. Conducting KIIs provided us the opportunity to gather in-depth information about the variety of health and health-related challenges community members experience, as well as community assets that contribute to good health and quality of life for people living in the county.

We created a list of possible key informants that included individuals who:

1. Provide medical or social services;
2. Serve children, youth, adults, and families;
3. Work in different communities within Calaveras County; and
4. Work with individuals who are at a higher risk for experiencing health and health-related issues (children, seniors, individuals with current physical and/or mental health illnesses or disabilities, pregnant persons, individuals who identify as LGBTQ+, cultural minorities).

We developed KII protocols, consent form, and questionnaire (see appendix). KIIs were recorded using Zoom and interview transcripts were prepared by Otter.ai, an artificial intelligence transcription

application. Interviewers only took notes for key informants who asked that their interviews not be recorded. Confidentiality of the key informant's identities and recordings was maintained throughout the process.

The key informants interviewed work for a diverse set of organizations, including County agencies; nonprofits; healthcare entities; private nonprofit corporations; private healthcare practice; and city departments. We interviewed nineteen people between March 1 and March 27, 2023. KII questions were not provided to KIs before the KII. The key informants were required to complete a consent form prior to the interviews.

Qualitative Data Analysis

The KII analysis involved several steps. First, interviewers reviewed the interview transcripts or written notes for accuracy and removed any information that would identify KII participants. Next, the interviewers read the transcripts/notes to become familiar with and identify preliminary themes that were common among the key informants' responses.

The researchers then coded the information in the key informant responses. Sentences, phrases, or paragraphs that represented specific concepts or ideas were categorized into themes. For example, Question 3 asked "What health and health-related issues are the people you serve experiencing?" If a response said, "High prescription cost", or "Can't get prescriptions by mail," it was coded under the theme of "Prescriptions". After coding the data, the research team organized the codes into broader themes and subthemes. Using the previous example, the high cost of prescriptions and inability to get them by mail were included within the broader theme of lack of access to medical care.

Focus Group Discussions

We contracted with Perales & Associates Evaluation Services (PAES) to conduct focus group discussions with county residents in July 2023. The purpose of the FGDs was to have discussions with and hear from community members about what makes it easy or difficult to be healthy in Calaveras County, the availability of health care services, and what services or programs are needed.

Recruitment

Participants were invited to attend one of five FGDs located in each of the five-county board of supervisorial districts of the county. We reached out to each member of the county board of supervisors to post a notice on their website or social media page inviting participants to attend a focus group discussion near their school, work, or home. Focus group participants were recruited through various other means including CCPH Facebook and Instagram pages, flyers at local libraries, the mymotherlode.com online newspaper, the Health and Human Services Agency's (HHSA) Facebook pages, the Nextdoor app, the Valley Springs Facebook page and online bulletin board, youth coalitions, and senior networks.

English and Spanish-speaking residents were invited to participate. Youths ages 14 and up with the consent of a parent or guardian were also eligible. Potential participants were asked to complete a questionnaire that gathered demographic information and whether they or a family member sought out health-related services in the last 12 months (e.g., adult or child medical care, mental or substance use assistance, dental care, etc.).

Logistics

Sessions were held at different times of the day to make it convenient for participants (see Appendix B). After each focus group, lunch or dinner was provided and $25 gift cards to a local grocery store of their choice were given to compensate people for their time.

Each focus group session took approximately 60 minutes and was facilitated by two PAES evaluators. Sessions were recorded with verbal approval of the participants using audio equipment. Handwritten notes were also taken by a co-facilitator. The Microsoft Word Transcribe feature was used to transcribe the audio tapes with high accuracy. Transcription uncertainties were compared to the audio recording to improve transcription clarity. Subsequently, qualitative data analysis was performed to identify key response themes.

Focus Group Guide

A focus group guide ensured consistency across groups. PAES worked closely with us to develop focus group questions that aligned with the key informant questions (see Appendix C). Questions were open-ended and additional follow-up questions were used as needed to clarify and gather more in-depth responses. The questions were translated into Spanish by a native Spanish speaker experienced in translation.

At the beginning of each focus group session, participants were welcomed and read a standardized introductory script describing the meeting's purpose and process, and discussion overview. Group guidelines to assure participant anonymity and informed consent were also reviewed prior to the discussions.

Focus Group Discussions *(cont.)*

(see Appendices D and E). For the complete list of focus group questions, see Appendix E.

Focus group questions addressed the following topics:

1. Participants' ratings of the overall health and quality of life in the community.
2. Two or three assets or strengths in the community.
3. Two or three health-related needs in the community.
4. Barriers to addressing health-related needs in the community.
5. Specific programs, policies, funding, or actions that would contribute to better health and quality of life in the community.
6. Additional comments or suggestions.

Qualitative Data Analysis

PAES conducted the qualitative data analysis and identified the most prominent themes from each focus group. Data from the five FGDs were combined, and a summary qualitative analysis was performed. Points were tallied across the FGDs to develop scores for each question's responses and to identify themes related to common health needs, barriers to addressing health-related needs, and policies and programs that could improve the health of the community (Qualitative analysis available upon request).

Community-Wide Survey

A comprehensive 62-item questionnaire was developed to assess health status, behaviors, perceptions, outcomes, and related social

Community-Wide Survey *(cont.)*

determinants among Calaveras County community members between August and October 2023. The inclusion criteria were self-reported residency in Calaveras County and minimum age of 14 years. The questionnaire contained 36 core questions and an additional 26 optional questions. This included various demographic information including age, zip code, and gender, among others.

Survey design was informed by several sources to ensure local relevance, including high-quality community health assessments from peer counties and best practice guidance. Insights on community priorities gained during the key informant interviews with county health leaders were also incorporated. Questions from validated screening instruments were also included: the Patient Health Questionnaire-2 (PHQ-2) to screen for depression [24]; Generalized Anxiety Disorder-2 (GAD-2) to screen for anxiety [24]; TAPS-1 to screen for frequency of tobacco, alcohol, prescription medication, and other substance use in the past 12 months [25]; and Alcohol Use Disorders Identification Test (AUDIT-C) for identifying potential alcohol misuse [26]. Although we did not perform calculations using these screening instruments for this report, we plan to publish findings based on analyses of the screening data in future work.

Survey participants could take the survey online, by telephone, or by completing a hard copy version. Online survey responses were collected digitally using JotForm. The online and hard copy versions of the survey were translated into Spanish. The survey was promoted using many channels including email lists, traditional media, social media networks, and QR codes and links on printed fliers. Printed fliers and sandwich boards were used to distribute survey messaging during outreach events and on bulletin boards throughout the county.

To encourage community participation, individuals completing the

Community-Wide Survey *(cont.)*

survey were given the option of being entered into a raffle drawing for retail gift cards as incentives to complete the 36 core questions. An extra raffle entry was provided for those choosing to finish the additional 26 optional questions. A total of 36 $50 retail gift cards were distributed to survey participants that were randomly chosen.

Data analysis was conducted through R analysis software, which was used for transforming and mapping the raw data into a format that allowed further analysis. Salesforce Tableau Cloud software was used for data cleaning, analysis, and visualizations.

Results of the community-wide survey are presented as frequencies of responses for each question asked on the questionnaire in charts divided by age-based social generation cohorts. Generations were specified based on these age ranges: Gen Z (aka. Zoomers), ages 26 and below; Millennials (aka. Generation Y, ages 27 to 41; Gen X, ages 42 to 57; Baby Boomers, ages 58 to 76; Silent Generation, ages 77 and older. These ranges were based on demographic definitions provided by the Pew Research Center [27].

The survey findings have been categorized into the following sections:
A. Characteristics of Respondents;
B. Community Perceptions & Priorities;
C. Health & Wellness;
D. Health Behaviors;
E. Substance Use;
F. Mental Health; and
G. Access & Affordability.

Many survey questions had an “Other” selection as an option, where participants could type in an individual response. These qualitative responses were first grouped with existing, identical answers given by

all participants. Responses that were irrelevant or that did not relate to the question asked were excluded. The remaining responses, including responses for the open-ended, final question, were analyzed using Anthropic's Claude.ai 2.1, an artificial intelligence large-language model. Under human researcher supervision and prompting, insights and narratives were extracted with the use of Claude.ai and integrated into this report.

Cultural Awareness and Equity

During the data collection process, we made concerted efforts to ensure diverse participation and cultural sensitivity. Assessment materials were available in both English and Spanish to overcome language barriers for significant Hispanic/Latino populations in Calaveras County. Outreach was conducted through an expansive mix of communication channels including social media promotion, bulletin boards, informational booths at farmers markets, presentations at senior centers and partnerships with community leaders across all supervisorial districts.

Five geographically dispersed FGDs were held to capture perspectives from each county supervisor's district. Questionnaire responses were monitored on an ongoing basis; additional targeted outreach was conducted to increase participation within demographics with low response rates. Participants of the KIIs, focus groups, and survey varied in age (14 years and older), race, and gender.

The questionnaire also gathered identity information on gender, sex at birth, sexual orientation, race, ethnicity, language, zip code, and other attributes using best practices for identity data collection. Supplemental reports using stratified demographic data will be released independently of this document to provide further justification for future equity efforts.

Findings

In presenting our results, we combined findings from the KIIs, FGDs, and community-wide survey. We included all the questions from the survey and grouped them into topic sections: Characteristics of Respondents; Community Perceptions & Priorities; Health & Wellness; Health Behaviors; Substance Use; Mental Health; and Access & Affordability.

Specific findings from the KIIs and FGDs, including top themes and comments, are included in the Appendix.

Interpreting the Results

To be fully transparent, we have included the exact questions asked on the CHA survey. The charts have a Grand Total column which shows the percentage of people who selected each answer. Many questions gave the option to "select all that apply" which allowed respondents to select more than one answer. As a result, the sum of the percentages for questions with a "select all that apply" option can exceed 100%.

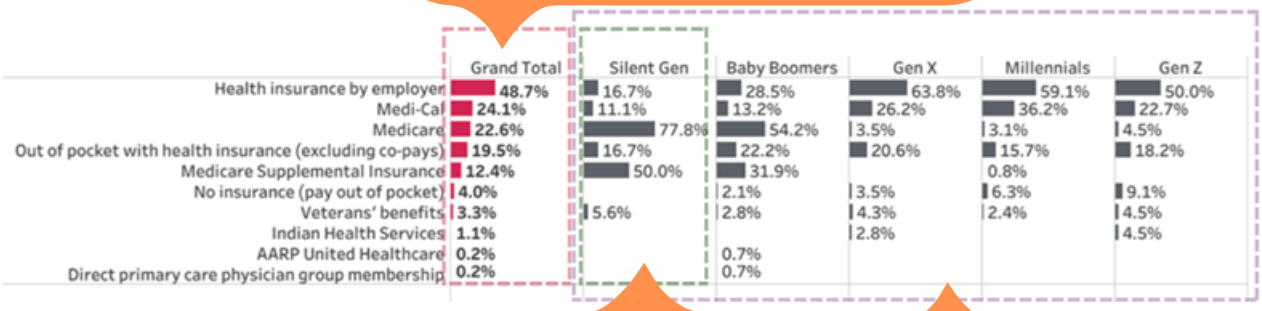
Respondents' answers were also grouped to show how individuals from different generations answered questions. Going from left to right on the tables, generations are defined as: Silent Generation, ages 77 and older; Baby Boomers, ages from 58 to 76; Gen X, ages from 42 to 57; Millennials (or Generation Y), ages from 27 to 41; and Gen Z (or Zoomers), ages 26 and below [27].

We present data in charts with one decimal place of precision while percentages mentioned in the text of the Findings section have been rounded to whole numbers for better readability.

Figure 8 describes how to interpret the results of the CHA.

Interpreting the Results

Totals: Each number in the *Grand Total* column shows the percentage of the people who selected that option. E.g., 48.7% of all respondents selected "Health Insurance by employer" on this question.



Over 100%? Percentages in this column can add up to over 100%. This is because there are some questions that allow people to respond by "selecting all that apply" and may pick more than one option. E.g., 77.8% of all Silent Generation respondents selected "Medicare" on this question.

Generations: Results have been separated by age groups into generations. E.g., 50.0% of Gen Z respondents selected "Health Insurance by employer" on this question.

Figure 8. Survey results interpretation guide.

Interpreting the Results *(cont.)*

The purpose of the community-wide survey is to create a comprehensive picture of Calaveras County residents' health-related status and perspectives. In presenting the results, we focused on summarizing major response themes, trends, and percentages. However, readers should avoid over-interpreting the results as precisely representative of all Calaveras community members. Because the questionnaire design included "select all", “choose not to answer”, and open-ended questions offering “other” fields, it presents challenges in calculating a precise margin of error for every question.

Using non-random convenience sampling through online questionnaires and public availability introduces uncertainties. For some people, it was more convenient to take the survey because they may have internet access at home, have more time, or feel more comfortable answering questions about themselves and their community. It is possible that these people may provide different responses and/or have different perceptions about community health, assets, and challenges than others who could not or did not want to take the survey. Using non-random convenience sampling introduces uncertainties that prevented us from using formal margin of error or confidence interval calculations commonly used in rigorous statistical analyses.

To balance these limitations, we intentionally designed data collection methods that included collecting qualitative data. Used qualitative data coding techniques allowed us to extract common themes, issues, and priorities emerging across responses.

We have elaborated on our research limitations in the Limitations section of this report.

Note that results in the Findings section are based on our CHA findings only. For example, when we mention that, “a significant portion (80%) of

residents enjoy good to excellent mental health," we are basing this conclusion off our CHA findings only, and not on any other source.

A. Characteristics of Respondents

A.1 Key Informant Interviewees

KIs' organizations provide a wide range of services for county community members, from financial assistance (e.g., CalFRESH food cards, housing assistance, MediCal enrollment) to medical care, support and referrals for job training, mental illness and substance abuse support, and free meals and educational programs.

While KIs' organizations strive to serve anyone who lives in Calaveras County, individual programs and/or services often have eligibility requirements that may determine whether an individual can receive services such as income, age, and/or having a mental, behavioral, physical, or developmental condition.

Many of the KIs' organizations have a main office located in the town of San Andreas, but several KI organizations expand the reach of their services by staffing outstations located in more remote areas of the county, and by having staff meet with clients at their homes or other prearranged locations.

A.2 Focus Group Discussion Participants

Thirty-eight county residents registered to participate in the focus group discussions of which 76% were females. Registrants ranged in age from 20 to 83 with a mean of 59.4 years of age. However, only 24 registrants participated (including two teens) in the five focus groups. Of those, 92% were women and 79% were ages 61 and over, with a range of 61 to 83. Ninety-two percent of the participants said they sought health care services in the past 12 months.

A. Characteristics of Respondents *(cont.)*

A.3 Survey Participants

Demographic	Survey Respondents	County Population
Hispanic/Latino	8.6%	12.9%
White/Caucasion	86.7%	90.9%
English spoken at home	97.1%	92.0%
Average household size	3.0	2.6
Average age (years)	50.2	52.1
Straight or heterosexual	92%	-
Bisexual	4.1%	-
Lesbian, gay, or homosexual	2.2%	-
Female	79.0%	50.2%
Male	19.9%	49.8%

Table 3. Characteristics of community-wide survey respondents. *Note: These numbers were calculated after removing those who responded "Choose not to answer."

A total of 582 Calaveras County community members responded to the community-wide survey .

The ages of the respondents have been stratified into generations. Of the total respondents, 26 were of the Silent Generation, 185 were Baby Boomers, 179 were Gen X, 40 were Gen Z, and 152 were Millennials.

A. Characteristics of Respondents *(cont.)*

Generation	Gender	Count
Silent Generation	Choose not to answer	3
	Female	18
	Male	5
Baby Boomers	Choose not to answer	4
	Female	141
	Male	40
Gen X	Choose not to answer	8
	Female	140
	Genderqueer, neither exclusively male nor female	2
	Male	29
Gen Z	Female	22
	Female-to-Male (FTM)/Transgender Male/Trans Man	1
	Genderqueer, neither exclusively male nor female	1
	Male	16
Millenials	Choose not to answer	4
	Female	124
	Genderqueer, neither exclusively male nor female	2
	Male	22

Table 4. Number of respondents by generation and gender.

A. Characteristics of Respondents *(cont.)*

Q.1 What is your ethnicity?

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Hispanic/Latino	7.4%	3.8%	4.9%	5.6%	12.5%	10.0%
Non-Hispanic/Latino	75.8%	65.4%	75.7%	78.8%	77.0%	65.0%
Choose not to answer	14.4%	30.8%	18.9%	14.5%	7.2%	10.0%
Don't know	2.4%		0.5%	1.1%	3.3%	15.0%

Q.2 What is your race? (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
White/Caucasian	85.0%	84.6%	89.0%	82.5%	84.0%	82.5%
Indigenous American	4.9%		2.7%	4.5%	6.7%	12.5%
Asian (Vietnamese, Chinese, Filipino, etc.)	2.4%		1.6%	2.8%	2.7%	5.0%
Black/African American	1.2%		1.1%	2.3%	0.7%	
Middle Eastern/North African	0.5%			0.6%	0.7%	2.5%
Pacific Islander (Hawaiian, Samoan)	0.5%		0.5%		1.3%	
South Asian (Indian, Pakistani, etc.)	0.2%				0.7%	
Mixed 2 or more races	0.2%			0.6%		
Choose not to answer	9.4%	15.4%	8.2%	11.3%	9.3%	2.5%
Don't know	0.9%			0.6%	0.7%	7.5%

Q.3 What sex were you assigned at birth on your original birth certificate?

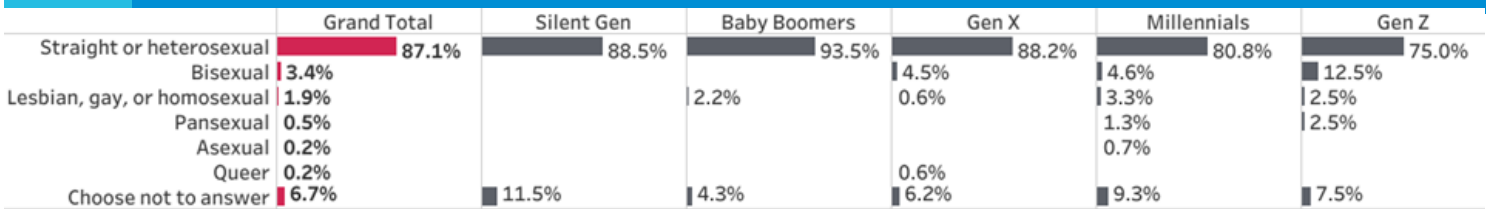
	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Female	77.3%	69.2%	76.2%	79.9%	82.2%	57.5%
Male	18.9%	15.4%	21.6%	15.6%	14.5%	40.0%
Unknown	0.2%	3.8%				
Choose not to answer	3.6%	11.5%	2.2%	4.5%	3.3%	2.5%

Q.4 How do you describe yourself?

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Female	76.6%	69.2%	76.2%	78.7%	81.6%	55.0%
Male	19.3%	19.2%	21.6%	16.3%	14.5%	40.0%
Choose not to answer	3.1%	11.5%	2.2%	3.9%	2.6%	
Genderqueer, non-binary	0.9%			1.1%	1.3%	2.5%
Transgender	0.2%					2.5%

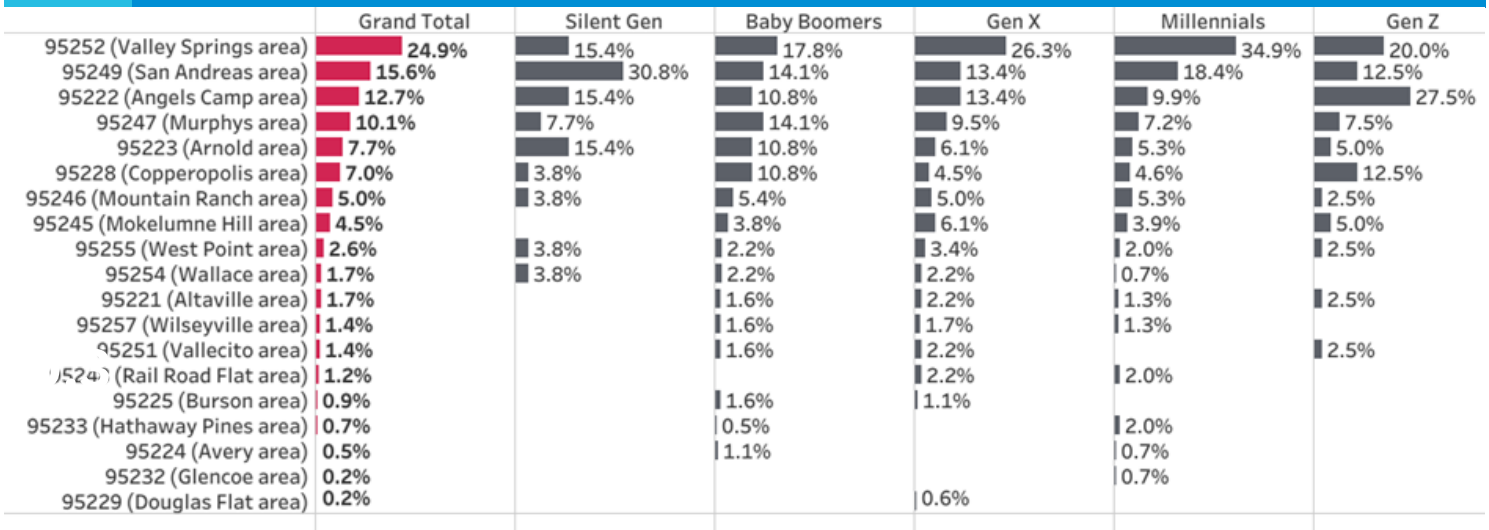
A. Characteristics of Respondents *(cont.)*

Q.5 What would you consider yourself to be?



	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Straight or heterosexual	87.1%	88.5%	93.5%	88.2%	80.8%	75.0%
Bisexual	3.4%			4.5%	4.6%	12.5%
Lesbian, gay, or homosexual	1.9%		2.2%	0.6%	3.3%	2.5%
Pansexual	0.5%				1.3%	2.5%
Asexual	0.2%				0.7%	
Queer	0.2%			0.6%		
Choose not to answer	6.7%	11.5%	4.3%	6.2%	9.3%	7.5%

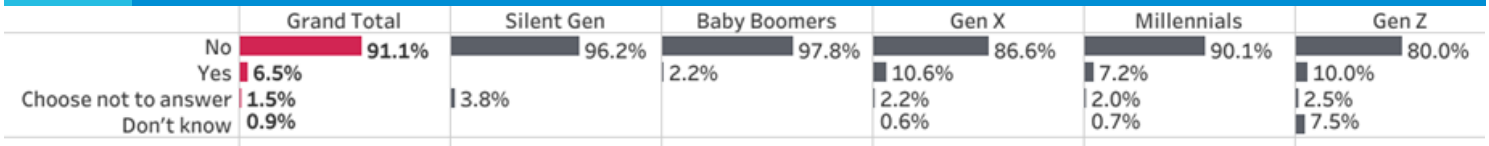
Q.6 What zip code do you live in?



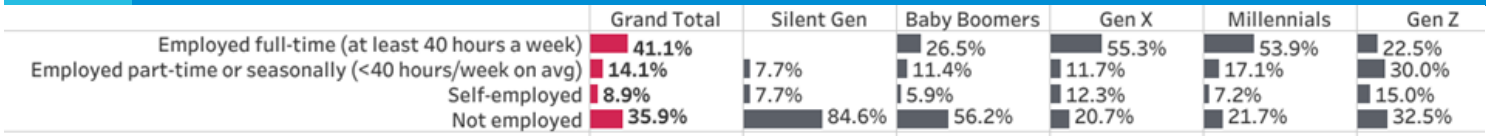
	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
95252 (Valley Springs area)	24.9%	15.4%	17.8%	26.3%	34.9%	20.0%
95249 (San Andreas area)	15.6%	30.8%	14.1%	13.4%	18.4%	12.5%
95222 (Angels Camp area)	12.7%	15.4%	10.8%	13.4%	9.9%	27.5%
95247 (Murphys area)	10.1%	7.7%	14.1%	9.5%	7.2%	7.5%
95223 (Arnold area)	7.7%	15.4%	10.8%	6.1%	5.3%	5.0%
95228 (Copperopolis area)	7.0%	3.8%	10.8%	4.5%	4.6%	12.5%
95246 (Mountain Ranch area)	5.0%	3.8%	5.4%	5.0%	5.3%	2.5%
95245 (Mokelumne Hill area)	4.5%		3.8%	6.1%	3.9%	5.0%
95255 (West Point area)	2.6%	3.8%	2.2%	3.4%	2.0%	2.5%
95254 (Wallace area)	1.7%	3.8%	2.2%	2.2%	0.7%	
95221 (Altaville area)	1.7%		1.6%	2.2%	1.3%	2.5%
95257 (Wilseyville area)	1.4%		1.6%	1.7%	1.3%	
95251 (Vallecito area)	1.4%		1.6%	2.2%		2.5%
95240 (Rail Road Flat area)	1.2%			2.2%	2.0%	
95225 (Burson area)	0.9%		1.6%	1.1%		
95233 (Hathaway Pines area)	0.7%		0.5%		2.0%	
95224 (Avery area)	0.5%		1.1%		0.7%	
95232 (Glencoe area)	0.2%				0.7%	
95229 (Douglas Flat area)	0.2%			0.6%		

A. Characteristics of Respondents *(cont.)*

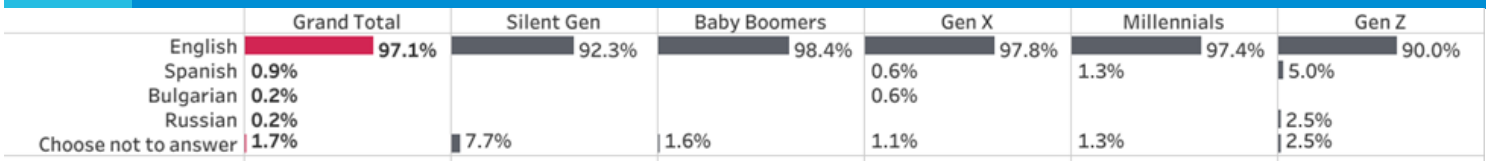
Q.7 In the past 12 months, have you experienced any periods of unstable housing (didn't have a place to sleep or slept on someone's couch, can't afford rent, risk of eviction, or frequent moves)?



Q.8 Are you currently employed? (Select one answer that best applies)



Q.9 What is the main language spoken in your home?



B. Community Perceptions and Priorities

Despite living in a region with great natural beauty, many Calaveras County community members find themselves facing difficult choices living everyday life. Scenic landscapes, clean air, and close-knit communities can offer mental and physical relief, yet individuals face a lack of affordable housing, challenges to accessing the physical and mental healthcare they need, unemployment and/or low wages, poor or no transportation choices, scarce child care options, and a lack of homeless shelters. Access to healthcare – especially mental health services and substance misuse treatment – is challenging. For youth growing up in the area, limited post-high school opportunities means they face a higher possibility as an adult of unemployment and/or underemployment.

Q.1 Which of the following are the most important health-related needs, issues, or concerns of people in your community? (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Housing not available or too expensive	69.2%	69.2%	64.9%	78.2%	67.8%	55.0%
Lack of access to medical providers	66.0%	57.7%	73.5%	66.5%	65.8%	35.0%
Mental health issues	45.7%	26.9%	36.2%	55.3%	50.7%	40.0%
Drug and alcohol abuse	45.0%	50.0%	41.1%	45.3%	48.0%	47.5%
Lack of local or well-paying jobs	42.1%	30.8%	39.5%	43.0%	44.7%	47.5%
Lack of safe places to walk and for recreation	40.5%	38.5%	42.2%	38.0%	44.7%	30.0%
Lack of access to healthy and affordable food	39.0%	19.2%	30.3%	47.5%	44.7%	32.5%
Lack of access to mental health providers	36.8%	26.9%	33.5%	40.2%	42.8%	20.0%
Inadequate public transportation	35.7%	57.7%	37.3%	37.4%	30.9%	25.0%
Aging issues & Caregiving burden for elders in family	33.2%	76.9%	52.4%	27.9%	14.5%	10.0%
Lack of childcare	32.8%	15.4%	22.7%	33.0%	51.3%	20.0%
Lack of access to dental providers	32.0%	26.9%	29.7%	40.2%	30.3%	15.0%
Social isolation	31.4%	23.1%	31.9%	33.5%	28.9%	35.0%
Tobacco use, including vaping	25.1%	26.9%	22.7%	29.6%	17.1%	45.0%
Chronic diseases (e.g., cancer, diabetes, heart disease)	21.6%	23.1%	24.3%	25.1%	18.4%	5.0%
Child abuse/neglect	15.3%	11.5%	8.6%	19.0%	16.4%	27.5%
Domestic violence	15.1%	7.7%	13.5%	17.3%	14.5%	20.0%
Sexually transmitted infections	2.7%	7.7%	1.1%	2.8%	3.3%	5.0%
None / Don't Know	0.3%	7.7%				

The top health-related issues, needs, or concerns are housing (69%), lack of access to medical providers (66%), and lack of mental health services (46%).

B. Community Perceptions and Priorities *(cont.)*

> ***"There's definitely a lack of affordable, long-term rental options in the area. So housing is an issue."*** *– KII participant*

> ***"Affordable housing is huge. And when I'm talking affordable housing, I even say shelters, because we don't have that."***
> *– KII participant*

> ***"As for housing, we run into a lot of people that are living in buildings, outbuildings, metal storage containers, homes that are just unsafe for habitation. Lots of times they have no access to utilities, running water, things like that."***
> *– KII participant*

> ***"So, there's tons of funding out there right now, for housing. And I would say the majority of it is for cookie-cutter resolutions that have been tried for over 20 years. And in the last three years homelessness has grown by 17%...we're 20 years later, and we're still running off of a policy that didn't get reexamined."*** *– KII participant*

B. Community Perceptions and Priorities *(cont.)*

Community members believe there is a shortage of emergency rooms, urgent care services, mental health services, and substance abuse treatment. Medical specialty services including cardiology, dialysis, orthopedics, and advanced laboratory services require traveling out of county. Pregnant persons must also go out of the county to deliver their babies.

> ***"You can't have a baby in this county. There's no birthing unit at the hospital... and there hasn't been one for quite some time."*** – *Murphys FGD participant*

> ***"We don't have a maternity facility here, so we have people that traveled to Sonora or Jackson. We've received phone calls from moms about ready to have the baby and have nobody to get them there."*** – *KII participant*

Health and social services entities face challenges with recruiting and retaining health care providers, particularly specialists, due to higher paying employers outside of the county.

> ***"The labor pool has been difficult in Calaveras County to recruit and retain staff."*** – *KII participant*

B. Community Perceptions and Priorities *(cont.)*

> ***"Staffing is a huge part. If I could even have two or three more people to be able to work in different remote areas of the county and provide services that would be amazing to me. It all coincides to me; if we had more staffing, applications would be getting done quicker, clients would be getting services quicker. All of those things, it's just the domino effect."*** *– KII participant*

Lack of local housing for health care providers, lack of jobs for spouses, and retiring primary care providers add further complexity to the problem. Often, patients are forced to rely on emergency rooms for routine care.

> ***"I find the urgent care a real problem. When something unexpected happens almost always I can't get into my main provider. So, my options are urgent care or the ER. I avoid the ER at all costs because of the cost it would be. So, I go to prompt care and every time I have waited at least four hours to see the doctor."*** *– FGD participant*

High turnover of physicians has resulted in a loss of continuity of care. Community members sometimes wait weeks for an appointment, especially for specialty medical care such as cardiology, dialysis, orthopedics, neurologists, and advanced laboratory services.

B. Community Perceptions and Priorities *(cont.)*

> ***There is only one neurologist in Calaveras County. I had to wait five months to visit him. So now I go through the Sonora Adventist system and a neurologist in Lodi but that's terrible that we have to go out of town for specialist services."***
> *- San Andreas FGD participant*

The limited number of primary care providers and specialists often force residents to travel out of the area for health care. Community members expressed concern for the time it takes to access these distant services.

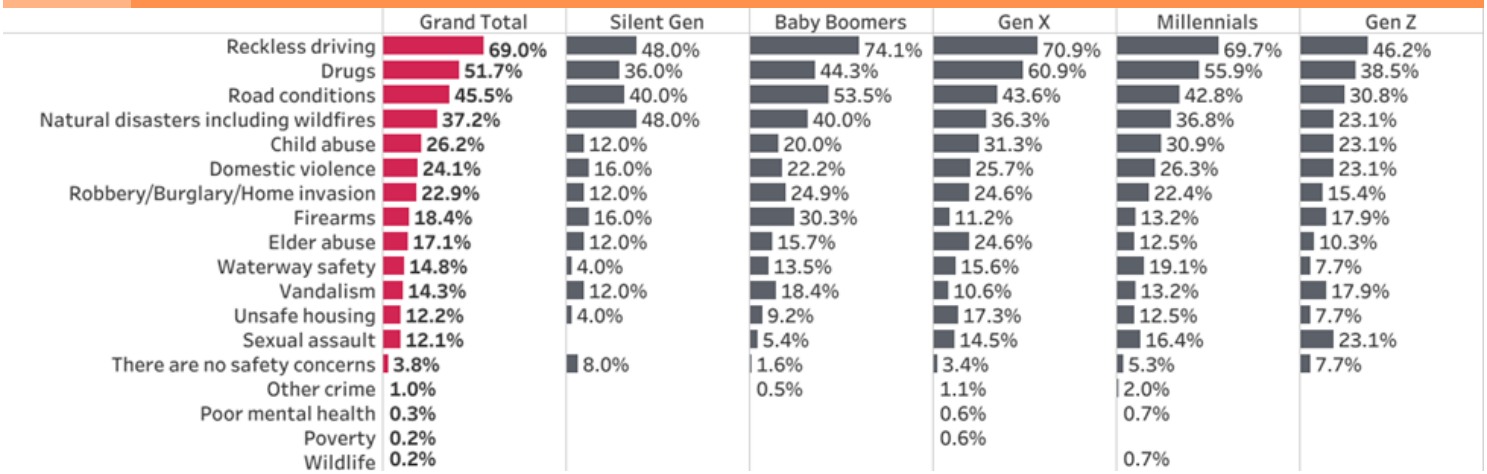
> ***"This county really needs to realize that there is a lot of isolated people out there who need transportation to medical etc."*** *– Survey participant*

Other needs expressed by people in more remote communities of the county included access to affordable and healthy fresh produce and emergency medical services (EMS).

> ***"Specifically, when you have people in the more outlying areas of our county trying to reach the food bank…If they're running out of food on Tuesday and can't get to the food bank, or the [mobile] pantry doesn't come up until Friday, there's a gap."*** *– KII participant*

B. Community Perceptions and Priorities *(cont.)*

Q.2 What are the top safety concerns in your community? (Select all that apply)



	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Reckless driving	69.0%	48.0%	74.1%	70.9%	69.7%	46.2%
Drugs	51.7%	36.0%	44.3%	60.9%	55.9%	38.5%
Road conditions	45.5%	40.0%	53.5%	43.6%	42.8%	30.8%
Natural disasters including wildfires	37.2%	48.0%	40.0%	36.3%	36.8%	23.1%
Child abuse	26.2%	12.0%	20.0%	31.3%	30.9%	23.1%
Domestic violence	24.1%	16.0%	22.2%	25.7%	26.3%	23.1%
Robbery/Burglary/Home invasion	22.9%	12.0%	24.9%	24.6%	22.4%	15.4%
Firearms	18.4%	16.0%	30.3%	11.2%	13.2%	17.9%
Elder abuse	17.1%	12.0%	15.7%	24.6%	12.5%	10.3%
Waterway safety	14.8%	4.0%	13.5%	15.6%	19.1%	7.7%
Vandalism	14.3%	12.0%	18.4%	10.6%	13.2%	17.9%
Unsafe housing	12.2%	4.0%	9.2%	17.3%	12.5%	7.7%
Sexual assault	12.1%		5.4%	14.5%	16.4%	23.1%
There are no safety concerns	3.8%	8.0%	1.6%	3.4%	5.3%	7.7%
Other crime	1.0%		0.5%	1.1%	2.0%	
Poor mental health	0.3%			0.6%	0.7%	
Poverty	0.2%			0.6%		
Wildlife	0.2%				0.7%	

The top safety concerns in the community are reckless driving (69%), drugs (52%), and road conditions (46%).

> ***"For example, if you get on 49 from San Andreas to Angels Camp, there's absolutely no shoulder on that road. I have patients that just can't drive it."*** *– KII participant*

According to 44% of community members, individuals under 18 years old are at the greatest risk for mental health issues.

B. Community Perceptions and Priorities *(cont.)*

Q.3 Which of the following groups in your community are at greatest risk for mental health issues? (Select up to three)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Youth: People under the age of 18	43.6%	34.6%	28.1%	52.5%	49.3%	60.0%
Young adults: People between the ages of 18 and 25	35.6%	26.9%	33.5%	36.3%	37.5%	40.0%
Seniors: People aged 65 and over	24.7%	38.5%	38.4%	21.2%	13.2%	12.5%
LGBTQ+	21.6%	19.2%	18.9%	25.1%	17.8%	35.0%
Veterans	21.6%	38.5%	24.9%	19.6%	19.7%	12.5%
People who use drugs or excessively consume alcohol	21.5%	23.1%	28.6%	22.3%	14.5%	10.0%
Adults: People between the ages of 26 and 64	21.1%	11.5%	16.2%	23.5%	28.9%	10.0%
Those living in poverty	20.6%	23.1%	22.7%	17.9%	23.7%	10.0%
People who do not have a permanent place to live	16.7%	26.9%	23.8%	12.8%	13.8%	5.0%
Foster youth	15.5%	3.8%	13.0%	15.6%	19.7%	17.5%
People with disabilities/illnesses	11.3%	19.2%	13.5%	10.6%	9.2%	7.5%
Unemployed	6.9%		7.0%	9.5%	5.9%	2.5%
Single parents	6.5%	3.8%	4.3%	5.0%	11.8%	5.0%
Ethnic or racial minorities	6.2%		4.3%	10.1%	5.9%	2.5%
HIV+: People who are living with HIV	0.7%		0.5%	0.6%	0.7%	2.5%

Stress impacts the health of community residents, including stress associated with limited employment opportunities, homelessness, the high cost of home fire insurance, and non-renewal of home fire insurance due to increased fire risk.

> ***"Our home and homeowners' insurance was canceled and I'm having to go to the California FAIR plan – it's all very stressful."*** *– Murphys FGD participant*

B. Community Perceptions and Priorities *(cont.)*

Q.4 Children and teens in your community need resources related to the following health topics (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Mental health (depression, anxiety, eating disorders, etc.)	77.0%	63.2%	74.3%	79.8%	80.7%	68.4%
Drug abuse	67.7%	78.9%	69.3%	67.4%	68.0%	55.3%
Alcohol use/abuse	65.1%	73.7%	64.2%	64.6%	66.7%	60.5%
Reckless driving/speeding	62.2%	57.9%	60.3%	65.2%	65.3%	47.4%
Tobacco use	61.2%	68.4%	57.5%	62.4%	63.3%	60.5%
Suicide prevention	61.0%	52.6%	55.9%	66.9%	65.3%	44.7%
Healthy lifestyle and nutrition	60.3%	63.2%	55.9%	62.9%	67.3%	39.5%
Sexual and reproductive health	55.3%	52.6%	52.5%	57.9%	56.7%	52.6%
Dental/Oral health	51.6%	57.9%	49.2%	53.9%	54.0%	39.5%
Disease prevention and management (e.g., diabetes, asthma)	42.7%	63.2%	41.3%	44.9%	42.7%	28.9%

The most needed resources for children and teens in the community are for mental health (77%), drug abuse (68%), and alcohol use/abuse (65%).

Barriers mentioned related to youth health and quality of life include the lack of funding for safe youth spaces, low vaccination rates because parents cannot or are reluctant to drive their children to San Andreas or Jackson for essential vaccinations, unintentional child neglect due to some parents working long hours at low paying jobs that are often 30 to 45 minutes away from home, and use of illegal drugs by parents.

> ***"I would just love to see more local, it doesn't have to be gyms, but even like community centers that have active things for not only kids, but adults, and there's no income eligibility."*** – *KII participant*

B. Community Perceptions and Priorities *(cont.)*

Q.5 Which of the following programs or services would you or your family use if they were more available in your community? (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Biking and walking paths	58.8%	37.5%	58.4%	60.7%	59.8%	59.1%
Recreation and fitness programs	51.1%	31.3%	46.0%	57.9%	54.3%	36.4%
Art programs	38.2%	25.0%	31.4%	44.3%	43.3%	22.7%
Nutrition and cooking programs	37.1%	18.8%	32.8%	41.4%	41.7%	22.7%
Community college classes	33.9%	12.5%	35.0%	40.0%	29.1%	31.8%
Mental health services	33.7%		24.1%	35.7%	44.9%	40.9%
Dental services	32.6%	18.8%	27.7%	36.4%	37.0%	22.7%
Stress reduction classes	32.4%	6.3%	23.4%	37.1%	39.4%	36.4%
Health screening and prevention clinic	25.3%	25.0%	24.1%	30.7%	22.0%	18.2%
Public transportation	24.2%	18.8%	20.4%	31.4%	22.8%	13.6%
Before and after school activities	21.7%		5.8%	25.7%	35.4%	31.8%
Affordable high-quality childcare	17.0%		1.5%	14.3%	35.4%	36.4%
Chronic disease or disability support programs	12.4%	12.5%	10.2%	15.7%	12.6%	4.5%
Parent support groups and workshop	9.5%		1.5%	10.7%	17.3%	13.6%
Stop smoking programs	7.9%		5.1%	12.1%	5.5%	18.2%
Drug and alcohol prevention and treatment programs	7.7%		2.2%	12.9%	5.5%	27.3%

People would like to see more biking and walking paths (57%), recreation and fitness programs (49%), and art programs (37%) in their community.

Many residents desire a walkable community with sidewalks and bike lanes that would provide safety for pedestrians and bicyclists, encourage healthier habits, and offer working families cost-effective transportation options.

Participants also said there is a need for expanded vocational trade programs and more continuing education opportunities beyond high school, as this would provide opportunities for youth to get better-paying jobs and encourage them to remain in the county.

B. Community Perceptions and Priorities *(cont.)*

"The actual quality of living here is wonderful. The downside I would say is the lack of walkability, you have to drive everywhere to do anything. I'd like to just walk to the store but there's no pedestrian path and there's an awful lot of people on scooters and wheelchairs that could get themselves where they want to go if we just had the sidewalks." *- Valley Springs FGD participant*

"There's room for improvement. There's populations of people...who choose to live here because of the wonderful proximity to being part of the natural world and the healthful environment of living in a rural area where you can have fresh food, and fresh air and hike all day...But then there's a significant portion of the population that lives in these small towns with a lack of real opportunity. And those are the people we work with, who have been here several generations, and they're [sic] young kids growing up don't have the opportunity to maybe go to college and choose a life for themselves and have employment and economic opportunities for improvement. So that's why I say there's room for improvement." *- KII participant*

B. Community Perceptions and Priorities *(cont.)*

Additionally, community members call for telehealth tools and innovative insurance models, like public plan buy-ins and value-based rural delivery models, as they offer potential solutions for overcoming cultural and operational barriers that currently hinder attempts to recruit and retain local specialty healthcare providers.

Q.6 Is there anything else you would like to share with us? (optional)

Based on a review of the open-ended responses to this question, some of the main themes that emerged are:

- Access to healthcare services. Many respondents emphasized difficulties accessing needed medical care, long wait times for appointments, provider shortages, lack of after-hours urgent care, and having to drive long distances to see specialists. Affordability was also cited as a barrier by some.
- Mental health needs. Mental health care access was highlighted as a major concern, including shortages of mental health providers, challenges getting timely treatment, and gaps in care for issues like anxiety, depression, and substance misuse.
- Health behaviors. Comments stressed room for improvement around nutrition, obesity, physical activity, tobacco use, excessive drinking, and prescription drug misuse.
- Social determinants of health. Issues like housing affordability, food insecurity, lack of transportation, and need for more economic opportunities/jobs were raised. Investing in these areas was seen as important.
- Senior services. Some emphasized the need for more services and activities tailored to seniors, such as additional senior centers,

B. Community Perceptions and Priorities *(cont.)*

Q.6 Is there anything else you would like to share with us? (optional)

- home health services, assisted living facilities, and transportation for the elderly.

In summary, access to healthcare, mental health services, improving health behaviors, the impact of social determinants of health, and inadequate senior services rise to the top as frequent themes in the open-ended feedback from survey respondent

> ***"It's really sad, I'm going to tell you right now, we have so many elders that are homeless, that have amputations, that have diabetes, high blood pressure, that are living out in the elements."*** *- KII participant*

> ***"Can't stress how difficult it is to access medical care for educated, upper middle class, white people. I can't even imagine how difficult it is for folks without adequate health care or money to pay."*** *- Survey participant*

B. Community Perceptions and Priorities *(cont.)*

Other important but less major concerns include:

- Improving local healthcare quality. A number of responses criticized the quality and competence of local healthcare providers.
- Chronic disease burden. Respondents were concerned about the high rates of chronic conditions like cardiovascular disease, respiratory illness, and diabetes.

> ***"We have a horrible lack of available in-home health services. This is a very hard place to be chronically sick and disabled, especially for the younger ones. It's a beautiful place to be, but lack of services is a big negative."*** *-Survey participant*

Interdependencies exist among issues like childcare, employment, transportation, and housing that collectively shape family stability and access to health-promoting resources. Economic instability, combined with geographic isolation and other socioeconomic barriers, increase challenges for already-struggling groups.

> ***"Just paying for somebody's rent in regular housing doesn't address the root cause...[E]verybody's afraid to say we have a lot of people in[sic] severe mental health is difficult to treat, and we think they just need an apartment, and that's not the problem."*** *- KII participant*

B. Community Perceptions and Priorities *(cont.)*

> ***"Working this job has opened my eyes to the level of poverty in this county in a different way, and how on the edge of becoming homeless people can be. We went out on the homeless survey, going out into the community. We walk into a [gas] station to ask, 'Have you noticed any homeless people in [this area]?' And the poor young man behind the counter sheepishly raised his hand."*** *- KII participant*

Community members shared many ideas about policies and programs that could improve health or quality of life in the county. Related to health care, community members suggested the addition of an HMO health care option (such as Kaiser) to increase access and convenience, as well as expanded behavioral health care, policies that extended clinic hours, and the addition of more pop-up clinics to enhance health care accessibility.

> ***"One frustrating thing to me is they don't have an urgent care clinic in Copper. There are clinics throughout the county, which is great, but access to those clinics is usually Monday through Friday 9:00 to 5:00... but I mean it's like a lot of health emergencies don't happen 9:00 to 5:00. So, to me that's a big problem here if you've got health issues or accidents."*** *- Copperopolis FGD participant*

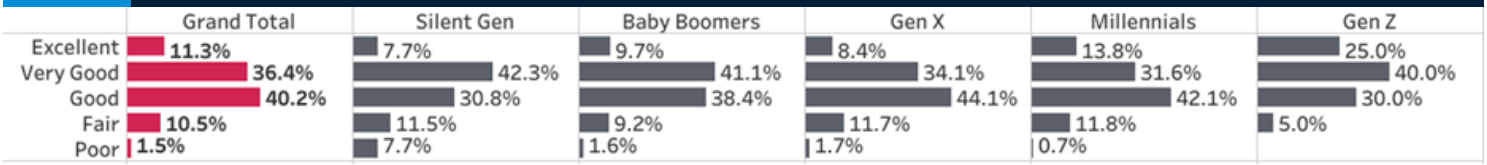
B. Community Perceptions and Priorities *(cont.)*

Amid these challenges, participants mentioned that the county's existing health infrastructure includes a hospital and several clinics and pharmacies. They also acknowledged dedicated county departments including CCPH and behavioral health, and a number of active community-based organizations that work towards improving health conditions for people in the county.

> ***"I do think the Wellness Center is a really big asset and now we have a lot of dentist choices, although maybe not for Medi-Cal."*** *- Valley Springs FGD participant*

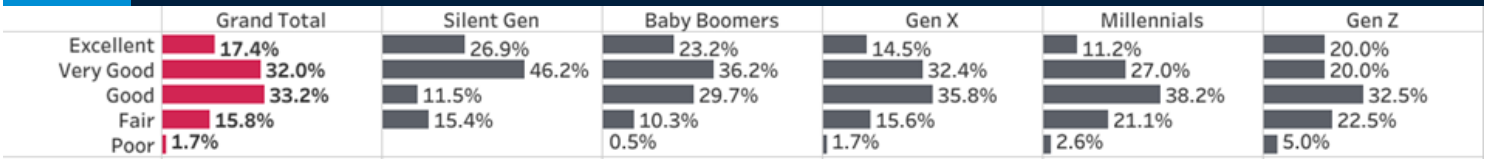
C. Health and Wellness

Q.1 How would you rate your overall health and well-being?



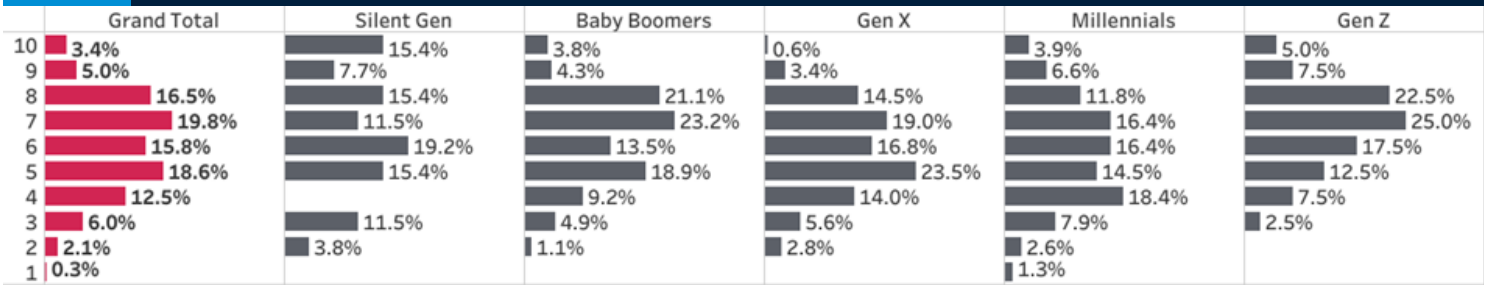
Community members have a high level of overall well-being, with a substantial majority (88%) experiencing good to excellent health and wellness.

Q.2 How would you rate your overall mental health?



A significant portion (80%) of residents enjoy good to excellent mental health.

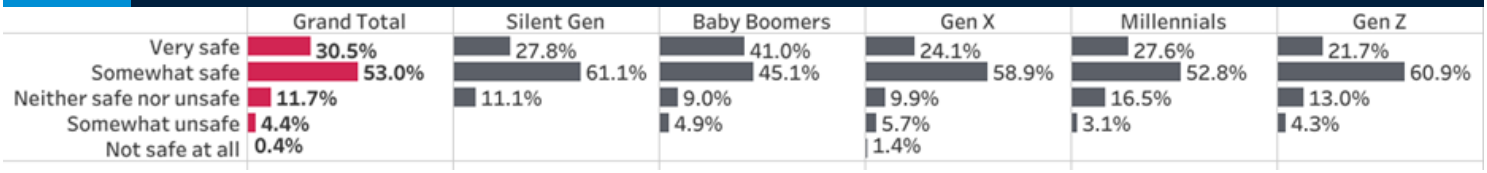
Q.3 How would you rate your community's overall health and quality of life on a scale of 1 to 10?



C. Health and Wellness *(cont.)*

Nearly half the people (45%) rate their community's overall health and quality of life highly, with scores of 7 or above.

Q.4 How safe is your community?



A significant proportion of people (84%) believe their community is at least somewhat safe.

Community members identified firefighters, Red Cross San Andreas, and a helicopter pad for emergency response as assets that enhance public safety in Calaveras County. Barriers to public safety include long ambulance response times, limited police presence in remote places like West Point, and acts of violence in the community.

C. Health and Wellness *(cont.)*

Q.5 What do you think makes Calaveras County a good place to live? (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Natural beauty	86.9%	96.2%	89.2%	87.1%	85.5%	75.0%
Slower pace of life, uncongested, and more living space	71.6%	76.9%	76.8%	73.6%	69.7%	42.5%
Opportunities for outdoor recreation	67.1%	88.5%	68.6%	71.9%	59.9%	52.5%
Small town connection; everyone knows everyone	64.0%	57.7%	57.8%	64.6%	69.7%	72.5%
Clean environment	50.9%	46.2%	54.6%	52.2%	47.4%	45.0%
Low crime rate	46.6%	46.2%	50.3%	47.8%	40.8%	47.5%
Good place to raise children	46.3%	38.5%	36.2%	52.8%	52.0%	47.5%
Good libraries	31.3%	46.2%	38.4%	27.5%	27.0%	22.5%
Strong community identity	22.9%	11.5%	22.2%	21.9%	25.7%	27.5%
Good schools	21.9%	23.1%	19.5%	23.0%	22.4%	25.0%
Strong/Good community organizations	18.8%	26.9%	23.8%	14.6%	14.5%	25.0%
Affordability/Cheap housing	17.7%	19.2%	16.8%	15.7%	21.1%	17.5%
Access to medical services including clinics and hospitals	12.6%	26.9%	16.8%	7.9%	8.6%	20.0%
Access to social services	7.6%	11.5%	10.3%	6.2%	4.6%	10.0%
Access to behavioral health services (e.g., for substance use)	6.4%	7.7%	8.6%	3.9%	4.6%	12.5%
Access to mental health services	5.0%	7.7%	5.9%	3.9%	3.3%	10.0%
Public transportation	4.5%	3.8%	5.9%	1.7%	3.3%	15.0%
Access to quality jobs	2.8%		1.6%	1.1%	5.3%	7.5%

Natural beauty (87%), a slower pace of life (72%), opportunities for outdoor recreation (67%), and small-town connection (64%) are the top county features that make Calaveras a good place to live.

> ***"I think a lot of us here in Calaveras County feel the quality of life is pretty good. We have beautiful surroundings, we have a lot of activities we can take part in, and we have a community that cares."*** *- Valley Springs FGD participant*

Participants acknowledged community services offered by local churches such as food pantries, the Blue Mountain Coalition for Youth and Families (BMCYF) community center in West Point, which provides twice-a-week free hot meals, the Rotary Club support for Meals on

C. Health and Wellness *(cont.)*

Wheels, business groups, a community band, the Calaveras Youth Mentoring Program, county animal services, Women, Infants and Children (WIC) programming, the Red Cross Volunteer Center, and Sierra Hope.

> ***"Every Tuesday and Thursday, the Blue Mountain Community Center provides free hot meals to anyone in the community who walks through the door. They can come and sit down and hang out with other people in the community and eat."*** *- West Point FGD participant*

> ***"The local Rotary Club just got enough money raised to add an extra day of food for Meals on Wheels"*** *– Murphys FGD participant*

Community members praised the County's eight library branches because of their dedicated librarians, library summer reading programs that include meals for youth, new bookmobile that serves small communities with limited library access (such as Jenny Lind and Rail Road Flat), and an adult literacy program.

For youth, participants also identified the BMCYF, the eleven 4-H clubs in the county, and the many opportunities provided by schools to involve youth in sports and student clubs as important community assets.

C. Health and Wellness *(cont.)*

> ***"The Blue Mountain Community Center is open to all kids and brings them together to be active. And it's a safe place for them to be."*** *- West Point FGD participant*

Other youth-focused assets mentioned were Court Appointed Special Advocates (CASA) program which supports foster youth, and The Resource Connection's "Calaveras Children's Advocacy Center" which provides counseling and legal resources for youth.

> ***"Those kids with extreme mental health needs, they don't get mentors because the mentors aren't trained for that.It's overwhelming and something I don't think we've mentioned is when we talk about our assets for kids, it's our Resource Connection. It is a phenomenal asset to our community and want to support it."*** *- Murphys FGD participant*

Recreation opportunities were another asset that community members were thankful for. This included gyms, lakes, pools, trails, large local parks, clean air, open spaces, the national forest, and state parks. Community members identified several positive characteristics of their community and the people who live there: an appreciation for animals, and the neighborly nature of community members that creates friends who "look out for one another."

These findings indicate that Calaveras County currently has community

assets and services which do support health and well-being. However, community members also voiced that many continue to face quality-of-life challenges.

> ***"I feel like people in Calaveras are one end of the spectrum and the other, meaning we have people who are retired and living life and enjoying [it] at a very slow pace...I see a lot of people on the other end who are working super hard and a lot of them are commuting in and out, to be able to live in a peaceful community...But with that comes a lot of sacrifice...You can see the difference in their quality of life because they're more or less doing what they have to do to survive."*** *- KII participant*

County residents also believe that long-term planning is needed to address risk factors from obesity to youth mental health and emergency preparedness.

> ***"Something I think is really worth putting energy into is keeping those local farmers markets alive, and increasing them, increasing the number of towns they're available in. Because I think it's important for people to get fresh food, but also to support local farmers."*** *- KII participant*

C. Health and Wellness *(cont.)*

> ***"Policies and funding priorities is really worth looking at, a county plan that incorporates some growth, and incorporation of all the demographics that are either currently in the county or are coming through the county...looking deeper at continuing education post high school would be important to the economic factors so that youth who can [sic] transition to adulthood who become the parents in our community have an opportunity to further their education."*** *- KII participant*

Q.6 How connected do you feel with your community?

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Very connected	19.6%	15.4%	23.8%	18.4%	19.1%	10.0%
Somewhat connected	45.5%	46.2%	45.4%	49.2%	43.4%	37.5%
Neither disconnected nor connected	23.7%	30.8%	20.0%	19.6%	26.3%	45.0%
Somewhat disconnected	6.9%	7.7%	7.6%	7.3%	5.9%	5.0%
Disconnected	4.3%		3.2%	5.6%	5.3%	2.5%

One out of every nine people feel disconnected with their community.

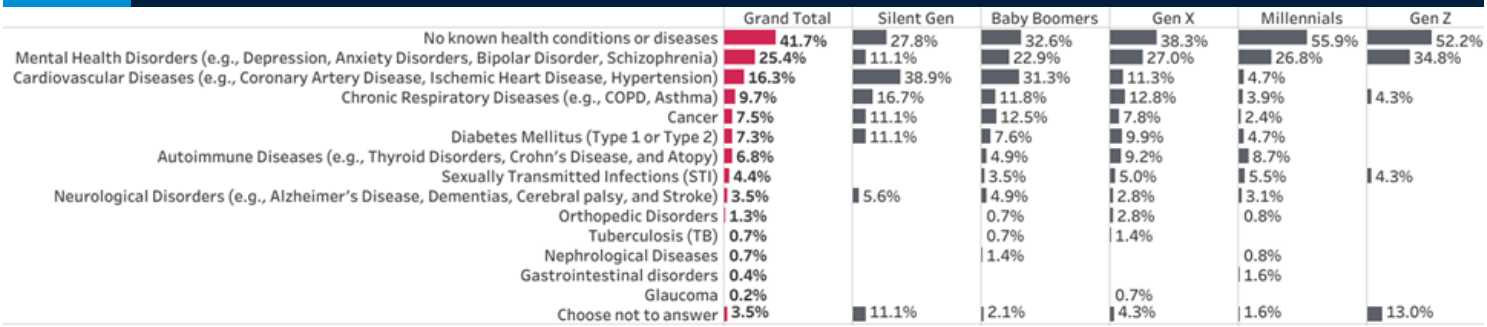
Q.7 When was your last general medical checkup or screening?

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Within past 12 months ago	74.9%	96.2%	81.1%	75.1%	68.5%	52.8%
Between 12 months and 2 years ago	15.2%	3.8%	12.4%	15.3%	16.8%	30.6%
Between 2 and 5 years	5.6%		3.8%	5.1%	8.1%	11.1%
More than 5 years ago	4.2%		2.7%	4.5%	6.0%	5.6%
Never	0.2%				0.7%	

Three-quarters of people have had a medical checkup or screening within the past 12 months.

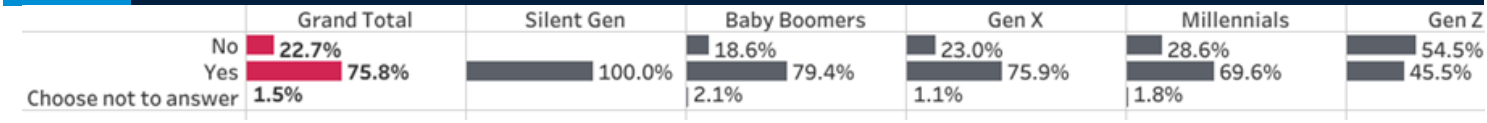
C. Health and Wellness *(cont.)*

Q.8 Have you ever been diagnosed by a physician with any of the following health conditions or diseases? (Select all that apply)



More than half of the respondents have been diagnosed with a health condition or disease. Chief among these are mental health disorders (25%), cardiovascular diseases (15%), and chronic respiratory diseases (9%).

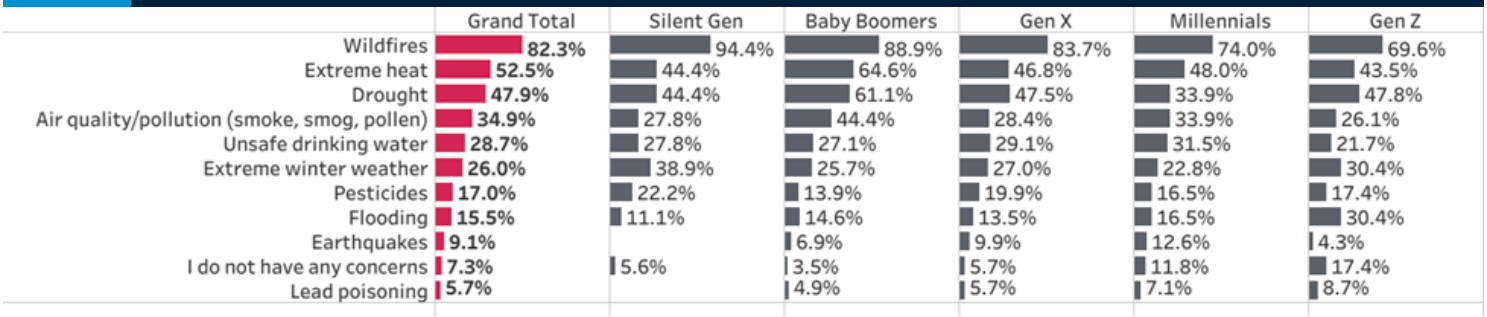
Q.9 Are you currently receiving treatment for any health conditions or disease that was diagnosed by a physician?



Of the people who have ever been diagnosed with a disease or health condition, 76% are currently receiving treatment.

C. Health and Wellness *(cont.)*

Q. 10 Which of the following are you concerned about? (Select all that apply)

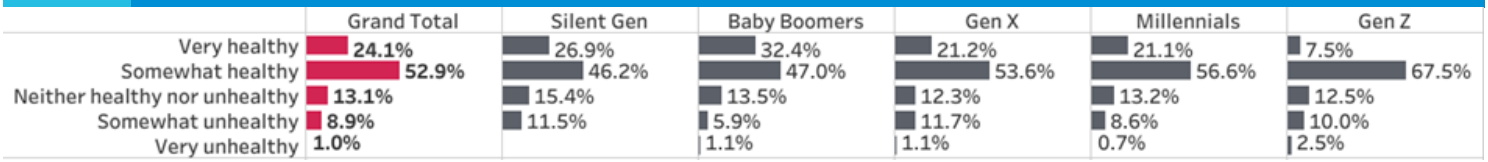


	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Wildfires	82.3%	94.4%	88.9%	83.7%	74.0%	69.6%
Extreme heat	52.5%	44.4%	64.6%	46.8%	48.0%	43.5%
Drought	47.9%	44.4%	61.1%	47.5%	33.9%	47.8%
Air quality/pollution (smoke, smog, pollen)	34.9%	27.8%	44.4%	28.4%	33.9%	26.1%
Unsafe drinking water	28.7%	27.8%	27.1%	29.1%	31.5%	21.7%
Extreme winter weather	26.0%	38.9%	25.7%	27.0%	22.8%	30.4%
Pesticides	17.0%	22.2%	13.9%	19.9%	16.5%	17.4%
Flooding	15.5%	11.1%	14.6%	13.5%	16.5%	30.4%
Earthquakes	9.1%		6.9%	9.9%	12.6%	4.3%
I do not have any concerns	7.3%	5.6%	3.5%	5.7%	11.8%	17.4%
Lead poisoning	5.7%		4.9%	5.7%	7.1%	8.7%

People's top concerns are wildfires (82%), extreme heat (53%), and drought (48%).

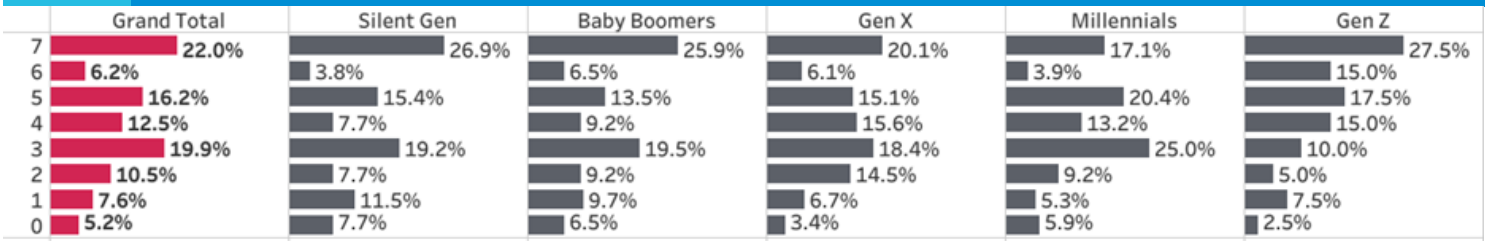
D. Health Behaviors

Q.1 How would you rate your diet in terms of overall healthfulness? (some of the things that you might consider are the variety of foods you eat, the amount of fruits, vegetables, and whole grains you eat, how often you eat out, etc.)



Three quarters of people believe they eat a healthy diet.

Q.2 How many days a week do you typically get at least 30 minutes of physical activity?



Up to 66% of people are getting less than five days of at least 30 minutes a day of physical activity.

D. Health Behaviors *(cont.)*

Q.3 Within the past 12 months, what types of social services did you or anyone in your household receive/use? (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
None	44.2%	15.4%	32.4%	53.1%	50.7%	52.5%
Medi-Cal/Medicaid	28.4%	15.4%	18.4%	31.8%	40.1%	22.5%
Social Security	21.5%	69.2%	44.9%	8.4%	4.6%	5.0%
Medicare	21.0%	65.4%	42.7%	7.8%	5.9%	7.5%
Food Stamps (CalFresh)	16.0%	7.7%	14.6%	16.2%	19.1%	15.0%
WIC (Women, Infants and Children nutrition program)	5.3%		1.6%	2.2%	13.2%	10.0%
Veterans benefits	4.5%	7.7%	5.9%	5.6%	1.3%	2.5%
Social Security disability income (SSI)	4.5%	3.8%	5.9%	6.1%	2.0%	
Unemployment services	3.1%		0.5%	5.0%	3.3%	7.5%
In-Home Supportive Services	2.7%	3.8%	3.2%	3.4%	2.0%	
Temporary Assistance for Needy Families (Cash aid)	1.9%			3.9%	1.3%	5.0%
Housing Assistance	1.5%		1.1%	3.4%	0.7%	
Self-Help Legal Center	1.4%	3.8%		2.2%	0.7%	5.0%
Subsidized child care	0.9%			0.6%	1.3%	5.0%
Child welfare services	0.7%			1.1%		5.0%
Hospice/Respite care	0.7%		0.5%	1.1%	0.7%	
Elder welfare services	0.2%	3.8%				

Approximately half (56%) of the individuals or their households utilized some kind of social service in the past 12 months.

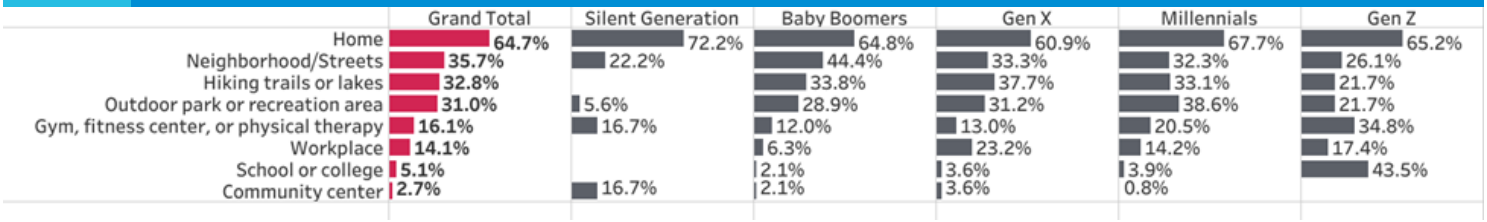
Q.4 Which of the following screening tests have you had in the past 5 years? (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Blood Pressure test	75.3%	100.0%	92.4%	69.5%	65.6%	36.4%
Dental screening/visit	71.6%	83.3%	75.7%	69.5%	69.6%	59.1%
Eye exam	70.2%	88.9%	79.2%	68.8%	60.8%	59.1%
Cholesterol test	56.4%	88.9%	78.5%	58.9%	31.2%	13.6%
Blood Glucose test	50.4%	55.6%	59.7%	51.8%	42.4%	22.7%
Mammogram	49.8%	66.7%	68.1%	68.8%	12.8%	4.5%
Pap Smear	49.6%	11.1%	36.1%	60.3%	62.4%	27.3%
Colonoscopy or Sigmoidoscopy	30.2%	33.3%	51.4%	35.5%	4.8%	
Hearing screening	12.2%	11.1%	13.9%	9.2%	9.6%	36.4%
HIV test	10.4%		3.5%	14.2%	16.0%	9.1%
Hepatitis B/C	9.6%	5.6%	5.6%	7.8%	16.0%	13.6%
None of them	6.0%		1.4%	7.8%	8.0%	18.2%
Prostate exam	4.9%	5.6%	11.1%	2.8%	0.8%	
Syphilis	3.8%		1.4%	3.5%	7.2%	4.5%

Six percent of respondents have not had any common screening test in the past five years. Among the people who had screening tests, the most common ones were blood pressure tests (75%), dental screenings/visits (71%), and eye exams (70%).

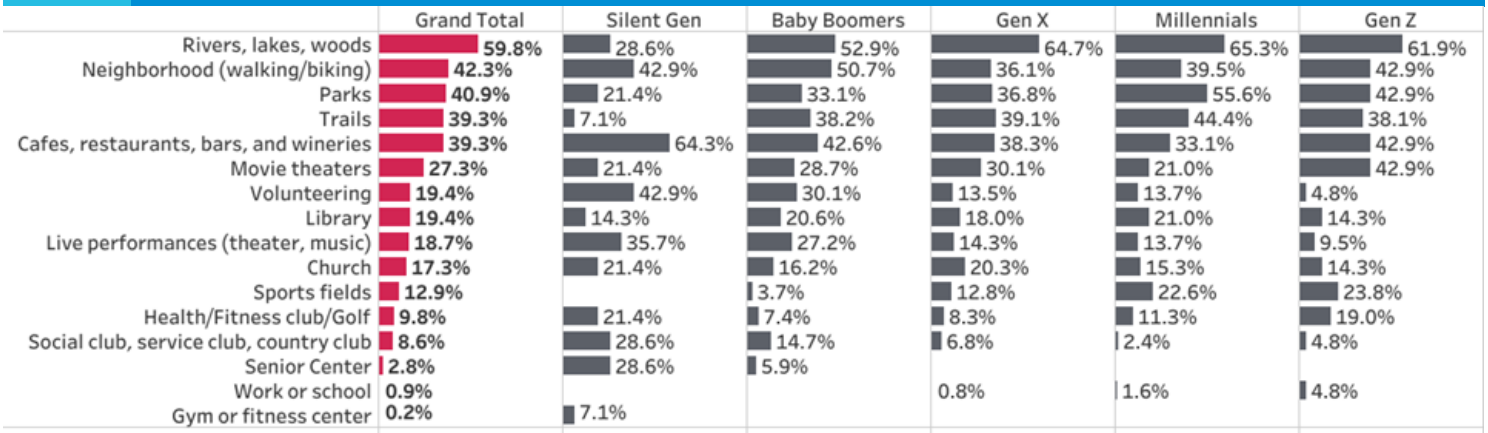
D. Health Behaviors *(cont.)*

Q.5 In the past month, where did you usually go to do physical activity or exercise? (Select all that apply)



Most people usually get their physical activity at home (64%) while about a third get it in their neighborhoods/streets (36%) and a third get it on hiking trails (33%).

Q.6 Where do you usually go for recreation and/or social interaction in Calaveras County? (Select all that apply)



People usually go for recreation and/or social interaction to rivers/lakes/woods (57%), homes of friends and family (54%), and in their neighborhoods (40%). Community members would like to see more parks, community gardens, and child care.

D. Health Behaviors *(cont.)*

> ***"In general, we have a lot of big parks, but we don't have enough local little parks."*** *- Valley Springs participant*

> ***"We don't have any county parks here and we have been talking about building one...but we have yet to understand if we're going to be able to secure a space for a park."*** *- San Andreas participant*

E. Substance Use

Around one in eight respondents use tobacco, one in four drink alcohol multiple times weekly, and one in twenty use illegal or unprescribed medications. Of particular concern: up to 70% tried substances like nicotine for the first time before they were adults.

> ***"Sometimes we have a very small window, especially when it comes to mental and behavioral health with clients, substance abuse; when they're saying "I need help, I want it" and then the appointment's three weeks out or they can't be seen because of a barrier with their insurance, or there's some other barrier. We've lost that window to help them."*** - *KII participant*

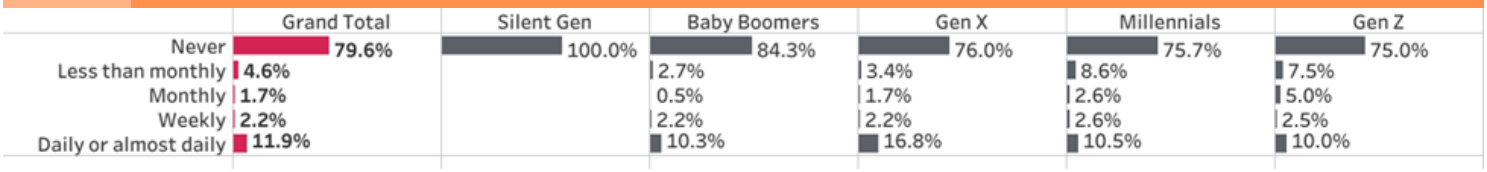
Community members expressed a need for youth mental and behavioral health services, particularly for youth in the county who have experienced drug or alcohol-related difficulties in their family, abuse, homelessness, food insecurity, or neglect.

> ***"We don't have any county parks here and we have been talking about building one...but we have yet to understand if we're going to be able to secure a space for a park."*** - San Andreas participant

E. Substance Use *(cont.)*

> ***"I have experienced in the last year, three kids who saw their fathers being arrested in front of them and now struggle really hard in school... and don't have much support because they're one remaining parent is just working so much, they hardly see them and they have to have someone else walk them home from school. The struggle for kids up here is real because the drug problem is real and a lot of the dads end up getting removed from the home or leaving the home."*** - *West Point participant*

Q.1 How often have you used tobacco and/or nicotine products in the past 12 months?



In the past 12 months, 12% were daily or almost daily users of tobacco and/or nicotine products.

E. Substance Use *(cont.)*

Q.2 How often do you have a drink containing alcohol?

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Never	32.6%	38.5%	25.4%	32.4%	29.6%	75.0%
Monthly or less	25.1%	19.2%	20.0%	31.3%	28.3%	12.5%
2-4 times a month	17.0%	26.9%	18.9%	12.3%	21.7%	5.0%
2-3 times a week	15.3%	7.7%	20.0%	13.4%	15.1%	7.5%
4 or more times a week	10.0%	7.7%	15.7%	10.6%	5.3%	

A quarter of the people drink at least two times a week.

Q.3 On days that you drink, how many standard drinks containing alcohol do you typically have?

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
1 or 2	78.3%	100.0%	82.6%	81.0%	68.2%	60.0%
3 to 4	17.1%		15.2%	15.7%	24.3%	10.0%
5 to 6	3.6%		1.4%	1.7%	7.5%	20.0%
7 to 9	0.8%		0.7%	1.7%		
10 or more	0.3%					10.0%

Five percent of people typically have more than five alcoholic drinks on days that they drink.

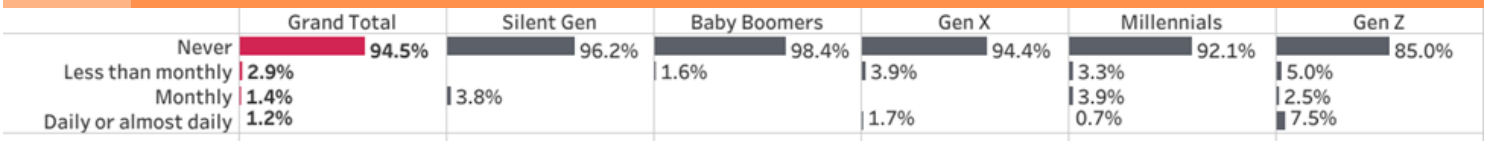
Q.4 How often do you have six or more drinks on one occasion?

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Never	71.4%	100.0%	81.2%	71.1%	57.0%	50.0%
Less than monthly	18.9%		15.2%	16.5%	29.0%	20.0%
Monthly	3.8%		0.7%	4.1%	7.5%	10.0%
Weekly	3.6%		1.4%	5.0%	4.7%	10.0%
Daily or almost daily	2.3%		1.4%	3.3%	1.9%	10.0%

Six percent of people have more than 6 alcoholic drinks on one occasion at least weekly.

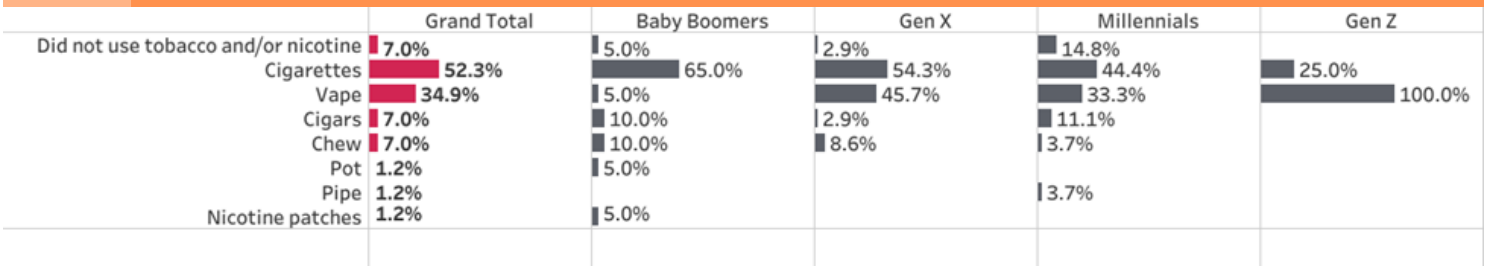
E. Substance Use *(cont.)*

Q.5 How often have you used an illegal drug or taken a prescription drug that was not prescribed to you in the past 12 months?



In the last 12 months, six percent of people had used an illegal drug or taken a prescription drug that was not prescribed to them.

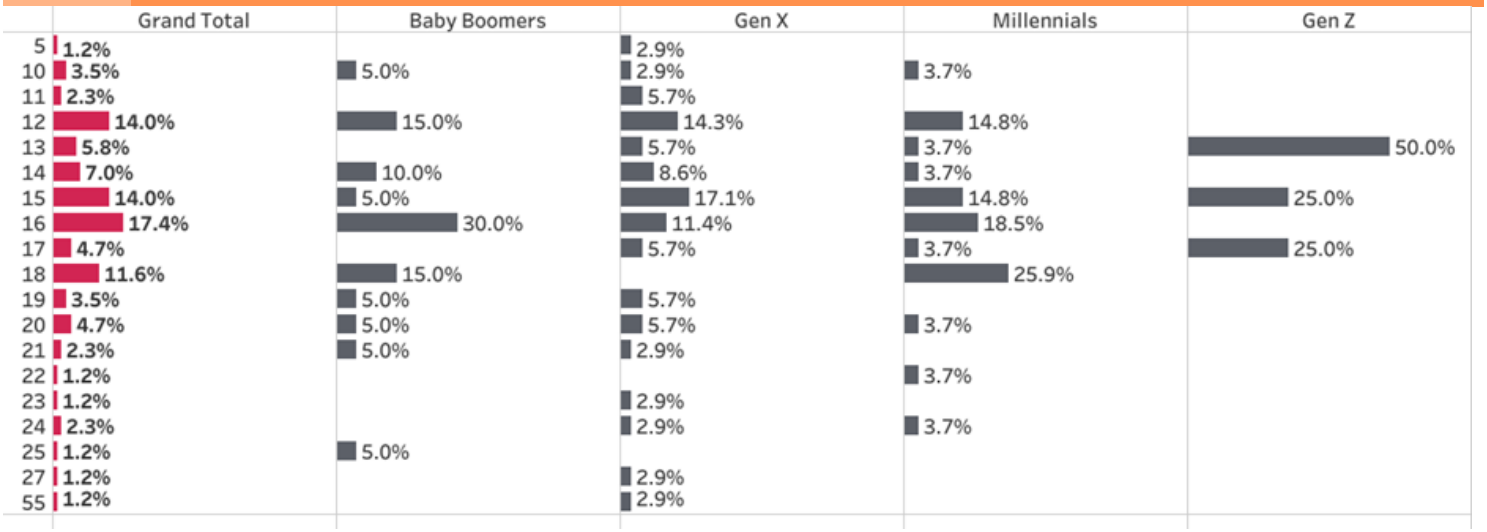
Q.6 Which methods of using tobacco and/or nicotine have you regularly used in the past 12 months? (Select all that apply)



Among those who used tobacco and/or nicotine products in the past 12 months, 52% regularly smoke cigarettes and 35% regularly vape.

E. Substance Use *(cont.)*

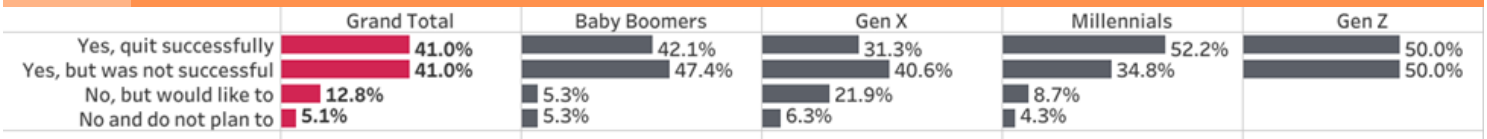
Q.7 How old were you when you first tried a tobacco and/or nicotine product?



Twenty seven percent of tobacco/nicotine users first tried a tobacco and/or nicotine product before they turned 14, while 70% first tried before age 18.

**No people in the Silent Generation age group responded to this question.*

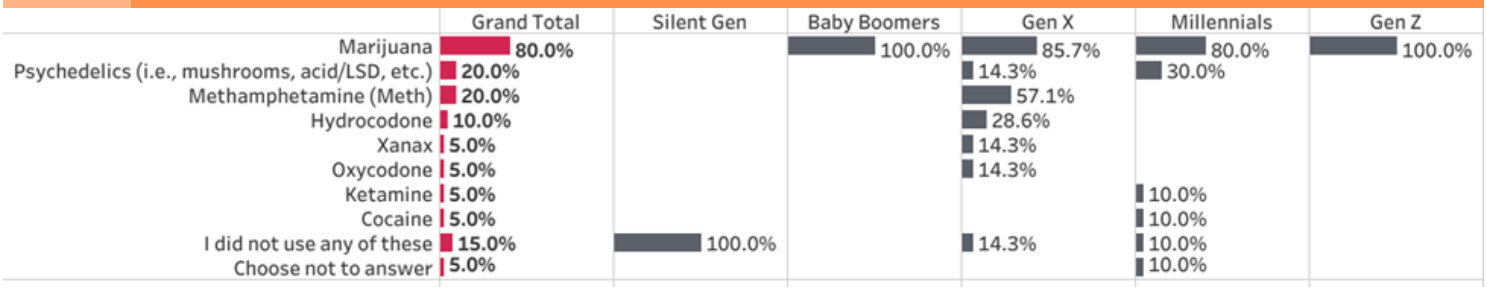
Q.8 Have you ever attempted to quit using tobacco and/or nicotine products?



Thirty seven percent of tobacco and/or nicotine users have attempted to quit but were unsuccessful, while 12% have not attempted to quit but would like to.

E. Substance Use *(cont.)*

Q.9 Which of the following substances have you used in the past 12 months that you were not prescribed? (Select all that apply)



Eighty percent of respondents used marijuana in the last 12 months, while 20% used meth and 20% used psychedelics in the last 12 months. Five percent chose not to answer.

To address drug use, community members recommended more rehabilitation or substance cessation programming.

> ***"Some of the rehabs we have access to in-county are more like sober living environments, but they're not treatment focused, so it gets a little bit difficult because we have to go out-of-county to get treatment, and then bring folks back into the county and try to help them be successful in staying off drugs."*** *- KII participant*

F. Mental Health

While 80% of county residents rate their personal mental health positively, there are community members who struggle with feeling isolated (15%), anxious (8%), depressed or hopeless (5%), or unable to stop worrying (8%). Stigma, barriers to getting care and social isolation can contribute to poor mental health and quality of life.

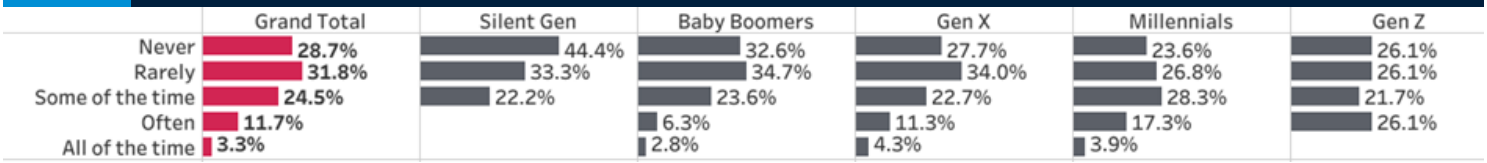
> ***"I would say our greatest health need is for people to look at their relationship with themselves, their immediate circle, and their community, because then you have strength beyond your own capacity...the connection to yourself, to others and understanding that whole process, how it impacts your health." -*** *KII participant*

> ***"I would say our greatest health need is for people to look at their relationship with themselves, their immediate circle, and their community, because then you have strength beyond your own capacity...the connection to yourself, to others and understanding that whole process, how it impacts your health." -*** *KII participant*

F. Mental Health *(cont.)*

> ***"And the commonality that folks have here, it ranges from some of them are recovered and coming back helping one another, but the symptoms are still there, some are better than others. Then, chronic pain is one of the reports, chronic pain and mental illness, it goes hand in hand."*** *- KII participant*

Q.1 How often have you felt isolated or lonely in the past 12 months?

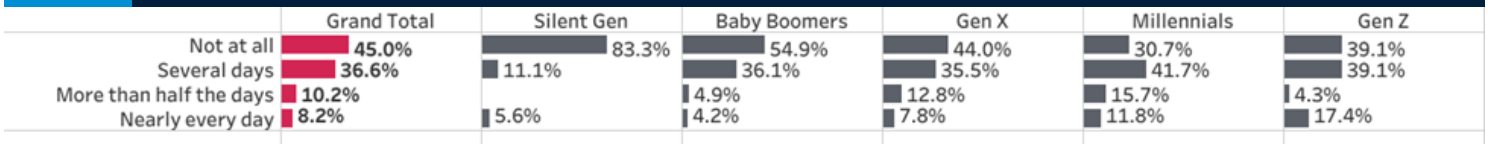


Fifteen percent of people felt lonely or isolated often or all of the time in the past 12 months.

> ***"I would go into the socio or social emotional, that part of it, because I feel isolation is a huge part of this, not just with seniors, but also with families and children who, again, who don't have access to a lot here."***
> ***-*** *KII participant*

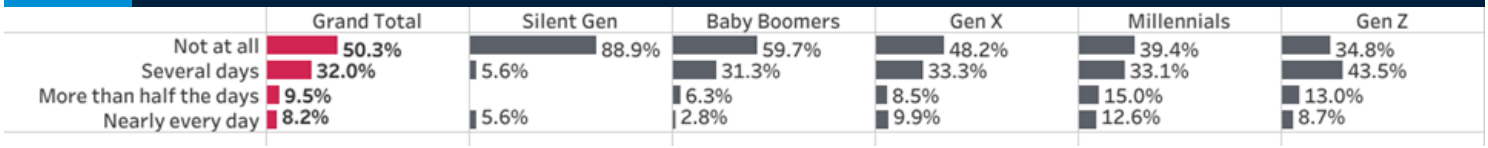
F. Mental Health *(cont.)*

Q.2 How often have you felt nervous, anxious or on edge in the past 12 months?



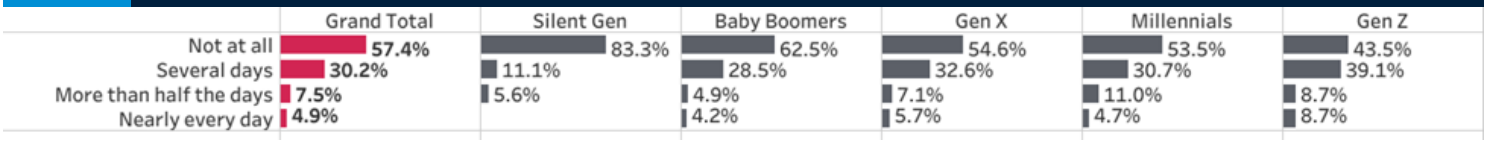
In the last 12 months, 8% have felt nervous, anxious, or on edge almost every day.

Q.3 How often have you felt not being able to stop or control worrying in the past 12 months?



Nearly every day in the last twelve months, 8% were not able to stop or control worrying.

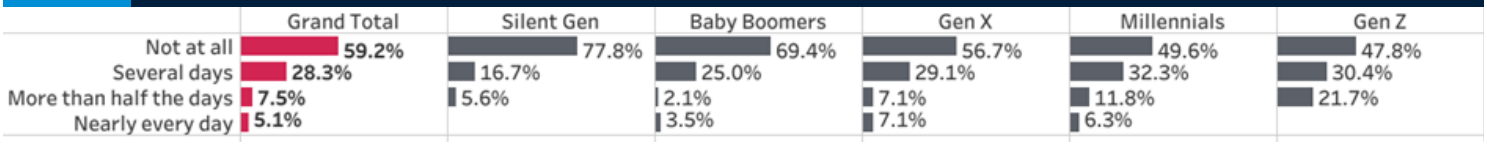
Q.4 How often have you had little interest or pleasure in doing things in the past 12 months?



Five percent had little interest or pleasure in doing things in the last twelve months.

F. Mental Health *(cont.)*

Q.5 How often have you felt down, depressed, or hopeless in the past 12 months?



Nearly every day for the last twelve months, 5% felt down, depressed, or hopeless.

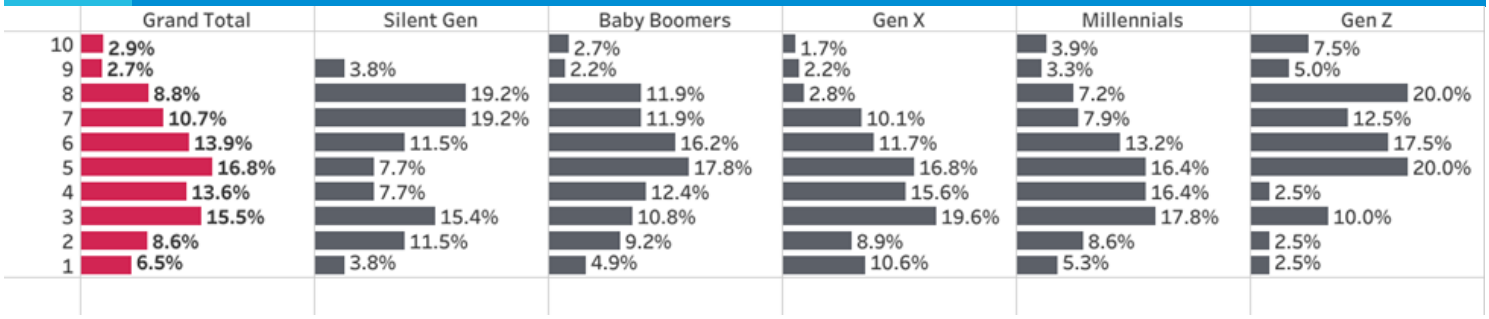
> ***"Then we have a significantly disproportionate number of suicides. More of our people commit suicides than the rest of California. And it's got this really weird demographic associated with it; it tends to be our older population, not our younger population…Yeah, that's a bad sign. A really bad sign."*** *– KII participant*

G. Access and Affordability

While Calaveras County is naturally beautiful, access to health care is seriously limited by several factors, including the cost of care and the need to travel long distances to medical services. Over half of respondents indicated they leave the county for care.

> ***"It's hard to live a healthy life if you're just struggling to make ends meet."*** *- KII participant*

Q.1 How would you rate the overall quality of healthcare in Calaveras County on a scale of 1 to 10?



Most residents (60%) scored the overall quality of local healthcare between 4 and 8 out of 10.

Some people highlighted helpful resources like the Valley Springs Wellness Center, school telehealth services and steady COVID vaccine access. But others raised concerns on a variety of healthcare- related challenges.

G. Access and Affordability (cont.)

Q.2 In the past 12 months, have you or your household had to make a choice between buying nutritious food and other necessities (such as housing, utilities, or medical care) due to lack of money?

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
No, never	39.9%	69.2%	55.2%	33.0%	24.3%	41.0%
Rarely or almost never	21.9%	3.8%	20.2%	20.7%	26.3%	30.8%
Yes, sometimes	23.7%	23.1%	17.5%	24.6%	30.9%	20.5%
Yes, very often	14.5%	3.8%	7.1%	21.8%	18.4%	7.7%

One in three people had to regularly make decisions between buying nutritious food and other necessities in the past 12 months.

For many people living in Calaveras County, access to healthcare is only one obstacle they face in improving or maintaining their health and quality of life. The high cost of food and a limited number of major grocery stores in the county, particularly in remote areas, contribute to some food insecurity.

> ***"So, we're 45 minutes from major grocery stores up here. And inflation and gas prices make that trip difficult for a lot of people. And so we see a lot of individuals, very often seniors, who transportation is difficult for, just buy what they can get locally and that does not include fresh produce."*** *- KII participant*

G. Access and Affordability (cont.)

Q.3 In the past 12 months, what barriers prevented you from accessing healthcare services? (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Distance to care	55.6%	78.6%	51.9%	59.0%	56.1%	42.3%
Cost of care/Lack of health insurance or under-insured	27.5%	7.1%	23.7%	23.9%	35.8%	38.5%
Don't have enough time	24.1%		12.6%	27.6%	33.3%	34.6%
Don't think local healthcare system can take care of my needs	19.9%	35.7%	24.4%	20.9%	16.3%	
Unsure how to access the care I need	12.5%		11.9%	9.7%	17.1%	15.4%
Cost of transportation	11.8%	7.1%	3.0%	20.1%	13.0%	11.5%
Lack of available providers	11.6%	14.3%	13.3%	15.7%	7.3%	
Fear or anxiety about seeking care	9.0%		3.7%	8.2%	13.0%	26.9%
Transportation availability	8.6%	21.4%	6.7%	9.7%	5.7%	19.2%
Mobility/Disability concerns	5.3%	35.7%	8.1%	3.0%	2.4%	
Unsure of what care I need	5.1%	7.1%	6.7%	3.0%	4.9%	7.7%
Privacy/confidentiality concerns	3.2%		3.0%	4.5%	2.4%	3.8%
Concerned what others would think	1.4%		1.5%	0.7%	1.6%	3.8%
Cultural, religious, or personal beliefs barriers	1.2%			0.7%	3.3%	

Distance to needed care is the top barrier which prevented people from accessing healthcare services, followed by cost of care and lack of time in the past 12 months.

> ***"We are in this remote town that's on the edge of the county, and we're on this far side from the kind of larger, more affluent communities and often people up here kind of feel that they're forgotten in terms of services and outreach."*** *- KII participant*

> ***I think the quality of life in Calaveras County rates pretty high: 8-9. But I don't get any health care in Calaveras County. I don't even go to a dentist in Calaveras County. Everything I have to travel to (sic) and that's because of a number of reasons, but I don't think we have enough options."*** *- Valley Springs participant*

G. Access and Affordability *(cont.)*

Furthermore, community members explained how limited public transportation routes and hours, inconvenient location of bus stops, and the price of gas, were additional barriers to accessing care outside the county.

> ***"The limited transportation is definitely one of the barriers...public transportation can only do so much to serve the population...if you weren't familiar with or not comfortable using public transit or sometimes it doesn't run, there aren't a lot of alternatives that I'm aware of. Other than friends and neighbors" –*** *KII participant*

Patient transport services that take patients to out-of-county appointments are vital to community members managing chronic diseases or needing specialty care. While there are transportation services such as Common Ground, Silver Streak, Anthem Medical Transportation, and Calaveras Connect Dial-a-Ride, some of the participants mentioned that all too often transportation services arrive late, or not at all.

> ***"We talk about having all this healthcare, but if you don't have transportation, you have no healthcare."*** *- San Andreas participant*

Barriers related to limited health care and transportation are particularly challenging for the large population of older adults in the county who

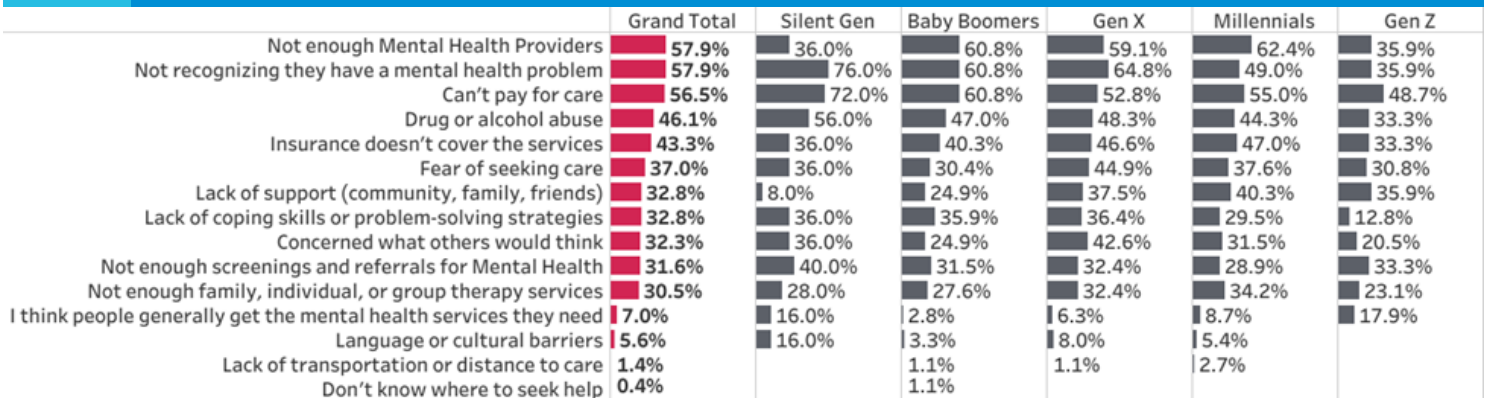
G. Access and Affordability *(cont.)*

may not be able to drive or may have to drive a senior spouse or family member to health care services.

Other healthcare barriers shared by community members included challenges with telehealth care, high costs for services or insurance, limited evening and weekend appointments, medical visits with providers that are often too short, and having insurance that is not contracted with local providers.

> ***"My dentist told me that they were going out of contract with Delta Dental. They also said that 14 other dentists within the county were going out of contract. And if our providers aren't going to take Delta then I don't have any dental care."*** *- Valley Springs participant*

Q.4 What are the top reasons people in Calaveras County do not get the mental health services they need? (Select all that apply)



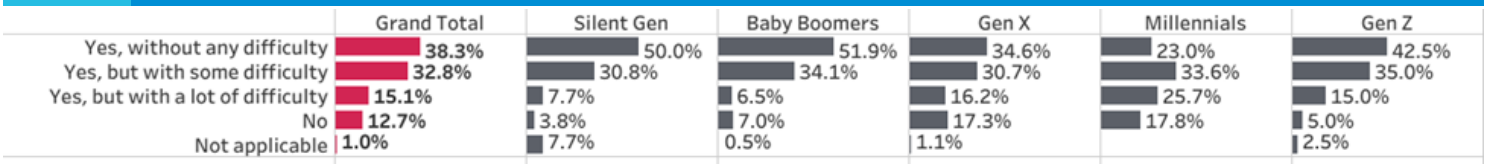
	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Not enough Mental Health Providers	57.9%	36.0%	60.8%	59.1%	62.4%	35.9%
Not recognizing they have a mental health problem	57.9%	76.0%	60.8%	64.8%	49.0%	35.9%
Can't pay for care	56.5%	72.0%	60.8%	52.8%	55.0%	48.7%
Drug or alcohol abuse	46.1%	56.0%	47.0%	48.3%	44.3%	33.3%
Insurance doesn't cover the services	43.3%	36.0%	40.3%	46.6%	47.0%	33.3%
Fear of seeking care	37.0%	36.0%	30.4%	44.9%	37.6%	30.8%
Lack of support (community, family, friends)	32.8%	8.0%	24.9%	37.5%	40.3%	35.9%
Lack of coping skills or problem-solving strategies	32.8%	36.0%	35.9%	36.4%	29.5%	12.8%
Concerned what others would think	32.3%	36.0%	24.9%	42.6%	31.5%	20.5%
Not enough screenings and referrals for Mental Health	31.6%	40.0%	31.5%	32.4%	28.9%	33.3%
Not enough family, individual, or group therapy services	30.5%	28.0%	27.6%	32.4%	34.2%	23.1%
I think people generally get the mental health services they need	7.0%	16.0%	2.8%	6.3%	8.7%	17.9%
Language or cultural barriers	5.6%	16.0%	3.3%	8.0%	5.4%	
Lack of transportation or distance to care	1.4%		1.1%	1.1%	2.7%	
Don't know where to seek help	0.4%		1.1%			

G. Access and Affordability *(cont.)*

Only 7% of respondents believe that people generally get the mental health services they need. Among the top reasons people believe community members don't get the mental health services they need are not enough mental health providers (58%), not recognizing they have a mental health problem (58%), and because they can't pay for care (57%).

> ***"In my clinic, some of our behavioral health is done by what's called an LMFT. That's a licensed marital family therapist. The state will not pay for an LMFT...They'll pay for a social worker, they'll pay for a psychologist, but they won't pay for an LMFT. I would imagine that 40-50% or more of behavioral health in the state is done by LMFTs. But they don't pay for that." -*** *KII participant*

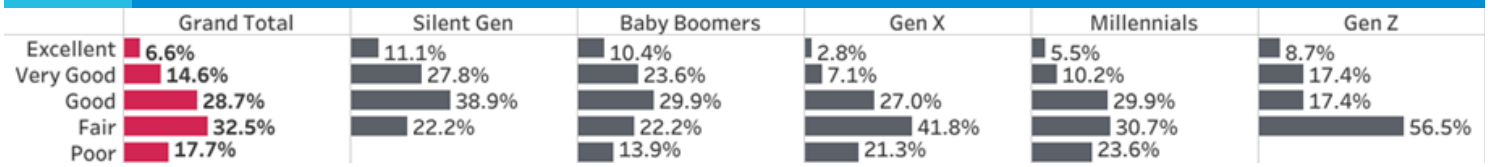
Q.5 Is your household income enough to cover your and/or your household's basic needs?



Most people (61%) experience financial difficulty in covering their household's basic needs.

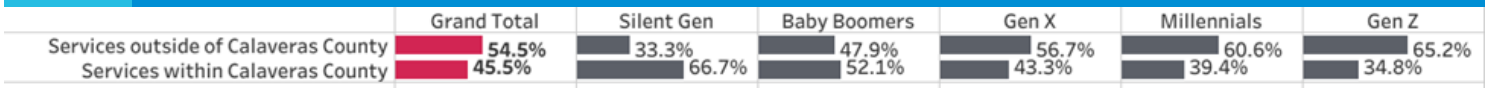
G. Access and Affordability (cont.)

Q.6 How would you rate the availability of affordable healthy food options in your community?



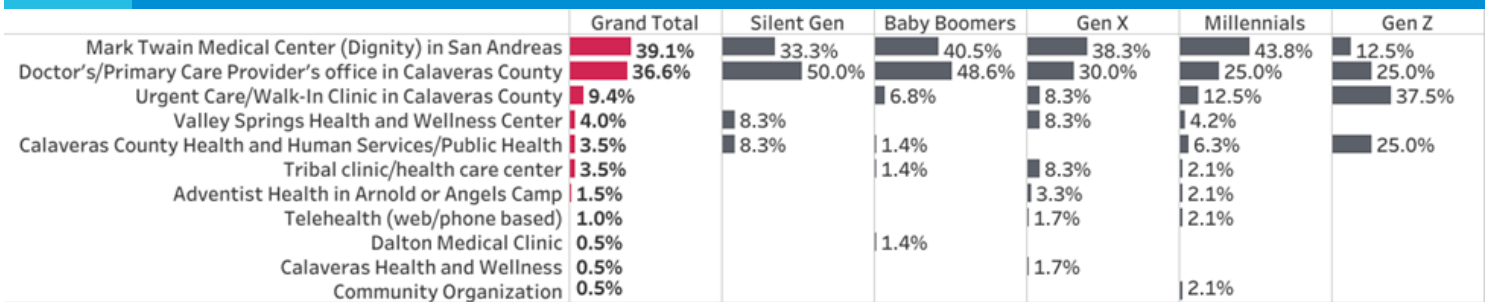
Half the people (50%) rate the availability of affordable food options in the community as less than "good".

Q.7 Where do you mainly go for health care services?



More than half (55%) of respondents go out of county for healthcare services.

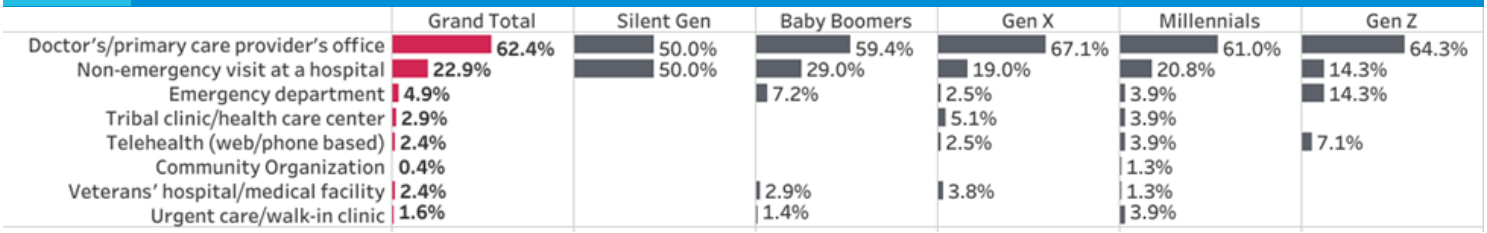
Q.8 Where do you mainly go for health care services within Calaveras County?



G. Access and Affordability (cont.)

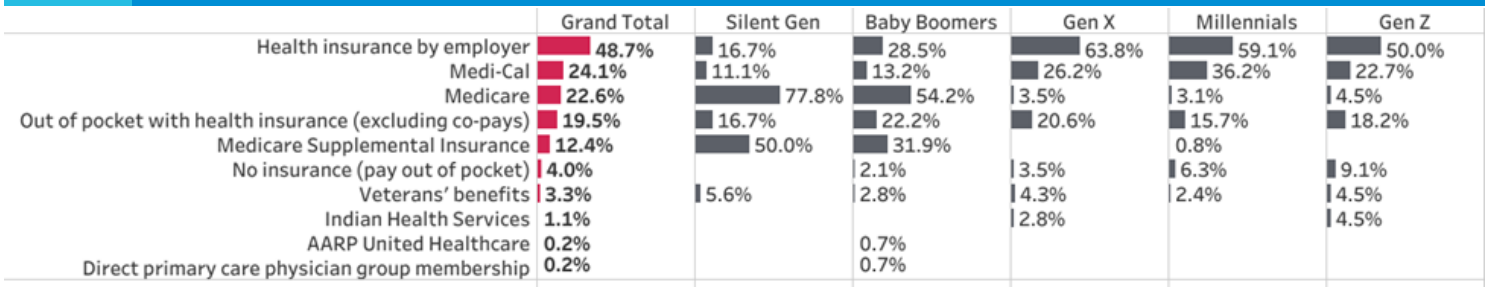
Of the people who use in-county healthcare services, 39% visit Mark Twain Medical Center (Dignity) for non-emergency visits, while 37% go to their primary care or doctors' offices.

Q.9 Where do you mainly go for health care services outside of Calaveras County?



Of the people who use out of county healthcare services, 62% visit their primary care or doctors' offices.

Q.10 How do you pay for health care? (Select all that apply)



Approximately half the people (49%) pay for their healthcare using employer-provided health insurance, while 24% use Medi-Cal, and 23% use Medicare.

G. Access and Affordability *(cont.)*

> ***"We have too common in this community acceptance of insurance as health care...I see people going by default with 'What does my insurance cover? If my insurance doesn't cover it, I'm not going to do it' versus 'What does my doctor recommend?'"*** *– KII participant*

Q. 11 In the past 12 months, have you had any of the following problems because of the cost of healthcare? (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
Did not have any problems	58.3%	72.2%	69.5%	57.2%	45.2%	56.5%
Skipped a medical test or treatment recommended by a doctor	30.9%	11.1%	22.0%	29.7%	45.2%	30.4%
Did not see a specialist when a doctor or I thought I needed to	18.6%	11.1%	12.8%	18.1%	27.8%	13.0%
Did not fill a prescription or skipped doses of medicine	13.5%	11.1%	11.3%	14.5%	15.1%	13.0%

In the past 12 months, the cost of healthcare caused 63% of respondents to skip a medical test, treatment, fill a prescription, or follow a doctor's recommendation to see a specialist.

Q. 12 Which of the following health related providers do you need to see, but have difficulty accessing? (Select all that apply)

	Grand Total	Silent Gen	Baby Boomers	Gen X	Millennials	Gen Z
I do not have difficulty accessing any provid..	35.9%	76.5%	44.7%	27.3%	27.6%	50.0%
General health care provider	31.4%	11.8%	21.3%	39.6%	37.8%	22.7%
Specialist health care provider	30.9%	17.6%	29.8%	36.0%	31.5%	13.6%
Dentist	25.8%	17.6%	18.4%	30.2%	31.5%	18.2%
Mental health care provider	21.3%		12.1%	18.7%	33.9%	40.9%
Optometrist	11.9%	5.9%	9.2%	12.9%	16.5%	
Physical Therapist	9.2%		8.5%	9.4%	11.8%	4.5%
Pediatrician	7.8%			11.5%	14.2%	4.5%
Pharmacist	6.1%	5.9%	5.7%	7.2%	5.5%	4.5%
Behavioral health care provider	4.5%		4.3%	2.9%	5.5%	13.6%
Occupational Therapist	2.2%			4.3%	2.4%	4.5%
Obstetrics & Gynecology	0.9%		0.7%		2.4%	
Chiropractor	0.9%			2.2%	0.8%	

G. Access and Affordability (cont.)

Most people (64%) have difficulty accessing a health-related provider they need. Of these providers, general health care providers (31%), specialist health care providers (31%), and dentists (26%) topped the list for being the most commonly difficult to access.

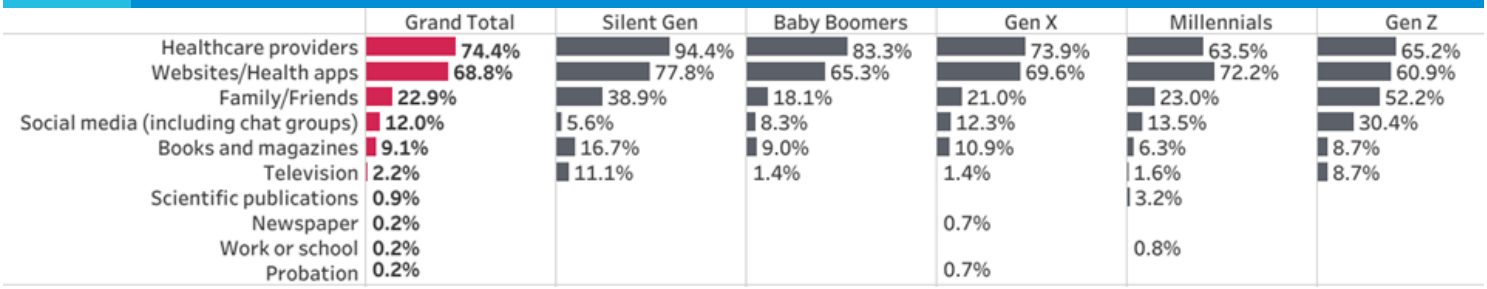
Residents mentioned a need for broader health care reform, at the state or national level, to address systemic barriers to healthcare.

> ***"I noticed that people get frustrated with trying to get through that [MediCal] system. It's anything, it's paperwork, it's things like that. It's a barrier for them. If you've got to fill out a MediCal application, it becomes so overwhelming that you just don't do it"*** *- KII participant*

> ***"Just as an example, Resource Connection has the only one for domestic violence [cases], which needs housing. Clearly, you cannot get to the root causes of domestic violence and families out of that dynamic in 30 days, and their funding is only for 30 days, which pretty much ensures that the person just doesn't get murdered when the crisis is happening, or hurt...We are, in my belief, right now as a state and a nation, putting too much money to crisis, and not enough money to long-term solutions...It costs money and it takes time to get people built up for resiliency."*** *- KII participant*

G. Access and Affordability (cont.)

Q. 13 What are your main sources for health-related information (Select all that apply)



Seventy four percent of people use healthcare providers as their main source of health-related information, followed by websites/health apps (69%) and family/friends (23%).

Assets mentioned by participants that promote efficient communication in the county included community Facebook pages and public access TV. To promote effective and efficient communication among county residents, community members expressed a need for a centralized communication system for events, meetings, and other important announcements. In addition, they identified limited access to electronic devices and the internet due to the high cost and or spotty reception in more remote communities like West Point, limited tech literacy, and a lack of awareness of available resources were identified as the barriers to efficient communication within the county.

Conclusion

The CHA collected robust quantitative and qualitative data from county residents and stakeholders to develop a comprehensive understanding of health status, behaviors, perceptions, and barriers.

Key health indicators show mixed results - while a majority of residents rate personal health positively, significant portions manage chronic physical and mental health conditions that contribute to poor outcomes. Further, behavioral risk factors like inadequate nutrition, physical inactivity, substance use, and smoking threaten long term wellness.

Access challenges persist with availability, affordability, distance, and transportation frequently forcing residents out-of-county for needed care while coverage gaps compound financial strains. These access barriers intersect with priority social determinants like housing instability and food insecurity.

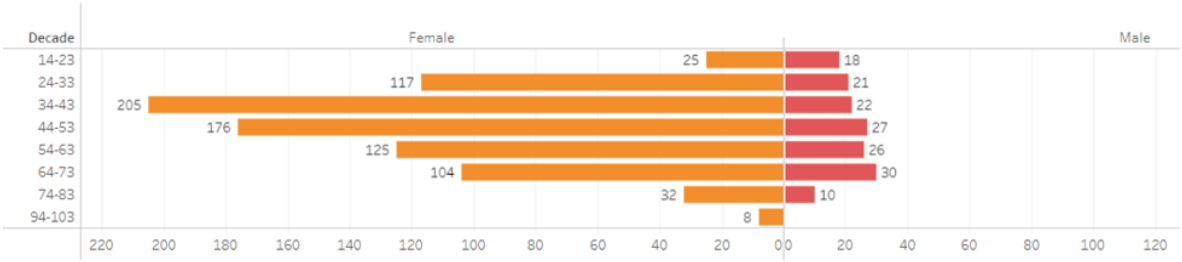
Community members demand improving of health behavior supports locally, addressing mental health and addiction through compassionate evidence-based interventions, recruiting and incentivizing providers to eliminate shortages, and modernizing infrastructure and policies that widen access.

Limitations

Assessments like these often have certain limitations which must be kept in mind when interpreting and generalizing the findings.
We relied on non-probabilistic convenience sampling methods, introducing potential selection bias. Groups facing participation barriers, such as homebound residents, those lacking digital access, the visually impaired, or those without transportation, may be underrepresented.

Conclusion *(cont.)*

This is evident in the disproportionately high 79% female response rate, likely influenced by recruitment lists and networks that favored connected subsets like county employees, unlike the county's 50/50 gender balance. This raises concerns about the generalizability of findings to the entire population. We aimed to get the largest sample size possible and as a result, were not able to ensure a highly representative sample.



The current sample size of 582 completed questionnaires, while valuable, constitutes less than 2% of the county's population aged 14+. This limits the ability to extrapolate findings to the broader population without first accounting for potential biases. Additionally, despite efforts to provide translations and target outreach, direct declinations and factors like public unawareness and language barriers may have left out health perspectives.

The CHA survey questionnaire design utilized diverse formats, including Likert scales, multiple choice options of varying types, and open-ended answers, preventing the use of margin-of-error estimations. Self-reported data, while insightful, is susceptible to biases like recall errors over extended periods and social desirability biases, leading to underreporting of undesirable behaviors. Findings, therefore, should be interpreted as perceptual indicators, not absolute factual representations across all groups. For example, 24% reporting routine

Conclusion *(cont.)*

binge drinking could reflect underestimation due to social desirability. Accurately recalling healthcare utilization over multi-year periods can also be difficult for many.

While the participant recruitment plans for Focus groups included Spanish-speaking adults and youth 14 years of age or older with consent from a parent/guardian, no Spanish-speaking adults registered. Additionally, nearly all focus group participants, except for two youths, were aged 61+.

Despite these limitations, the CHA garnered valuable insights from residents invested in their county. These insights, while nuanced by limitations inherent to exploratory health surveys, provide a crucial foundation. Future iterations should address these limitations by employing probability sampling for enhanced representation and generalizability, increasing sample size to strengthen statistical power and reduce margin-of-error, utilizing diverse data sources beyond self-reports for corroboration and triangulation, and implementing measures to minimize recall bias and social desirability tendencies. Inter-rater checks, reliability statistics, mitigations addressing recall biases and social desirability distortions can also improve the quality of the results.

Next Steps

The CHA is the first step in a five-step process that involves collecting data, organizing partners, prioritizing needs, developing a community health improvement plan (CHIP), and implementing the CHIP. Information from the CHA will be used by the Healthy Calaveras Collaborative to develop the community health improvement plan.

This group will be made up of local partners, community organizations, medical providers, and community members from all backgrounds. We want to make sure that the community's voices and what's important to them are the main focus. We'll talk openly, plan together, and solve problems in creative ways.

Everyone in the community has a fair chance at being healthy, and that means we will focus on improving important health issues we found in the CHA. Healthy Calaveras Collaborative meetings will take place in different parts of the community starting in February 2024.

To get involved in the C-CHIP, please contact Calaveras County Public Health at ccphmc@calaverascounty.gov or call 209-754-6460.

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Glossary

Community Health Assessment (CHA): A systematic process of collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve population health. It is critical for identifying health needs and issues.

Focus group: A small, curated discussion gathering a specific demographic segment to explore attitudes, perceptions, and beliefs through free-flowing facilitated dialogue.

Food insecurity: Occurs when an individual or household is not able to reliably access or purchase high-quality food that will meet their basic nutritional needs, forcing difficult trade-offs with consequences.

Health Indicator: A numeric measurement that reflects the state of health of a population or environment. Examples include rates of disease, infection, death, social factors like unemployment, environmental factors like air/water quality, and availability of healthcare.

Health Inequities: Systematic differences in health status and mortality rates across population groups arising from preventable, unfair, or remediable differences in access to health resources and other life essentials.

Incidence Rate: The number of new cases of a condition during a period of time in a population at risk for developing the condition. Incidence rate is used to estimate disease burden.

Intervention: A program, service, policy, or other action supported by evidence aimed at changing a health behavior, improving health,

Glossary *(cont.)*

reducing disease, or addressing health disparities.

Key Informant: Subject matter experts possessing valuable insights on community health needs and issues through close familiarity assisting vulnerable groups in professional occupations.

Margin of error: In surveys, margin of error refers to the potential difference between any reported percentage statistic from the sampled respondents versus what the true population parameter would be within a stated confidence level. For example, a 1% margin of error means that the reported percentage could be 1% more or less than the actual percentage.

Morbidity: Levels of illness or disease leading to health outcomes less severe than death captured through incidence and prevalence measures.

Mortality: Death as a health outcome among a population often quantified through metrics like all-cause mortality rates or condition-specific mortality rates.

Non-probabilistic sampling: Any non-random sampling technique based on availability and self-selection rather than statistical probability methods that ensure demographic groups are proportionately represented. For example, if a community has a 4% Hispanic population, 4% of the study participants would be Hispanic.

Population: The entire group of people eligible for inclusion within a study. For the CHA, the target population is all Calaveras County residents aged 14 years and older.

Poverty (living in): Person or households whose annual income level falls below poverty thresholds set by the United States Census Bureau based on factors like household size and composition.

Glossary *(cont.)*

Primary data: Information collected expressly by the research team through instruments like focus group guides, surveys and interview protocols tailored to study aims.

Priority population: Specific identifiable segments demonstrably experiencing elevated health needs and/or more substantial barriers accessing services based on environmental, genetic, or structural factors.

Morbidity: Levels of illness or disease leading to health outcomes less severe than death captured through incidence and prevalence measures.

Mortality: Death as a health outcome among a population often quantified through metrics like all-cause mortality rates or condition-specific mortality rates.

Qualitative data: Textual outputs capturing concepts abstracted from participant sentiments, beliefs, attitudes, perceptions, and meanings through avenues like open-ended comments, interviews, and group discussions.

Quantitative data: Information classifications allowing numeric measurement, comparison, and statistical analysis such as percentages, ratios, or incidence rates.

Secondary data: Pre-existing information derived from external sources like government agencies or prior studies subsequently integrated to supplement primary data gathering as supporting contextual evidence.

Social Determinants of Health: The contexts in which people live, work,

Glossary *(cont.)*

and play that drive wide-ranging differences in health status due to factors like socioeconomics, education, housing, and access.

Socioeconomic factors: Combined measures capturing an individual's or population group's economic and social position relative to others using linked indicators like occupation, income, education level attained and neighborhood poverty context.

Appendix

Key Informant Interview Findings

NOTE: Responses for Questions 1, 2 and 9 are summarized. Responses for Questions 3 through 8 and 10 through 12 are presented as themes in a table format, with the top five themes identified.

Question 1: Please tell me a little about your current role and the organization you work for.
KIs' organizations provide a wide range of services for county residents, from financial assistance (e.g. CalFRESH food cards, housing assistance, MediCal enrollment) to medical care, support and referrals for job training, mental illness and substance abuse, and providing free meals and educational programs for community members.

While KIs' organizations strive to serve anyone who lives in Calaveras County, individual programs and/or services often have eligibility requirements (most typically income, age, and/or having a mental, behavioral, physical, or developmental condition) that determine whether an individual can receive services. Assessing program eligibility is a complex process, particularly for individuals seeking multiple services.

Question 2: What (geographic) communities do you work in? Can you describe the population you serve (demographics, age, including socio-economic characteristics)?
Many of the KI's organizations have a main office in San Andreas, but several KI organizations expand the reach of their services by Staffing outstations located in more remote areas of the county, and by having staff meet with clients at their homes or other prearranged locations. (In addition, the County runs a Peer Wellness Center (PWC) in San Andreas,

where individuals with mental or emotional issues can seek support from peers. The PWC offers group activities, as well as education on nutrition and wellness.)

KIs infrequently referred to specific races or ethnicity when talking about populations they served:

- One KI said Miwok and Native Americans made up about 10% of the people they serve.
- One KIs mentioned having "some", another "quite a few", Spanish speaking clients.
- One KI described the population in the west part of Calaveras County (where organization is located) as "17% Hispanic".
- One KI stated they "often have multi-race children" they serve, but majority of clients are "...Mimicking what is in the County, they do tend to be Caucasian".
- Two KIs described their populations as "predominantly white", "usually ethnically white".

For KII questions 3 through 8 and 10 through 12, responses grouped into the "Medical" theme included those mentioning dental, in-home care, and physical, speech and development therapy services and/or providers. Although mental and behavioral health issues are medical, "Mental Health" and "Behavioral Health" are identified as separate themes primarily because KIs identified and named them specifically in response to questions (several KIs work for organizations providing mental or behavioral health services).

Question 3: What are the top three needs requested by people you serve/patients/clients?

For identifying the top three needs of community members, the five top themes were: medical; housing; mental health; transportation; and

behavioral health.

Theme	Number of Responses	% of Total Responses	Top 5 Themes
Medical	14	21.5%	70.8%
Housing	10	15.4%	
Mental Health	8	12.3%	
Transportation	8	12.3%	
Behavioral Health	6	9.2%	
Childcare	4	6.2%	
Inadequate Social Connection	3	4.6%	
Library Services	3	4.6%	
Employment	2	3.1%	
Food	2	3.1%	
Prescriptions	2	3.1%	
Technology	2	3.1%	
Inadequate Activities	1	1.5%	
Total	**65**	100.0%	

Question 4: What health and health-related issues are the people you serve/patients/clients experiencing?

Medical, behavioral health, mental health, housing, and food were the top five themes identified in community member responses.

Appendix *(cont.)*

Theme	Number of Responses	% of Total Responses	Top 5 Themes
Medical	50	51.0%	
Behavioral Health	14	14.3%	
Mental Health	13	13.3%	90.8%
Housing	8	8.2%	
Food	4	4.1%	
Transportation	3	3.1%	
Inadequate Social Connection	2	2.0%	
Prescriptions	1	1.0%	
Employment	1	1.0%	
Technology	1	1.0%	
Lack knowledge	1	1.0%	
Total	**98**	100.0%	

The large number of responses under the "Medical" theme is the result of KIs naming individual diseases (i.e. diabetes) and providing more general responses (lack of providers).

Question 5: What are the biggest barriers to addressing health and health-related issues for people you serve/patients/clients?
Barriers mentioned in the top five themes were medical; institutional/systemic; transportation; mental health; and housing.

Appendix *(cont.)*

Theme	Number of Responses	% of Total Responses	Top 5 Themes
Medical	15	21.1%	76.1%
Institutional/Systemic	12	16.9%	
Transportation	11	15.5%	
Mental Health	9	12.7%	
Housing	7	9.9%	
Lack knowledge/awareness	5	7.0%	
Behavioral Health	3	4.2%	
Employment	3	4.2%	
Prescriptions	2	2.8%	
Technology	2	2.8%	
Food	1	1.4%	
Lack information	1	1.4%	
Total	**71**	100.0%	

The “Institutional/Systemic” theme identified in this and other question responses includes practices, policies, and regulations that may be internal or external (i.e. state agency directives, federal regulations) to an organization.

Question 6: Which health and health-related needs do you believe are the most important to address among the people you serve/patients/clients?

For health and health-related needs, medical, mental health, behavioral health, housing, and food were the top five themes identified as being the most important needs to address.

Appendix *(cont.)*

Theme	Number of Responses	% of Total Responses	Top 5 Themes
Medical	17	24.3%	75.7%
Mental Health	11	15.7%	
Behavioral Health	11	15.7%	
Housing	8	11.4%	
Food	6	8.6%	
Education	6	8.6%	
Transportation	3	4.3%	
Prescriptions	2	2.9%	
Institutional/Systemic	2	2.9%	
Employment	2	2.9%	
Childcare	1	1.4%	
Inadequate Social Connection	1	1.4%	
Total	**70**	100.0%	

Question 7: What are some of the biggest barriers your organization faces in trying to do your work in the community?

For Question 7, institutional/systemic, internal, external, mental health and behavioral health were the top five themes for the biggest barriers organizations face in trying to work in the community.

Theme	Number of Responses	% of Total Responses	Top 5 Themes
Institutional/Systemic	17	34.7%	83.7%
Internal	13	26.5%	
External	5	10.2%	
Mental Health	3	6.1%	
Behavioral Health	3	6.1%	
Transportation	3	6.1%	
Medical	2	4.1%	
Housing	2	4.1%	
Other Health Issues	1	2.0%	
Total	**49**	100.0%	

In addition to the "Institutional/Systemic" theme, some barriers mentioned were identified as "Internal" and "External" to a KI's organization. These were barriers that can be distinguished from the larger "Institutional/Systemic" barriers KIs had in common. For example, "Internal" referred to issues that were unique to a particular organization (candidates failing to pass required drug tests); "External" barriers included issues related to client family or community dynamics.

Question 8: What specific actions, programs, policies, or funding priorities do you think would contribute to better health and quality of life for the people you serve/patients/clients?

The top five themes for specific actions, programs, policies, or funding priorities that could contribute to better health and quality of life for community members were: institutional/systemic, medical, mental health, behavioral health, and housing.

Theme	Number of Responses	% of Total Responses	Top 5 Themes
Institutional/Systemic	25	42.4%	
Medical	11	18.6%	
Mental Health	8	13.6%	91.5%
Behavioral Health	5	8.5%	
Housing	5	8.5%	
Community Services	3	5.1%	
Prescriptions	1	1.7%	
Transportation	1	1.7%	
Total	**59**	100.0%	

Question 9: In general, how would you rate the overall health and quality of life in Calaveras County?

Question 9 did not provide a ranking scale, so KI responses were a mix of both numeric rankings and descriptive words. Numeric rankings ranged from 1 to 8 (on a scale of 10). Some respondents reported being content and happy in Calaveras County, but there was a general sentiment that the county's health and quality of life have been deteriorating due to factors such as population increase, limited resources, and lack of services. Overall, there seems to be a range of opinions on the health and quality of life in the county, but common themes include concerns about access to healthcare, substance abuse, and lack of support for overall well-being.

Question 10: What are the two or three most important assets in the county that contribute to better health and quality of life for all Calaveras residents?

The top five themes for community assets that contribute to better health and quality of life for all Calaveras residents were: small town/community character; community organizations; nature; rural living, and outdoor recreation.

Theme	Number of Responses	% of Total Responses	Top 5 Themes
Small Town/Community	17	28.3%	91.7%
Organizations	15	25.0%	
Nature	8	13.3%	
Rural Living	8	13.3%	
Outdoor recreation	7	11.7%	
Community	2	3.3%	
Community awareness	1	1.7%	
Medical	1	1.7%	
Transportation	1	1.7%	
Total	**60**	100.0%	

Question 11: In your opinion, what are the two or three most significant issues or challenges that negatively affect health and quality of life for all Calaveras residents?

For significant issues or challenges that negatively affect the health and quality of life for all Calaveras residents, the top five themes were housing, medical, community, mental health, and transportation.

Theme	Number of Responses	% of Total Responses	Top 5 Themes
Housing	21	29.2%	76.4%
Medical	10	13.9%	
Community	9	12.5%	
Mental Health	9	12.5%	
Transportation	6	8.3%	
Behavioral Health	5	6.9%	
Institutional/Systemic	5	6.9%	
Employment	3	4.2%	
Technology	2	2.8%	
Education	1	1.4%	
Prescriptions	1	1.4%	
Total	**72**	100.0%	

As a theme for this question, negative community conditions included lack of places and opportunities to connect with other community members.

Responses to Question 12: What specific actions, programs, policies, or funding priorities do you think would contribute to better health and quality of life for all Calaveras County residents?

KIs provided several different solutions for improving the health and quality of life for all people who live in Calaveras County. The top five suggested themes included changes in institutional or larger systems

(often related to types of funding that needs to be prioritized and lessening the restrictions placed on how funds can be used); and working to improve housing, and medical, community and behavioral health services and access to services.

Theme	Number of Responses	% of Total Responses	Top 5 Themes
Institutional/Systemic	18	25.7%	
Housing	11	15.7%	
Medical	11	15.7%	74.3%
Community Services	7	10.0%	
Behavioral Health	5	7.1%	
Economy	3	4.3%	
Education	3	4.3%	
Recreation	3	4.3%	
Food	2	2.9%	
Mental Health	2	2.9%	
Prescriptions	2	2.9%	
Employment	1	1.4%	
Technology	1	1.4%	
Transportation	1	1.4%	
Total	**70**	100.0%	

Focus Group Findings

Table 1: Community Assets

Responses to Question 2: What are the top two or three assets or strengths in your community that help people be healthy?

Theme	Number of Responses	% of total Responses	Top 5 Themes
Youth	18	16.4%	66.4%
Community Services	17	15.5%	
Health Care	14	12.7%	
Recreation	13	11.8%	
Community Characteristics	11	10.0%	
Food Security	9	8.2%	
Transportation	9	8.2%	
Housing	6	5.5%	
Public Safety	6	5.5%	
Seniors	3	2.7%	
Communication/Technology	3	2.7%	
Drugs	1	0.9%	
Total	**110**	**100%**	

Table 2. Health-Related Community Needs

Responses to Question 3: What are two or three of the **most important health-related needs?**

Theme	Number of Responses	% of total Responses	Top 5 Themes
Health care	19	31.7%	86.7%
Youth	13	21.7%	
Transportation	8	13.3%	
Seniors	6	10.0%	
Communication/Technology	6	10.0%	
Housing	5	8.3%	
Food security	2	3.3%	
Public Safety	1	1.7%	
Total	61	100%	

Table 3. Barriers to Addressing Health-Related Needs

Responses to Question 4: What are the **barriers** to addressing health-related needs?

Theme	Number of Responses	% of total Responses	Top 5 Themes
Health Care	31	37.8%	81.7%
Transportation	16	19.5%	
Food Security	9	10.9%	
Youth	6	7.3%	
Communication/Technology	5	6.1%	
Public Safety	4	4.9%	
Drugs	3	3.7%	
Community Services	3	3.7%	
Housing	3	3.7%	
Employment	2	2.4%	
Total	**82**	**100%**	

Table 4. Policy Recommendations to Support Better Health

Responses to Question 5: What **policies or programs** would contribute to better health or a better quality of life in your community?

Theme	Number of Responses	% of total Responses	Top 5 Themes
Health Care	10	40.0%	92%
Transportation	6	24.0%	
Drugs	3	12.0%	
Recreation	2	8.0%	
Youth	2	8.0%	
Housing	1	4.0%	
Food Security	1	4.0%	
Total	**25**	**100%**	

Respondents' Health & Quality of Life

Focus group participants were asked to rate the overall health and quality of life in their community on a scale of 1 to 10, with 10 being the highest and 1 being the lowest possible rating. As noted in the graphics below, participants gave a higher rating to the overall quality of life in Calaveras County. Overall Health Average = 5.4 vs Quality of Life Average = 6.7

Community members expressed praise and appreciation for many youth-focused assets throughout Calaveras County, such as Court Appointed Special Advocates (CASA) which supports foster youth, and The Resource Connection's "Calaveras Children's Advocacy Center" which provides counseling and legal resources for youth.

Community members expressed high regard for the County's eight library branches because of their dedicated librarians, library summer reading programs that include meals for youth, a new bookmobile that serves small communities with limited library access such as Jenny Lind and Railroad Flat, and an adult literacy program. They also considered the Blue Mountain Coalition for Youth and Families (BMCYF) and its community center in West Point, the eleven 4-H clubs in the county, and the many opportunities provided by schools to involve youth in sports and student clubs as important community assets.

Focus group participants also acknowledged community services offered by local churches such as food pantries, the BMCYF community center with its twice-a-week free hot meals, the Rotary Club support for Meals on Wheels, business groups, a community band, the Calaveras Youth Mentoring Program, animal services, WIC programming, the Red Cross Volunteer Center, and Sierra Hope.

> ***"The local Rotary Club just got enough money raised to add an extra day of food for Meals on Wheels"*** *– Murphys FGD participant*

For health care, community members were grateful to have the Valley Springs Wellness Center, telehealth care in schools, weekly access to the COVID-19 vaccine during the pandemic, the mobile dental van, cancer infusion center, dentists, veteran health benefits, Dignity Health's Mark Twain Medical Center in San Andreas, the Copperopolis Clinic, and Valley Springs behavioral health.

> ***"I do think the Wellness Center is a really big asset and now we have a lot of dentist choices, although maybe not for Medi-Cal."*** *- Valley Springs FGD participant*

Recreation opportunities and a healthy natural environment were other assets for which community members were thankful. Opportunities mentioned included gyms, lakes, pools, trails, large local parks, clean air, open spaces, the national forest, and state parks. Community members identified several characteristics of their community and the people who live there that were also assets: an appreciation for animals, and the neighborly nature of community members that creates friends who "look out for one another."

Assets providing access to food included meals provided by community centers, food pantries, and Meals on Wheels. The Valley Spring Farmers

Market and Grocery Outlet were also identified as assets for food access. Related to transportation, the Calaveras Connect Dial-a-Ride curb-to-curb services, and Silver Streak Common Ground were identified as valuable resources.

> ***"You know, for transportation, there's Dial-A-Ride. As long as you are on the call route, they will pick you up anywhere along the route and take you to another part of the county."*** *- - West Point FGD participant*

For housing, assets included the Murphy Senior Apartments, Housing Resources Partnership, Habitat for Humanity's affordable housing, and the relatively lower cost of property compared to other counties. Assets for older community members included the senior center, senior technology classes provided by the local TV station, and Hospice of Amador and Calaveras Counties.

Assets promoting efficient communication in the county included community Facebook pages and public access TV. Firefighters, Red Cross San Andreas, and a helicopter pad for emergency response were identified as assets that enhance public safety in Calaveras County. Another recognized asset was the county mental health services available to community members.

The most commonly reported health-related need identified by focus group participants was for more health care services, especially more providers and health care specialists. For example, they noted that there are no dialysis or birthing services within the county.

> ***"You can't have a baby in this county. There's no birthing unit at the hospital... and there hasn't been one for quite some time."*** *– Murphys FGD participant*

The lack of providers and limited specialty care often force residents to travel to Stockton, Lodi, Modesto, or Sonora for such care.

> ***"I think the quality of life in Calaveras County rates pretty high: 8-9. But I don't get any health care in Calaveras County. I don't even go to a dentist in Calaveras County. Everything I have to travel to (sic) and that's because of a number of reasons, but I don't think we have enough options."*** *- Valley Springs FGD participant*

Related to youth, community members expressed a need for youth mental and behavioral health services, particularly for youth in the county who have experienced drug or alcohol-related difficulties in their family, abuse, homelessness, food insecurity, or neglect.

> ***"I have experienced in the last year, three kids who saw their fathers being arrested in front of them and now struggle really hard in school... and don't have much support because they're one remaining parent is just working so much, they hardly see them and they have to have someone else walk them home from school. The struggle for kids up here is real because the drug problem is real and a lot of the dads end up getting removed from the home or leaving the home."*** *- West Point FGD participant*

Other needs related to youth included having more parks, community gardens, child care, and expanded vocational trade programs.

> ***"We don't have any county parks here and we have been talking about building one...but we have yet to understand if we're going to be able to secure a space for a park."*** *- San Andreas FGD participant*

Another highly reported need was for additional sidewalks to improve walkability, particularly along major highways to allow for safe walking or biking.

> ***"The actual quality of living here is wonderful. The downside I would say is the lack of walkability, you have to drive everywhere to do anything. I'd like to just walk to the store but there's no pedestrian path and there's an awful lot of people on scooters and wheelchairs that could get themselves where they want to go if we just had the sidewalks."*** *- Valley Springs FGD participant*

Due to the high population of older adults within Calaveras County, community members also stated the need for elder care, assisted or senior living communities, or in-home care for seniors. To promote effective and efficient communication among county residents, community members expressed a need for a centralized communication system for events, meetings, and other important announcements. In addition, they expressed concern for the high cost of internet services and spotty reception in higher elevation communities such as West Point. Affordable housing, access to affordable and healthy fresh produce, as well as expanded EMS services, particularly in remote places such as West Point, were also identified as needs.

Community members identified multiple barriers in the county to addressing their health-related needs. The most common barriers reported were related to health care access and the limited or unavailable health services in their local area including Emergency Rooms, Urgent Care services, Cardiology, Dialysis, Orthopedics, and advanced Laboratory Services.

Other barriers that limited access to care included health services entities not being able to recruit and retain health care providers, particularly specialists, due to higher pay outside of the county, lack of local housing for health care providers, lack of jobs for non-healthcare spouses, and retiring primary care providers. High turnover of physicians has resulted in a loss of continuity of care and respondents said they often must wait weeks for an appointment.

As noted earlier, the limited number of primary care providers and specialists such as neurologists often force residents to travel out of the area for health care. Participants expressed concern for the extended time it takes to access these distant services.

While there are transportation services such as Common Ground, Silver Streak, Anthem Medical Transportation, and Calaveras Connect Dial-a-Ride some of the participants noted that all too often transportation services arrive late, or not at all. As one person mentioned:

> ***"We talk about having all this healthcare, but if you don't have transportation, you have no healthcare."*** *- San Andreas FGD participant*

Furthermore, community members explained how limited public transportation routes and hours, inconvenient location of bus stops, and the price of gas, were additional barriers to accessing care outside the county.

Barriers related to limited health care and transportation are particularly

challenging for the large population of older adults in the county who may not be able to drive or may have to drive a senior spouse or family member to health care services.

Other healthcare barriers shared by community members included challenges with telehealth care, high costs for services or insurance, limited evening and weekend appointments, medical visits with providers that are often too short, and having insurance that is not contracted with local providers.

> ***"My dentist told me that they were going out of contract with Delta Dental. They also said that 14 other dentists within the county were going out of contract. And if our providers aren't going to take Delta then I don't have any dental care."*** *- Valley Springs FGD participant*

Related to both health care and community services, a few community members expressed how the relatively small population in Calaveras County made it difficult to justify the addition of more services by major healthcare systems. Some felt that elected officials' priorities were not always aligned with community members' priorities such as the creation of universal health care, safe sidewalks, and their approach to addressing homelessness and the unhoused.

Additional barriers to health-related needs shared by community members included food insecurity, communication/technology, public safety, housing, the availability of illegal drugs, and limited employment opportunities.

The high cost of food and a limited number of major grocery stores in the county contribute to some food insecurity. Limited access to the internet or electronic devices, limited tech literacy, and a lack of awareness of available resources were identified as the barriers to efficient communication within the county. Barriers to public safety included long ambulance response times, limited police presence in remote places like West Point and acts of violence in the community.

Stress also impacts the health of community residents. Examples of stress experienced by participants included include the stress associated with limited employment opportunities, homelessness, the high cost of home fire insurance, and non-renewal of home fire insurance due to increased fire risk.

> ***"Our home and homeowners' insurance was canceled and I'm having to go to the California FAIR plan – it's all very stressful."*** *- Murphys FGD participant*

RBarriers related to youth included the lack of funding for safe youth spaces, untimely vaccination of some youth due to parents who are reluctant to drive their kids to San Andreas or Jackson for vaccinations after being told by schools they cannot be admitted, and unintentional child neglect due to some parents working long hours at low paying jobs that are often 30 to 45 minutes away, and use of illegal drugs by parents.

> ***"I have experienced in the last year, three kids who saw their fathers being arrested in front of them and now struggle really hard in school... and don't have much support because they're one remaining parent is just working so much, they hardly see them and they have to have someone else walk them home from school. The struggle for kids up here is real because the drug problem is real and a lot of the dads end up getting removed from the home or leaving the home." - West Point FGD participant***

Community members shared many ideas about policies and programs that could improve health or quality of life in the county. Related to health care, community members suggested the addition of an HMO health care option (such as Kaiser) to increase access and convenience, as well as expanded behavioral health care, policies that extended clinic hours, and the addition of more pop-up clinics to enhance health care accessibility.

In response to concerns about transportation and safety, community members suggested additional funding for sidewalk repair or expansion to enhance mobility. To address drug use, community members recommended more rehabilitation or substance cessation programming. Other policy and program ideas to improve health and quality of life in the county included the creation of more safe spaces specifically for youth, a Farmers Market EBT authorization to increase access to fresh produce for the smaller townships like West Point, and a policy to develop a county parks and recreation department to create more local recreational opportunities for all ages.

Appendix *(cont.)*

Lastly, some focus group participants also mentioned the need for broader health care reform, at the state or national level, to address systemic health issues beyond the county level such as universal basic income, universal health care, Medicare for all, and rural health care reform.

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