



# DEMOGRAPHICS

Shasta County Health and Human Services Agency  
Outcomes Planning and Evaluation Unit

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### Summary

Shasta County’s population has grown by 8.8% between 2000 and 2012. Most (86.7%) of that growth was due to migration into the county. Half (50.6%) of the county’s population lives in the city of Redding, and an additional 16.8% live in the cities of Anderson or Shasta Lake.

The county has a much larger percent of rural residents than the rest of California. Shasta County’s population density is 46.9 per square mile, and 29.3% of residents live in rural areas. These rural residents may have difficulty travelling to primary care offices and getting rapid responses in case of emergencies. Additionally, rural residents are harder to reach with health education and other public health services.

Shasta County has an older population than California. Not only has the older adult (65+) population grown between 2000 and 2012, seniors are projected to make up 26.8% of Shasta County’s population by 2030. Shasta County residents with Medicare insurance made up 47.0% of hospital discharges in 2008-2012. As the county’s older adult population continues to grow, this will have an impact on future health resources. Furthermore, older adults have higher rates of chronic diseases and disabilities which may limit their independence. Of the 12.7% of elderly who had a fall in the last year, 41.0% started using a cane or walker. In 2014, 726 residents resided in skilled nursing facilities where care could be received for specific health needs; while others with less need for assistance to maintain independence may receive in-home support services or live in assisted living facilities.

In 2012, 82.4% of Shasta County residents were non-Hispanic Whites. However, between 2000 and 2012, minorities made up increasing proportions of the Shasta County population and are expected to make up 26.8% by 2030. Racial or ethnic groups may be disproportionately affected by certain diseases and also face different barriers to their health. For instance, in 2012, 2.8% of residents did not speak English and may have experienced a linguistic barrier to receiving health and government services.

## Demographic Characteristics

### Population and Population Density

Table 1.1. Net Change in Shasta County and California Populations, 2000 to 2008-2012

	Shasta County	California
Population (2000)	163,256	33,871,648
Population (2012)	177,693	37,325,068
Change in Population	14,437	3,453,420
<b>Percent Change</b>	<b>8.8%</b>	<b>10.2%</b>
<b>Births and Deaths</b>		
Births	26,905	6,440,750
Deaths	24,986	2,810,230
Change Due to Births and Deaths	1,919	3,630,520
<b>Migration</b>		
Change Due to Migration	12,518	-177,100
<b>Percent of Change Due to Migration</b>	<b>86.7%</b>	<b>-5.1%</b>

(U.S. Census Bureau, 2008-2012) (California Office of Health Information and Research, 2000-2012) (U.S. Census Bureau, 2000)

### Population Density by Population Centers

In 2010, Shasta County's average population density was 46.9 people per square mile. 70.7% (125,321) lived in urban areas while the remaining 29.3% (51,902) lived in rural areas. By comparison, in 2010, California's average population density was 239.1 and 95.0% lived in urban areas. An area qualifies as urban if it has a population density of greater than 1,000 people per square mile or greater than 500 and contiguous with an area with a population density greater than 1,000 people per square mile.

(Department of Commerce, 2011) The densities of the largest population centers in the county appear below (Table 1.2).

Table 1.2. Population density per square mile by Census Designated Places over 1,000 population, 2010

	Total Population	Land Area in Square Miles	Population Density per Square Mile
Redding	89,861	59.6	1,506.5
Shasta Lake	10,164	10.9	930.7
Anderson	9,932	6.4	1,558.7
Cottonwood	3,316	2.3	1,433.0
Burney	3,154	5.2	607.0
Bella Vista	2,781	22.2	125.3
Shingletown	2,283	24.7	92.6
Shasta	1,771	11.0	161.3
Palo Cedro	1,269	3.7	345.0

(California State Data Center; Demographic Research Unit, 2011)

## Age and Sex

Table 1.3 describes Shasta County's population by age and sex. Of Shasta County's 177,693 residents, 49.2% are male and 50.8% are female. 46.2% of Shasta County residents were adults over the age of 45 compared to 36.3% of statewide, making Shasta County's population older than that of California overall. Further, 17.1% of Shasta County residents were seniors over 65 compared to 11.5% statewide. The largest population in the county is between the ages of 45-64.

Table 1.3. Shasta County population by age and gender compared to California, 2008-2012

Age Group	Shasta County						State		
	Number			Percentage			Percentage		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<5	5,336	4,952	10,288	6.1%	5.5%	5.8%	7.0%	6.6%	6.8%
5 – 14	11,370	10,584	21,954	13.0%	11.7%	12.4%	14.0%	13.2%	13.6%
15 – 24	12,271	11,282	23,553	14.0%	12.5%	13.3%	15.5%	14.3%	15.0%
25 – 44	19,834	19,994	39,828	22.7%	22.2%	22.4%	28.8%	27.7%	28.2%
45 – 64	24,915	26,775	51,690	28.5%	29.7%	29.1%	24.6%	25.2%	24.8%
65 – 74	8,126	8,752	16,878	9.3%	9.7%	9.5%	5.7%	6.7%	6.2%
75 and older	5,590	7,912	13,502	6.4%	8.8%	7.6%	4.2%	6.3%	5.3%
<b>Total</b>	87,442	90,251	177,693						

(U.S. Census Bureau, 2008-2012)

From 2000 to 2012, Shasta County experienced a decrease in the proportion of children (age 5-14) and an increase in the percentage of seniors (age 65+). Other age groups' proportions remained similar over time.

Table 1.4. Shasta County population by age, 2000 and 2008-2012

Age Group	Shasta County, 2000		Shasta County, 2012		Trend
	Number	Percent	Number	Percent	
Young Children (Under 5)	9,643	5.9%	10,288	5.8%	↓
Children (5 – 14)	24,887	15.2%	21,953	12.4%	↓
Teens and Youth (15 – 24)	21,470	13.2%	23,553	13.3%	↑
Adults (25-64)	82,395	50.4%	91,518	51.5%	↑
Seniors (65+)	24,861	15.2%	30,380	17.1%	↑
<b>Total Population</b>	<b>163,256</b>		<b>177,693</b>		↑

(U.S. Census Bureau, 2000) (U.S. Census Bureau, 2008-2012)

## Race and Ethnicity

The proportion of Shasta County residents who are Black, Asian, Native Hawaiian/Pacific Islander, "Some Other Race," or "Two or More Races" increased in 2000-2012. Correspondingly, the proportion of the population that is White or American Indian/Alaska Native decreased. The only race that reduced in numbers was American Indian/Alaska Native, having decreased their total population by 412 people. The fastest growing races and ethnicities were Native Hawaiian or Pacific Islander (79.2% growth), Hispanic (66.6% growth), and Asian (54.9% growth).

Table 1.5. Shasta County population by race, 2000 and 2008-2012

Race and Ethnicity	Shasta County, 2000		Shasta County, 2012		Trend
	Number	Percent	Number	Percent	
<b>Total Population</b>	163,256		177,693		↑
White	145,826	89.3%	155,637	87.6%	↓
Black	1,225	0.8%	1,633	0.9%	↑
American Indian or Alaska Native	4,528	2.8%	4,116	2.3%	↓
Asian	3,048	1.9%	4,720	2.7%	↑
Native Hawaiian or Pacific Islander	178	0.1%	319	0.2%	↑
Other Race	2,790	1.7%	3,619	2.0%	↑
Two or More Races	5,661	3.5%	7,649	4.3%	↑

(U.S. Census Bureau, 2000) (U.S. Census Bureau, 2008-2012)

Table 1.6. Shasta County population by Hispanic or Latino ethnicity, 2000 and 2008-2012

Race and Ethnicity	Shasta County, 2000		Shasta County, 2012		Trend
	Number	Percent	Number	Percent	
<b>Total Population</b>	163,256		177,693		↑
Hispanic or Latino	8,998	5.5%	14,994	8.4%	↑
White (Non-Hispanic)	141,097	86.4%	146,440	82.4%	↓
Other (Non-Hispanic)	13,161	8.1%	16,259	9.2%	↑

(U.S. Census Bureau, 2000) (U.S. Census Bureau, 2008-2012)

Compared to California, Whites make up a higher proportion of the Shasta County population (82.4%) compared to 40.1% of Californians. With the exception of American Indians/Alaskan Natives, California, on average, has a higher proportion of all other races and ethnicities as seen in Table 1.7 below.

Table 1.7. Shasta County population by race and ethnicity, compared to California, 2008-2012

Race and Ethnicity	Shasta County		California
	Number	Percentage	Percentage
White	146,440	82.4%	40.1%
Hispanic (of any race)	14,994	8.4%	37.6%
Multi-racial	6,006	3.4%	4.1%
Asian	4,599	2.6%	13.0%
American Indian or Alaska Native	3,688	2.1%	0.4%
Other Race	96	0.1%	0.2%
Black	1,563	0.9%	5.8%
Native Hawaiian or Pacific Islander	307	0.2%	0.4%
<b>Total Population</b>	<b>177,693</b>		

(U.S. Census Bureau, 2008-2012)

## Population Projections

The California Department of Finance projects Shasta County's population to grow from 177,693 (2012 American Community Survey 5-Year estimates) to 199,814 by 2020 and 220,019 by 2030. This represents a 12.4% growth from 2012 to 2020 and a 9.1% growth from 2020 to 2030.

When examining population projections by age (Table 1.8), estimates suggest that seniors, age 65 and over, will increase from 17.1% to 26.8% of Shasta County's population by 2030.

Table 1.8. Shasta County 2020 and 2030 population projections by age

Age Group	Percent of Total Shasta County Population			
	2012	2020 Estimate	2030 Estimate	Trend
Young Children (under 5)	5.8%	5.6%	5.1%	↓
Children (5 – 14)	12.4%	11.1%	10.7%	↓
Teens and Youth (15 – 24)	13.3%	11.4%	10.3%	↓
Adults (25-64)	51.5%	49.7%	47.1%	↓
Seniors (65 or over)	17.1%	22.1%	26.8%	↑
<b>Total Population</b>	<b>177,693</b>	<b>199,814</b>	<b>220,019</b>	<b>↑</b>

(U.S. Census Bureau, 2008-2012) (State of California, Department of Finance)

Department of Finance projections (Table 1.9) also show Hispanics increasing their percent of the Shasta County population by 6.0% by 2030 while White (non-Hispanic) decrease by 9.2%.

Table 1.9. Shasta County 2020 and 2030 population projections by race/ethnicity

Race and Ethnicity	Percent of Total Shasta County Population			
	2012	2020 Estimate	2030 Estimate	Trend
White	82.4%	77.4%	73.2%	↓
Hispanic (of any race)	8.4%	11.7%	14.4%	↑
Multi-racial	3.4%	3.6%	3.9%	↑
Asian	2.6%	4.1%	5.2%	↑
American Indian or Alaska Native	2.1%	2.3%	2.2%	↔
Black	0.9%	0.8%	0.9%	↔
Native Hawaiian or Pacific Islander	0.2%	0.2%	0.2%	↔
<b>Total Population</b>	<b>177,693</b>	<b>199,814</b>	<b>220,019</b>	<b>↑</b>

(U.S. Census Bureau, 2008-2012) (State of California, Department of Finance)

## Discussion

As Shasta County's population continues to increase by migration into the county, diversity will continue to grow. Taking into account inequalities in health burdens among racial and ethnic minority groups, and the health resource inequities, socioeconomic barriers, and disparate health outcomes which perpetuate these inequalities, must be an essential part of working towards a healthier Shasta County.

Health resource inequities among minority populations often stem from 1) language barriers which prevent those who have limited English skills from receiving community health messages and accessing public health resources, 2) poverty and low education which can reduce access to preventive health services leading to dependence on hospital and emergency room services for conditions that should be treated in primary care centers, and 3) concentration into areas of poverty and lack of transportation which reduce access to parks, jobs, healthy food sources, healthcare, and other community resources. Some of these barriers can be addressed through engagement of community health advocates and the adoption of cultural competency training for health providers. Other approaches, such as improvements to public transportation, elimination of food deserts, and increased access to community resources can reduce the impact of other barriers on vulnerable groups. The unequal burden of chronic diseases on various populations is also rooted in differences in health behaviors, such as smoking, eating a healthy diet, and exercising, and genetic variations which can predispose members of certain racial or ethnic groups to diseases.

Shasta County will, also, need to prepare for the impact of an aging population on resource demands. According to a 2004 study of Blue Cross Blue Shield members in Michigan, "Nearly one-third of lifetime [healthcare] expenditures incurred during middle age, and nearly half during the senior years. For survivors to age 85, more than one-third of their lifetime [healthcare] expenditures will accrue in their remaining years [of life]." (Alemayehu & Warner) An aging population will not only impact health care expenditures, but may have wide reaching implications for Shasta County's work force, housing needs, healthcare providers, and economic spending priorities.

Shasta County's large rural population presents unique challenges. Rural residents receive less preventive care and have higher rates of all chronic disease. Furthermore, severe physician shortages exist in rural areas. Shasta County can help meet the needs of these populations by investing in primary care and health information technology in rural areas. Another burden for rural medicine is mental health. Rural Healthy People 2020 states that current shortages in mental health providers shifts the burden on primary care providers. Substance abuse in rural areas has also seen a dramatic increase over the last decade. Finally, rural residents have less access to oral health care, are less likely to receive an annual dental exam, have higher risk of gum and tooth disease, higher rates of smoking, and lack access to fluoride-treated water systems. (Bolin, Bellamy, Ferdinand, Kash, & Heldus, 2014)

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We appreciate any questions or comments that you may have about this report and welcome recommendations for improving subsequent reports. If you have any comments to share please contact us at:

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