

People's Health

Outcomes • Planning • Evaluation



Know the Facts: Population Living in Poverty

DID YOU KNOW?

- People age 18-24 years in the U.S. have the highest poverty rates of all age groups (24.3%) in 2016.
- In the U.S., the percent of poor families increased from 10.1% in 2010 to 11.0% in 2016.
- The percent of people in poverty in the United States increased from 13.8% in 2010 to 15.1% in 2016.
- Life expectancy is related to family income; people with lower family income tend to die at younger ages than those with higher income.

WHERE WE WERE (BASELINE):

16.5% of the Shasta County population was living in poverty in 2006-2010.

28.6% of Shasta County children aged less than 6 years were living in poverty in 2006-2010.

23.3% of Shasta County children aged less than 18 years were living in poverty in 2006-2010.

WHERE WE ARE:

See chart below.

WHERE WE ARE AIMING:

The Healthy People 2020 baseline year of 2010 had 15.1% of individuals living in poverty. This is an informational measure only. There is not currently a Healthy People 2020 goal, although one may be set at a later date.

DEFINITION:

Following the federal Office of Management and Budget's (OMB's) Directive 14, the U.S. Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If the total income for a family or unrelated individual falls below the relevant poverty threshold, then the family or unrelated individual is classified as being "below the poverty level." For example, the poverty threshold for a family of five with three children was \$29,253 in 2017.

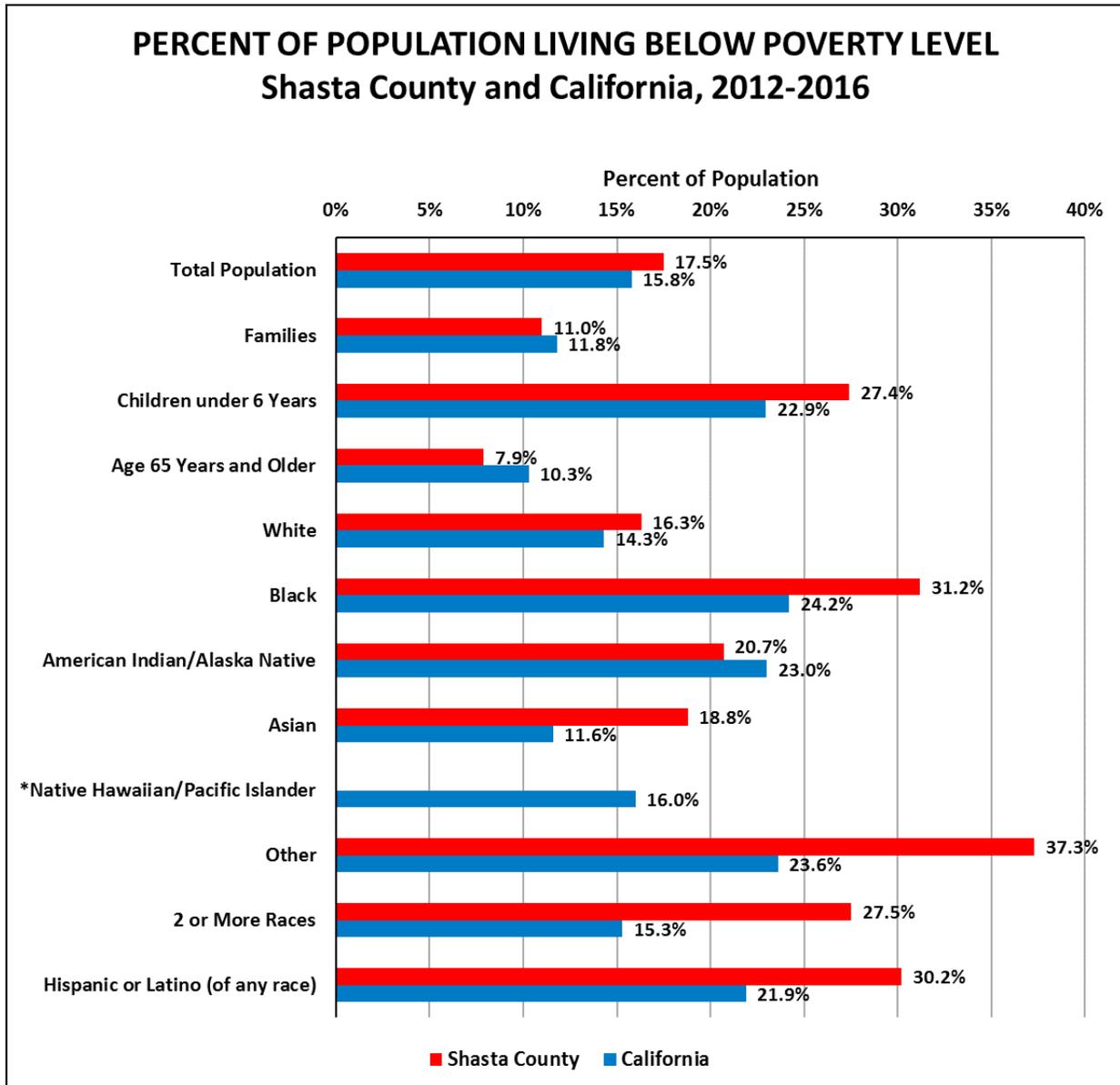
Percentage of Population Living Below Poverty Level, Shasta County and California, 2012-2016 Estimates		
Population Group	Shasta County %	California %
Total Population	17.5	15.8
Children under 6 Years	27.4	22.9
Children under 18 Years	25.0	21.9
Age 65 Years and Older	7.9	10.3

Contributing Staff: Miriam Rupp. Last updated June 2018.

Find more health information at www.shastahhsa.net. Click on "Health and Safety," then "Current Health Concerns." Questions? Email shastahealthdata@co.shasta.ca.us

KEY POINTS:

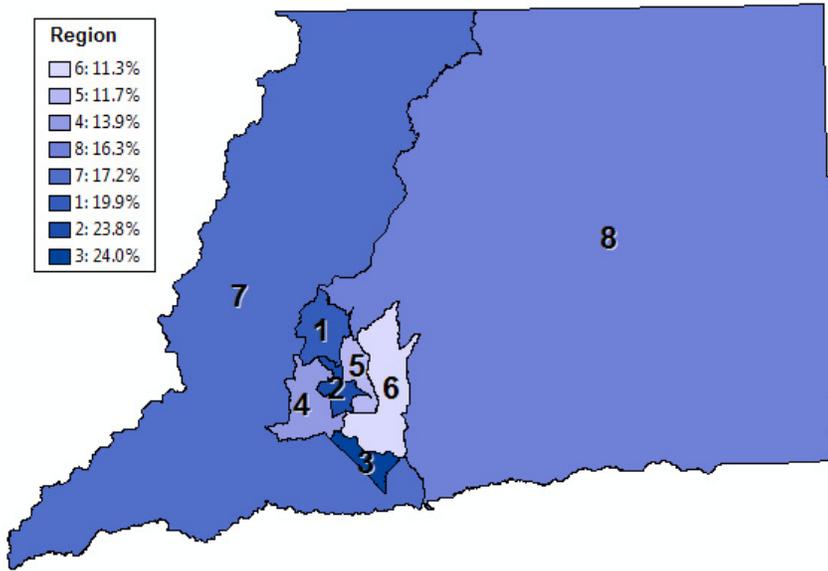
- For both Shasta County and California, persons age 65 and over had the lowest poverty rate for the 2012-2016 estimates among age groups.
- Overall, Shasta County had a higher poverty rate (17.5%) than California (15.8%) in the 2012-2016 U.S. Census estimates.
- Poverty levels decline as higher education is attained in both Shasta County and California.
- Poverty rate estimates for 2012-2016 in Shasta County were higher than California in all categories except for families, individuals ages 65 and older, and American Indian/Alaska Native.



PRIMARY PREVENTION ACTIVITIES:

- Increase educational opportunities for youth, people of color, and the general population including voluntary universal preschool and increased access to college or other postsecondary training opportunities.
- Diversify economy to be less reliant on seasonal employment and minimum wage jobs.
- Develop policies to encourage development and maintenance of two-parent households.
- Develop policies to combat institutional racism.

Shasta County Population in Poverty 2012-2016



Percentage of Population Living At or Below Poverty Level, Shasta County, 2016	
Region	Percent in Poverty
Region 1	19.9%
Region 2	23.8%
Region 3	24.0%
Region 4	13.9%
Region 5	11.7%
Region 6	11.3%
Region 7	17.2%
Region 8	16.3%
Shasta County	17.5%
California	15.8%

KEY POINTS:

- Region 3 had the highest rate of poverty at 24.0%, whereas Region 6 had the lowest rate of poverty at 11.3%.
- Shasta County has a larger percentage of population in poverty compared to California.

**From the Desk of
Andrew Deckert,
MD, MPH**
*Shasta County
Public Health Officer*



The rate of poverty in our area has jumped up by nearly 31% since 1990. In addition to lower life expectancy, people with inadequate income have a higher risk of obesity, which can lead to serious health problems.

Making a change for the better takes time, and all of us. We need to educate all children well from preschool and increase access to college and postsecondary training, especially for our lowest income residents. With an educated workforce, we will also need to expand job opportunities. Poverty is not a health risk factor that will disappear overnight, but we can institute change now for a better tomorrow.

To your health!

