



2025

Sacramento County Community Health Needs Assessment

Volume I: A joint assessment for Methodist Hospital of Sacramento, Mercy General Hospital, Mercy Hospital of Folsom, and Mercy San Juan Medical Center.

Adopted on June 26, 2025.



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Executive Summary

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by Mercy General Hospital, Mercy Hospital of Folsom, Mercy San Juan Medical Center, and Methodist Hospital of Sacramento. The priorities identified in this report help to guide the hospitals' community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets the requirement of the Patient Protections and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every 3 years.

The hospitals' commitment to engaging with the community partners is in keeping with its mission. We make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Dignity Health Sacramento County conducted a joint CHNA with UC Davis Medical Center, Sutter Medical Center Sacramento, and Sutter Center of Psychiatry. Community Health Insights (see Volume II) was contracted to help conduct the CHNA; however, the majority of its efforts were concentrated on obtaining community/ stakeholder input, identifying places of concern within the community,

and determining preliminary priority health needs. Unless noted, the information contained in Volume I was written, designed, and interpreted by Dignity Health's Community Health Department in efforts to better articulate priority health needs and the community implementation activities that will be implemented as a result of this CHNA.

Our Community

A hospital's service area comprises all residents in a defined geographic area and does not exclude low-income or underserved populations. As such, Mercy General Hospital, Mercy Hospital of Folsom, Mercy San Juan Medical Center, and Methodist Hospital of Sacramento are located in Sacramento County and serve the entire county.

Assessment Process & Methods

The process and methods used by Community Health Insights to conduct this assessment are described below, but for a more detailed description, please refer to Volume II. The data used to conduct the CHNA were identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model. This model of population health includes many factors that impact and account for individual health and well-being. Furthermore, to guide the overall process of conducting the assessment, a defined set of data collection and analytic stages were developed. These included the collection and analysis of both primary (qualitative) and secondary (quantitative) data.

Qualitative data included one-on-one and group interviews with 43 community health experts, social service providers, and medical personnel

Furthermore, 107 community residents or community service provider organizations participated in 12 focus groups across the service area. Finally, 63 community service providers responded to a survey asking about health needs identification and prioritization.

Identification of Priority Community Health Needs: The initial process used to identify and prioritize health needs conducted by Community Health Insights is described below:

Primary and secondary data were analyzed to identify and prioritize significant health needs. This began by identifying 13 potential health needs (PHNs). These PHNs were identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the service area. These PHNs were selected as significant health needs. These significant health needs were prioritized based on rankings provided by primary data sources. Data were also analyzed to detect emerging health needs beyond those 13 PHNs identified in previous CHNAs.

As a result of these efforts, the following 13 health needs were identified (listed by importance): (1) Access to Basic Needs Such as Housing, Jobs, and Food; (2) Access to Mental/Behavioral Health and Substance Use Services; (3) Access to Quality Primary Care Health Services; (4) Health Equity; (5) System Navigation; (6) Safe and Violence-Free Environment; (7) Increased Community Connections; (8) Access to Specialty and Extended Care; (9) Access to Functional Needs; (10) Healthy Physical Environment; (11) Injury and Disease Prevention and Management; (12) Active Living and Healthy Eating; and (13) Access to Dental Care and

Preventive Services.

To strategically focus its community health improvement efforts, Dignity Health prioritized the 13 health needs identified by Community Health Insights. A thematic analysis (described below) was conducted to identify shared barriers, risk factors, and potential solutions across the initial 13 needs. This process resulted in the identification of four significant health needs: Access to Care, Access to Resources, Chronic Disease Prevention & Management, and Mental Health/Substance Use. Due to Dignity Health's inability to address built environment: healthy physical environment, dental care, function needs, and a safe/violence-free environment these health need was excluded from the thematic analysis.

- **Access to Care**
 - *Foci:* (1) Quality Primary Care Health Services, (2) Specialty & Extended Care, and (3) System Navigation
- **Mental Health & Substance Use**
- **Chronic Disease Prevention & Management**
 - *Foci:* (1) Active Living & Healthy Eating and (2) Prevention/Treatment of Chronic Conditions & Injury/Trauma
- **Access to Resources**
 - *Foci:* (1) Access to Basic Needs and (2) System Navigation.

Finally, in efforts to craft a responsive and targeted 2025-2028 community health improvement plan (CHIP), Dignity Health's Community Health Department collected and synthesized additional health indicators for each significant health need. To identify health disparities, the following analyses were

conducted:

- For each health indicator, the most recently available public data were compared to benchmarks from the State of California, Sacramento County, and Healthy People 2030 objectives;
- A health disparity was identified when a health indicator failed to meet an established benchmark.

Where data allowed, health indicators were stratified by race, ethnicity, and geographic location to identify populations experiencing a disproportionate burden. The results of these analyses are presented in the pages that follow (Volume I only).

Resources to Address Needs

A list of available resources in Sacramento County to address the three significant health needs and their foci can be found in Volume I - APPENDIX A.

Adoption, Availability & Comments

This CHNA report was adopted by the Mercy General Hospital, Mercy Hospital of Folsom, Mercy San Juan Medical Center, and Methodist Hospital of Sacramento community board in June 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at Dignity Health's Community Health Department. Written comments on this report can be submitted to Dignity Health's Community Health Department (3400 Data Drive, Rancho Cordova, CA 95670) or by e-mail to DignityHealthGSSA_CHNA@dignityhealth.org.



SECTION I

Introduction

How does Dignity Health put human kindness into practice?



About Us

As the largest hospital network and one of the largest subspecialty networks in the region, Dignity Health has cared for the Greater Sacramento area for more than 125 years. Since the Sister of Mercy broke ground on Sacramento's first private hospital, Mater Misericordiae (Latin for "Mother of Mercy"). We have grown and now operate five hospitals in the Greater Sacramento Area (Mercy General Hospital, Mercy Hospital of Folsom, Mercy San Juan Medical Center, Methodist Hospital of Sacramento and Woodland Memorial Hospital) but our mission has remained unchanged.

From the care we deliver, to the community investments we make, our commitment has been and always will be to provide affordable high-quality and compassionate care that meets the needs of the region's diverse

communities. Dignity Health offers comprehensive health care options, including access to doctors from Dignity Health Mercy Medical Group, Dignity Health Woodland Clinic, Dignity Health Medical Group, Dignity Health Medical Group - Sierra Nevada, and Hill Physicians Medical Group. With more than 1,500 renowned affiliated physicians and five Sacramento area full-service hospitals, we offer access to personalized, community-based care with all the benefits of being one of the largest health systems in the nation.

Our hospitals are dedicated to achieving medical excellence through a continual assessment of the needs in their respective communities and an investment in people, capacity and innovative treatments and technology. Mercy San Juan Medical Center is a regional leader in stroke care and has treated more patients than any other system or provider in the area.

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

A healthier future for all, inspired by faith, driven by innovation and powered by our humanity.

Our Values

Compassion

- Care with listening, empathy and love.
- Accompany and comfort those in need of healing.

Inclusion

- Celebrate each person's gifts and voice.
- Respect the dignity of all.

Integrity

- Inspire trust through honesty.
- Demonstrate courage in the face of inequity

Excellence

- Serve with fullest passion, creativity and stewardship.
- Exceed expectations of others and ourselves.

Collaboration

- Commit to the power of working together.
- Build and nurture meaningful relationships.

Likewise, Mercy General Hospital is known for its innovative and first-class cardiovascular services. Methodist Hospital of Sacramento and Mercy Hospital of Folsom have dedicated emergency department programs for OB patients. The programs ensure pregnant patients experiencing urgent medical needs are evaluated by an OB/GYN physician within 30 minutes of arrival.

Dignity Health provides outpatient services through Mercy Home Health, Hospice & Palliative Care, Dignity Health Advanced Imaging, Mercy Cancer Center, and across our physician network. Our collaborative partners work together to build bridges to health care and community resources to increase access and wellness.

A Healthier Future for All

At Dignity Health, we believe everyone has the right to be healthy. We know our health shouldn't depend on our ZIP Code, economic status or the color of our skin. Together we have a chance to create a more just health care system across the country that improves physical, social and mental health through better access and more equitable outcomes.

We envision an approach to providing health care that solves health needs proactively and holistically and achieves more equitable health outcomes. As one of the nation's largest nonprofit health care organizations, Dignity Health is uniquely positioned to lead this work in our communities.



Community Health Programs: A community is not healthy until everyone is healthy. At Dignity Health, we are investing to create stronger communities where we live, work, learn and pray.

We seek to weave better health into every part of our society so that more people and places can prosper. Because only when our health is strong can we begin to grow stronger.

Dignity Health supports a range of community health programs addressing the root causes

health such as access to quality care, affordable housing and safe neighborhoods.

In FY 2024, Dignity Health invested \$170,968,370 in community benefits in response to critical community needs in the Greater Sacramento Region. For more information on the resources invested by Dignity Health to improve the health and quality of life for the communities we serve, please refer to our annual report to our communities by clicking [here](#).



SECTION II

Demographic Composition

What are the common characteristics of individuals that reside in our community?



Our Community

This CHNA was prepared to identify the health needs for Dignity Health’s hospitals (i.e., Mercy General Hospital, Mercy Hospital of Folsom, Mercy San Juan Medical Center, and Methodist Hospital of Sacramento) located in Sacramento County. Dignity Health relied on the Internal Revenue Service’s definition of the community served by a hospital as those people living within its service area.

A hospital service area comprises all residents in a defined geographic area and does not exclude low-income or underserved populations. As such, Mercy General Hospital, Mercy Hospital of Folsom, Mercy San Juan Medical Center, and Methodist Hospital of Sacramento are located in Sacramento County and serve the entire county.^{SEE FIG 1}

Furthermore, by region 55 ZIP Codes that comprise Mercy General Hospital, Mercy Hospital of Folsom, Mercy San Juan Medical Center and Methodist Hospital of Sacramento primary service area are:

- **Northeast Region:** 95608, 95610, 95621, 95628, 95630, 95655, 95662, 95670,

- **Northeast Region:** 95671, 95683, 95742, 95821, 95825, 95827, 95864
- **Northwest Region:** 95626, 95652, 95660, 95673, 95815, 95833, 95834, 95835, 95837, 95838, 95841, 95842, 95843
- **Central Region:** 95811, 95814, 95816, 95817, 95818, 95819, 95820, 95826
- **South Region:** 95615, 95624, 95632, 95638, 95639, 95641, 95680, 95690, 95693, 95757, 95758, 95822, 95823, 95824, 95828, 95829, 95830, 95831, 95832

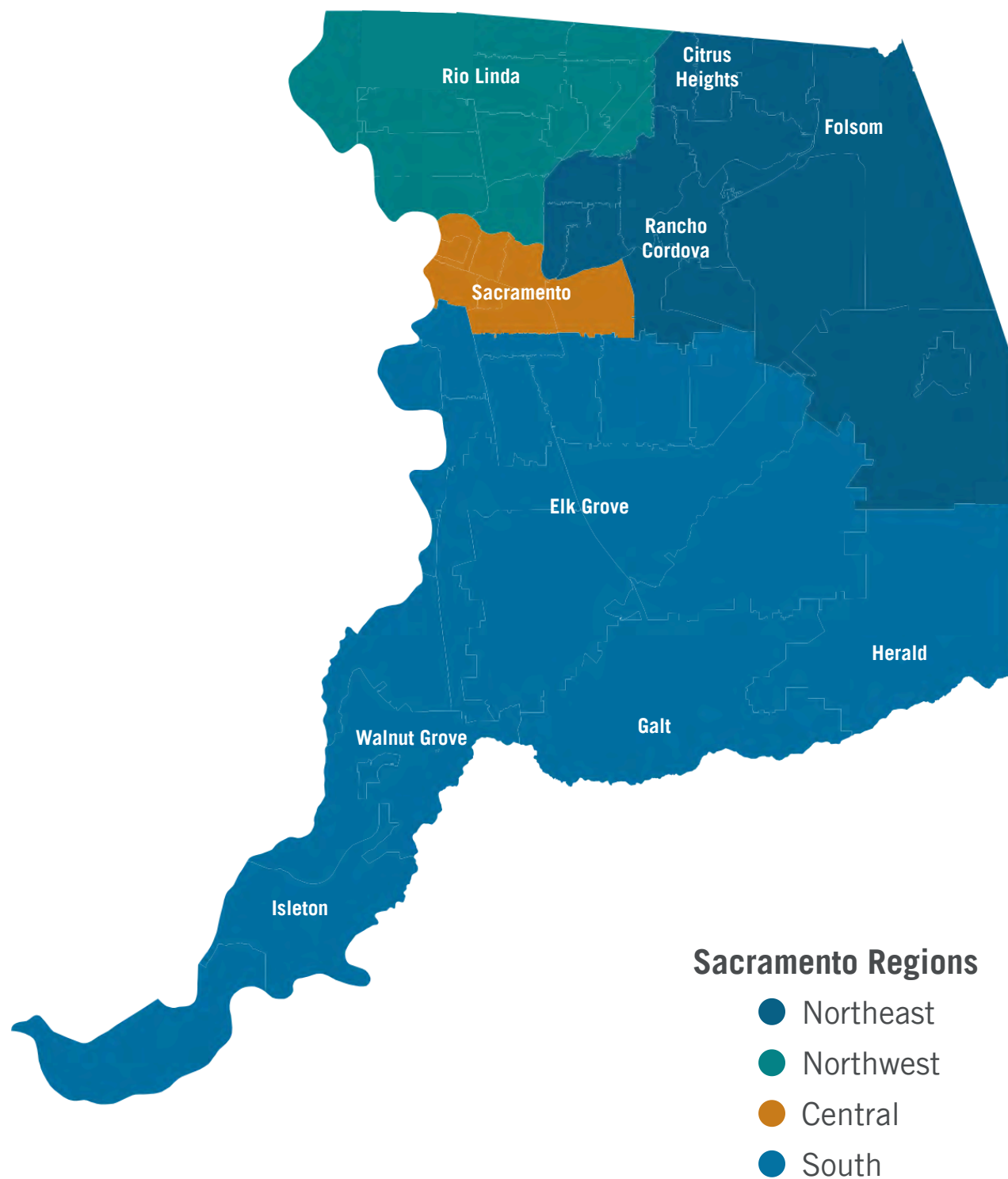
As a result of the collaborative 2025 CHNA completed by Community Health Insights (see Volume II) for Dignity Health and other hospitals located in Sacramento County, the following four regions and 20 ZIP Codes were identified to be places of concern:

- **Northeast Region:** 95608, 95610, 95621, 95670, 95821, 95825, 95827
- **Northwest Region:** 95660, 95815, 95838, 95842
- **Central Region:** 95811, 95814, 95817, 95820
- **South Region:** 95822, 95823, 95824, 95828, 95832

The aforementioned places will be of special focus in the pages that follow.

FIG I

Communities Served



Population Change

A Growing Population

The total population of Dignity Health's service area (aka. Sacramento County) in 2023 was estimated to be 1,584,047. From 2013 to 2023, Sacramento's population experienced 10.6% growth, which is faster than that of the state (+4.2%). Among Sacramento County's seven incorporated cities, Citrus Heights at 3.35% had the slowest population growth. Sacramento (+11.31%), Folsom (+13.42%), Elk Grove (14.08%), and Rancho Cordova (+22.16%) boasted the greatest population gains within Sacramento County during this time period.¹

An Aging Region

In 2023, nearly two in 13 individuals were 65 years and older in Sacramento County and California. Despite this, Sacramento County is aging at a slightly slower rate, as evident from the median age falling below that of the state (37.2 yrs.) and 23.1% of individuals aged 0-17, compared to 22.2% for the state.¹

Consistent with the state, two in five individuals are of prime working age (25-54 yrs.) in Sacramento County. Among the places of concern:

- more than one in four individuals are aged 0-17 in North Highlands, Del Paso Heights, Meadowview/Freeport, and Arden Arcade/Foothill Farms;



- three in five individuals in Downtown Sacramento are of prime working age; and
- most places of concern have a median age below the county and the state, with Arden-Arcade having the lowest at 32.1 yrs.¹

Diversification

While nearly one in two are white, Sacramento County is home to a racially and ethnically diverse population, as:

- One in four are Hispanic/Latino;
- the proportion of individuals that are Native Hawaiian and Other Pacific Islander (NHOPI) at 1.1% is 2.75 times greater than the state's;

- One in 10 are Black/African American, which is 1.73 times the state average; and
- Three in 20 are Asian.¹

The proportions of American Indian/Alaska Native (AIAN; 0.9%), Multiracial (13.5%), and some other race (10.3%) lag behind the state. As illustrated in FIG 2, the racial and ethnic composition of the places of concern is more diverse than Sacramento County and the state.^{1,63-71}

Age: Overall, the younger age groups (children, college, and prime working age) are more diverse when compared to Sacramento County and older age groups; as:

- more than one in five are Hispanic/Latino,
- less than one in three are White, and
- the proportion of individuals who are Multiracial or some other race is greater.¹

Conversely, the adults and senior age group are more homogeneous as, one in two are White. Additionally, the proportions of individuals who are AIAN, Multiracial, some other race, or Hispanic/Latino are less than the Sacramento County and state proportions (FIG 2).^{1,63-71}

Immigrants: More than one in five individuals within Sacramento County and places of concern are foreign born (immigrants), which is less than the state (26.7%) estimate. The vast majority of immigrants were born in Asia (51.2%), Latin America (26.3%) or Europe (17.7%). Nearly, one in three immigrants entered the United States after 2010.

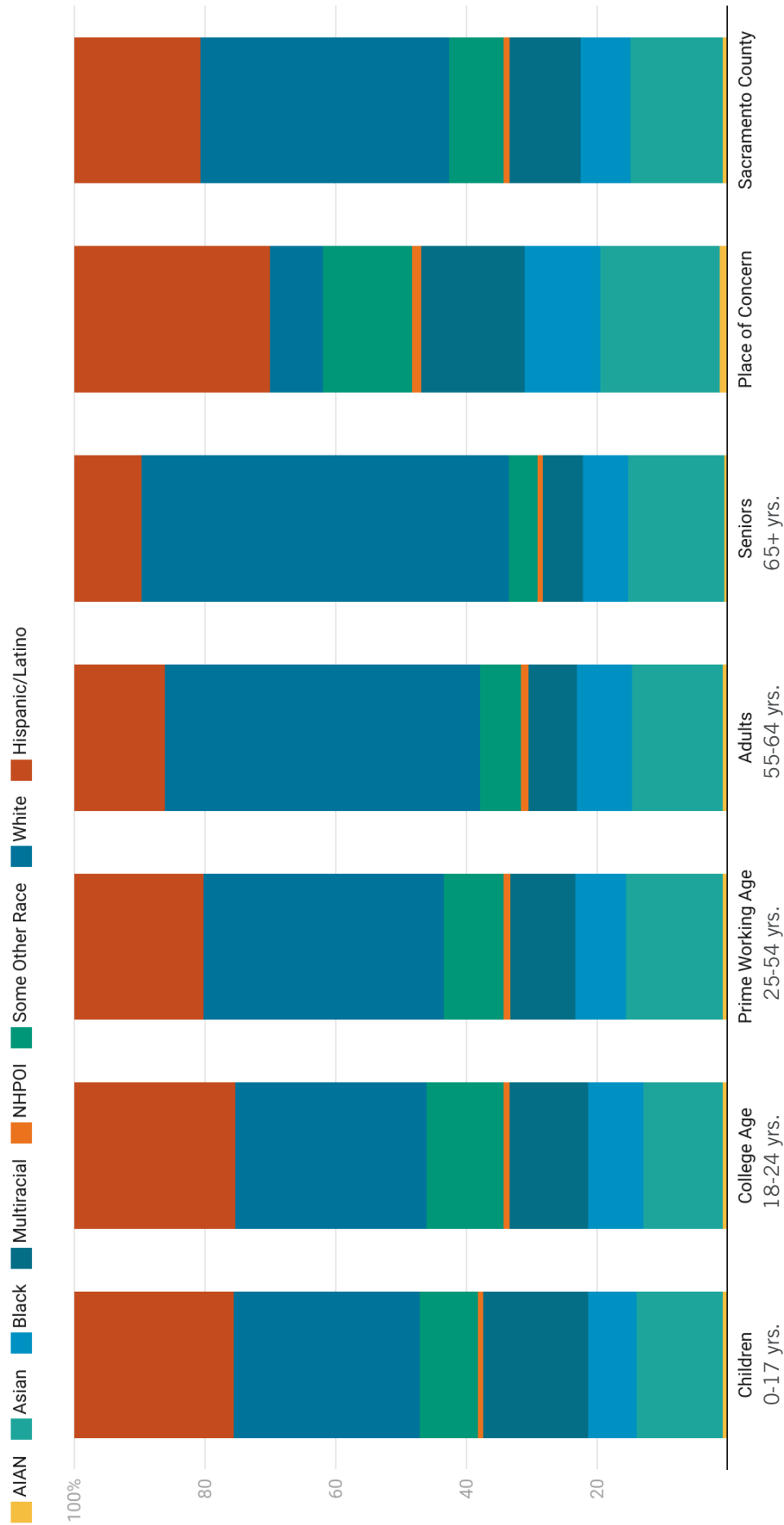
Finally, six in 10 immigrants are naturalized citizens, with most others holding legal permanent resident status.¹¹

In the places of concern, 147,317 individuals are estimated to be foreign born, with 69.7% entering the United States before 2010. Similar to Sacramento County, the birthplaces of immigrants in the places of concern were Asia (46.2%), Latin America (27.9%), and Europe (18.2%). Lastly, compared to the state, the places of concern and Sacramento County have greater proportions of individuals born in Africa and Oceania.¹¹

Languages Spoken: The languages spoken in Sacramento County also reflect its diversity, as two in five households are multilingual. Among these households, 5.5% speak English less than very well. Out of households that speak another language: (1) a third of Spanish-speaking households, (2) nearly half of households speaking other Indo-European (45.1%) or Asian and Pacific Islander languages (API; 48.1%), and (3) one in three households speaking other languages speak English less than very well.¹¹

FIG 2

Distribution of Population by Age Groups, 2019-2023



Sources: U.S. Census Bureau, American Community Survey, (Table B01001A-I)⁶³⁻⁷¹

FIG 3

Core Demographic Composition, 2019-2023

	Sacramento County	Notes
Geographic Classification	Suburban	
Total Population	1,584,047	
Race & Ethnicity		
Not Hispanic or Latino	76%	
White	41.5%	
Black or African American	9.1%	
American Indian and Alaska Native	0.3%	
Asian	17.2%	
Native Hawaiian/Other Pacific Islander	1.1%	
Some Other Race	0.5%	
Two or More Races	6.3%	
Hispanic or Latino (of any race)	24%	
Socioeconomic Status		
Median Household Income	\$90, 252	Household income in the past 12 months in 2023 inflation-adjusted dollars. Source: American Community Survey (Table: B19013), 5-Year Estimates (2019-2023)
Poverty Among Families w/Children	16.1%	Families with related children of householders, under 18 years with an estimated poverty status in the past 12 months. Source: American Community Survey (Table: S1702), 5-Year Estimates (2019-2023)
Unemployment Rate	4.1%	Source: American Community Survey (Table: DP03), 5-Year Estimates (2019-2023)
Non-High School Graduates	11.7%	Source: American Community Survey (Table: DP02), 5-Year Estimates (2019-2023)
Limited-English Proficiency	6.2%	Population 5 years and older that speak a language other than English at home. Source: American Community Survey (Table: DP02), 5-Year Estimates (2019-2023)
Access to Care		
Uninsured Individuals	2.7%	Source: American Community Survey (Table: S2701), 5-Year Estimates (2019-2023)
Medicaid Beneficiaries	21%	Source: American Community Survey (Table: S2704), 5-Year Estimates (2019-2023)
# of Non-Dignity Health Hospitals (non-psychiatric)	5	UC Davis Medical Center, Sutter Medical Center, Sacramento VA Medical Center, Kaiser Permanente South Sacramento Medical Center & Shriners Children's Northern California
Are federally-designated Health Professional Shortage Areas and Medically Underserved Areas or Populations present?	Yes	All designated medically underserved areas/low-income populations in Sacramento County are concentrated in the Fruitridge, Oak Park, Del Paso, Downtown neighborhoods of Sacramento City and Walnut Grove.



SECTION III

Social Determinants of Health

Health begins where we learn, live, work, play and worship.



Health Care Access & Quality

One in five community members/key informants surveyed as part of the CHNA process indicated inadequate access to care is impacting the health of their community. To understand potential barriers our community may face when attempting to access health care services, provider availability and other factors impacting utilization were examined.

Provider Availability

A key measure of health in any community is access to health care services, specifically access to quality care in a timely manner. The availability of health care providers directly impacts the community's ability to obtain timely care from primary and

specialized health services when a need is recognized. Overall, access to care issues appear when examining the provider-to-population ratios for primary care and mental health services.

Mental Health Providers: Sacramento County has one mental health provider per 230 individuals, slightly higher than the state average (220:1) but well below the United States average (320:1).^{5,6} Populations with limited mental health providers are more likely to reside in rural areas and/or live in communities that have a higher proportion of Black and Hispanic/Latino residents.⁷ These trends can be observed in the Health Resources and Services Administration (HRSA) assessment, which calls for an additional 10 mental health providers to meet the places of concern (i.e., Citrus Heights, Del Paso/Downtown Sacramento, and Meadowview).⁶



Primary Care Providers: According to the Office of Disease Prevention and Health Promotion, “People with a usual place to go when sick, such as a primary care provider, are more likely to receive routine check-ups, screenings, and other recommended preventative services.”⁴

The Healthy People goal (AHS-07) is to increase the proportion of individuals with a primary care provider to 84% by 230. Eighty percent of key informants and focus group participants prioritized access to quality primary care services as a top health need.

SEE Volume II When asked to explain how access to primary care appeared or was experienced, the key community informants and focus group attendees responded:

“Primary care access is limited due to high demand and few providers accepting Medi-Cal, resulting in long wait times and reliance on emergency rooms for routine care.”

Sacramento County, with one primary care physician for every 1,120 individuals, has 110 fewer individuals per primary care physician than the state average.⁵

Within the places of concern, HRSA identified that an additional 14.8 primary care physicians are needed in the Downtown and Del Paso Heights neighborhoods of the City of Sacramento. The impact of the aforementioned on health outcomes will be explored in section four of this assessment.^{5,6}

Health Care Utilization: All groups of individuals who provided information on the perceived health needs of their community indicated that long periods between identifying a condition and the next available appointment to see a provider when needed was the top barrier to care. Inadequate and timely access to a provider when needed may be reflected in the health-seeking

behaviors of individuals within our community.

The national average proportion of adults aged 18 years and older estimated to have had an annual check-up in 2022 was 76.5%. Sacramento County, with 68.7%, falls below the national average. Similar to the county, none of the places of concern met or exceeded the national average. Additionally, the following places of concern had fewer adults estimated to have received an annual check-up than the county with the vast majority residing in the City of Sacramento (i.e., 95614, 95383, 95832, 95815, 95817, and 95820) and the remainder in the Arden Arcade/North Highlands/Foothill Farms areas (95660 and 95842). Finally, Sacramento's Downtown neighborhood (95811), with 66.2%, had the lowest proportion of adults that had an annual check-up among the places of concern.³¹

Factors Impacting Utilization

According to the California Department of Health Care Access and Information, "Preventable hospitalizations for select health conditions are used to gauge patients' access to quality primary health care. County-wide access to health care may be reduced when there is a lack of physicians to prevent and treat health conditions (e.g., community acquired pneumonia and hypertension)."⁵³

In 2022, Sacramento County, with 2,696 preventable hospitalizations, had a 1.19 times higher rate than California.³⁷

Comparing preventable hospitalizations by race and ethnicity, AIAN (1.39 times greater) and Black (1.8 times greater) individuals had more preventable hospitalizations than the overall Sacramento County rate during this time period.³⁷

In addition to provider access, other factors impacting obtainment of care when needed for individuals with/without a medical home include: (1) health insurance coverage and type; (2) cost of care; (3) health literacy; (4) fear, mistrust, and poor treatment; (5) transportation; and (6) technological limitations for telemedicine use.

Health Insurance Type: Government-sponsored health insurance programs (i.e., Medicare & Medi-Cal) act as a safety net by providing health insurance to low-income individuals. One in five individuals in California and Sacramento County were Medi-Cal insured, compared to one in four individuals in the places of concern, in 2023. The greatest concentration of Medi-Cal beneficiaries within the places of concern reside in ZIP Code 95660, 95815, 95825, 95838, and 95842, which had more than one in three individuals during this time period.¹¹

Uninsured: Despite passage of the Affordable Care Act and California's Medi-Cal expansion, 6.9% of Californians and 5.1% of Sacramento County residents were uninsured in 2023.³ Four of the 18 places of concern (i.e., 95624, 95670, 95817, and 95821) have an uninsured rate

below the county average. North Highlands, with nearly one in 10 uninsured, has the highest uninsured population among the places of concern. Finally, 4% of uninsured individuals in California and 3.1% in Sacramento County have a disability. Again, North Highlands has the largest proportion of individuals with a disability at 3.06 times higher than the state average.¹¹

Cost of Care: The uninsured are less likely to receive routine preventive care or treatment for chronic diseases and are less likely to adhere to their prescription medication regime. Furthermore, uninsured people are less likely to seek care due to an inability to repay medical debts.²¹ A community service provider surveyed stated, “out-of-pocket costs are too high,” as a barrier to care.

Similar to the uninsured, those with high-deductible health insurance plans may have trouble repaying medical debt before meeting their deductible. From 2022 to 2024, Dignity Health Sacramento County provided \$71.5M in financial assistance to 48,195 uninsured/underinsured patients. For more information about Dignity Health’s financial assistance program or to apply, visit: www.dignityhealth.org/sacramento/patients-and-visitors/for-patients/billing-information/payment-assistance.

Health Literacy: According to the Department of Health and Human Services, “Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health

information and services needed to make appropriate health decisions.”⁴⁸ Health literacy impacts an individual’s ability to manage health conditions, communicate with providers, and seek appropriate care.² In 202, Sacramento County had a potentially avoidable emergency department visit rate of 31.2 per 1,000, which is 111% greater than the state average.⁴⁸

Among the 47% of households in Sacramento County that speak another language, 6.2% have limited English proficiency (LEP). Such individuals “do not speak English as their primary language and have a limited ability to read, write, speak, or understand English.”⁶¹ Economic and health challenges disproportionately impact LEP individuals, as they are more likely to:

- be uninsured or Medi-Cal beneficiaries,
- have a low income,
- report having fair to poor health status,
- have trouble understanding health care providers,
- not have a primary care provider or utilize health services, and
- rely on family and friends to interpret during medical appointments.⁶¹

Among the Sacramento County households that speak a language other than English, the following are LEP (see FIG 4):

- One in three speakers of Chinese, Korean, Vietnamese, Russian, Polish, or other Slavic languages;
- Nearly one in five speakers of other API and Indo-European languages; and

- One in 10 speakers of Arabic, Spanish, and Tagalog.

The proportion of bilingual/multilingual households in the places of concern is consistent with Sacramento County. When disaggregated, one in three of all households in the places of concern (i.e., ZIP Code 95660, 95815, 95828, and 95842) were identified to be LEP.¹¹

Fear, Mistrust, and Poor Treatment: Utilization of care is impeded by patient mistrust in providers and the health care system. Mistrust is based on the belief that these entities “may not act in the patient’s best interest and they may actively work against the patient.”⁸ The origins of patient mistrust are derived from historical unethical medical practices/ research, stigma, implicit bias, and prior negative health care experiences.⁹ Mistrust is more prevalent among socially and economically marginalized minority populations, which exacerbates health disparities in the following ways:

- Delayed routine care and/or lower utilization of health care services has been linked to late-stage cancer diagnosis and poor management of chronic conditions.^{8,9}
- Gains in medical knowledge needed to improve health outcomes among these populations are thwarted by low participation rates in research.^{8,9}

The community members, key informants, and providers engaged in this CHNA referred to the following barriers to advancing health equity in Sacramento County as concerning:



1) prejudice and discrimination in health care settings experienced by homeless individuals, immigrants, Medi-Cal beneficiaries, and other marginalized populations; 2) a need for increased cultural competency and/or humility among providers; and 3) a lack of trust built among health care providers when delivering services to unhoused and underserved populations.^{SEE Volume II}

Transportation: Transportation impacts access to health care because of the burden that travel places on the patient’s time and resources. The community members, key informants, and providers engaged in this CHNA agreed that the cost and availability of transportation are persistent barriers to care.^{SEE Volume II} As summarized by one focus group participant:

“Current bus and light rail services lack coverage, run infrequently, and do not operate at convenient times, especially for shift workers and those needing to attend health care appointments or jobs.”

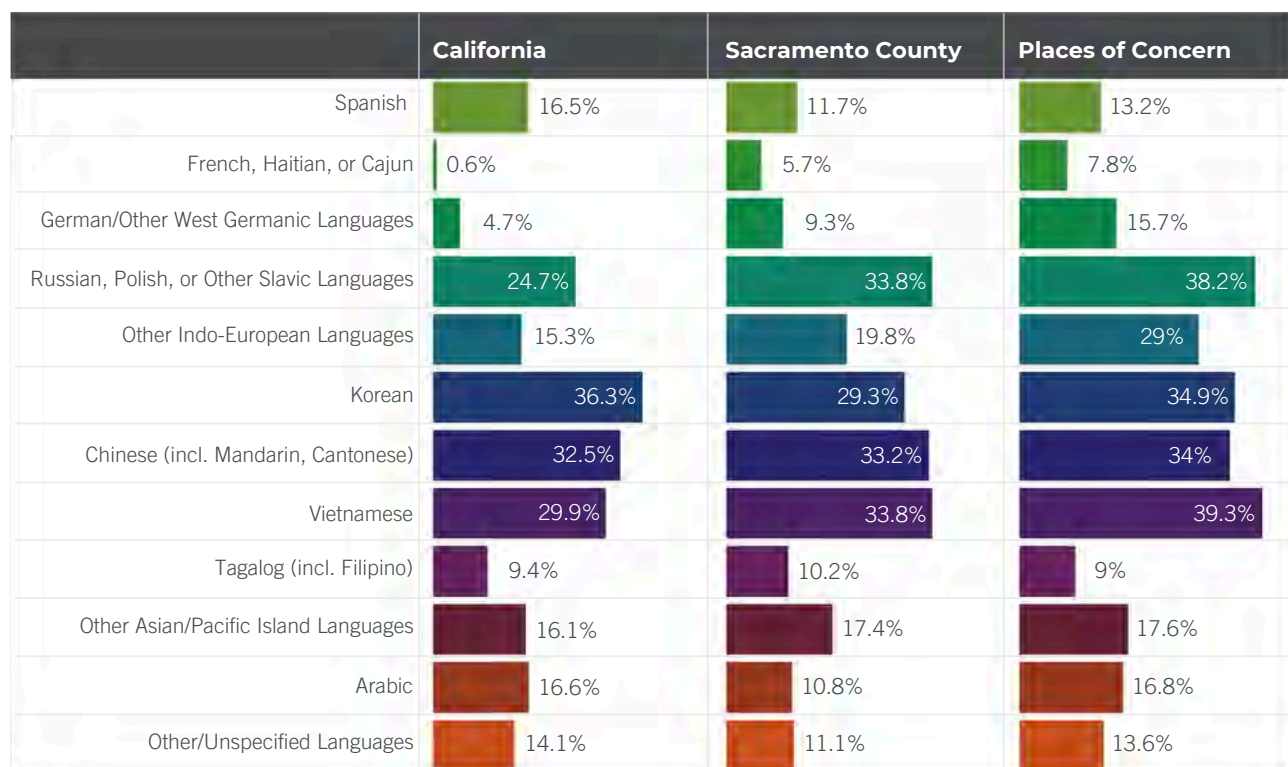
Technology: Telemedicine can increase access to essential health services and opportunities:

Maintain[ing] the continuity of care to the extent possible can avoid additional negative consequences resulting from delayed preventive, chronic, or routine care. Remote access to health care services may increase participation for those who are medically or socially vulnerable or who do not have ready access to providers. Remote access can also help preserve the patient-provider relationship at times when an in-person visit is not practical or feasible.³

Despite telemedicine’s many benefits and proliferation of use during the COVID-19 pandemic, utilization barriers within Sacramento County may still exist, as the proportion of households in seven of the 18 places of concern that do not have an internet subscription is at or below the Sacramento County (6.6%) and California (7.4%) estimates. One in 10 households in ZIP Codes 95660, 95815, 95820, 95821, and 95828, and one in five households in parts of Downtown Sacramento (95814), lack internet access, including a cellular phone service.²⁷⁻²⁸

FIG 4

Limited English Speaking Households, 2019-2023



Source: U.S. Census Bureau: American Community Survey (Table B16002)

Socioeconomic Factors

According to the Robert Wood Johnson Foundation:

Social and economic factors affect how well and how long we live. Social and economic factors include factors such as income, education, employment, community safety and social support. The choices that are available in a community are impacted by social and economic factors. These choices include our abilities to afford medical care and housing and to manage stress.¹³

To gain an understanding of the economic vitality within Sacramento County, the following factors are explored in this section: (1) educational attainment, (2) employment status, (3) household income, and (4) other measures used to assess economic opportunity.

Educational Attainment

The greatest predictors of future health outcomes are an individual's level of education and income.¹⁹ "Education leads to better, more stable jobs that pay higher income and allow families to accumulate wealth that can be used to improve health."¹⁴ Disparities in educational attainment can be observed among adults aged 25 years and older residing in the places of concern, with one in two adults in ZIP Codes 95815, 95838, and 95832 having a high school education or less. In all the places of concern, the proportion of adults with a college or associate's degree exceeds the California benchmark of 27.7%.¹¹

Disparities in higher education attainment can be observed in the proportion of adults that have a bachelor's or graduate degree in the places of concern compared to Sacramento County (bachelor's: 21.4%; graduate: 11.9%) and the state (bachelor's: 22.4%; graduate: 14.1%). Interestingly, the following three locations within the places of concern have higher educational attainment, on par with Sacramento County: Carmichael (95608), Downtown Sacramento (95811 and 95814), and Oak Park/Tahoe Park (95817 and 95820).¹¹

Further disparities in higher education attainment can be observed among racial and ethnic minorities in Sacramento County. Overall, one in three Sacramento County adults aged 25 years and older have a bachelor's degree or higher. With the exception of Asian adults (40.5%), none of the other racial and ethnic minorities met or exceeded the county benchmark (33.3%). Despite this, nearly one in three Multiracial, one in four Black, and one in five AIAN or Hispanic adults have a bachelor's degree or higher.¹¹

Economic Vitality

Level of income impacts health across the entire lifespan because it affects an individual's ability to obtain basic needs and their access to health care services. Research shows the economic vitality of an area is largely influenced by its concentration of poverty. Areas where poverty is highly concentrated have

diminished opportunities for good health among poor residents.⁷⁴ The following factors will be explored to better understand the economic vitality of the areas served by Dignity Health: (1) poverty, (2) median household income, (3) disability status, (4) housing costs, and (5) homelessness.

Poverty: Between 2019 and 2023, the proportion of individuals living in poverty within Sacramento County at 12.6% was slightly higher than the California (12%) benchmark. During this time period in the places of concern, one in four individuals in ZIP Codes 95824 and 95814 had an income below poverty level within the last 12 months, while one in five individuals were estimated to live in poverty in another six ZIP Codes (i.e., 95660, 95811, 95815, 95817, 95821, and 95838).¹²

An estimated 16.1% children under age 18 years were estimated to live at or below poverty. In the places of concern, only five ZIP Codes (i.e., 95021, 95610, 95670, 95823, and 95827) had a poverty rate below the California average of 15.1%. ZIP Codes 95821, 95811, and 95824 have the highest concentrations of children living in poverty. Finally, poverty among seniors aged 65 years and older was estimated to be: (a) one in 10 in Sacramento County and California, (b) two in five seniors in ZIP Codes 95814 and 95817, and (c) more than one in four in ZIP Code 95811.¹²

Disparities in Median Household Income: Among the places of concern, only ZIP Code

95670 (\$90,414) had a median household income at or above the Sacramento County average (\$88,724), with none meeting the California benchmark (\$96,334) between 2019 and 2023. Households in ZIP Codes 95814 (\$46,637), 95824 (\$53,938), 95821 (\$58,391), and 95815 (\$58,590) had a median income that was 40-52% less than the California benchmark. Finally, examining median household income by race and ethnicity in 2023: (1) Black households had the lowest median income at \$64,939; (2) AIAN, Hispanic, and Multiracial households exceeded their comparative state benchmarks but still had an median income below the Sacramento County overall benchmark of \$88,724; and (3) Asian, NHOPI and White (non-Hispanic/Latino) households had a median income at or above the California benchmark (\$96,334).⁷⁵

Disability Status: “Working people with disabilities experience disproportionate job loss during economic downturns compared to workers without disabilities, and supplemental security income (SSI) applications generally increase when the unemployment rate increases.”²¹ SSI is provided to most individuals with a disability that qualify; however, the monthly maximum income falls below the federal poverty level.¹ Access to functional needs was among the top ten priority health needs identified during the CHNA process. Functional needs refer to having sufficient transportation and a built environment that supports individuals with a physical disability.^{SEE Volume II} The necessity to

address functional needs is warranted, a more than one in 10 individuals had a disability in Sacramento County in 2023.¹¹

Although elevated among all age groups compared to the state, individuals aged 75 years and older comprise more than half of all individuals with a disability. Only ZIP Code 95624 (9.7%) and 95832 (11.6%) have disability rates below that county (12.7%). Finally, with one in four individuals, ZIP Code 95815 has the highest proportion of individuals with a disability among the places of concern.¹¹

Rising Housing Costs: Affordable, quality, safe, and stable housing has a critical impact on an individual's health and well-being, particularly among those who are chronically homeless have a chronic disease and/or a behavioral health condition.²² Access to basic needs, such as housing, jobs, and food, was one of the top priority needs identified in the CHNA by community members and key informants.^{SEE Volume II}

Housing shortages and high demand for available housing have resulted in persistently rising housing costs throughout California and within Sacramento County. The lack of affordable housing can be observed in the following:

- pay over 30% of their monthly income on housing, while one in four pay over 50%;
- one-third of households pay over 50% of their monthly income on housing in the places of concern (i.e., 95621, 95815, 95817, 95821, 95825, 95832, 95838, and 95842);

- one in three homeowners with a mortgage residing in Sacramento pay over 30% of their monthly income on housing, while one in 10 pay over 50%; and
- homeowners without a mortgage spend nearly 30% or more of their monthly income on housing in 95814 (28%) and 95825 (34%) compared the state (16.2%) and county 13.3%) benchmark.^{20,23-24}

Homelessness: According to the 2024 Homeless Point-in-Time Count Results report drafted by Sacramento Steps Forward:

- 6,615 people were estimated to be experiencing homelessness, a 28.7% decrease from the 2022 Point-in-Time Count;
- 50% were newly unsheltered within the last 12 months;
- homeless individuals were predominantly male, with an additional 5% identifying as gender nonconforming;
- one in 10 were under the age of 18; and
- one in three of unsheltered individuals were Black despite individuals comprising 9.5% of the Sacramento County population.⁷²

The U.S. Department of Housing and Urban Development (HUD) defines chronic homelessness as an individual who has:

- a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairment resulting from a brain injury, or chronic physical illness or disability;
- resided in an institutional care facility within the last 90 days; and

- been homeless for at least 1 year or on at least four separate occasions in the last 3 years.²⁵

Using HUD's definition, 44.8% of unsheltered Sacramento County residents in 2023 were identified as being chronically homeless during the point-in-time count. Among the unsheltered surveyed during the this count: one in two had a serious mental illness, one in three had a substance use disorder, 14.8% had experienced domestic violence, and 1.7% were HIV positive. To view the report and more information, click [here](#).

Health Behaviors

As previously mentioned, income influences the types of opportunities and resources an individual has available to purchase healthy foods; secure access to housing, transportation, and health care services; and fulfill other basic needs.¹⁹ Beyond the availability of resources, an individual's behaviors that limit the development and/or promote the management of chronic health conditions are further compounded by the built environment in which they live. In this section, the following factors are explored for their impact on health behaviors and outcomes: food environment, opportunities for physical activity, and nicotine product use.

Food Environment

According to the Robert Wood Johnson Foundation, the U.S. Department of Agriculture's (USDA) food environment index seeks to "measure the availability of

economical, close and nutritious food options in a community" on a scale of 0 (worst) to 10 (best).¹⁵ The food environment index scores for Sacramento County (8.3) is below the California benchmark of 8.6, indicating a slight difficulty in accessing healthy foods compared to other locations within the state.¹⁵

Feeding America estimates that one in seven Californians are food insecure.¹⁰ The inability to purchase healthy food is a predictor for the future development of chronic conditions and the inability to manage these conditions after onset. A 2017 study released by USDA found:

Food insecurity or the difficulty consistently obtaining access to adequate amounts of healthy, affordable food — is associated, among working-age adults, with an increased risk of 10 of the most common, costly and preventable chronic conditions: high blood pressure (hypertension), coronary heart disease, hepatitis, stroke, cancer, arthritis, chronic obstructive pulmonary disease and kidney disease.¹⁶

The fact that at least one in 10 individuals in Sacramento County and places of concern are recipients of the supplemental nutrition assistance program (aka. CalFresh) is worrying because of its impact on future health outcomes. Diving a bit deeper, the places of concern with the highest concentration of food insecurity were in ZIP Codes 95821 and 95842 (with one in five estimated to be CalFresh recipients); 95660, 95814, and 95838 (one in four); and 95815 and 95832 (one in three).¹²

Physical Activity

The Healthy People 2030 physical activity Objective (PA-01) aims to reduce the proportion of adults that report a lack of leisure-time physical activity to 21.2%. Only four ZIP Codes (95608, 95610, 95811, and 95815) in the places of concern met or were below the PA-01 target in 2022. Each of the following ZIP Codes had more physically active adults compared to the PA-01 target and the Sacramento County benchmark (22.7%), with:

- more than one in five adults in 95560, 95814, 95820, 95825, 95828, and 95842; and
- nearly one in three adults in 95815, 95838, and 95832.³¹

Community members and key informants identified the following four priority health needs in Sacramento County: (1) safe and violence-free environment, (2) increased community connects, (3) healthy physical environment, and (4) active living and healthy eating.^{SEE Volume II} The level of physical inactivity may be impacted by the built environment and concerns for safety.

According to Let's Get Healthy California:

Feeling unsafe may lead people to avoid walking, biking, or taking public transportation; have fewer interactions with neighbors; keep their children from playing outside; and, stay indoors rather than seek out goods and services they need such as groceries, or medical appointments.⁷³

Substance Misuse

Substance misuse can involve a wide range of substances—alcohol, marijuana, opioids, heroine, products containing nicotine etc.—that interfere with being able to meet life's responsibilities or with physical health, or are illegal.²⁶ In this section, only nicotine product use will be explored. Misuse of opioids and other illegal substances, along with maternal substance use, will be discussed in the next section on mortality and morbidity.

Nicotine Product Use: The Healthy People 2030 Objective TU-02 aims to reduce the proportion of adults who are current cigarette smokers to 6.1%. Neither Sacramento County (13%) or locations within the places of concern achieved the TU-02 target. In fact, all locations had an adult current cigarette smoking rate of at least twice the TU-02 target. Additionally, the American Lung Association asserts that populations that did not graduate from high school use nicotine products at a greater rate compared to the general population.¹⁸ In the places of concern, ZIP Codes 95832, 95660, and 95815 had the highest proportion of individuals aged 25 years and older that have less than ninth-grade education and those that attended high school but did not earn a high school diploma. A correlation between low educational attainment and nicotine product use was identified in adults residing in ZIP Codes 95832, 95660, and 95815, which had proportions of current smokers of at least 2.8 times the TU-02 target.^{18, 31}



SECTION IV

Disease, Injury & Death

As a whole, what ails our community?



Morbidity & Mortality

From 2020 to 2022, 41,305 deaths occurred in Sacramento County.⁷⁶ To better understand the impact of death within the communities we serve, the following mortality data were explored with regard to the top five leading causes of death, reduced life expectancy, and premature death. Stratification of the death rates by race, ethnicity, census tract, and/or Zip Codes within the places of concern was not examined as it would fail to provide generalizable information.

Top Five Leading Causes of Death

While accounting for 4% of all deaths in the state, Sacramento County's age-adjusted death rate was 785.2 per 100,000 residents, ranking 33rd out of California's 58 counties (meaning 32 counties had lower death rates).^{35,76} This indicates a higher risk of death for Sacramento County residents compared to

the majority of other counties in the state between 2020 and 2022. During this time period, the following were found:

- *Elevated Overall Mortality:* The death rate from all causes in Sacramento County (670) exceeded the state average.
- *Leading Causes of Death:* Cancer was the leading cause of death in both Sacramento County and California, followed by heart disease.
- *Disproportionate Impact of Cardiovascular and Neurological Diseases:* Death rates from heart disease, stroke, and Alzheimer's disease in Sacramento County were at least 1.3 times higher than the California average.^{35,76}

Premature Death

From 2020 to 2022, the rate of deaths among Sacramento County residents under the age of 75 was 12% higher than the California benchmark of 330 per 100,000.

The COVID-19 pandemic significantly contributed to this burden, ranking as the fourth leading cause of death among individuals under 75 years old during this period.³⁷

Significant disparities exist in premature death rates across racial and ethnic groups:

- *Asian, Hispanic/Latino, and White populations:* Experienced premature death rates below the state benchmark.
- *Black populations:* Faced a disproportionately high premature death rate of 640 per 100,000, ranking 11th highest among all California counties.
- *NHOPI and AIAN population:* Experienced a 132-154% higher rate of preventable premature death compared to the state average (370).³⁷

Life Expectancy

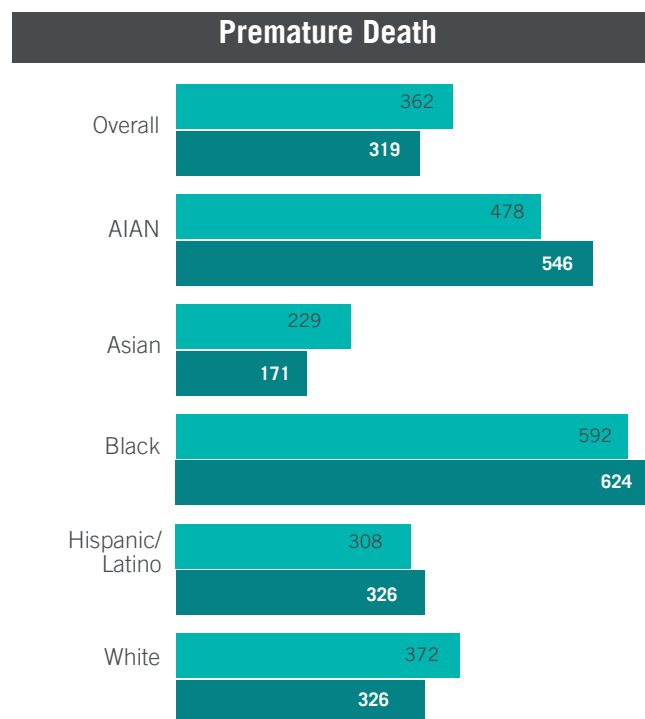
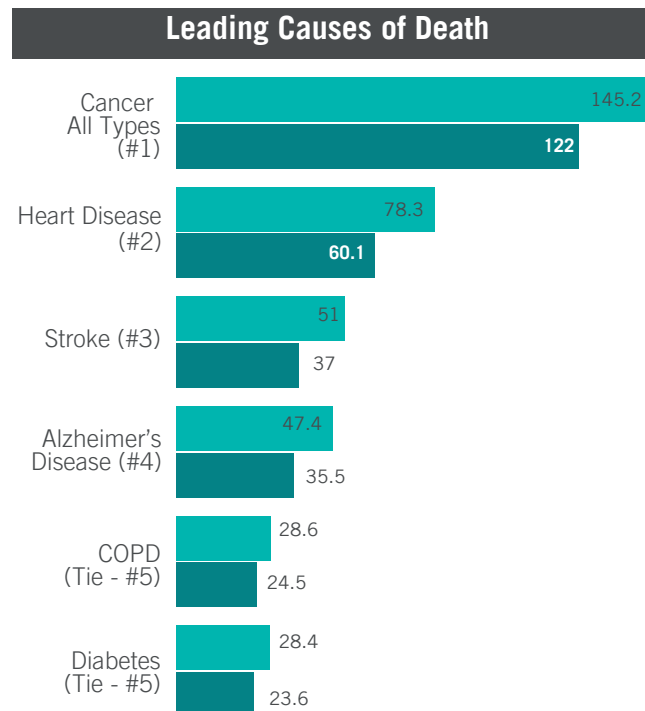
The Centers for Disease Control estimates that Californians born between 2020 and 2021 will live to be 79.4 years on average.²⁹ Sacramento County residents born during this time period are estimated to have a 16-month shorter life span (78.0 yrs.) compared to the state average. Stratified by race and ethnicity:

- the Asian population has the longest life expectancy at 83.4 years, followed by the Hispanic/Latino population (80.4 yrs.); and
- the Black population has the shortest life expectancy at 72.6 years, a staggering 5.4 years less than the overall Sacramento County average and 6.8 years less than the state average.⁷⁷

FIG 5

Mortality Snapshot, 2020-2022

● Sacramento County ● California



Note: All rates listed are age-adjusted per 100,000.

Sources: National Institutes of Health & California Department of Public Health - County Health Status Profiles 2024



Behavioral Health

Like other communities with significant health disparities and high rates of poverty, mental health is a serious concern. Substance misuse and mental health were identified to be a priority health needs by community members and key informants engaged in the CHNA.

Social and emotional support is crucial for navigating the daily challenges of life. Lack of sufficient social and emotional support can be observed among Sacramento County residents, who on average reported experiencing 5.8 mentally unhealthy days within the last 30 days, higher than the California benchmark of 4.7 days in 2022.³¹

In Sacramento County, the proportion of adults 18 years and older who experienced 14 or more mentally unhealthy days within the last 30 days was 13%, which is slightly higher than the state and national age-adjusted prevalence of 12% in 2022. In the places of concern:

- only four Zip Codes (95608, 95624, 95670 and 95828) had a frequent distress rate below the Sacramento County and the national benchmarks.
- One in five adults experienced frequent distress in ZIP Codes 95825, 95660, 95815, 95838, 95872, 95811, 95814, 95820, and 95832.³¹

Intentional Self-Harm

Deaths due to intentional self-harm (suicide) continue to be among the leading cause of death in California. The Healthy People 2030 MHMD-01 Objective is to reduce suicides to 12.8 per 100,000 population. From 2020 to 2022, the suicide death rates for California (10.1 per 100,000) and Sacramento County (11.9) were below the Healthy People 2030 target.³⁵ Among youths aged 15-24 years in Sacramento County, the death rate due to intentional self-harm was 9.2 per 100,000 population, greater than that of California (8.2), between 2020 and 2022.³⁴

According to the Centers for Disease Control, “a combination of individual, relationship, community and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide - they might not be direct causes.”³⁰ The risk factors for suicide include a history of depression and substance abuse. The rate of adults within Sacramento County (25%) who reported being told by a doctor they had a depressive disorder according to the 2022 Behavioral Risk Factor Surveillance System was above the national benchmark of 23.2%. Only ZIP Codes 95624, 95822, and 95832 in the places of concern have a diagnosed depressive disorder rate at or below the national benchmark. At least one in four adults (25.4-28.2%) report having a depressive disorder within the places of concern.³¹

Substance Use

“Substance abuse is the medical term used to describe a pattern of using a substance (drug) that causes significant problems or distress. This may be missing work or school using the substance in dangerous situations, such as driving a car.”³² The most common types of substances that are abused include alcohol, opioids, cannabis, tobacco, and other illicit drugs.

All Drug-Related Overdoses: Given the known link between substance abuse and intentional self-harm, this section examines the prevalence of all drug-related overdose emergency department (ED) visits in Sacramento County in 2023. Utilizing the California Overdose Surveillance dashboard,

the following were identified:

- *Elevated Overdose ED Visit Rate:* The age-adjusted rate of drug overdose ED visits for Sacramento County was 169.94 per 100,000, 18% higher than the California average of 143.8 per 100,000.
- *Geographic Hotspots:* Only ZIP Code 95624 (146.3) had an ED visit rate below the Sacramento County average. Several ZIP Codes within the places of concern experienced alarmingly high rates: (a) 95811 and 95814 had rates at least 5.5 times the state benchmark; (b) 95815 had a rate of 679.64 per 100,000; and (c) 95821 (500.31) and 95820 (402.64) had rates at least 2.8 times the state benchmark.
- *Age Group Most Affected:* The 30-34 age group experienced the highest crude rate of overdose ED visits at 330.95 per 100,000.
- *Disproportionate Impact on Black Residents:* Black Sacramento County residents experienced the highest rate of overdose ED visits, with 536 visits and an age-adjusted rate of 347.31 per 100,000.⁴⁶

Hospitalizations: The hospitalization rates for all drug-related overdoses varied significantly across the places of concern. Only ZIP Codes 95608, 95624, 95827, and 95828 had rates below the county average (9.81 per 100,000) and the state average (8.27). Conversely, ZIP Codes 95815 and 95820 exhibited the highest rates, which were 500-600% greater than the state level. The 30-34 age group had the highest hospitalization rate, and Black (25.62) and White (11.88) residents

experienced disproportionately higher hospitalization rates than other racial/ethnic groups in the county.⁴⁶

Deaths: Examination of all drug-related deaths in Sacramento County reveals significant disparities:

- *Geographic Disparities:* Among the places of concern, four ZIP Codes (95621, 95624, 95670, and 95825) had the lowest all-cause drug-related death rates, falling below the county (39.57) and/or state (29.43) benchmarks (rates of 22.9, 34.14, 36.46, and 38.33 per 100,000, respectively). In stark contrast, ZIP Codes 95811 (11.8 times the state average), 95814 (4.6 times), and 95815 (4.5 times) experienced the highest death rates, indicating severe localized crises.
- *Age-Related Impact:* The 55-59 age group had the highest all-causes drug-related death rate (86.66), closely followed by the 60-64 (86.23) and 35-39 (78.28) age groups.
- *Racial/Ethnic Disparities:* Black and White residents in Sacramento County had all-causes drug-related death rates at least 1.47 times the county benchmark. AIAN residents showed a particularly concerning disparity: their death rate was 1.7 times the county benchmark and nearly 5 times the state benchmark. Despite lower ED utilization (89.54) and hospitalization (25.54) rates, their mortality rate is exceptionally high, suggesting significant barriers to accessing timely and effective health care for this population.⁴⁶

Fentanyl: In 2023, Sacramento County's fentanyl-overdose related ED visit rate (32.91 per 100,000) exceeded the state rate (26.3). Except for ZIP Codes 95624, 95827, and 95832, all other places of concern had higher-than-state ED visit rates for fentanyl overdoses. ZIP Code 95814 had the highest rate, at more than 10.6 times the California benchmark, followed by 95815 (8.5 times) and 95821 (6.7 times). The 30-34 age group had the highest ED utilization for fentanyl overdoses, closely followed by the 25-29 and 35-39 age groups. Black (66.23) and White (51) residents had the highest ED utilization rates in Sacramento County.⁴⁶

Hospitalizations: Fentanyl overdose hospitalization rates mirrored ED utilization rates, with Black and White residents aged 30-34 experiencing disproportionately higher hospitalization rates. Among the places of concern, ZIP Code 95811 had a fentanyl overdose hospitalization rate of 129.73 per 100,000, over 6.5 times the county (19.95) and state (19.13) rates.⁴⁶

Deaths: AIAN 48.61 per 100,000 and Black (40.94) residents of Sacramento County, along with those aged 30-34 and 35-39, experienced a greater burden of death from a fentanyl overdose than other racial and ethnic groups. Lower ED utilization and hospitalization rates among AIAN residents suggest that they may be less likely to receive timely overdose intervention, contributing to the higher mortality rate observed. ZIP Code 95811 had the highest

fentanyl-related death rate (6.8 times the state average of 19.13), followed by 95815 (67.97) among the places of concern in 2023.⁴⁶

Heroin: Sacramento County had a heroin-related overdose ED visit rate that was 21.7% greater than the state average (1.84 per 100,000). In the places of concern, the four ZIP Codes with the greatest utilization rate were 95814 (28.94), 95820 (19.55), 95815 (13.12), and 95660 (10.42) in 2023. By age group, those aged 45-49 frequented the ED for a heroin overdose more than any other age group. Interestingly, ED visits for heroin-related overdoses were not reported for Sacramento County residents aged 15-24 years but were reported for the 80-84 age group. Finally, Black Sacramento County residents had an ED visit rate that was 3.5 times higher than White residents and 11 times higher than the Hispanic population.⁴⁶

Hospitalizations: In 2023, heroin-related overdose hospitalizations significantly exceeded the county (0.47 per 100,000) and state (0.37) benchmark in four ZIP Codes within the places of concern. ZIP Codes 95820 and 95832 had the highest rates, 163-278% greater than the California benchmark. Finally, ZIP Codes 95610 and 95815 both experienced rates 8.3 times higher than the state average.⁴⁶

In Sacramento County, heroin-related overdose hospitalizations in 2023 were reported only among residents aged 40-69.

The highest rates were observed in the 65-69 (2.44) and 40-44 (1.89) age groups. Black residents experienced a disproportionately high hospitalization rate (1.3), significantly higher than Hispanic (0.59) and White (0.44) residents.⁴⁶

Deaths: While the overall Sacramento County (0.55 per 100,000) heroin-related overdose death rate was below the state benchmark (0.79) in 2023, significant disparities exist across racial/ethnic groups, age groups, and geographic areas.

- *Racial/Ethnic Disparities:* No race or ethnicity had a heroin-related death rate on par with the state average. API residents had the highest rate (0.7), closely followed by Black residents (0.66). Heroin-related overdose deaths were not reported for the AIAN population during this period.
- *Age Group Most Affected:* Despite having the greatest ED utilization rate, the 45-49 age group had the most heroin-related deaths (2.11), closely followed by the 50-54 age group (2.06). This suggests that although this age group seeks emergency care, it may not be enough to prevent fatal overdoses.
- *Geographic Hotspots:* Within the places of concern, the burden of heroin-related deaths was concentrated in ZIP Codes 95660 (3.31), 95610 (1.67), and 95670 (0.96), with rates ranging from 122-419% greater than the state rate.⁴⁶

Opioids: Sacramento County's overall opioid-related overdose ED utilization rate was 122% higher than the state benchmark

(60.52 per 100,000) in 2023, indicating a significant opioid crisis within the county:

- *Racial/Ethnic Disparities:* Black residents experienced the highest opioid-related overdose ED visit rate (164.74) among all racial and ethnic groups, highlighting a critical health inequity. White residents had the second-highest ED visit rate (108.03), exceeding the state rate by 1.79 times.
- *Age Group Most Affected:* Opioid-related overdose ED visits peaked among residents aged 30-34 (225.46), followed by the 25-29 (167) and 35-39 (173.04) age groups.
- *Geographic Hotspots:* Of the ZIP Codes identified as places of concern, only three had opioid-related overdose ED visit rates below both the county and state benchmarks. ZIP Codes 95811, 95814, and 95815 exhibited the highest utilization rates, exceeding the state benchmark by 685-781%, indicating severe localized crises.⁴⁶

Hospitalizations: Sacramento County residents are not only more likely to visit the ED for opioid-related overdoses, but they are also 116% more likely to be hospitalized compared to the state benchmark (15.35 per 100,000). Consistent with ED visit trends, Black (51.13) and White (21.76) residents experienced the highest hospitalization rates among all racial and ethnic groups.⁴⁶

Hospitalization rates were also elevated among the 30-34 age group, with a rate of 43.44 per 100,000. ZIP Codes 95815 and 95820 had hospitalization rates at least 4.84

times higher than the state benchmark.

Notably, hospitalizations increased from the 45-49 age group, peaking among residents aged 65-69 (40.37). This older age group also had the second-highest number of opioid-related overdose hospitalizations.⁴⁶

Deaths: Sacramento County's overall opioid-related overdose death rate (20.81 per 100,000) slightly exceeded the California benchmark. An urgent need for targeted interventions and a focus on equitable access to care are evident from the following:

- *Devastating Impact on the AIAN Community:* The AIAN community experienced the greatest burden of opioid-related overdose deaths, with a tragically high rate of 79.03 per 100,000. This devastating outcome is compounded by barriers to care, as this community also had the lowest ED utilization and hospitalization rates among all racial and ethnic groups, suggesting significant unmet needs and systemic failures in health care access.
- *Disproportionate Impact on Black Residents:* Black Sacramento County residents experienced a disproportionately high opioid-related overdose death rate (second-highest), despite having the highest ED utilization and hospitalization rates. This raises serious concerns about equitable access to effective and timely treatment, highlighting potential biases in care delivery and the need for culturally competent interventions.⁴⁶

- *Age-Related Disparities:* Similar to Black Sacramento County residents, the 35-39 age group experienced a disproportionately high number of opioid-related overdose deaths compared to other age groups, despite having the highest ED utilization and hospitalization rates. This suggests that although this age group seeks emergency care, it may not be enough to prevent fatal overdoses, indicating a need for improved treatment strategies and long-term support.

- *Geographic Hotspot:* Consistent with these trends, ZIP Code 95811 had an opioid-related overdose death rate 623% higher than the state benchmark, indicating a severe localized crisis.⁴⁶

Opioid Prescribing Rate: According to Substance Abuse and Mental Health Services Administration, “Increases in the availability of opioids are often associated with higher rates of related opioid overdose deaths. Risk factors related to opioid access

FIG 6

Opioid-Related Overdoses & Prescribing Patterns, 2023

	Emergency Department	Hospitalizations	Deaths	Opioid Prescribing	Buprenorphine Prescribing
Sacramento County	73.95	17.74	22.06	379.92	32.26
95608	174.59	19.19	19.18	448.06	42.68
95610	156.56	33.26	28.45	472.30	58.04
95621	120.27	22.40	19.56	478.40	54.34
95624	54.46	7.55	11.30	345.90	22.70
95670	131.57	29.66	25.78	379.16	37.51
95660	222.38	24.69	43.18	435.58	38.42
95811	414.72	42.56	129.73	1018.18	141.73
95814	472.96	53.80	48.91	398.15	59.37
95815	459.30	74.26	67.97	728.29	56.41
95817	116.60	50.74	10.49	456.26	49.60
95820	178.81	76.85	33.46	397.70	35.89
95821	310.28	28.89	40.75	411.81	42.27
95825	201.98	58.25	19.13	518.18	45.31
95827	64.23	10.90	38.18	448.80	37.67
95828	192.03	13.54	18.55	338.92	19.36
95832	35.94	9.96	35.12	442.55	28.92
95838	161.41	35.27	26.79	471.94	30.98
95842	118.04	20.27	31.55	471.30	32.98

Notes: Opioid and buprenorphine prescription rates are per 1,000 (age-adjusted); Emergency Department visits, hospitalization and death rates per 100,000 (age-adjusted). *Source:* California Overdose Surveillance Dashboard

and supply include increases in opioid prescribing, increases in the amount of opioids being diverted, and changes in the supply of non-prescription opioids.”⁷⁸

In 2023, Sacramento County’s overall opioid prescribing rate was 128% higher than the state benchmark (295.98 per 1,000). The prevalence of overlapping opioid prescriptions (at least two for 30+ days per quarter) correlated with age, peaking in the 60-64 age group and remaining elevated among those aged 65-84 years. However, the 35-39 age group, despite having the highest ED utilization, hospitalization, and death rates in 2023, had a comparatively low opioid prescribing rate, suggesting that opioids are frequently obtained outside of health care settings. Finally, ZIP Code 95811 had a prescribing rate 3.44 times higher than the state benchmark, potentially contributing to the area’s elevated ED visit, hospitalization, and opioid-related overdose death rates.⁴⁶

Medication-Assisted Treatment: To combat the opioid crisis across California, the California Department of Health Care Services has rolled out the California Medication Assisted Treatment (MAT) Expansion Initiative.⁵³ This initiative is geared toward enhancing MAT accessibility, minimizing untreated addiction cases, and curbing opioid overdose fatalities by delivering comprehensive prevention, treatment, and recovery initiatives. “Medications can be used to treat substance use disorders, sustain recovery and prevent overdose.

Buprenorphine or other medications prescribed by a provider relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medication-assisted therapy is an evidence-based treatment approach and does not result in substitution of one drug for another.”⁵²

Sacramento County’s buprenorphine prescribing rate (32.26 per 1,000 residents) surpassed the state average (21.74) by 48%. However, critical disparities demand targeted interventions:

- Buprenorphine prescribing in ZIP Code 95828 was below the state benchmark, requiring immediate action to expand MAT access.
- ZIP Code 95811 had the highest opioid-related death rate but an opioid prescribing rate that was 6.5 times the state average.
- Despite receiving the most MAT prescriptions, individuals aged 30-44 had the highest opioid-related overdose death rate, signaling a need to investigate treatment effectiveness, adherence challenges, and co-occurring mental health conditions.
- Young adults aged 25-29, with an opioid-related death rate 45% above the state average, were significantly under-prescribed MAT, highlighting critical access and/or knowledge gaps that require urgent attention.⁴⁶



Cancer

Sacramento County faces challenges in meeting the Healthy People 2030 Objective C-1 of reducing cancer-related deaths to 122.7 per 100,000 population. Between 2020 and 2022, cancer (all sites) was the leading cause of death in the county, with a rate of 145.2, exceeding the Healthy People 2030 target.^{35,79-80} While the county's overall cancer incidence rate (406.9) is only slightly higher than the state's (397.4), significant disparities in cancer incidence exist across racial and ethnic groups.^{SEE FIG 5}

Breast Cancer

From 2017 to 2021, Sacramento County's age-adjusted breast cancer mortality rate (20.0 per 100,000 female population) exceeded both the California benchmark (18.8) and the Healthy People 2030 Objective C-04 (15.3). Black women in Sacramento County experienced a disproportionately high

mortality rate of 34.7 per 100,000, 1.85 times the California rate. In contrast, API and Hispanic/Latino populations met the Healthy People 2030 objective. While Sacramento County's breast cancer incidence rate is similar to California's (124 per 100,000), significant disparities exist. FIG 7 highlights that API and AIAN women have the highest incidence rates.^{35,79-80}

A critical issue is late-stage diagnosis: nearly one-third of breast cancer cases in California and Sacramento County are diagnosed at regional or distant stages. This is especially pronounced among AIAN women, where two in five are diagnosed at a late stage. This high proportion of late-stage diagnoses likely contributes to poorer outcomes, as the 5-year survival rates vary dramatically by stage: 98.9% (localized), 86.3% (regional), and 32.4% (distant) according to the U.S. Department of Health and Human Services.^{54, 79-80} Further investigation is

needed to understand the factors contributing to late-stage diagnosis in this population.

Screenings: Breast cancer screening is a critical public health priority. The U.S. Preventive Services Task Force recommends biennial mammography for women aged 50-74.⁴⁰ In 2022, both California (76.5%) and Sacramento County (71.4%) fell short of the Healthy People 2030 Objective C-05 of 80.5% for breast cancer screening.³¹

A closer examination of Sacramento County reveals the following key findings:

- None of the ZIP Codes within the places of concern met the Healthy People 2030 Objective C-05 of 80.5%. This indicates a system-wide challenge in achieving optimal screening rates.³¹
- Zip Codes 95815 (68.1%) and 95660 (68.3%) exhibited the lowest mammography screening rates in Sacramento County.³¹
- Eight ZIP Codes (95608, 95610, 95621, 95624, 95670, 95817, 95825, and 95827) in the places of concern demonstrated screening rates higher than the Sacramento County average of 71.4%.³¹

Cervical Cancer

From 2018 to 2022, cervical cancer deaths in Sacramento County decreased across all age groups, while the statewide trend in California remained stable. Due to data limitations, death rates were only calculated for White residents in Sacramento County. The cervical cancer death rate for White women in the county was 2 per 100,000, higher than the

county rate of 1.7 but lower than the state rate of 2.1.⁷⁹⁻⁸⁰

Hispanic/Latina women experienced the highest incidence of new cervical cancer cases in Sacramento County at 8.3. API women had a lower incidence rate (4.5) than both the county (6.4) and California (7.3) rates. Alarming, over half of all new cervical cancer cases, regardless of race and ethnicity, in both California and Sacramento County were diagnosed at a late-stage. This disparity is particularly pronounced among Black women in Sacramento County, where nearly seven in 10 were diagnosed at a late-stage.⁷⁹⁻⁸⁰

Late-stage diagnosis significantly impacts survival. The 5 year relative survival rate for localized cervical cancer is approximately 90.4%; however, this rate drops to 60.5% for regional-stage cancer and plummets to 20.3% for distant-stage cancer. At all stages of diagnosis, Black women have relative survival rates below these values.⁵⁵

Screenings. Due to a severe data lag, the age-adjusted prevalence of women aged 21-65 years who reported being up-to-date with cervical cancer screening was withheld.

Colorectal Cancer

From 2017 to 2021, the age-adjusted colorectal cancer mortality rate among both sexes in Sacramento County (13.3 deaths per 100,000) was higher than the California rate (12) and the Healthy People 2030 Objective C-06 (8.9). By race and ethnicity,

Black Sacramento County residents had the highest rate of colorectal-related cancer deaths at 1.4 times the California rate, followed by their White counterparts.⁷⁹⁻⁸⁰

Newly diagnosed colorectal cancer cases from 2017 to 2021 exceeded the California rate of 33.5 in Sacramento County (35.6). Despite suppression of colorectal cancer deaths, AIAN county residents had the highest proportion of new colorectal cancer cases (25.7% higher than the state), with seven in 10 being diagnosed at a late-stage.⁷⁹⁻⁸⁰ Individuals diagnosed at late-stage have a diminished 5 year relative survival rate of 74.1% (regional) or 17.6% (distant), compared with those diagnosed at a localized stage (89.5%).⁵⁶

Screenings: A significant opportunity exists to improve colorectal cancer screening rates in Sacramento County and specifically within several high-needs ZIP Codes. Currently, over half of colorectal cancer diagnoses occur at a late-stage. To address this, the U.S. Preventive Services Task Force recommends colorectal cancer screening for all adults aged 50-75.⁴¹ Despite this, in 2022, Sacramento County's screening rate (56.6%) fell short of both the California benchmark (67.3%) and the Healthy People 2030 Objective C-07 (74.4%). Alarming, six ZIP Codes within the places of concern (95660, 95811, 95815, 95832, and 95838) exhibited even lower screening rates, ranging from 51.4% to 56%, further underscoring the need for targeted interventions.³¹

Lung Cancer

Sacramento County's lung cancer mortality rate (26.9 per 100,000 between 2017 and 2022) exceeded California's age-adjusted rate of 23.2 and was above the Healthy People 2030 Objective C-02 of 25.1.

Significant disparities exist:

- men experienced a 30% higher death rate than women;
- AIAN residents had a mortality rate 1.73 times the state rate; and
- Black residents also faced a disproportionately high rate of lung cancer-related deaths (141% above the state rate).

In contrast, only the Hispanic and API populations in Sacramento County had lung cancer mortality rates that met the Healthy People 2030 Objective C-02 and were below the state rate.⁷⁹

The overall 5-year survival rate for non-small cell lung cancer is <25%. The following relative 5-year survival rates were estimated by diagnosis stage: 59.7% localized, 34.2% regional, and 8.3% distant.⁴² Correlating with highest burden of death, the AIAN population had the highest proportion of new lung cancer cases, with six in 10 being diagnosed at a late-stage. Lastly, despite having incidence and death rates at least 14% below those of the state, nearly eight in 10 new cases were diagnosed at a late-stage among the API population between 2017 and 2022.⁷⁹⁻⁸⁰

Ovarian Cancer

Despite positive trends in Sacramento County, where ovarian cancer mortality and incidence rates are lower than state and national benchmarks, a critical challenge remains: 79.3% of Sacramento County women are diagnosed with ovarian cancer at a late-stage, a higher rate than in California overall.⁷⁹ Given the significant impact of stage at diagnosis on survival (5 year relative survival rates: 93.9% localized, 69.7% regional, 22% distant), efforts must focus on improving early detection and diagnosis in Sacramento County.⁵⁷

Prostate Cancer

From 2018 to 2022, Sacramento County's prostate cancer incidence rate was lower than the state benchmark; however, the proportion of cases diagnosed at a late-stage was higher than the state average.^{SEE FIG 7} Notably, Black men in Sacramento County were the only racial/ethnic group with an incidence rate that met or exceeded the state benchmark. Counterintuitively, Black men were less likely than other groups to be diagnosed at a late-stage (approximately one in three).⁷⁹⁻⁸⁰

While prostate cancer deaths remained stable in Sacramento County and California during this period, Sacramento County's death rate exceeded both the state benchmark and the Healthy People 2030 Objective C-08 (16.9 per 100,000). A disproportionate burden of mortality was observed among Black men in Sacramento County, with a death rate 1.88 times higher than California's.⁷⁹⁻⁸⁰ Further

research is crucial to identify barriers to accessing and adhering to cancer treatment, and other factors contributing to this elevated mortality, particularly given that screening efforts are detecting new cases in Black men at earlier stages.

Conversely, Hispanic men in Sacramento County had both incidence and death rates below their respective state benchmarks; however, more than half of new cases in Hispanic men, regardless of race/ethnicity, were diagnosed at a late-stage.⁷⁹⁻⁸⁰ The fact that one in three newly diagnosed men receive a late-stage diagnosis remains a significant concern. Early detection is critical: men diagnosed at the localized or regional stage have nearly a 100% 5 year relative survival rate, while survival drastically decreases to 37.7% for those diagnosed at a distant stage.⁴³

Uterine (Endometrial) Cancer

Between 2018 and 2022, Sacramento County and California both experienced an increasing incidence of uterine cancer. Sacramento County's incidence rate was 12.3% higher than the state's. Within Sacramento County, only White women had an incidence rate that equaled or surpassed the county; API women were the only group with an incidence rate below the state's. A stark disparity exists in uterine cancer mortality: Black women in Sacramento County experienced significantly higher death rates than all other racial/ethnic groups, with a death rate 170% higher than

than the county's and 198% higher than the state's. While overall uterine cancer mortality trends remained relatively stable, this disproportionate burden among Black women is deeply concerning. Compounding this issue, approximately two in five Black women are diagnosed at a late-stage, reducing their chances of survival.⁷⁹⁻⁸⁰

Early detection is paramount. The 5-year relative survival rate for uterine cancer diagnosed at a localized stage is 93.9%; however, survival rates plummet to 69.7% for regional-stage diagnoses and a mere 22% for distant-stage diagnoses.⁴⁴ These statistics underscore the urgent need for improved screening and early detection strategies, particularly within the Black community. Further investigation is warranted to understand the factors contributing to the late-stage diagnoses and higher mortality rates among Black women in Sacramento County.

FIG 7

Sacramento County Cancer Profile, 2018-2022

	California	Sacramento County	AIAN	API	Black	White	Hispanic
All Sites	397.4	406.9	500.5	301.3	418.5	435.0	349.6
Breast Cancer							
Incidence	124.0	125.5	143.3	145.4	130.8	132.8	102.0
Late-Stage Diagnosis	32.7%	32.6%	41.3%	31.7%	39.1%	30.2%	38.7%
Deaths	18.8	20.0	Suppressed	11.8	34.7	22.1	11.9
Cervical Cancer							
Incidence	7.3	6.4	Suppressed	4.5	6.3	6.4	8.3
Late-Stage Diagnosis	53.5%	56.3%	Suppressed	51.4%	69.2%	56.9%	55.6%
Deaths	2.1	1.7	Suppressed	Suppressed	Suppressed	2.0	Suppressed
Colorectal Cancer							
Incidence	33.5	35.6	42.1	31.1	35.5	32.3	36.6
Late-Stage Diagnosis	57.2%	59.2%	70.8%	60.7%	58.6%	60.5%	57.5%
Deaths	12.0	13.0	Suppressed	11.2	16.8	13.9	12.0
Ovarian Cancer							
Incidence	10.5	9.8	Suppressed	9.9	7.3	10.0	8.3
Late-Stage Diagnosis	73.8%	79.3%	Suppressed	76.2%	83.8%	81.6%	73.8%
Deaths	6.3	5.3	Suppressed	4.2	5.2	5.4	5.4
Prostate Cancer							
Incidence	98.6	87.8	72.9	51.8	141.0	85.1	75.3
Late-Stage Diagnosis	25.3%	30.3%	Suppressed	34.2%	31.3%	30.6%	44.4%
Deaths	20.2	22.8	Suppressed	13.2	38.1	24.3	17.8
Uterine Cancer							
Incidence	27.7	31.1	Suppressed	27.5	30.0	32.0	28.8
Late-Stage Diagnosis	30.3%	28.6%	Suppressed	25.1%	40.8%	27.2%	31.3%
Deaths	5.4	6.3	Suppressed	3.3	10.7	6.7	5.1
Lung Cancer							
Incidence	36.7	43.8	74.3	31.3	48.5	48.9	27.8
Late-Stage Diagnosis	67.1%	66.6%	65.9%	76.5%	69.6%	64.4%	67.6%
Deaths	23.2	26.9	40.1	19.5	32.7	30.4	13.5

Notes: (1) Age-adjusted incidence rate per 100,000; (2) Female breast cancer; (3) Both Sexes (Colorectal & Lung); and (4) Late-stage is defined as cases determined to be regional or distant.



Diabetes & Obesity

From 2020 to 2022, diabetes ranked as the seventh leading cause of death in California; however, Sacramento County's residents faced a disproportionately higher risk: the county's age-adjusted diabetes death rate (28.4 per 100,000) was 1.2 times greater than the California average (23.6). This placed Sacramento County in the bottom quartile of California counties; 43 out of 58 counties had a lower diabetes death rate.^{35,76}

Prevalence: Obesity is a known risk factor for type 2 diabetes. The Healthy People 2030 Objective NWS-03 aims to reduce the adult obesity rate to 36% or less. In Sacramento County, the overall adult obesity rate (BMI \geq 30) was 32% in 2022, achieving this objective.³¹

Conversely, significant disparities exist at the ZIP Code level. While the county as a whole

met the Healthy People 2030 objective, several ZIP Codes exceeded the 36% target. Specifically, 40.9% of adults in ZIP Code 95815 were obese. Five other ZIP Codes within the places of concern also showed concerning rates: 95660 (39.8%), 95814 (38.2%), 95821 (37%), 95838 (38.5%), and 95842 (38%). Outside the places of concern, ZIP Codes 95652 (43.35%) and 95671 (39.8%) also had a high obesity prevalence.³¹

In 2022, the statewide prevalence of diagnosed diabetes was 10.6%, compared to 9.4% in Sacramento County. The highest prevalence of diagnosed diabetes within the county was concentrated in the northeast (ZIP Codes 95652, 95660, 95815 and 95838) and south (ZIP Codes 95823, 95824, 95828, and 95832) Sacramento County, ranging from 12.5% to 15.4%.^{31,39}

Health Care Utilization: To gain an understanding of disease management

among diagnosed diabetics in Sacramento County, the following four preventive health indicators were explored: short-term diabetes complications (PQI #1), long-term diabetes complications (PQI #3), uncontrolled diabetes (PQI #8), and the rate of lower-extremity amputations among patients with diabetes (PQI #16).

Overall, hospitalizations for diabetes-related conditions in Sacramento County, with 236 per 100,000, slightly exceeded the state's diabetes composite score of 234.4. In 2023, Sacramento County residents with diagnosed diabetes experienced:

- a short-term complication rate of 82.1, 14% higher than California's (72.3);
- a long-term complication rate of 103.4, lower than the state benchmark of 114.9;
- 15% more lower-extremity amputations compared to the state average; and

- an uncontrolled diabetes rate of 27.0, slightly below California's (29.4).^{35,51}

Among Medicare beneficiaries specifically, hospitalizations for diabetes-related conditions in Sacramento County showed the following trends:

- short-term complications were below the state benchmark;
- for long-term complications, only Black (363 per 100,000) and Hispanic/Latino (475) beneficiaries exceeded the county rate (287);
- for lower-extremity amputations, only Black (105) and Hispanic/Latino (151) beneficiaries exceeded the county rate (76); and
- for uncontrolled diabetes, Black (208), API (93), and Hispanic/Latino (146) beneficiaries exceeded the county rate (88).³⁷

FIG 8

Preventable Hospitalizations Among Medicare Beneficiaries, 2023

	Congestive Heart Failure	COPD or Asthma in Older Adults	Hypertension	Diabetes Long-Term Complications	Lower-Extremity Amputations Among Patients w/Diabetes	Diabetes Short-Term Complications	Uncontrolled Diabetes
CALIFORNIA	1,056	246	107	238	84	80	69
SACRAMENTO COUNTY	1,394	441	118	214	82	99	69
AIAN	1,410	1,687	-	428	-	-	-
API	976	235	91	179	83	89	50
BLACK	2,196	444	192	373	187	157	97
WHITE	1,310	483	99	180	57	87	50
HISPANIC/LATINO	1,315	266	92	309	96	136	309

Created with Datawrapper

Notes: All rates smoothed age-adjusted per 100,000 Medicare Fee-For-Service beneficiaries only. Race and ethnicity rates are for beneficiaries residing in Sacramento County.



Heart Disease

Heart disease remains a leading cause of death in California, second only to cancer. The Healthy People 2030 Objective HDS-02 is to reduce coronary heart disease deaths to 71.7 per 100,000. In Sacramento County, the heart disease mortality rate (78.3) exceeds the California benchmark (77.2) and HDS-02 target.³⁵

In 2022, the Center for Disease Control estimated that 5.5% of Sacramento County adults (18+) have diagnosed heart disease.³⁶ While most places of concern have prevalence rates above the county rate, ranging from 4.9% to 7.2%, they remain below the national benchmark of 8.1%. Notably, outside the places of concern, ZIP Code 95641 (10%) and 95837 (8.2%) had the greatest prevalences of diagnosed heart disease in Sacramento County.³¹

Despite a heart disease prevalence rate comparable to the state's, Medicare beneficiaries in Sacramento County face a significantly higher risk of heart failure hospitalizations (44% higher) and death. In 2023, the preventable congestive heart failure hospitalization rate among Sacramento County Medicare beneficiaries (1,394 per 100,000) was 1.32 times the state rate. This disparity was particularly pronounced among Black Medicare beneficiaries, whose preventable congestive heart failure hospitalization rate was 2.08 times state rate.³⁷ Data from the California Department of Health Care Access and Information further indicate that Sacramento County's preventable heart failure hospitalization rate for all adults (18+) in 2022 (426.1) was 1.12 times the state rate (380.7).⁵¹



Infant & Maternal Health

In 2023, 17,302 live births occurred in Sacramento County, a 10.6% decrease since 2013.⁴⁹ Despite this, the Sacramento County population is getting younger, with a fertility rate of 55.3 per 1,000 women aged 18-44, compared to 52.8 for California.²⁹ The number of births to birthing people over forty were 1.7 times greater than for those age 19 years and younger in 2023.²⁹ To better understand infant and maternal health outcomes within the communities we serve, the following were examined: (1) infant mortality, (2) maternal mortality, (3) substance use during pregnancy, (4) preterm births, (5) prenatal substance use, and (6) breastfeeding.

Infant Mortality

Healthy People 2030 Objective MICH-02 seeks to reduce the rate of all infant deaths within 1 year of birth to five deaths per 1,000 live births. From 2019 to 2021, California's

infant death rate was 4.1 deaths per 1,000 live births. During this same time period, Sacramento County had an infant death rate 28% (5.27 deaths per 1,000 live births) greater than California's. The greatest burden of infant mortality was observed through:

- *Age Group*: births to individuals 24 years and younger (<20: 7.68; 20-24 yrs: 6.91) were greater than all other age groups, including birthing people of advanced maternal age (40+ yrs.: 6.13);
- *Race*: Black birthing people had an infant mortality rate that was 1.88 times higher than the overall California rate;
- *Educational Attainment*: birthing people with less than a high school diploma (6.43) and some college (6.44) had a higher infant mortality rate than college graduates (3.02);
- *Neighborhood Poverty*: birthing people that resident high poverty neighborhoods had an infant mortality rate of 7.75; and

- *prenatal care*, birthing people who did not have any prenatal care had a death rate that was 8 times the state rate.³³

Maternal Health

Sacramento County experienced a concerning maternal mortality rate of 21 deaths per 100,000 live births between 2019 and 2021, exceeding the California state benchmark of 17.6. This disparity highlights a critical need to address factors contributing to maternal mortality in our community.³³ To better understand the burden of adverse maternal outcomes, the instances of severe maternal morbidity (SMM) in Sacramento County were examined. Defined by the Centers for Disease Control as “life-threatening complications during labor and delivery that can result in significant short-term or long-term health consequences. SMM represents a ‘near miss’ for maternal mortality, underscoring the importance of timely and effective medical intervention.”⁶⁰ Factors associated with an increased risk of severe maternal morbidity include maternal age and chronic conditions, such as obesity, diabetes, hypertension, and cardiovascular disease.⁶⁰

Healthy People 2030 Objective MICH-5 to reduce severe maternal complications identified during delivery to 64.4 per 10,000. The rates of SMM for the state (110.4) and county (142.8) exceeded Objective MICH-5 between 2021 and 2023. Alarming, birthing people in Sacramento County were 1.2 times more likely to experience SMM compared to the state average. Among Sacramento County

birthing people, elevated SMM was observed among:

- those aged 40 years and older, with a rate of 234.9, and less than 20 years, with a rate that was 73% greater than the state rate for this age group;
- API (183), Black (164), and Hispanic/Latino (153.8) birthing people had a higher prevalence SMMC compared to White birthing people (115); and
- birthing people diagnosed with sepsis, with a rate of 64.3, was 2.5 times the state rate.³³

Prenatal Care

Healthy People 2030 Objective MICH-08 is to increase the proportion of birthing people receiving prenatal care beginning in the first trimester to 80.5%. Both the state (84.5%) and county (86.6%) rates exceeded the Healthy People 2030 objective between 2021 and 2023.³³

Despite the high proportion of birthing people who received early prenatal care, variations in receipt were found among:

- *Younger Birthing People*: Only 73.2% of those under 20 years of age received early prenatal care.³³
- *NHPI Communities*: Obtainment of early prenatal care was notably lower among NHPI individuals.³³
- *Individuals with Lower Educational Attainment*: Only 73.7% of birthing people with less than a high school education received early prenatal care.³³

- *Uninsured Individuals:* The lowest rate of early prenatal care was observed among uninsured birthing people, with only 66.9% receiving care in the first trimester.³³

Adequate Prenatal Care: Despite the proportion of birthing people who obtained early prenatal care generally exceeding the Healthy People 2030 objective, barriers to continued prenatal care in Sacramento County are still present. California Department of Public Health defines adequate prenatal care as “women who initiated prenatal care within the first four months of pregnancy and completed at least 80% of expected visits.”³³ From 2021 to 2023, almost seven in 10 birthing people received adequate prenatal care, falling below the state rate of 74.5%. Further disparities in obtaining adequate prenatal care during this time period were found among:

- *Insurance Type:* Both private (66.8%) and self-pay (66.9%) insured birthing people were less likely than their Medi-Cal (73.8%) counterparts to receive adequate prenatal care.³³
- *NHIP Communities:* Consistent with the low proportion of birthing people that received early prenatal care, NHPI individuals, at 59.9%, were also less likely to receive adequate prenatal care.³³
- *Rural Communities:* Birthing people residing in rural areas of Sacramento County were slightly less likely, at 64.5%, to receive adequate prenatal care compared to their urban (69.6%) counterparts.³³

Preterm Births

Between 2021 and 2023, Sacramento County’s preterm birth rate (8.95%) was slightly lower than the California state average (9.12%). While this overall rate is encouraging, significant disparities exist among specific populations, demanding targeted attention. Elevated preterm birth rates were observed among:

- *Birthing People of Advanced Maternal Age:* This group experienced a notably higher preterm birth rate of 13.8%.
- *AIAN, Black, and NHIP Communities:* More than one in 10 births within these communities were preterm, indicating a disproportionate burden.³³
- *Individuals with Lower Educational Attainment:* Birthing people with less than a high school education experienced a preterm birth rate of 11.31%.³³
- *Those without Prenatal Care:* A concerning one in four births (25%) were preterm among individuals who did not receive any prenatal care.³³

Substance Use During Pregnancy

Substance use during pregnancy negatively impacts infant health by increasing the risk of premature birth, low birthweight, and infant mortality.⁵⁰ To understand the prevalence of prenatal substance use, alcohol, cannabis, and use cigarette between 2019 and 2021 were examined.³³

Alcohol Use During Pregnancy: Alcohol use during the third trimester of pregnancy was reported in 7.2% of Sacramento County

pregnancies in 2023, slightly lower than the state average (7.4%). While having low prevalence, alcohol use during the third trimester was most common among birthing people who: (a) were 35 years or older (7.8%), (b) had at least a college education, (c) had a household income 200% above the poverty level (11.1%), (d) had private insurance (10.6%), and (e) identified as White (12.6%).³³

Cigarette Smoking During Pregnancy: A concerning finding is that the proportion of birthing people in Sacramento County reporting cigarette smoking during their third trimester was double the state (1.6%) average. The data further indicate that cigarette smoking during the third trimester is disproportionately concentrated among specific populations: (a) birthing people aged 20-34 years (3.1%), (b) high school graduates (7.6%), (c) households at or below the poverty level (9.4%), (d) individuals insured by Medi-Cal (6.1%); and (e) individuals who identify as Black (4.2%).³³

Cannabis Use During Pregnancy: The proportion of birthing people in Sacramento County reporting cannabis use during pregnancy (8.7%) was 70% higher than the state average (5.1%). Cannabis use was most prevalent among: (a) birthing people aged 20-34 years (10.2%), (b) high school graduates (17.4%), (c) household incomes at or below the poverty level (15.6%), (d) individuals insured by Medi-Cal (10.1%), and (e) individuals identifying as Black (17.3%) or Hispanic/Latino (11.2%).³³

These findings reveal significant disparities in substance use during pregnancy in Sacramento County. The elevated rates of cigarette and cannabis use, particularly among younger, lower-income, and Medi-Cal insured individuals, and Black and Hispanic communities, highlight the urgent need for targeted interventions.³³

Breastfeeding

Overall, the proportion of birthing people who intended to breastfeed in Sacramento County (92.4%) was on par with that of individuals who had ever breastfed between 2019 and 2021 and exceeded the Healthy People 2030 Objective MICH-15.³³ The most notable variations in expressed intentions compared with birthing people who had ever breastfed were found among:

- *API Communities:* API birthing people expressed the lowest intention to breastfeed, as evident from the proportion of this population who reported ever feeding.³³
- *Household Income:* Birthing people with a household income of 200% of the poverty level or greater expressed the greatest intention to breastfeed and reported the highest rate of ever breastfeeding.³³
- *Insurance Type:* Birthing people who had private/commercial insurance breastfed more than those individuals with Medi-Cal.³³



Respiratory Health

According to the Centers for Disease Control, “Respiratory diseases are chronic diseases of the airways and other structures of the lung. Some of the most common are asthma, chronic obstructive pulmonary disease (COPD), occupational lung diseases, and pulmonary hypertension.”⁴⁵ COPD is a group of diseases that cause respiratory issues due to airflow blockages present in the lungs. From 2020 to 2022, 1,522 Sacramento County residents died from COPD. With an age-adjusted rate of 28.6 per 100,000, Sacramento County experienced higher COPD-related mortality compared to California (24.5 per 100,000).³⁴

Prevalence: About one in 20 Sacramento County adults, aged 18 years or older, were estimated to have COPD in 2022.⁵⁸ None of the places of concern had COPD prevalence

below the California average (4.4%) or above the national average (8.7%). The City of Isleton (ZIP Code 95641) and the North Highlands/ McClellan Park area (ZIP Code 95652) were estimated to have a COPD prevalence of one in 10 adults in 2022, at least twice the state average.³¹

An estimated 10.9% of Sacramento County adults currently have asthma, surpassing the state rate (8.7%) in 2022.⁵⁹ Congruent with the county, one in 10 adults in the places of concern have asthma. At 12.2%, North Highlands (ZIP Code 95660) has the highest prevalence of asthma in the county.³¹

Health Care Utilization: In 2023, Sacramento County adults visited the ED 6,719 times for asthma. At 44.62 per 100,000, Sacramento County adults had an asthma-related ED visit rate nearly 50% greater than the California benchmark (29.25) in 2023. Of those

that visited the ED in Sacramento County, the following was identified:

- *Disproportionate Impact on Black Residents:* Black Sacramento County residents had a disproportionately high ED utilization rate of 148.08 per 100,000, which is 5 times greater than the California benchmark. Elevated ED utilization rates were also identified among NHPI (84.08) and Hispanic/Latino (43.34) residents.⁶²
- *Age-Related Disparities:* Residents aged 18-34 years (45.42) and 35-64 years (41.06) visited the ED more than older adults (65+).⁶²
- *Geographic Hotspots:* At 2.63 times greater than the California benchmark, adults residing in ZIP Code 95815 visited the ED the most, followed by those residing in ZIP Code: (a) 95824 and 95383 (at least 2-times higher than the California benchmark); (b) 95660, 95811, 95817, 95820, 95821, 95823, 95825 and 95832 (1.72-1.95 times higher); and (c) 95673, 95822, 95828, 95833, 95834, 95841, and 95842 (1.48-1.71 times higher) in 2023.⁶²

Hospitalizations: The hospitalization rates attributed to asthma and COPD were examined to understand how well Sacramento County residents managed these conditions:

- The COPD hospitalization rate in adults aged 40 years and older in 2022 was 206, 17% higher than the California rate of 176.5 inpatient stays per 100,000.^{38,51,62}

- The asthma hospitalization rate among all age groups in 2023, at 7.3 per 100,000, was 90% greater than the state rate of 3.7.^{38,51,62}
- In 2023, Black residents (15.28 per 100,000) of all ages were hospitalized more than other races and ethnicities. Only Asian and Hispanic/Latino residents had a hospitalization rate below that of California in this year.^{38,51,62}
- Sacramento County adults were hospitalized more in 2023 for asthma than those aged 0-17. Hospitalizations were highest among those aged 65 years and older, with an unexpectedly high hospitalization rate 12.5 times greater than the California average for individuals in the same age group.^{38,51,62}



Stroke

Stroke was the third leading cause of death in Sacramento County and California between 2020 and 2022. Sacramento County, with a death rate of 51 per 100,000, greatly exceeded the Healthy People 2030 Objective HDS-03 of 3.34 stroke deaths.³⁵

An estimated 3.4% of Sacramento County residents aged 18 years and older have had a stroke, compared with 5% of Medicare beneficiaries in 2023.^{36,37} During this same time period, strokes among Black Medicare beneficiaries were more prevalent than among any other race/ethnicity. More broadly, adults residing in ZIP Codes 95652 (4.4%) and 95824 (4.3%) were estimated to have the greatest prevalence of stroke in Sacramento County in 2022.³¹

Hypertension

Hypertension is a known risk factor for strokes. The Healthy People 2030 Objective HDS-5.1 of reduce the proportion of adults with high blood pressure to 27.7% was nearly achieved by Sacramento County, with 28.2% of adults estimated to be hypertensive in 2022.^{31,36} Among the places of concern, ZIP Codes 95811 (25.9%) and 95817 (27.5%) achieved the Objective HDS-5, while none of the other places exceeded the national average (33.8%). In the southernmost areas of Sacramento County, Iseton (ZIP Code 95641), had the greatest prevalence, with nearly two in five adults diagnosed with hypertension.³¹

Finally, in 2023, six in 10 Medicare beneficiaries in Sacramento County were being treated for hypertension, rising 14%

since 2012. Although Black Medicare beneficiaries had the greatest prevalence of hypertension (66%), this prevalence was consistent with the county. The prevalence of hypertension increased the most among AIAN and White Medicare beneficiaries between 2012 and 2023.³⁷

Health Care Utilization: According to California's Department of Health Care Access and Information, the rate of hospitalizations among adults aged 18 years and older in 2022 was 44.1, which was lower than the state average of 51.3 per 100,000 residents in 2022.⁵¹ Among Medicare beneficiaries, the hospitalization rate of 118 per 100,000 beneficiaries exceed the state rate (107) in 2023. Between 2012 and 2023, hospitalizations due to uncontrolled hypertension rose 171% among Sacramento Medicare beneficiaries. Black Medicare beneficiaries had a preventable hypertension hospitalization rate that was 179% greater than California's; however, the hospitalization rate for Black Medicare beneficiaries between 2012 and 2023 grew by 42%, which is below the county rate and the rate for their White counterparts, which experienced 77% growth during this period.³⁷

High Cholesterol

High cholesterol is another stroke risk factor. Overall, 28.7% of Sacramento County residents aged 18 years and older are estimated to have high cholesterol, compared to 36.6% at the national level. In the places of concern, nearly one in three have high

cholesterol. Consistent with the stroke and hypertension prevalences, adults residing in Isleton (ZIP Code 95641) have the highest prevalence of high cholesterol of 38.3%.³¹ Among Medicare beneficiaries, more than one in two adults in Sacramento County were diagnosed with high cholesterol in 2023, which is 1.45 times greater than in 2012.³⁷

Although Black Medicare beneficiaries are more likely to have had a stroke and been diagnosed with hypertension, the estimated prevalence of high cholesterol was consistent with the county. Six in 10 White, API, and AIAN Medicare beneficiaries were estimated to have high cholesterol in 2023. Only AIAN beneficiaries experienced a rise in prevalence that exceeded the state, with a 1.54-fold increase between 2012 and 2023.³⁷



SECTION V

Assessment Methods & Prioritization Results

How were significant health needs identified and prioritized by Dignity Health?



Methods Overview

Community Health Insights was hired to conduct the joint community health needs assessment (CHNA) for three health systems (i.e., Dignity Health, Sutter Health and UC Davis Health) located in and serving Sacramento County. The following sections describing the conceptual and process models, data used in the CHNA, data analysis and Sacramento County findings were written by Community Health Insights with more detailed information available in Volume II.

Conceptual & Process Models

The data used to conduct the CHNA were identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model. This model of population health includes the many factors that impact and account for

individual health and well-being.

Furthermore, to guide the overall process of conducting the assessment, a defined set of data collection and analytic stages were developed.

Data Used in the CHNA

Data collected and analyzed included both primary or qualitative data and secondary or quantitative data. Primary data included 23 interviews with 43 community health experts, 12 focus groups conducted with a total of 107 community residents or community-facing service providers, and 63 responses to the Community Service Provider survey. (A full listing of all participants can be seen in the Volume II).

Secondary data included multiple datasets selected for use in the various stages of the analysis. A combination of mortality and socioeconomic datasets collected at

sub-county levels was used to identify portions of the hospital service area with greater concentrations of disadvantaged populations and poor health outcomes. A set of county-level indicators was collected from various sources to help identify and prioritize significant health needs. Additionally, socioeconomic indicators were collected to help describe the overall social conditions within the service area. Health outcome indicators included measures of both mortality (length of life) and morbidity (quality of life). Health factor indicators included measures of 1) health behaviors, such as diet and exercise and tobacco, alcohol, and drug use; 2) clinical

care, including access to quality care; 3) social and economic factors such as race/ethnicity, income, educational attainment, employment, neighborhood safety, and similar; and 4) physical environment measures related to issue such as climate, air and water quality, transit and mobility resources, and housing affordability. In all, 85 different health-outcome and health factor indicators were collected for the CHNA.

Data Analysis

Primary and secondary data were analyzed to identify and prioritize the significant health needs within the Sacramento County service

FIG 9

Prioritized Health Needs for Sacramento County Service Area

	Identified Health Need (Key Informants & Focus Groups)	Top Priority Need	
		Key Informants & Focus Groups	CSPS Respondents
Access to Basic Needs Such as Housing, Jobs, and Food	100%	32%	65%
Access to Mental/Behavioral Health Substance Use Services	91%	19%	65%
Access to Quality Primary Care Health Services	80%	8%	25%
Healthy Equity	74%	7%	25%
System Navigation Safe and Violence-	69%	5%	27%
Free Environment Increased	54%	8%	17%
Community Connections	54%	6%	14%
Access to Specialty and Extended Care	51%	4%	8%
Access to Functional Needs	63%	4%	2%
Healthy Physical Environment	51%	3%	2%
Injury and Disease Prevention and Management	37%	3%	5%
Active Living and Healthy Eating	29%	2%	3%
Access to Dental Care and Preventive Services	17%	-	5%

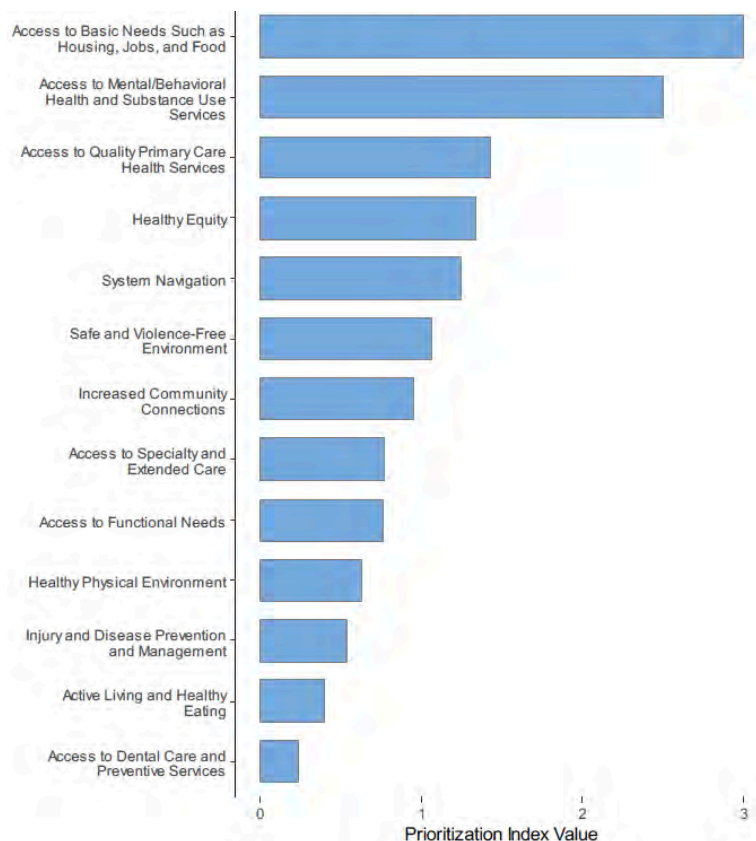
area. This included identifying 13 PHNs in these communities. These potential health needs were those identified in previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the hospital’s service area. After these were identified, health needs were prioritized based on an analysis of primary data sources that described the PHN as a significant health need. For an in-depth description of the processes and methods used to conduct the CHNA, including primary and secondary data collection, analysis, and results, see the Volume II.

Findings

Ranking of Health Needs

Primary and secondary data were analyzed to identify and prioritize the significant health needs in the Sacramento County service area. In all, 13 significant health needs were identified. Primary data were then used to prioritize these significant health needs. Prioritization was based on three measures of community input. The first two measures came from the key informant interview and focus group results. These included the

FIG 10
**Sacramento County 2025
Prioritized Health Needs**



percentage of sources that identified a health need as existing in the community, and the percentage of times the sources identified health need as a top priority.

The last measure was the percentage of Community Service Provider survey (CSPS) respondents that identified a health need as a top priority. It is important to note that these values were not used in identifying significant health needs; only to prioritize those needs that were identified.^{SEE Volume II} FIG 9 shows the value of these measures used in prioritization for each significant health need. These measures were then combined to create a health need prioritization index. The highest priority was given to health needs that were more frequently mentioned and were more frequently identified among the top priority needs. The prioritization index values are shown in FIG 10, where health needs are ordered from highest priority at the top of the figure to lowest priority at the bottom.

Prioritized Needs

To strategically focus its community health improvement efforts, Dignity Health consolidated and prioritized the 13 health needs identified by Community Health Insights. A thematic analysis (described below) was conducted to identify shared barriers, risk factors, and potential solutions across the initial 13 needs. This process resulted in the identification of four significant health needs: Access to Care, Access to Resources, Chronic Disease Prevention & Management,

and Mental Health/Substance Use. Due to Dignity Health's inability to address built environment: healthy physical environment, dental care, function needs, and a safe/violence-free environment these health need was excluded from the thematic analysis

- Access to Care
 - **Foci:** (1) Quality Primary Care Health Services, (2) Specialty & Extended Care, and (3) System Navigation
- Mental Health & Substance Use
- Chronic Disease Prevention & Management
 - **Foci:** (1) Active Living & Healthy Eating and (2) Prevention/Treatment of Chronic Conditions & Injury/Trauma
- Access to Resources
 - **Foci:** (1) Access to Basic Needs and (2) System Navigation.

Finally, in efforts to craft a responsive and targeted 2025 - 2028 community health improvement plan (CHIP), Dignity Health's Community Health Department collected and synthesized additional health indicators for each significant health need. To identify health disparities, the following analyses were conducted:

- For each health indicator, the most recent available public data was compared to benchmarks from the State of California, Sacramento County, and Healthy People 2030 objectives;
- A health disparity was identified when a health indicator failed to meet the established state benchmark.

Where data allowed, health indicators were stratified by race, ethnicity, and geographic location to identify populations experiencing disproportionate burden. The results of these analyses are presented in Volume I only.

Addressing Identified Needs: The CHIP developed for the Dignity Health Sacramento County will consider the significant health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how Dignity Health plans to address the health needs.

If the medical centers do not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions Dignity Health intends to take, but also the anticipated impact of these actions and the resources the hospitals plan to commit to address the health need. Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between Dignity Health and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than November 15, 2025.



SECTION VI

2022-2024 Community Health Improvement Plan

An evaluation of Dignity Health's actions taken since 2022 to improve the health of our community.

Evaluation of 2022-2024 Community Health Improvement Plan

The 2022 CHNA and 2022-2024 Community Health Improvement Plan (CHIP) priorities were the following:

1. Access to Mental/Behavioral Health and Substance-Use Services
2. Access to Basic Needs Such as Housing, Jobs, and Food
3. Access to Quality Primary Care Health Services
4. System Navigation
5. Injury and Disease Prevention and Management
6. Health Equity: Equal Access to Opportunities to be Healthy
7. Active Living and Healthy Eating
8. Safe and Violence-Free Environment
9. Increased Community Connections
10. Access to Specialty and Extended Care

This report evaluates the impact of Dignity Health's 2022-2024 CHIP through identification of how we responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.



Access to Mental, Behavioral & Substance Use Services

Linked-Care Program

Program Description	In partnership with community-based nonprofit mental health provider, El Hogar Community Services Inc., the program links Medicare, uninsured, undocumented and out of county Medi-Cal patients with appropriate ongoing behavioral health service providers as well as provide services to bridge the gap between patient and provider. The program provides a seamless way for individuals admitted to the emergency department with mental illness to receive immediate and ongoing intensive outpatient treatment and other social services they need to ensure continuity of care when they leave the hospital.		
Hospitals	<ul style="list-style-type: none"> • Mercy Hospital of Folsom • Mercy San Juan Medical Center 	<ul style="list-style-type: none"> • Mercy General Hospital • Methodist Hospital 	
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • Access to Mental, Behavioral & Substance Use Services • Access to Quality Primary Care Health Services 	<ul style="list-style-type: none"> • System Navigation • Health Equity 	
Outcomes	297 persons served		

Access to Basic Needs

Housing with Dignity

Program Description	In partnership with Lutheran Social Services and Centene/Health Net, the hospital aims to assist patients experiencing homelessness with severe chronic health and mental health issues to obtain and retain housing, care and services designed to achieve stability in their lives. Hospital case managers work directly with Lutheran Social Services to identify individuals who are experiencing chronic homelessness and chronic disability and place them in stabilization housing units. Intensive case management and wrap-around supportive services are provided by Lutheran Social Services to help achieve stability. Once stable, individuals are transitioned into permanent/permanent supportive housing.		
Hospitals	<ul style="list-style-type: none"> • Mercy Hospital of Folsom • Mercy San Juan Medical Center 	<ul style="list-style-type: none"> • Mercy General Hospital • Methodist Hospital 	
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • Access to Mental, Behavioral & Substance Use Services • Access to Basic Needs • Access to Quality Primary Care Health Services 	<ul style="list-style-type: none"> • System Navigation • Injury/Disease Prevention & Management • Safe & Violence-Free Environment 	
Outcomes	112 persons served. The partnership with Centene/Health Net ended in March of 2024, decreasing capacity from 24 to 12 units.		

Access to Quality Primary Care Health Services

Recuperative Care Program

Program Description	The hospital is an active partner in the Recuperative Care Program, formerly known as the Gregory Bunker Care Transitions Center of Excellence's (The Bunker). This collaborative engages other Dignity Health hospitals and health systems in the region, Sacramento County and Federally Qualified Health Center, WellSpace Health, and provides respite care for homeless patients with available physical and mental health, and substance abuse treatment. This is a nurse-managed specialized unit that offers patients three meals a day, bed rest, nurse care and self-care. The program provides case management services to assist participants in connecting with outpatient services and community resources.		
Hospitals	<ul style="list-style-type: none"> • Mercy Hospital of Folsom • Mercy San Juan Medical Center 	<ul style="list-style-type: none"> • Mercy General Hospital • Methodist Hospital 	
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • Access to Mental, Behavioral & Substance Use Services • Access to Basic Needs • Access to Quality Primary Care Health Services • Injury/Disease Prevention & Management • Access to Specialty & Extended Care 		
Outcomes	305 persons served		

System Navigation

Patient Navigator Program

Program Description	The Patient Navigator program focuses on assisting patients who rely on emergency departments for non-urgent needs. The navigators help patients by connecting them to a medical home in an appropriate setting and assisting them with scheduling a follow up appointment along with any other barriers that may create obstacles with accessing care. The Patient Navigator Program represents a unique collaboration between Dignity Health, Community HealthWorks, formerly known as Sacramento Covered, a community-based nonprofit organization, and community clinics in the region.		
Hospitals	<ul style="list-style-type: none"> • Mercy Hospital of Folsom • Mercy San Juan Medical Center 	<ul style="list-style-type: none"> • Mercy General Hospital • Methodist Hospital 	
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • Access to Basic Needs • Access to Quality Primary Care Health Services • System Navigation • Injury/Disease Prevention & Management • Health Equity 		
Outcomes	18,621 persons served		

Injury & Disease Prevention and Management

Mercy Family Health Center

Program Description	<p>Apart of the Family Practice Residency Program, the hospital's Mercy Family Health Center provides care and treatment with over 15,000 clinical visits for underserved residents each year. The health center continues to increase capacity, and has expanded services at other locations in the community working collaboratively with various agencies and community clinics. Mercy Family Health Center continues to operate as a Human Trafficking Victim Medical Safe Haven and has partnered with several community organizations to bridge the gap between social and recovery support and medical services</p>		
Hospital	<ul style="list-style-type: none"> • Methodist Hospital 		
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • Access to Quality Primary Care Health Services • Injury/Disease Prevention & Management • Health Equity 		
Outcomes	<p>Inpatient care estimated reach of 15,000 patients annually includes hospitalized patients, obstetrics, intensive care unit, newborn and pediatric care. Outpatient care estimated and reached 15,000+ patients.</p>		

Health Equity

Sacramento Physicians' Initiative to Reach Out, Innovate and Teach

Program Description	<p>This program is operated under the Sierra Sacramento Valley Medical Society and exists as a vehicle to involve physicians in the community. SPIRIT recruits and places physician volunteers in local clinics to provide free specialty medical care to the uninsured and coordinates and case manages surgical procedures donated at local hospitals and ambulatory surgery centers. This collaboration is between the Sierra Sacramento Valley Medical Society, Dignity Health hospitals within the Sacramento Market, Sacramento County, and other health systems in the region.</p>		
Hospitals	<ul style="list-style-type: none"> • Mercy Hospital of Folsom • Mercy General Hospital • Mercy San Juan Medical Center • Methodist Hospital 		
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • System Navigation • Injury/Disease Prevention & Management • Health Equity • Access to Specialty & Extended Care 		
Outcomes	<p>83 persons served</p>		

Active Living & Healthy Eating

Healthier Living

Program Description	The Healthier Living program allows participants to learn about and practice a wide variety of tools to help them become better self-managers of their ongoing health conditions. Workshops are open to anyone with a chronic health condition, as well as those who care for persons with chronic health conditions. They are offered at the community level in partnership with medical clinics, food banks, affordable housing developments and others to ensure the underserved have access to these peer led health education classes. Provided in both English and Spanish.		
Hospitals	<ul style="list-style-type: none"> • Mercy Hospital of Folsom • Mercy San Juan Medical Center 	<ul style="list-style-type: none"> • Mercy General Hospital • Methodist Hospital 	
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • Injury/Disease Prevention & Management • Active Living & Healthy Eating 	<ul style="list-style-type: none"> • Increased Community Connections 	
Outcomes	Reach of 375 community members and 277 participants completed the program through 34 workshops conducted. There are now 14 active leaders who can facilitate A Matter of Balance, Diabetes Empowerment Education Program, Diabetes Self-Management Program, and/or Chronic Disease Self-Management Program.		

Safe & Violence-Free Environment

WEAVE Patient Advocate

Program Description	Mercy Family Health Center, Methodist Hospital and WEAVE developed and implemented the WEAVE Patient Advocate program to create a new model of comprehensive care for human trafficking. A navigator is on-site at the Mercy Family Health Center several times a week to provide victims and survivors of human trafficking assistance with navigation and coordination of services and 'warm hand offs' to medical services and community-based resources and linkages.		
Hospital	<ul style="list-style-type: none"> • Methodist Hospital 		
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • Access to Mental, Behavioral & Substance Use Services • Access to Basic Needs • Access to Quality Primary Care Health Services 	<ul style="list-style-type: none"> • Injury/Disease Prevention & Management • Safe & Violence-Free Environment 	
Outcomes	2,220 patient encounters were provided for identified victims and survivors of human trafficking. Services received at Mercy Family Health Center included primary care, and in some cases, many received a variety of health screenings, mental health and medication management. The embedded patient advocate was strategic to provide and referrals to resources and/or additional follow-up care.		

Increased Community Connections

Connect to Health - Supporting Healthy Newcomer Communities

Program Description	Supported through the Community Health Improvement Grants Program, a partnership between International Rescue Committee, Inc., River City Food Bank, and One Community Health. This program aims to provide culturally and linguistically congruent health/mental health navigation services and psychosocial support to refugees and immigrants as an underserved community in Sacramento. This project directly addresses health disparities, promotes independent health access, enhances resilience and self-sufficiency, and connects refugees and immigrants to basic needs and resources. It is important for recent refugees and immigrants to be connected to their community as well as support for their health care.		
Hospitals	<ul style="list-style-type: none"> • Mercy Hospital of Folsom • Mercy San Juan Medical Center 	<ul style="list-style-type: none"> • Mercy General Hospital • Methodist Hospital 	
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • Access to Mental, Behavioral Substance Use Services • Access to Basic Needs • Access to Quality Primary Care Health Services 	<ul style="list-style-type: none"> • System Navigation • Health Equity • Increased Community Connections 	
Outcomes	1,223 persons served		

Access to Specialty & Extended Care

Oncology Nurse Navigator Program

Program Description	The Oncology Nurse Navigation program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards. The Oncology navigators provide interventions that address patient's immediate concerns and barriers to care such as difficulties with insurance, financial burden, lack of transportation and addressing the knowledge deficit of their diagnosis and treatment options. The Navigation program also provides referrals for nutritional and psycho-social support as well hosting multiple cancer support groups across the region.		
Hospitals	<ul style="list-style-type: none"> • Mercy Hospital of Folsom • Mercy San Juan Medical Center 	<ul style="list-style-type: none"> • Mercy General Hospital • Methodist Hospital 	
Fiscal Years	2022	2023	2024
Secondary Health Needs Addressed	<ul style="list-style-type: none"> • System Navigation • Injury/Disease Prevention & Management • Access to Specialty & Extended Care • Increased Community Connections 		
Outcomes	1,316 persons served		

Collaboration

During FY 22-24, Mercy General, Mercy San Juan, Methodist and Mercy Hospital Folsom utilized collaborative strategies to assess current strengths, weaknesses and gaps, and engaged non-traditional partners in community health programs to increase access to expanded services and increase the continuum of care beyond hospitals walls for its patients and communities they serve.

Collaborative programs and partnerships across these various initiatives include:

- Care for the Undocumented
- Community Based Violence Prevention
- Connected Community Network
- Elk Grove Chamber of Commerce
- Initiative to Reduce African American Child Deaths
- City of Sacramento Whole Person Care/ Pathways to Health + Housing
- WellSpace Health Capacity Building
- Health Professions Education
- Hospital Council of Northern and Central California
- Mack Road Partnership
- Mental Health Improvement Coalition
- Mercy Clinic Loaves & Fishes
- Mercy Faith and Health Partnership
- Mental Health Consultations and Conservatorship Services
- Financial assistance for uninsured/underinsured and low income residents
- Sacramento County Health Authority Commission

Community Grants

The theme for Dignity Health's Community Grants program focuses on collaboration with an emphasis on responding to significant health needs identified in the 2022 CHNA. The goal of the program is to develop strategic partnerships between community-based organizations that link services directly to Dignity Health hospitals; leveraging resources that address priority health issues, and utilize creative strategies that have a direct, positive and lasting impact on the health of disadvantaged individuals and families in our community.

To be eligible for funding, organizations must work in collaboration with a minimum of three community partners. Program/Project responds to two or more of the priority health needs identified in the 2022 CHNA. In Fiscal Year 2022 through Fiscal Year 2024, Dignity Health hospitals in Sacramento (Mercy General Hospital, Mercy San Juan Medical Center, Mercy Hospital of Folsom and Methodist of Sacramento) collectively awarded 37 grants totaling \$2,743,535. The table below highlights the grantees.

Community Health Improvement Grants

Lead Grant Recipient	Priority Health Need(s) Addressed	Project Name	Award Year (FY)		
			2022	2023	2024
The Race and Gender Equity Project	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Access to Basic Needs • Health Equity • Increased Community Connections 	#RAGE Healing	\$100K	\$100K	\$75K
	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Access to Basic Needs 	The RAGE Healing Pipeline			
International Rescue Committee	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Access to Basic Needs • Access to Quality Primary Care Health Services • Increased Community Connections • Health Equity 	Connect to Health - Supporting Healthy Newcomer Communities	\$100K	\$75K	\$75K
Bike Lab	<ul style="list-style-type: none"> • Active Living & Healthy Eating • Safe & Violence-Free Environment 	Recreate for Health	\$20K	-	-
YMCA of Superior California	<ul style="list-style-type: none"> • Access to Basic Needs • Active Living & Healthy Eating 	YMCA Kids Health and Wellness Workshop 2022	\$40K	-	-
Big Brothers Big Sisters of the Greater Sacramento Area	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Safe & Violence-Free Environment 	Bigs with Badges Sacramento Mentoring Program	\$83K	-	-
Hmong Youth and Parents United	<ul style="list-style-type: none"> • Access to Quality Primary Care Health Services • Injury/Disease Prevention & Management • Increased Community Connections • Health Equity • Safe & Violence-Free Environment 	Health Equity Collaborative	\$75K	-	-
Sacramento Food Bank & Family Services	<ul style="list-style-type: none"> • Access to Basic Needs • Active Living & Healthy Eating 	Access to Food for Low-Income Families through Sacramento School Districts	\$75K	-	-

Lead Grant Recipient	Priority Health Need(s) Addressed	Project Name	Award Year (FY)		
			2022	2023	2024
Latino Coalition for Healthy California	<ul style="list-style-type: none"> • Access to Quality Primary Care Health Services • System Navigation • Health Equity • Safe & Violence-Free Environment • Increased Community Connections 	Salud en la Comunidad	\$75K	-	-
The Anti-Recidivism Coalition	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Access to Basic Needs • Safe & Violence-Free Environment • System Navigation 	ARC Supportive Housing and Reentry Initiative	\$100K	\$10K	-
EveryONE Matters Ministries	<ul style="list-style-type: none"> • Access to Basic Needs • Access to Mental/Behavioral Health & Substance-Use Services • Access to Basic Needs 	Increase of Client Capacity and Collaborative Services Housing Stability, Financial Education and Wellness, Mental and Behavioral Health	\$70K	\$70K	-
Neighborhood Wellness Foundation	<ul style="list-style-type: none"> • Safe & Violence-Free Environment 	Truth Sets You Free Part 2: Living Informed Free of Trauma, Intergenerationally	\$75K	\$100K	-
	<ul style="list-style-type: none"> • Safe & Violence-Free Environment • Increased Community Connections 	Truth Sets You Free Part 3: Shifting a Culture of Silence & Shame to Living Informed Free of Trauma			
3Strands Global Foundation	<ul style="list-style-type: none"> • Access to Basic Needs • System Navigation 	Employ + Empower Health Equity Initiative	-	\$85K	-
Harm Reduction Services	<ul style="list-style-type: none"> • Access to Basic Needs • Access to Quality Primary Care Health Services 	The Disease & Injury Prevention thru Harm Reduction Project	-	\$45K	-
Latino Leadership Council	<ul style="list-style-type: none"> • Access to Quality Primary Care • Health Services • System Navigation 	CREER En Tu Salud	-	\$98K	-
Sacramento Life Center	<ul style="list-style-type: none"> • Access to Basic Needs • Access to Quality Primary Care • Health Services 	Continuum of Care for Sacramento's Low-Income and Homeless Pregnant Women and New Moms	-	\$36K	-

Lead Grant Recipient	Priority Health Need(s) Addressed	Project Name	Award Year (FY)		
			2022	2023	2024
Arrive Alive California, Inc.	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Injury/Disease Prevention & Management • Increased Community Connections 	Future Focused: Fentanyl Education and Awareness Campaign	-	\$100K	\$80K
Children's Choice for Hearing and Talking Sacramento	<ul style="list-style-type: none"> • Health Equity • Access to Specialty & Extended Care 	Newborn Hearing Diagnostic Program	-	-	\$25K
Community Against Sexual Harm	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Increased Community Connections • System Navigation 	Fostering Community Resilience in Oak Park	-	\$79K	\$84K
		Building Health Equity and Wellness through Collaborative Care			
Greater Sacramento Urban League	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Increased Community Connections 	Cut to the Chase	-	\$75K	\$100K
Saint John's Program for Real Change	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Access to Basic Needs 	Basic Needs and Behavioral Health/SUD Services for Unhoused Women & Children	-	-	\$85K
Turning Point Community Programs	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services • Access to Basic Needs • Increased Community Connections 	Opening Doors, Transforming Lives	-	-	\$73K
Bridging Initiatives International	<ul style="list-style-type: none"> • Housing/Homelessness • Access to Care/Services 	Bridging house for women and children experiencing homelessness	-	-	\$75K
EGUSD FIRST Foundation	<ul style="list-style-type: none"> • Health Equity • Active Living & Healthy Eating • Increased Community Connections 	EGUSD FIRST Foundation	-	-	\$75K
Exodus Project, St. Vincent de Paul Sacramento	<ul style="list-style-type: none"> • Access to Basic Needs • System Navigation 	Exodus Project Transitional Housing for Homeless Returning Citizens	-	-	\$83K
Mercy Holistic Ministries	<ul style="list-style-type: none"> • Access to Basic Needs 	2024 Community Health Improvement Grant	-	-	\$75K
Project Lifelong	<ul style="list-style-type: none"> • Access to Mental/Behavioral Health & Substance-Use Services 	Skate Nights Youth Development Program	-	-	\$35K



SECTION VII

Appendices

APPENDIX A: Assessment Indicators

SECTION II			
INDICATOR	SOURCE	YEAR(S)	DESCRIPTION
Service Area Population	American Community Survey (Table DP05)	2019 - 2023	Total population of defined hospital service area (ZIP level).
Age Demographics	American Community Survey (Table DP05)	2019 - 2023	Includes the following: median age, population under five, population under 18, and individuals 65 years and older.
Race & Ethnicity Demographics	American Community Survey (Table DP05)	2019 - 2023	Race demographics are for the non-Latinx/Hispanic /Latino population.
Foreign Born Persons	American Community Survey (Table DP02)	2019 - 2023	5-year estimated data profiles.
Language Other Than English Spoken at Home	American Community Survey (Table DP02)	2019 - 2023	Proportion of the population five years and older that speak a language other than English at home.
SECTION III			
INDICATOR	SOURCE	YEAR(S)	DESCRIPTION
Severe Housing Cost Burden Homeowner	American Community Survey (Table B25091)	2019 - 2023	Percent of homeowners who pay more than 50% of their income on housing costs.
Severe Housing Cost Burden Renter	American Community Survey (Table B25091)	2019 - 2023	Percent of renters who pay more than 50% of their income on housing costs.
Undercrowded Housing	American Community Survey (Table DP04)	2019 - 2023	Percentage of households with 1 or fewer occupants per room.
Food Insecure Households	UCLA Center for Health Policy Research (California Health Survey)	2020	Adults ages 18+ who are low-income food insecure.
Households with SNAP	American Community Survey (Table DP03)	2019 - 2023	Proportion of households receiving Supplemental Nutrition Assistance Program (SNAP).
Students Eligible for Free & Reduced Meal Program	California Department of Education	2022 - 2023 School Year	Percent of K-12 students who are eligible to participate in the Free & Reduced Meal Program.
Educational Attainment	American Community Survey (Table DP02)	2019 - 2023	Individuals 25 years and older with: less than a 9th grade education, 9th to 12 grade education but lack a diploma, school diploma or equivalent, an associate's degree, a bachelor's degree, or a graduate or professional degree.

SECTION III - CONTD.

INDICATOR	SOURCE	YEAR(S)	DESCRIPTION
Median Household Income	American Community Survey (Table S1903)	2019 - 2023	Median household income in the past 12 month (in dollars, inflation adjusted to file data year).
Persons in Poverty	Survey (Table DP03) American Community	2019 - 2023	Proportion of individuals at or below 200% the Federal Poverty Level.
Children in Poverty	Survey (Table DP03) American Community	2019 - 2023	Proportion of individuals under 18 years at or below 200% the Federal Poverty Level
Seniors in Poverty	Survey (Table DP03) American Community	2019 - 2023	Proportion of individuals 65 years and older at or below 200% the Federal Poverty Level.
Persons with a Disability, > 65 years	American Community Survey (Table DP02)	2019 - 2023	Individuals 18 to 64 years with a disability.
Private Health Insurance	American Community Survey (Table DP02)	2019 - 2023	Proportion of the population with private health insurance.
Public Health Insurance	American Community Survey (Table DP02)	2019 - 2023	Proportion of the population with public health insurance.
Uninsured	American Community Survey (Table DP02)	2019 - 2023	Proportion of the population without health insurance.
Uninsured Children	American Community Survey (Table DP02)	2019 - 2023	Proportion of the population children under 19 years without health insurance.
Households without Internet	American Community Survey (Table B28002)	2019 - 2023	Proportion of the household without internet access.
Households without Broadband	American Community Survey (Table S2801)	2019 - 2023	Proportion of the household with any type of broadband.
Physical Inactivity	CDC PLACES	2022	Prevalence of physical inactivity among adults aged 18 years and older.
Current Smokers	CDC	2022	Estimated prevalence of current smoking among adults aged 18 years and older.

SECTION IV

INDICATOR	SOURCE	YEAR(S)	DESCRIPTION
Delayed Receiving Care - Children Ages 0-17	UCLA Center for Health Policy (California Health Interview Survey)	2020	Children or teens ages 0-17 delayed or not getting needed prescription drugs or medical services past 12 months.
Delayed Receiving Care - Adult Ages 18+	UCLA Center for Health Policy (California Health Interview Survey)	2020	Adults ages 18+ delayed or not getting needed prescription drugs or medical services past 12 months.
Annual Check-up	CDC	2022	Estimated prevalence of annual checkup among adults aged 18 years and older.

SECTION IV - CONTD.

INDICATOR	SOURCE	YEAR(S)	DESCRIPTION
Cancer Mortality	NIH - National Cancer Institute (State Cancer Profiles)	2018 - 2022	Age-adjusted death per 100,000, all sites and/or by site.
Late-stage Cancer Diagnosis	NIH - National Cancer Institute (State Cancer Profiles)	2018 - 2022	Proportion of cancer cases diagnosed at a late stage (regional & distant).
Mammography Rate	CDC	2022	Age-adjusted prevalence of mammography use among women aged 50 - 74 years.
Colorectal Cancer Screening	CDC	2022	Age-adjusted prevalence of fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50 -75 years.
Cervical Cancer Screening	CDC	2022	Age-adjusted prevalence of cervical cancer screening among women aged 21-65 years.
Asthma Prevalence	CDC	2022	Adults ages 18+ who were ever diagnosed with asthma by a doctor.
Chronic Obstructive Pulmonary Disease Prevalence	CDC	2022	Chronic obstructive pulmonary disease among adults aged >=18 years.
Asthma Hospitalizations Among Young Adults (PQI #15)	California Department of Health Care Access and Information	2022	Hospitalizations for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes hospitalizations with cystic fibrosis or anomalies of the respiratory system, obstetric hospitalizations, and transfers from other institutions.
Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate (PQI #5)	California Department of Health Care Access and Information	2022	Hospitalizations with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes hospitalizations with cystic fibrosis and anomalies of the respiratory system, obstetric hospitalizations, and transfers from other institutions.
Diabetes Prevalence	CDC PLACES	2022	Adults ages 18+ who were ever diagnosed with diabetes by a doctor.
Diabetes Short-term Complications Admission Rate (PQI #1)	California Department of Health Care Access and Information	2022	Hospitalizations for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 population, ages 18 years and older. Excludes obstetric hospitalizations and transfers from other institutions.

SECTION IV - CONTD.

INDICATOR	SOURCE	YEAR(S)	DESCRIPTION
Diabetes Long-term Complications Admission Rate (PQI #3)	California Department of Health Care Access and Information	2022	Hospitalizations for a principal diagnosis of diabetes with long-term complications (renal, eye, neurological, circulatory, other specified, or unspecified) per 100,000 population, ages 18 years and older. Excludes obstetric admissions and transfers from other institutions.
Uncontrolled Diabetes Admission Rate (PQI #14)	California Department of Health Care Access and Information	2022	Hospitalizations for a principal diagnosis of uncontrolled diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, other specified, or unspecified) complications per 100,000 population, ages 18 years and older. Excludes obstetric hospitalizations and transfers from other institutions.
Lower-Extremity Amputation among Patients with Diabetes Rate (PQI #16)	California Department of Health Care Access and Information	2022	Hospitalizations for diabetes and a procedure of lower-extremity amputation (except toe amputations) per 100,000 population, ages 18 years and older. Excludes traumatic lower-extremity amputation hospitalizations, obstetric hospitalizations, and transfers from other institutions.
Heart Disease Prevalence	CDC PLACES	2022	Adults ages 18+ who were ever diagnosed with heart disease by a doctor.
Hypertension Prevalence	CDC PLACES	2022	Estimated prevalence of taking high blood pressure medication among adults aged 18 years and older with high blood pressure.
High Cholesterol Prevalence	CDC PLACES	2022	High cholesterol among adults aged ≥ 18 years who have been screened in the past 5 years.
Stroke Prevalence	CDC PLACES	2022	Stroke among adults aged ≥ 18 years.
Blood Pressure Medication Adherence	CDC PLACES	2022	Estimated prevalence of taking high blood pressure medication among adults aged 18 years and older with high blood pressure.
Cholesterol Screening	CDC PLACES	2022	Estimated prevalence of cholesterol screening among adults aged 18 years and older.
Hypertension Admission Rate (PQI #7)	California Department of Health Care Access and Information	2022	Hospitalizations with a principal diagnosis of hypertension per 100,000 population, ages 18 years and older. Excludes hospitalizations with stage 1-4 or unspecified chronic kidney disease combined with a dialysis access procedure, hospitalizations for cardiac procedure, obstetric hospitalizations, and transfers from other institutions.

SECTION IV - CONTD.

INDICATOR	SOURCE	YEAR(S)	DESCRIPTION
Heart Failure Admission Rate (PQI #8)	California Department of Health Care Access and Information	2022	Hospitalizations with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older. Excludes hospitalizations with cardiac procedure, obstetric hospitalizations, and transfers from other institutions.
Depression Prevalence	CDC PLACES	2022	Depression among adults aged >=18 years.
Drug Overdoses Deaths	California Department of Public Health (California Overdose Surveillance Dashboard)	2023	Deaths related to drugs overdose per 100,000 residents.
Drug-Related Overdose Inpatient Discharges	California Department of Public Health (California Overdose Surveillance Dashboard)	2023	Drug overdose hospitalizations caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined).
Drug-Related Overdose ED Visits	California Department of Public Health (California Overdose Surveillance Dashboard)	2023	Drug overdose emergency department visits caused by non-fatal acute poisonings due to the effects of drugs, regardless of intent (e.g., suicide, unintentional, or undetermined).
MAT Prescribing Rate	California Department of Public Health (California Overdose Surveillance Dashboard)	2023	Buprenorphine prescriptions per 1,000 residents by patient location.

APPENDIX B: Available Resources to Address Priority Health Needs

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
3 Strands Global	95762	www.3strandsglobalfoundation.org						X	X						
916 INK	95824	www.916ink.org						X	X						
ACE Resource Network	94965	aceresourcenetwork.com		X									X		
African American Perinatal Health – Sacramento County Public Health	Whole county	dhs.sacounty.net/PUB/Pages/African-American-Perinatal-Health-Program/SP-African-American-Perinatal-Health-Program					X			X					
Agency on Aging Area 4	95815	agencyonaging4.org	X					X	X	X			X		
AIDS Healthcare Foundation	National	www.aidshealth.org	X		X			X		X			X	X	
Alchemist Community Development Corporation	95820	alchemistcdc.org		X	X				X					X	
All Nations Church of God in Christ	95817	www.ancogic.org	X						X						
Alpha Kappa Alpha Sorority, Inc., Eta Gamma Omega Chapter	95816	www.etagammaomega.org							X			X			
ALS Association– Greater Sacramento Chapter	95825	websac.alsa.org					X		X				X		
Alternatives Pregnancy Center	95826	alternativespc.org		X	X					X					
Alzheimer’s Association	95815	www.alz.org/norcal		X					X						
American Cancer Society	95815	www.cancer.org/about-us/local/california							X	X			X	X	

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
American Heart Association – Sacramento	95811	www.heart.org/en/affiliates/california/sacramento							x	x			x	x	
American Lung Association - Sacramento	95814	www.lung.org/research/sota/city-rankings/states/california/sacramento							x	x		x	x		
American Red Cross - Sierra-Delta Chapter	95815	www.redcross.org/local/california/gold-country/about-us/locations/sierra-delta-chapter	x		x				x						
American River Park Foundation program-Health and Recreation	95608	arpf.org							x					x	
Another Choice Another Chance	95823	www.acacsac.us		x					x						
Antioch Progressive Baptist Church	95832	www.antiochprogressivechurch.org	x						x						
Anti Recidivism Coalition	95816	www.antirecidivism.org/our-programs/	x												
Arcade Community Center	95821	www.mutualassistance.org/arcade-community-center		x					x				x	x	
Arcohe Union School District	95638	www.arcohe.net	x											x	
ARTZ Artists for Alzheimer's	95826	www.imstillhere.org/artz/artz-program											x		
Asian Community Center	95831	www.accsv.org	x	x					x		x		x	x	
Asian Pacific Community Counseling (APCC)	95820	apccounseling.org		x					x						
Asian Resources, Inc.	95824, 95814, 95610	asianresources.org	x						x						

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Bayanihan Clinic	95827	www.bayanihancinic.com			x		x						x		
Big Brothers Big Sisters of the Greater Sacramento Area	95825	bbbs-sac.org		x				x	x						
Bike Lab	95630	www.bikelabsac.org/about						x	x					x	
Birth and Beyond Home Visitation – WellSpace Health	95660	www.wellspacehealth.org/location/north-highlands-community-health-center-birth-and-beyond	x	x	x		x								x
Bishop Gallegos Maternity Home	95763	bgmhsacramento.org	x					x			x				
Black Child Legacy Campaign	95833	blackchildlegacy.org	x										x		
Black Infant Health Program – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/Pages/Black-Infant-Health-Program/SP-Black-Infant-Health-Program					x						x		
Boys and Girls Clubs of Greater Sacramento	95824	bgcsac.org	x	x				x	x					x	
Breathe California of Sacramento Region	95814	sacbreathe.org			x				x			x	x		
Brother To Brother	95838	brother2brothermentoring.org		x					x						
Building Healthy Communities	95820	sacbhcc.org						x	x					x	
C.O.R.E. Medical Clinic	95816	www.coremedicalclinic.com		x	x		x								
California Bridge Program	94607	bridgettotreatment.org/addiction-treatment/ca-bridge/		x			x								
California Children’s Services – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/Pages/California-Childrens-Services/SP-California-Childrens-Services								x			x		

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
California Emergency Foodlink	95828	www.foodlink.org	x												
California Endowment Building Health Communities	Sacramento County	www.calendow.org			x			x				x			x
California Health Collaborative-STAAND-Gold County Rural Regional Project	93711	healthcollaborative.org/stand-gold-country-rural-regional-project		x	x		x			x					
California Innovative Career Academy	95838	www.cicacademy.org	x						x						
California Mental Health Services Authority (CalMHSA)	95815	www.calmhsa.org		x	x	x									
California Youth Connection	95814	calyouthconn.org	x						x						
Camp ReCreation	95662	www.camprecreation.org							x					x	
Cal Voices	95825	www.calvoices.org							x						
Capital City AIDS Fund	95816	www.capcityaidsfund.org							x				x		
Capital Star Community Services- Sacramento County	95821	www.starsinc.com/sacramento-county	x	x											
Carrington College – Dental Hygiene Clinic (916) 361-5168	95826	carrington.edu/location/sacramento-dental-hygiene-clinic													x
Catholic Charities of Sacramento, Inc.	95818	www.scd.org/catholic-charities-and-social-concerns/catholic-charities	x						x						
CCHAT Center Sacramento	95670	www.cchatsacramento.com							x	x					

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Center for Community Health and Well Being Inc (partnered with Peach Tree Health)	95822	pickpeach.org			x		x			x					
Center Joint Unified School District	95843	www.centerusd.org	x	x										x	
Central Downtown Food Basket	98811	www.cdfb.org	x											x	
Chest Clinic/Tuberculosis Control – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/Pages/Community-Disease-Control/GI-TB-Control								x			x		
Child Abuse Prevention Center	95660	www.thecapcenter.org							x						
Child Health & Disability Prevention – Sacramento County Public Health	Whole county	dhs.saccounty.gov/PUB/CHDP/Pages/CHDP-Home.aspx			x										
Children's Receiving Home of Sacramento	95821	www.crhkids.org	x	x	x									x	
Christy Cares Outreach	95758	christycaresoutreach.org	x					x							
Citrus Heights Homeless Assistance Resource Team (HART)	95610	citrusheightshart.org	x						x						
City Church of Sacramento	95817	citychurchsac.org	x						x						
City of Sacramento Community Gardens	Sacramento County	www.cityofsacramento.org/ParksandRecreation/Parks/Community-Gardens							x						
Clara's House	95816	www.clarashouse.org			x					x					

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Clinica Tepati (in WellSpace Clinic)	95817	clinatepati.com			x		x		x	x			x		
Community Against Sexual Harm (CASH)	95816	cashsac.org		x				x	x						
Community HealthWorks (formerly Sac Covered)	95811	cohewo.org			x	x	x								
Community Link (Community Services Planning Council)	95826	communitylinkcr.org		x					x						
Community Resources Project/WIC	95838	www.communityresourceproject.org	x				x							x	
Consummes Community Services District (CSD)-Elk Grove Parks and Recreation	95624	www.yourcsd.com/170/About						x	x			x			
Cordova Lane Center – FCUSD	95670	www.fcusd.org/educational-services/programs-and-services/test-page-1	x	x											
Cordova Recreation and Park District	95670	crpd.com	x	x					x					x	
Cottage Housing, Inc.	95811	cottagehousing.org	x						x						
Crime Victims Assistance Network (iCAN)	95811	www.ican-foundation.org		x				x							
Crisis Nursery Program – Sac Children’s Home	95821	www.kidshome.org/what-we-do/crisis-nursery-program/		x	x			x	x						
Cristo Rey High School	95826	www.crhss.org						x	x						
Del Oro Caregiver Resource Center	95610	www.deloro.org		x					x	x			x		

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Del Paso Union Baptist Church	95838	www.facebook.com/unionbaptistchurchsac?mibextid=ZbWKwL						X	X						
	95819, 95630, 95608, 95823	www.dignityhealth.org			X		X			X			X	X	
Dignity Health- Interim Care Program (ICP) Sutter	95819, 95630, 95608, 95823	www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/partnerships-and-programs/interim-care-program	X	X			X	X			X				
	Whole county	dhs.sacounty.net/PUB/Pages/Epidemiology/SP-Epidemiology.aspx											X		
Drowning Accident Rescue Team	95759	www.dartsac.com							X				X		
Effie Yeaw Nature Center	95608	www.effieyeawnature.org							X					X	
El Dorado Community Health Center	95667	www.edcchc.org		X	X										X
El Hogar Community Services Inc	95811, 95834	www.elhogarinc.org	X	X				X	X						
Elica Health Centers	95825	www.elicahealth.org		X	X		X		X				X		X
Elk Grove City Council	95758	www.elkgrovecity.org/home						X	X						
Elk Grove Fire Department	95624	www.yourcsd.com/968/Fire						X	X						
Elk Grove Food Bank	95624	elkgrovefoodbank.org	X						X						

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Gardenland Natomas Neighborhood Association (GNNA)	95835	www.gnna.info							x						
Gender Health Center	95817	www.genderhealthcenter.org	x	x	x		x	x	x				x		
Girls on the Run Greater Sacramento	95819	www.gotrsac.org							x					x	
Golden Rule Services	95823	sacgrs.org			x				x	x			x		
Goodwill – Sacramento Valley & Northern Nevada	95826	www.goodwillsacto.org	x						x						
Greater Sacramento Urban League	95838	www.gsul.org	x						x						
Greater Sacramento Valley and Nevada Arthritis Foundation	95815	www.arthritis.org							x				x	x	
Harm Reduction Services (HRS)	95817	hrssac.org		x	x		x						x		
HART Carmichael	95609	carmichaelhart.org	x	x			x				x				
HART Citrus Heights	95610	citrusheightshart.org/resources/navigation or	x				x				x				
HART Elk Grove	95759	www.elkgrovehart.org	x								x				
Health and Life Organization (HALO Cares) – Sacramento Community Clinic	95823, 95815, 95827, 95834, 95660	halocares.org		x	x					x			x		
Health Education Council	95831	healtheducouncil.org							x						x

Organization Information			Significant Health Needs													
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care	
Health Rights Hotline	95814	www.kff.org/other/the-sacramento-health-rights-hotline	x				x									
Health Tech Academy – Valley High School	95838	sites.google.com/view/valley-health-tech-academy/home	x													
Heartland Child and Family Services	95838, 95821	doingwhateverittakes.org		x			x									
Helping Hands St. Vincent de Paul Food Bank	95816	www.svdsp-sacramento.org/get-help	x						x							
Helping Hearts Foundation Inc.	95827	www.helping-hearts.org	x					x								
Heritage Oaks Hospital	95841	heritageoakshospital.com		x												
Highlands Community Charter- Adult Education School	95838	www.hccts.org	x	x	x			x						x		
HIV/STD Prevention Program	95828, 95660, 95816, 95820, 95825, 95811, 95823, 95817, 95814	dhs.sacounty.net/PUB/SexualHealthPro motionUnit/Pages/GI-HIV-STD-Prevention-Program.aspx											x			
HIV/STD Surveillance – Sacramento County Public Health	Whole county	dhs.sacounty.net/PUB/SexualHealthPro motionUnit/Pages/GI-STD-Control.aspx											x			
Hope Cooperative (aka TLCS, Inc.)	95825	hopecoop.org/	x	x	x				x							

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Human Services Coordinating Council (HSCC)	95823	dcfas.sacounty.net/Admin/Pages/HSCC/BC-Human-Services-Coordinating-Council-HSCC.aspx	x												
Imani Clinic	95817	www.imaniclinic.org		x	x								x		
Immunization Assistance Program – Sacramento County Public Health	Whole county	dhs.sacounty.net/PUB/Pages/Immunization-Assistance-Program/Immunization-Assistance-Program-(IAP).aspx											x		
Interim HealthCare	95825	www.interimhealthcare.com/location/sacramento-ca	x	x	x		x	x	x						
International Rescue Committee	95825	www.rescue.org/united-states/sacramento-ca	x					x	x						
Lu-Mien Community Services (IMCS)	95824	www.unitedmilen.org		x	x			x	x				x		
Johnston Community Center (also referred to as “Johnson” Community Center)	95815	www.cityofsacramento.gov/ypce/community-centers/johnston-center	x	x					x				x	x	
Jubilare Evangelistic Ministries (JEM)	95834	jubilare.com						x	x						
Junior League of Sacramento	95825	www.jlsac.org							x						
Kaiser Permanente Sacramento Medical Center	95825	healthy.kaiserpermanente.org/northern-california/facilities/sacramento-medical-center-100330			x		x			x			x	x	
Kaiser Permanente South Sacramento Medical Center	95823	healthy.kaiserpermanente.org/northern-california/facilities/south-sacramento-medical-center-100320		x	x		x			x			x	x	
Keaton's Child Cancer Alliance	95661	childcancer.org							x				x		

Organization Information			Significant Health Needs												
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KidsFirst Auburn	95603	www.kidsfirstnow.org	x	x			x	x	x						
La Familia Counseling Center	95820	lafcc.org	x	x	x			x	x				x	x	
Lao Family Community Development, Inc.	95823	www.lfcd.org	x					x	x					x	
Latino Coalition for a Healthy California	95814	lchc.org			x								x		
Latino Leadership Council	95603	www.latinoleadershipcouncil.org							x						
Law Enforcement Chaplaincy Sacramento	95821	sacchaplain.com		x			x	x	x						
Lead Poisoning Prevention Program – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/Pages/Childhood-Illness-Injury-Prevention-Program/LeadPoisoningPrevention/SP-Lead-Poisoning-Prevention.aspx											x		
Legal Services of Northern California – Health Rights	95814	lsnc.net/office/lsnc-health-program	x												
Life Matters	95842	www.lifemattersinc.org	x						x						
Lighthouse of Hopeful Hearts	95189	www.lighthouseofhopefulhearts.org	x												
Lilliput Children's Services	95610, 95820	www.lilliput.org	x						x						
LINC Housing	95838	www.linchousing.org	x						x						
Loaves and Fishes	95811	sacloaves.org	x	x	x			x	x				x		
Lutheran Social Services	95824	www.lssnorcal.org	x						x						
Mack Road Partnership	95823	mackroadpartnership.com	x		x			x			x			x	

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Mack Road Partnership Community Center	95823	mackroadpartnership.com/reimagine-foundation/programs	x		x				x					x	
MAK- Meningitis Awareness Key to Prevention	95608	makinfo.org											x		
Mary House	95811	www.sacfishes.org/programs/maryhouse	x	x				x	x						
McClellan VA Clinic	95652	www.va.gov/find-locations/facility/vha_612GH			x					x			x		x
Meals on Wheels Sacramento	95831	www.mowsac.org	x						x						
Mental Health America of California	95811	www.mhac.org		x											
Mercy Clinic – Loaves and Fishes	95811	sacloaves.org/programs-services			x			x	x				x		
Mercy Foundation	95670	supportmercyfoundation.org/home	x		x			x							
Mercy General Hospital (Dignity Health)	95819	www.dignityhealth.org/sacramento/locations/mercy-general-hospital			x		x			x			x	x	
Mercy Hospital of Folsom (Dignity Health)	95630	www.dignityhealth.org/sacramento/locations/mercy-hospital-of-folsom			x		x			x			x	x	
Mercy Housing	95816, 95838, 95833, 95820, 95811	www.mercyhousing.org	x												
Mercy San Juan Medical Center (Dignity Health)	95608	www.dignityhealth.org/sacramento/locations/mercy-san-juan-medical-center		x	x		x			x			x	x	

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Methodist Hospital of Sacramento (Dignity Health)	95823	www.dignityhealth.org/sacramento/locations/methodist-hospital-of-sacramento			x		x			x			x	x	
Mexican Consulate General in Sacramento	95834	consulmex.sre.gob.mx/sacramento	x					x							
Molina Healthcare	95838, 95823	www.molinahealthcare.com			x		x								
Mutual Assistance Network	95838, 95821, 95815	www.mutualassistance.org	x	x					x				x	x	
My Sister's House	95818	www.my-sisters-house.org	x	x	x			x							
National Alliance on Mental Illness Sacramento (NAMI)	95827	namisacramento.org		x			x		x						
National Multiple Sclerosis Society	95834	www.nationalmssociety.org											x		
Natomas Unified School District	95834	natomasunified.org	x	x										x	
NCADD Sacramento	95825	www.ncaddsac.org, www.ncadd.org		x											
Neighborhood Wellness Foundation	95838	neighborhoodwellness.org		x					x			x			
NeighborWorks Sacramento	95817	nwsacramento.org	x												
Neil Orchard Senior Activities Center	95827	crpd.com/parks/neil-orchard-senior-activities-center							x					x	
New Testament Baptist Church	95660	ntbc.church	x					x	x					x	
Next Move (SAEH)	95817	www.nextmovesacramento.org	x		x			x	x						

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North Franklin District Business Association	95820	www.franklinblvddistrict.com/						x	x						
Nurse Family Partnership – Sacramento County Public Health	Whole county	dhs.sacounty.net/PUB/Pages/Nurse-Family-Partnership/The-Nurse-Family-Partnership-Program.aspx					x			x			x		
Oak Park Community Center	95817	www.cityofsacramento.org/ParksandRecreation/Community-Centers/OakParkCenter							x					x	
Oak Park Neighborhood Association	95817	www.cityofsacramento.org/economic-development/community-engagement/neighborhood-directory/district5/oak-park-neighborhood-association						x							
Oak Park Sol Community Garden	95817	alchemistcdc.org/broadway-sol							x					x	
Obesity Prevention Program – Sacramento County Public Health	Whole county	dhs.sacounty.net/PUB/Pages/Chronic-Disease-Prevention-Program/Obesity-Prevention-Program.aspx											x	x	
One Community Health	95811, 95825	onecommunityhealth.com		x	x									x	x
Opening Doors	95825	www.openingdoorsinc.org	x	x				x	x						
Oral Health Program – Sacramento County Public Health	Whole county	dhs.sacounty.net/PUB/OralHealth/Pages/Oral-Health.aspx											x		x
Orangevale Food Bank	95662	orangevalefoodbank.org	x						x					x	
Pacific Counseling and Trauma Center (Pacific Trauma Specialists)	95630	www.pacifictraumacenter.com		x					x						
Paratransit, Inc.	95822	paratransit.org									x				

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Partners in Care	95603	picseniorcare.com	x												
Paul Hom Asian Clinic	95819	www.paulhomasiandclinic.com/			x		x		x	x			x		
Peach Tree Health Sacramento	95834	pickpeach.org		x	x										x
People Reaching Out (PRO) Youth and Families (see Pro Youth Families)	95841	proyouthandfamilies.org		x					x						
Pioneer Congregational United Church of Christ	95816	pioneerucc.org	x						x						
Planned Parenthood B Street Health Center	95816	www.plannedparenthood.org/health-center/california/sacramento/95816/b-street-health-center-2200-90130?utm_campaign=b-street-health-center&utm_medium=organic&utm_source=local-listing			x		x			x			x		
Planned Parenthood Capitol Plaza Health Center	95814	www.plannedparenthood.org/health-center/california/sacramento/95814/capitol-plaza-health-center-2199-90130?utm_campaign=capitol-plaza-health-center&utm_medium=organic&utm_source=local-listing			x		x			x			x		
Planned Parenthood Fruitridge Health Center	95820	www.plannedparenthood.org/health-center/california/sacramento/95820/fruitridge-health-center-2198-90130?utm_campaign=fruitridge-health-center&utm_medium=organic&utm_source=local-listing			x		x			x			x		

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Planned Parenthood North Highlands Health Center	95660	www.plannedparenthood.org/health-center/california/north-highlands/95660/north-highlands-health-center-2201-90130?utm_campaign=north-highlands-health-center&utm_medium=organic&utm_source=local-listing			x		x			x			x		
Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.)	95763	partyprogram.com						x	x				x		
PRIDE Industries	95660, 95826, 95834	www.prideindustries.com	x												
Project TEACH	95826	www.scoe.net/divisions/ed_services/project_teach/	x					x							
Pro Youth and Families (formerly People Reaching Out)	95841	proyouthandfamilies.org		x					x						
Public Health Division – Sacramento County Department of Health and Human Services	95823	dhs.saccounty.net/PUB/Pages/PUB-Home.aspx			x		x					x	x	x	
Public Health Emergency Preparedness – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/Emergency-Preparedness/Pages/SP-Emergency-Preparedness.aspx											x		
Public Health Laboratory – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/Laboratory/Pages/Laboratory-Home.aspx												x	

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radKIDS Children's Safety Education	27617	www.radkids.org						x	x						
Rebuilding Together - Sacramento	95826	rebuildingtogethersacramento.org						x	x						
River City Food Bank	95816, 95821	rivercityfoodbank.org	x						x					x	
River Delta Unified School District	94571	www.rdusd.org							x					x	
River Oak Center for Children	95841	www.riveroak.org		x					x						
River Oak Family Resource Center	95820	www.riveroak.org/programs/		x					x				x	x	
Roberts Family Development Center	95815	www.robertsfdc.org	x						x					x	
Robertson Community Center	95838	www.cityofsacramento.gov/ypce/community-centers/robertson-center							x					x	
Robla School District	95838	www.robila.k12.ca.us			x									x	
Roseville Unified School District	95661	www.rjuhsd.us						x							
Ryan White HIV Care & Treatment – Sacramento County Public Health	Whole county	dhs.sacounty.gov/PUB/SexualHealthPromotionUnit/Pages/RyanWhiteProgram/HIV%20Care%20Services%20Program.aspx		x	x		x			x			x		
Sacramenot Children's Home - Meadowview Family Resource Centers	95822	www.kidshome.org/what-we-do/family-resource-center		x					x				x	x	
Sacramento Area Congregations Together (FACT)	95818	www.sacact.org	x	x					x						

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Sacramento Children's Home	95820	www.kidshome.org	x	x				x	x					x	Access to Dental
Sacramento Chinese Community Services Center (SCCS)	95814	sccsc.org		x					x					x	
Sacramento City College – Dental Health Clinic	95822	scc.losrios.edu/campus-life/dental-clinic													x
Sacramento City Unified School District	95824	www.scusd.edu	x	x	x										
Sacramento County Dental Health Program	Whole county	dhs.saccounty.net/PUB/OralHealth/Pages/Oral-Health.aspx													x
Sacramento County Department of Health and Human Services	Whole county	dhs.saccounty.net/Pages/DHS-Home.aspx		x	x			x				x	x	x	
Sacramento County Department of Human Assistance	Whole county	ha.saccounty.net/Pages/default.aspx	x												
Sacramento County Office of Education SCOE:Project TEACH	95826	www.scoe.net/divisions/ed_services/project_teach/about	x				x								
Sacramento County Public Health	Whole county	dhs.saccounty.gov/PUB/Pages/PUB-Home.aspx	x	x	x	x				x	x		x		x
Sacramento County Women, Infants and Children (WIC)	95822, 95838, 95820, 95670, 95624	dhs.saccounty.net/PRI/WIC/Pages/Women-Infants-and-Children-Home.aspx	x				x								
Sacramento Countywide Foster Youth Services	95826	www.scoe.net/divisions/ed_services/fys	x												

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Sacramento Court Appointed Special Advocates (CASA)	95827	sacramentocasa.org						x	x						
Sacramento Covered (see Community HealthWorks)	95811	cohewo.org			x	x	x								
Sacramento District Dental Foundation	95825	www.sdds.org/foundation/													x
Sacramento Emergency Rental Assistance Program (SERA2)	95825	www.shra.org/about-shra	x												
Sacramento Employment and Training Agency (SETA)	95815	www.seta.net	x												
Sacramento Food Bank and Family Services	95817, 95838	www.sacramentofoodbank.org	x						x					x	
Sacramento Habitat for Humanity	95811	habitatgreatersac.org	x						x						
Sacramento Homeless Union	95825	www.sacramentohomelessunion.org		x											
Sacramento Housing Alliance	95814	sachousingalliance.org	x						x						
Sacramento Housing and Redevelopment Agency (SHRA)	95814	www.shra.org	x												
Sacramento Junior Giants	95811	www.cityofwestsacramento.org/government/departments/parks-recreation/youth-and-teens/youth-and-teen-sports/jr-giants							x					x	

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Sacramento Kindness Campaign	95864	www.sackindnesscampaign.org	x					x	x		x				
Sacramento LGBT Community Center	95811	saccenter.org	x				x	x	x						
Sacramento Life Center (SLC)	95825	saclife.org			x				x	x			x		
Sacramento Native American Health Center, Inc.	95811	www.snahc.org		x	x			x		x			x	x	
Sacramento Police Foundation	95822	sacpolicefoundation.org/wordpress							x						
Sacramento Region Community Foundation	95825	www.sacregcf.org							x			x		x	
Sacramento Regional Coalition to End Homelessness	95833	www.srceh.org	x												
Sacramento Regional Family Justice Center	95826	www.sacramentoofjc.org						x							
Sacramento Steps Forward	95833	sacramentostepsforward.org	x						x						
Sacramento Tree Foundation	95815	www.sactree.com							x			x			
Sacramento Unified School District	95824	scusd.edu	x	x				x						x	
Sacramento Violence Intervention Program (SVIP) (WellSpace Health)	95828	www.wellspacehealth.org/services/behavioral-health-prevention/sac-violence-intervention-program					x	x	x						

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Sacramento Women's Health	95825	sacwomenshealth.com			x		x			x			x		
Sacramento Works Job Centers	95817, 95610, 95670, 95823, 95632, 95838, 95842, 95820, 95824, 95817, 95655, 95828	sacramentoworks.org	x												
	95815	www.staysafer.org		x			x								
	95827	safetycenter.org						x	x				x		
	95825	saintjohnsprogram.org	x	x					x						
	95832	www.cityofsacramento.gov/ypce/comm-unity-centers/sam-bonnie-pannell-center							x					x	
	95608	www.sanjuan.edu	x	x										x	x
	95608	www.sanjuan.edu/resources/family-education-engagement							x						

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SeniorCare PACE	95823, 95818	www.sutterhealth.org/services/senior-geriatric/senior-pace			x					x			x	x	
SETA Head Start	95815	headstart.seta.net	x						x					x	
Sheriff Community Impact Program	95825	sacyouthconnect.org/agency-details/82d228ff-475d-ef3d-7688-4211219501a7		x				x						x	
Shifa Community Clinic	95818	www.shifaclinic.org		x	x									x	x
Shiloh Baptist Church	95817	www.shilohbaptistchurch-sacramento.org	x						x						
Shingle Springs Tribal TANF Program	95825	www.shinglespringsrancheria.com/tribal-tanf	x												
Shriner's Hospital for Children	95817	www.shrinerschildrens.org/locations/northern-california			x		x			x			x		
Sierra Health Foundation	95833	www.sierrahealth.org		x	x			x	x				x	x	
Sierra Vista Hospital	95823	sierravistahospital.com		x											
Slavic Assistance Center	95825	www.slaviccenter.us	x												
Society for the Blind	95811	societyfortheblind.org							x	x			x		
Soil Born Farms	95670	soilborn.org/our-story	x					x	x					x	
South County Services	95632	www.southcountyservice.com	x								x				
South Natomas Community Center	95833	www.cityofsacramento.gov/ypce/comm-unity-centers/south-natomas-center							x					x	
South Sacramento Interfaith Partnership Food Closet	95822	www.ssiipfoodcloset.org	x												
Southeast Asian Assistance Center	95822	sclc.org		x						x					

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St. Marks United Methodist Church	95864	stmarksumc.com	x					x	x						Access to Dental Care
St. Paul Missionary Baptist Church	95820	stpaulsac.org							x					x	
St. Vincent De Paul Good Shepard Catholic Church	95758	gscccg.org						x	x						
St. Vincent de Paul Sacramento Council	95816	www.svdsp-sacramento.org	x						x						
Stanford Settlement	95833	www.stanfordsettlement.org	x						x		x			x	
Stanford Sierra Youth and Families	95826	www.ssyaf.org/	x	x				x	x						
Stop Stigma Sacramento Speakers Bureau	Whole county	www.stopstigmiasacramento.org		x									x		
Su Familia- The National Hispanic Family Health Helpline	20036	www.sharenm.org/su-familia-national-hispanic-family-health-helpline			x										
Sunburst Projects	95825	sunburstprojects.org		x					x	x			x		
Sutter Center for Psychiatry	95826	www.sutterhealth.org/find-location/facility/sutter-center-for-psychiatry		x			x								
Sutter Health in collaboration with WellSpace Health Street Nurse Program	Sacramento County	www.sutterhealth.org/about/street-nurse	x				x						x		
Sutter Medical Center, Sacramento	95616	www.sutterhealth.org/smcs		x	x		x			x			x		
Terra Nova Counseling	95628	www.terranozacounseling.org		x											
The Cup With Love Project	95758	www.cupwithlove.org							x						

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The Gardens – A Family Care Community Center	95822	thegardensfamily.org	x	x					x				x		
The Mental Health Association	95825	www.mhac.org		x											
The Salvation Army	95814, 95670, 95817	www.salvationarmyusa.org	x		x			x	x						
The Salvation Army – Adult Rehabilitation Center	95814	sacramento.salvationarmy.org/		x					x						
The SOL Project – Saving Our Legacy, African Americans for Smoke-Free Safe Places	95814	www.thesolproject.com		x					x						
Tobacco Education Program – Sacramento County Public Health	Whole county	dhs.sacounty.net/PUB/Pages/Tobacco-Education-Program/SP-Tobacco-Education-Program.aspx										x	x		
Triple-R Adult Day Centers - City of Sacramento	95816	www.cityofsacramento.org/ParksandRecreation/older-adult-services/Programs/TripleR							x						
Turning Point Community Programs	95827	www.tpcp.org	x	x											
Twin Lakes Food Bank	95630	twinlakesfoodbank.org	x						x						
Twin Rivers Unified School District	95660	www.twinriversusd.org	x	x										x	
U.S. Department of Veterans Affairs – Sacramento Vet Center	95825	www.va.gov/directory/guide/facility.asp?ID=521	x	x											
UC Davis Medical Center	95817	health.ucdavis.edu/medicalcenter		x	x		x			x				x	

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United Cerebral Palsy of Sacramento and Northern California	95841	ucpsacto.org							x				x		
United Latinos (an advocacy program)	95822	unitedlatinos.org				x		x	x			x			
VA Northern California Health Care System	95655	www.va.gov/northern-california-health-care/	x	x	x		x			x			x		
Valley Hi Family Resource Center	95823	valleyhifrc.com/		x					x						
Vital Records – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/Pages/Birth-and-Death-Certificates/Sacramento-County-Vital-Records.aspx											x		
Volunteers of America – Northern California & Northern Nevada	95821	www.voa-ncnn.org/	x						x						
Waking the Village	95816	www.wakingthevillage.org	x					x						x	
WALK Sacramento	95814	www.walksacramento.org												x	
Warmline Family Resource Center	95818	www.warmlinefrc.org							x				x		
WEAVE	95811	www.weaveinc.org	x	x				x	x						
Wellness and Recovery Center – Consumers Self Help	95608, 95823	www.consumersselfhelp.org		x					x						
Wellness Within	95678	www.wellnesswithin.org							x				x	x	
WellSpace Health	95632, 95823, 95841, 95828, 95621	www.wellspacehealth.org		x	x		x	x		x			x		x

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	95827, 95834, 95817, 95660, 95811, 95820, 95630, 95821, 95814, 95826, 95610														
	95815	www.wellspacehealth.org/services.counselling-prevention/addictions-counseling		x			x								
	95817	www.wellspringwomen.org		x			x		x					x	
	95817	www.windyouthservices.org	x	x					x						
	95811	womens-empowerment.org	x	x											
	95660	worldrelief.org/sacramento	x				x		x						
YMCA of Superior California	95818	www.ymcasuperiorcal.org	x					x	x					x	
YWCA	95811	www.ywcacccc.org/sacramento	x	x					x					x	

Organization Information			Significant Health Needs												
Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
WellSpace Health Residential Treatment Center	95827, 95834, 95817, 95660, 95811, 95820, 95630, 95821, 95814, 95826, 95610														
	95815	www.wellspacehealth.org/services.counselling-prevention/addictions-counseling		x			x								
	95817	www.wellspringwomen.org		x			x		x					x	
	95817	www.windyouthservices.org	x	x					x						
	95811	womens-empowerment.org	x	x											
	95660	worldrelief.org/sacramento	x				x		x						
	95818	www.ymcasuperiorcal.org	x					x	x					x	
	95811	www.ywcacccc.org/sacramento	x	x					x						

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