2025 Sacramento County **Community Health Needs** Assessment

Volume ll: 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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Introduction and Purpose

Both state and federal laws require that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years to identify and prioritize the significant health needs of the communities they serve. The results of the CHNA guide the development of implementation plans aimed at addressing identified health needs. Federal regulations define a health need accordingly: "Health needs include requisites for the improvement or maintenance of health status in both the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities)" (p. 78963).[2]

This report documents the processes, methods, and findings of a CHNA conducted on behalf of the nonprofit hospitals listed below. Collectively, these nonprofit hospitals serve Sacramento County, California, located in the north-central part of the state. The total population of the service area was 1,626,432. The CHNA was conducted over a period of 10 months, beginning in March 2024 and concluding in December 2024. This CHNA report meets requirements of the Patient Protection and Affordable Care Act (and in California, of Senate Bill 697) that nonprofit hospitals conduct a CHNA at least once every three years.

Dignity Health Affiliates	Sutter Health Affiliates	UC Davis Health System
Mercy Hospital of Folsom 1650 Creekside Dr. Folsom, CA 95630	Sutter Medical Center, Sacramento 2825 Capitol Ave. Sacramento, CA 95816	UC Davis Medical Center 2315 Stockton Blvd. Sacramento, CA 95817
Mercy San Juan Medical Center 6501 Coyle Ave. Carmichael, CA 95608		
Mercy General Hospital 4001 J St. Sacramento, CA 95819	Sutter Center for Psychiatry 7700 Folsom Blvd. Sacramento, CA 95826	
Methodist Hospital of Sacramento 7500 Hospital Dr. Sacramento, CA 95823		

Community Health Insights conducted the CHNA on behalf of the participating hospitals. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Central and Northern California. Community Health Insights has conducted dozens of CHNAs and Community Health Assessments (CHAs) for multiple health systems and local health departments over the previous decade. For this assessment Community Health Insights collaborated with Applied Survey Research (ASR), a consulting firm working on behalf of Kaiser Permanente to conduct a CHNA in the Sacramento region, by sharing primary data.

[2] Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals. (Wednesday, December 31, 2014). *Federal Register, 79*:250, 78,954-79,016. Department of the Treasury, Internal Revenue Service.

Methods Overview

Conceptual and 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.[3] 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.

Public Comments from Previously Conducted CHNAs

Regulations require that nonprofit hospitals include written comments from the public on their previously conducted CHNAs and most recently adopted implementation strategies. The 2022 CHNA was made public for Dignity Health hospitals in Sacramento County. The community was invited to provide written comments on the CHNA reports and Implementation Strategies both within the documents and on the web site where they are widely available to the public. The email address *DignityHealthGSSA_CHNA@dignityhealth.org* was created to ensure comments were received and responded to. No written comments were received.

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.

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 issues 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.

[3] Robert Wood Johnson Foundation and University of Wisconsin. (2024). County Health Rankings Model. Retrieved 18 July 2024 from: https://www.countyhealthrankings.org/health-data/methodology-and-sources/methods.

Data Analysis

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

Findings – Sacramento County

Prioritized Significant 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 percentage of sources that identified a health need as existing in the community, and the percentage of times the sources identified a 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. Table 1 shows the value of these measures used in prioritization for each significant health need.

Table 1: Health need prioritization inputs for the Sacramento County service area.

Prioritized Health Needs	Percentage of Key Informants and Focus Groups Identifying Health Need	Percentage of Times Key Informants and Focus Groups Identified Health Need as a Top Priority	Percentage of CSPS Respondents that Identified Health Need as a Top Priority
Access to Basic Needs Such as Housing, Jobs, and Food	100%	32%	65%
Access to Mental/Behavioral Health and Substance Use Services	91%	19%	65%
Access to Quality Primary Care Health Services	80%	8%	25%
Healthy Equity	74%	7%	25%
System Navigation	69%	5%	27%

Prioritized Health Needs	Percentage of Key Informants and Focus Groups Identifying Health Need	Percentage of Times Key Informants and Focus Groups Identified Health Need as a Top Priority	Percentage of CSPS Respondents that Identified Health Need as a Top Priority
Safe and Violence-Free Environment	54%	8%	17%
Increased 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%

~ Health need not mentioned

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.[4] The prioritization index values are shown in Figure 1, where health needs are ordered from highest priority at the top of the figure to lowest priority at the bottom.

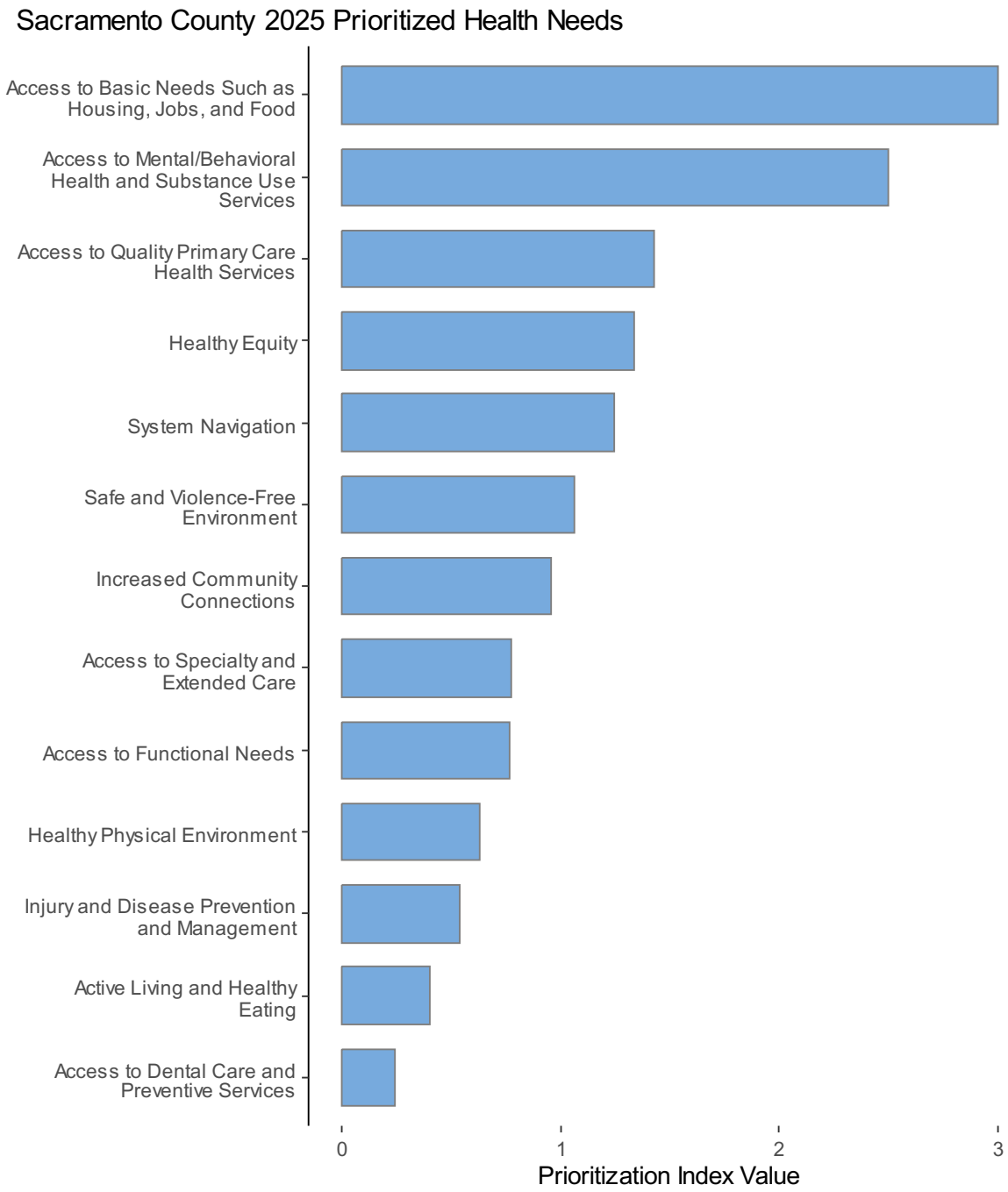

Figure 1: Prioritized significant health needs for the Sacramento County service area.

These significant health needs are described below. The secondary data indicators used in the CHNA that performed poorly compared to benchmarks are listed in the table below each health need and are ordered by their relationship to the conceptual model used to guide data collection for this report. Results from primary data analysis are also provided in the table. Then order in which these items are listed is random and not meant to denote priority.

1. Access to Basic Needs Such as Housing, Jobs, and Food

Access to affordable and clean housing, stable employment, quality education, and adequate food for good health are vital for survival. Maslow's Hierarchy of Needs[5] suggests that only when people have their basic physiological and safety needs met can they become engaged members of society and self-actualize or live to their fullest potential, including enjoying good health. Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, influence individual health as much as health behaviors and access to clinical care.[6]

<table>
<tr><th colspan="2">Primary Data Analysis</th><th>Secondary Data Analysis</th></tr>
<tr><td colspan="2">The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:</td><td rowspan="2">The following indicators performed worse in the service area when compared to state averages:</td></tr>
<tr><td>Key Informant and Focus Group Responses</td><td>Community Service Provider Survey Responses</td></tr>
<tr><td>• There is a severe shortage of affordable housing and shelters, especially for families and individuals with medical or behavioral health needs.
• Rising rents and insufficient housing assistance further exacerbate the housing problem.
• Communities resist shelter construction, leading to inadequate shelter space.
• Access to affordable, nutritious food is limited, especially for low-income and elderly populations.
• Many rely on food banks or fast food as healthier options are often unaffordable or unavailable nearby.
• Job opportunities with livable wages are scarce, especially for refugees, immigrants, and individuals with criminal records.
• Available jobs are often low-paying or undesirable, impacting physical and mental health.</td><td>• Housing is unaffordable.
• Additional low-income housing options are needed.
• Services for homeless residents are insufficient.
• Many people do not make a living wage.
• It is difficult to find affordable childcare.
• Poverty is high.
• Many residents struggle with food insecurity.
• Services are inaccessible for Spanish-speaking and immigrant residents.
• Employment opportunities are limited.</td><td>• Infant Mortality
• Child Mortality
• Life Expectancy
• Premature Age-Adjusted Mortality
• Premature Death
• Hypertension Mortality
• Low Birthweight
• Poor Mental Health Days
• Frequent Mental Distress
• Poor Physical Health Days
• Frequent Physical Distress
• Poor or Fair Health
• Asthma ED Rates
• Asthma ED Rates for Children
• Drug Induced Death
• Adult Obesity
• Limited Access to Healthy Foods
• Food Environment Index
• Medically Underserved Area
• Disconnected Youth</td></tr>
</table>

[5] McLeod, S. (2020). *Maslow's Hierarchy of Needs*. Retrieved 31 Jan 2022 from: http://www.simplypsychology.org/maslow.html.

[6] Robert Wood Johnson Foundation and University of Wisconsin. (2022). Research Articles. Retrieved 31 Jan 2022 from: http://www.countyhealthrankings.org/learn-others/research-articles#Rankingsrationale.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Unhoused individuals often lack basic health resources, and rising costs of healthcare, food, and utilities force many to prioritize essentials over medical needs. • Homelessness and poverty affect youth in schools, with large populations struggling to meet basic needs. • Job training and life skills programs are necessary to support youth and adults transitioning into stable employment. • Access to essential services such as showers, toilets, and healthcare is limited for unhoused populations. • Partnerships with local businesses are needed to foster economic growth and reduce generational poverty.	• Educational attainment in the area is low.	• Third Grade Reading Level • Third Grade Math Level • Children in Single-Parent Households • Children in Poverty • Median Household Income • Homelessness Rate

2. Access to Mental/Behavioral Health and Substance Use Services

Individual health and well-being are inseparable from individual mental and emotional outlook. Coping with daily life stressors is challenging for many people, especially when other social, familial, and economic challenges occur. Access to mental, behavioral, and substance use services is an essential ingredient for a healthy community where residents can obtain additional support when needed.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Limited psychiatric beds and substance use facilities, especially in Northern California, restrict access to care.	• There aren't enough mental health providers or treatment centers (e.g. psychiatric beds, therapists, support groups).	• Life Expectancy • Premature Age-Adjusted Mortality • Premature Death • Suicide Mortality

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Unhoused individuals face high levels of anxiety and stress, with limited access to mental health resources, adding to a cycle of trauma and instability. • The prevalence of drugs like fentanyl and meth has exacerbated addiction issues across all age groups, from teens to adults. • Youth mental health, particularly anxiety, depression, and behavioral issues, has increased. • There's a shortage of mental health services and coping mechanisms in schools and communities. • Long wait times, cultural stigma, and financial barriers prevent people from seeking timely mental and behavioral care, even when available. • Language and cost are hurdles when seeking mental and behavioral healthcare services, particularly for those with low incomes or on public insurance. • Behavioral health crisis is often handled by emergency departments or law enforcement, leading to trauma and sometimes incarceration rather than treatment. • There is a need for resilience-building, more counselors in schools, grief support, and recreational activities for youth as preventive measures. • There is a need for cultural education and trauma-informed	• It's difficult for people to navigate mental/behavioral healthcare. • Additional services for those who are homeless and experiencing mental/behavioral health issues are needed. • There aren't enough services for those who are homeless and dealing with substance-abuse issues. • There aren't enough substance-abuse treatment services available (e.g. detox centers, rehabilitation centers). • Treatment options for those with Medi-Cal are limited. • Substance-abuse is a problem (e.g., use of opiates and methamphetamine, prescription misuse). • Treatment options for those with Medi-Cal are limited. • There is a lack of infrastructure to support acute mental health crises. • Additional services specifically for youth are needed (e.g., child psychologists, counselors and therapists in the schools). • The cost for treatment is too high. • The stigma around seeking mental health treatment keeps people out of care. • Substance-abuse is an issue among youth in particular.	• Poor Mental Health Days • Frequent Mental Distress • Poor Physical Health Days • Frequent Physical Distress • Poor or Fair Health • Drug Induced Death • Adult Smoking • Mental Health Care Shortage Area • Medically Underserved Area • Mental Health Providers • Firearm Fatalities Rate • Juvenile Arrest Rate • Disconnected Youth • Homelessness Rate

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
services for immigrants and refugees to ease adjustment challenges. • The community needs more resources, infrastructure, and public education on mental health and addiction, with a particular emphasis on making services more accessible and culturally responsive. • There is a need for harm reduction and targeted interventions.	• Awareness of mental health issues is low. • Mental/behavioral health services are available, but people do not know about them. • The use of nicotine delivery products such as e-cigarettes and tobacco is a problem. • Substance-abuse treatment services are available, but people do not know about them.	

3. Access to Quality Primary Care Health Services

Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Many patients fall into a coverage gap where they don't qualify for Medi-Cal but can't afford necessary care. • 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. • There are insufficient shelters with medical support, delays in medication access, lack of healthcare	• Wait-times for appointments are excessively long. • Too few providers accept Medi-Cal. • Patients seeking primary care overwhelm local emergency departments.	• Infant Mortality • Child Mortality • Life Expectancy • Premature Age-Adjusted Mortality • Premature Death • Stroke Mortality • Chronic Lower Respiratory Disease Mortality • Diabetes Mortality • Heart Disease Mortality

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
providers, high staff turnover, and inadequate cultural and language support, particularly for refugees and immigrants. • Training for healthcare staff to build trust with unhoused and underserved populations is needed. • Patients face challenges with bureaucratic health systems, high deductibles, poor-quality care, and inadequate preventive services. • Access barriers are especially pronounced for specific groups like Black patients, pregnant teens, refugees, and large families. • There is a need for universal healthcare, more clinics, culturally sensitive care, telemedicine, and expanded insurance options to address these gaps.	• Quality health insurance is unaffordable. • There aren't enough primary care providers. • It's difficult to obtain appointments outside of regular business hours. • The quality of care is low (e.g., providers lack cultural or linguistic competence). • Out-of-pocket costs are too high. • Primary care services are available, but they are difficult to navigate. • Specific services are unavailable (e.g., 24-hour pharmacies, urgent care, telemedicine).	• Hypertension Mortality • Cancer Mortality • Alzheimer's Disease Mortality • Low Birthweight • Poor Mental Health Days • Frequent Mental Distress • Poor Physical Health Days • Frequent Physical Distress • Poor or Fair Health • Colorectal Cancer Prevalence • Breast Cancer Prevalence • Lung Cancer Prevalence • Asthma ED Rates • Asthma ED Rates for Children • Medically Underserved Area • Preventable Hospitalization • Homelessness Rate

4. Healthy Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (RWJF Definition). The health equity table contains only the results of primary data analysis. Quantitative indicators and analysis are reported in the Health Equity section of this report.

Primary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants and focus group participants:
• Homeless individuals often face discrimination in medical settings, they are treated with disrespect and their needs dismissed. • Prejudice in healthcare settings affects those who are visibly poor or rely on Medicaid. • There is a lack of culturally competent providers, especially for Latino and Afghan communities, and insufficient language support for non-English speakers, impacting immigrants' and refugees' access to healthcare. • The profit-driven nature of healthcare limits the system's capacity to meet marginalized communities' needs. • Marginalized groups, particularly refugees, immigrants, and those from low-income areas, lack representation in policymaking, and their community-specific needs are often overlooked. • There's limited support for economic resources and services tailored for marginalized groups, especially new immigrant communities. Those with accents face discrimination in the job market. • Marginalized communities, especially Black and unhoused individuals, report over-policing and racial profiling, which foster fear and distrust of law enforcement. • Youth in marginalized communities are often labeled as problematic without addressing the systemic factors that contribute to behavioral issues. • There is a strong need for cultural humility among service providers, as racial and cultural insensitivity limits the effectiveness of healthcare, education, and other support services. • Communities emphasize the need for providers who understand and respect cultural differences and who actively work to bridge language gaps, especially with the use of cultural brokers. • Disparities in neighborhood infrastructure (parks, walkability, safety) disproportionately affect low-income areas. • A prevalent digital divide exacerbates difficulties in accessing services, education, and mental health support, particularly during the pandemic. • Affordable housing, transportation, and adequate insurance remain significant barriers, particularly for undocumented individuals and low-income households. • The bureaucratic complexity of accessing social services, including Medicare, limits access to essential support. • Issues such as racism, economic inequality, and lack of adequate community safety resources have fueled mistrust in public institutions, especially among marginalized groups. • The disparity between communities like Natomas and Del Paso Heights exemplifies the broader inequities in resource distribution and safety.

5. System Navigation

System navigation refers to an individual's ability to traverse fragmented social services and healthcare systems to receive the necessary benefits and supports to improve health outcomes. Research has shown that navigating the complex U.S. healthcare system is a barrier for many that results in health

disparities.[7] Furthermore, accessing social services provided by government agencies can be an obstacle for those with limited resources such as transportation access and English proficiency.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Managed care plans often deny post-acute care, have long wait times, and lack transparency, making it difficult for people to access necessary health resources. • Health and social service systems are siloed and difficult to navigate, especially for non-English speakers and those unfamiliar with bureaucratic processes. • Patients and their families often bear the burden of coordinating care without compensation or guidance. • There is a need for system navigators and case managers to assist people in accessing services, understanding health insurance, and completing complex forms, especially for immigrants and those recently released from prison. • Effective support for unhoused individuals requires comprehensive wraparound services, including basic life skills training and financial education. • There's a need for better alignment and integration between state programs to avoid issues like losing SNAP benefits when gaining employment. • Limited language support hampers access for non-English speakers, with inadequate translations for critical	• Automated phone systems can be difficult for those who are unfamiliar with the healthcare system. • It is difficult to navigate multiple health care systems. • Some people just don't know where to start in order to access care or benefits. • People may not be aware of the services they are eligible for. • More navigators are needed to connect people to services. • People have trouble understanding their insurance benefits. • Medical and insurance paperwork can be overwhelming. • Medical terminology is confusing. • There aren't enough bilingual navigators.	• Infant Mortality • Child Mortality • Life Expectancy • Premature Age-Adjusted Mortality • Premature Death • Stroke Mortality • Chronic Lower Respiratory Disease Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Cancer Mortality • Poor Mental Health Days • Frequent Mental Distress • Poor or Fair Health • Asthma ED Rates • Asthma ED Rates for Children • Mental Health Care Shortage Area • Medically Underserved Area • Dentists • Mental Health Providers • Preventable Hospitalization

[7] Natale-Pereira, A. et. Al. (2011). The Role of Patient Navigators in Eliminating Health Disparities. *US National Library of Medicine, National Institutes of Health, 117*:15, 3,543-3,552.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
resources like driver's exams and discharge instructions. • Materials need to be provided in accessible formats and multiple languages. • Community education is lacking, especially regarding available resources. • Community health workers, marketing campaigns to raise awareness, and improved health literacy can help ensure people are aware of services. • Complicated eligibility requirements for programs like Medi-Cal and CalFresh, as well as extensive paperwork, often disqualify individuals unfairly or make it difficult to maintain support. • There is a need for a centralized, culturally competent "one-stop shop" for accessing services, better care coordination, and robust language support emerges as critical for improving access and outcomes.		

6. Safe and Violence-Free Environment

Feeling safe in one's home and community is fundamental to overall health. Next to having basic needs met (e.g., food, shelter, and clothing) is having physical safety. Feeling unsafe affects the way people act and react to everyday life occurrences. Additionally, research has shown that individuals exposed to violence in their homes, communities, and schools are more likely to experience depression and anxiety and demonstrate more aggressive, violent behavior [8]

[8] Lynn-Whaley, J., & Sugarmann, J. (July 2017). *The Relationship Between Community Violence and Trauma*. Los Angeles: Violence Policy Center.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Schools are increasingly unsafe, with youth violence rising and incidents of students bringing weapons on campus. • Unhoused individuals report feeling unsafe on the streets and within shelters, where they encounter violence and abuse. • There are serious safety concerns within various communities, highlighting violence, inadequate resources, and lack of security measures. • Afghan children face bullying due to cultural differences. • LGBTQIA+ individuals struggle to find safe, inclusive shelter options, especially those over 24, who often face transphobia. • Public spaces and neighborhoods lack adequate police presence, leading to increased gun violence, theft, and harassment, with community members feeling afraid to walk in their own neighborhoods. • The lack of secure community centers and activities for youth contributes to engagement in negative behaviors, while safety on public transport remains unreliable. • There is a need for parenting classes, conflict resolution in schools, and education on gun safety. • Domestic and gang violence, especially in economically strained areas, remain prevalent, with marginalized groups, including	• Youth need more safe places to go after school. • Human trafficking is an issue. • People feel unsafe because of crime. • Public parks seem unsafe because of illegal activity taking place. • Domestic violence and sexual assault resources are insufficient. • Gang activity is an issue. • Isolated or poorly lit streets make pedestrian travel unsafe. • Specific groups in this community are targeted because of characteristics like race/ethnicity, age, sexual orientation, or gender identity. • The current political environment makes some concerned for their safety.	• Life Expectancy • Premature Death • Hypertension Mortality • Poor Mental Health Days • Frequent Mental Distress • Frequent Physical Distress • Poor or Fair Health • Homicide Rate • Firearm Fatalities Rate • Juvenile Arrest Rate • Motor Vehicle Crash Death • Disconnected Youth • Homelessness Rate

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
Latino women, hesitant to report incidents due to fear. • Community members call for equitable safety measures, accountability, and violence prevention to foster a more secure and inclusive environment for all.		

7. Increased Community Connections

As humans are social beings, community connection is a crucial part of living a healthy life. People have a need to feel connected with a larger support network and the comfort of knowing they are accepted and loved. Research suggests "individuals who feel a sense of security, belonging, and trust in their community have better health. People who don't feel connected are less inclined to act in healthy ways or work with others to promote well-being for all." [9] Assuring that community members connect with each other through community opportunities like programs, services, and civic engagement is important to foster a healthy community. Furthermore, healthcare and community support services are more effective when they are delivered in a coordinated fashion, where individual organizations collaborate with others to build a network of care.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Initiatives like the Youth and Family Collective (YFC) showcase the power of collective action over isolated efforts. • Smaller, trusted organizations within communities can act as key connectors to support outreach and engagement. • Communities need platforms for organizations to share data, resources, and abilities to help people navigate complex systems and access support,	• City and county leaders need to work together. • Building community connections doesn't seem like a priority. • Health and social-service providers operate in silos; cross-	• Infant Mortality • Child Mortality • Life Expectancy • Premature Age-Adjusted Mortality • Premature Death • Stroke Mortality • Diabetes Mortality

[9] Robert Wood Johnson Foundation. (2016). *Building a Culture of Health: Sense of Community*. Retrieved 31 Jan 2022 *from* https://www.rwjf.org/en/cultureofhealth/taking-action/making-health-a-shared-value/sense-of-community.html

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
which also opens doors to larger funding opportunities. • Increased community involvement and civic engagement are essential, especially focusing on prevention strategies to improve public health, reduce violence, and build resilience in areas with concentrated poverty. • Youth need mentoring, safe spaces, and activities to engage them and provide role models that reflect their potential. • Collaborations between healthcare providers, law enforcement, schools, and local community organizations are necessary to address interconnected issues like homelessness, health disparities, and safety without defaulting to punitive measures. • Leveraging deep-rooted, generational connections, especially in areas like Del Paso Heights, is essential to foster healthy relationships and disrupt harmful cycles. • To counteract social isolation and loneliness among older adults, community spaces and gatherings should focus on health topics, familial support, and youth empowerment to foster intergenerational connections. • Ultimately, a community-driven ecosystem with cross-sector collaboration, engaging religious, nonprofit, and civic groups, is essential for sustainable improvement in health, safety, and economic opportunities.	sector connections needed. • There isn't enough funding for social services. • Relations between law enforcement and the community need to be improved. • The community needs to invest more in the local public schools. • People in the community face discrimination from local service providers.	• Heart Disease Mortality • Hypertension Mortality • Suicide Mortality • Unintentional Injuries Mortality • Low Birthweight • Poor Mental Health Days • Frequent Mental Distress • Poor Physical Health Days • Frequent Physical Distress • Poor or Fair Health • Drug Induced Death • Mental Health Care Shortage Area • Medically Underserved Area • Mental Health Providers • Preventable Hospitalization • Homicide Rate • Firearm Fatalities Rate • Juvenile Arrest Rate • Disconnected Youth • Children in Single-Parent Households • Homelessness Rate • Access to Public Transit

8. Access to Specialty and Extended Care

Extended care services, which include specialty care, are care provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty care go together, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage the progression of chronic diseases, including diabetes and high blood pressure, on their own. In addition to specialty care, extended care refers to care extending beyond primary care services that is needed in the community to support overall physical health and wellness, such as skilled-nursing facilities, hospice care, and in-home healthcare.

<table>
<tr><th colspan="2">Primary Data Analysis</th><th>Secondary Data Analysis</th></tr>
<tr><td colspan="2">The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:</td><td rowspan="2">The following indicators performed worse in the service area when compared to state averages:</td></tr>
<tr><td>Key Informant and Focus Group Responses</td><td>Community Service Provider Survey Responses</td></tr>
<tr><td>• Patients struggle with access to specialty care, such as vascular, oncology, neurology, and cardiology.
• Long wait times, convoluted referral processes, and low reimbursement rates discourage providers from accepting Medi-Cal patients, further limiting specialty care access for the underinsured.
• There is a shortage of beds in nursing facilities, affordable assisted living, and long-term care for the elderly and developmentally delayed.
• Many patients are forced to remain in hospitals due to limited placements, increasing hospital strain.
• Dialysis access is challenging for less-mobile patients, with few transport options from skilled nursing facilities.
• Post-discharge support is lacking, leaving gaps in wound care and oxygen support.
• Unhoused populations face barriers in hospice and prenatal care access.
• High costs of in-home and assisted care further hinder care access for vulnerable populations.
• There is a significant demand for prenatal, postpartum, and infant</td><td>• Not all specialty care is covered by insurance.
• Out-of-pocket costs for specialty and extended care are too high.
• Too few specialty and extended care providers accept Medi-Cal.
• It is difficult to recruit and retain specialists.
• More extended care options for the aging population are needed (e.g., skilled nursing homes, in-home care).
• People must travel to reach specialists.
• Wait-times for specialist appointments are excessively long.
• Additional hospice and palliative care options are needed.
• The area lacks a specific kind of specialist or extended care option: medical respite, recuperative care for homeless.</td><td>• Infant Mortality
• Life Expectancy
• Premature Age-Adjusted Mortality
• Premature Death
• Stroke Mortality
• Chronic Lower Respiratory Disease Mortality
• Diabetes Mortality
• Heart Disease Mortality
• Hypertension Mortality
• Cancer Mortality
• Alzheimer's Disease Mortality
• Poor Mental Health Days
• Frequent Mental Distress
• Poor Physical Health Days
• Frequent Physical Distress
• Poor or Fair Health
• Lung Cancer Prevalence
• Asthma ED Rates</td></tr>
</table>

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
care, especially among the homeless and African American populations, who suffer from high rates of maternal and infant mortality. • There are not enough healthcare providers or caregivers available, leading to long wait times and short appointment slots, impacting quality of care. • Affordable long-term and specialty care options for elderly and disabled individuals are insufficient, creating financial burdens for families. • Issues such as elder abuse, intergenerational trauma, and lack of trust in specialists exacerbate shortages, and additional support is needed to address these systemic gaps. • Shortages and system inefficiencies result in a crisis affecting care accessibility, particularly for low-income and vulnerable groups. • Elderly individuals, especially those with dementia, and developmentally delayed persons need more specialized facilities.		• Asthma ED Rates for Children • Drug Induced Death • Preventable Hospitalization • Homelessness Rate

9. Access to Functional Needs

Functional needs refer to needs related to adequate transportation access and conditions that promote access for individuals with physical disabilities. Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life. The number of people with a disability is also an important indicator for community health and must be examined to ensure that all community members have access to necessities for a high quality of life.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• 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 healthcare appointments or jobs. • Routes are limited, and delays are common, causing issues for low-income individuals, seniors, and those without personal vehicles. • The cost of public transportation is prohibitive, especially for individuals with low income. • Existing financial assistance programs for transportation services are reimbursement-based, making it hard for people who cannot afford upfront costs. • Walkways and public spaces are often inaccessible for people with disabilities and age-related issues. • Public transport does not adequately serve those with mobility needs, and some bus drivers have language barriers that complicate navigation for non-English speakers. • Lack of transportation restricts youth from participating in after-school programs and other extracurriculars. • Poor transit access leads to social isolation and limits access to healthcare, groceries, and other essential services. • Vulnerable individuals, including seniors, are unable to reliably access healthcare appointments and face long wait times. • Transportation services need expanded, including ride-share	• Medical transport is limited or unreliable. • Public transportation is more difficult for some residents to use (e.g., non-English speakers, seniors, parents with young children). • Public transportation schedules are limited. • Public transportation service routes are limited. • Roads and sidewalks are not well-maintained. • The distance between service providers is inconvenient for those using public transportation. • The geography makes it difficult for those without reliable transportation to get around. • Using public transportation to reach providers can take a very long time.	• Disability • Frequent Mental Distress • Frequent Physical Distress • Poor or Fair Health • Adult Obesity • Homelessness Rate • Access to Public Transit

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
options, and better financial support to make transportation accessible and affordable for all.		

10. Healthy Physical Environment

Individual health is determined by several factors, and some models show that one's living environment, including the physical (natural and built) and sociocultural environment, has more impact on individual health than one's lifestyle, heredity, or access to medical services.[10]

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Unmaintained parks and trails, particularly near rivers, deter public use and limit accessibility. • Vulnerable populations face more severe effects of climate change, such as extreme heat and poor air quality, increasing risks of dehydration, asthma, and other health issues. • Low-income areas lack trees and green spaces, intensifying heat and air pollution problems and contributing to respiratory illnesses. • Some seek shelter in hospitals due to a shortage of heating and cooling centers in the community. • Highways and toxic waste affect air quality, while climate change threatens water cleanliness, with pesticides impacting those unable to afford organic food.	• Heavy traffic harms the air quality. • Industrial activity harms the air quality. • Low-income housing is substandard. • The air quality contributes to high rates of asthma. • Water quality is poor. • Wildfires harm the air quality.	• Infant Mortality • Life Expectancy • Premature Age-Adjusted Mortality • Premature Death • Chronic Lower Respiratory Disease Mortality • Hypertension Mortality • Cancer Mortality • Frequent Mental Distress • Frequent Physical Distress • Poor or Fair Health • Colorectal Cancer Prevalence • Breast Cancer Prevalence • Lung Cancer Prevalence • Asthma ED Rates • Asthma ED Rates for Children • Adult Smoking • Homelessness Rate

[10] Blum, H. L. (1983). *Planning for Health*. New York: Human Sciences Press.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Climate anxiety, political concerns, and extreme weather lead to stress, compounded by unclean streets and poor neighborhood aesthetics. • Beautification campaigns could improve community pride and mental health. • Apartment and community space fires, especially in vacant lots with dry grass, worsen air quality. • More accessible and walkable streets, better ventilation in homes, and emergency water distribution during power outages and storms are essential. • Additional cooling and warming centers are needed to support community health during extreme weather.		• Air Pollution - Particulate Matter • Projected Difference in Extreme Heat Days

11. Injury and Disease Prevention and Management

Knowledge is important for individual health and well-being, and efforts aimed at injury and disease prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of injury and infectious disease control (e.g., sexually transmitted infection (STI) prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Issues like diabetes, hypertension, and heart disease are prevalent, highlighting the need for more prevention programs, health	• Health education in the schools needs to be improved. • Nutrition education opportunities are needed.	• Infant Mortality • Child Mortality • Stroke Mortality

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
education, and proper nutrition guidance. • Staff training is important for campus-related health issues, while young people need better access to reproductive and sexual health information and services. • Increased access to education on contraception, childcare, practical life skills (e.g., financial literacy in high school), and overall disease prevention is needed, particularly for single parents, youth, and Black communities. • There is a need for education on nutrition, including how to utilize canned foods, understanding food labels, and managing diet-related chronic diseases effectively. • The need for affordable and equitable education, more accessible healthcare, and better resource networks is underscored.	• There should be a greater focus on chronic disease prevention (e.g. diabetes, heart disease). • Patients need to be better connected to service providers (e.g., case management, patient navigation, or centralized service provision). • Prevention efforts need to be focused on specific populations in the community (e.g., youth, Spanish-speaking residents, the elderly, LGBTQ individuals, immigrants). • Vaccination rates are low.	• Chronic Lower Respiratory Disease Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Suicide Mortality • Unintentional Injuries Mortality • Alzheimer's Disease Mortality • Low Birthweight • Poor Mental Health Days • Frequent Mental Distress • Frequent Physical Distress • Poor or Fair Health • Asthma ED Rates • Asthma ED Rates for Children • Drug Induced Death • Adult Obesity • Adult Smoking • Firearm Fatalities Rate • Juvenile Arrest Rate • Motor Vehicle Crash Death • Disconnected Youth • Third Grade Reading Level • Third Grade Math Level • Homelessness Rate

12. Active Living and Healthy Eating

Physical activity and eating a healthy diet are important for one's overall health and well-being. Frequent physical activity is vital for prevention of disease and maintenance of a strong and healthy heart and mind. When access to healthy foods is challenging for community residents, many turn to unhealthy foods that are convenient, affordable, and readily available. Communities experiencing social vulnerability and poor health outcomes often live in areas with fast food and other establishments where unhealthy food is sold. Under-resourced communities may experience food insecurity, absent the means to consistently secure food for themselves or their families, relying on food pantries and school meals that may be lacking in sufficient nutrition for maintaining health.

<table>
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<tr><td colspan="2">The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:</td><td rowspan="2">The following indicators performed worse in the service area when compared to state averages:</td></tr>
<tr><td>Key Informant and Focus Group Responses</td><td>Community Service Provider Survey Responses</td></tr>
<tr><td>• The community faces significant barriers to a healthy lifestyle, including limited access to culturally appropriate and affordable healthy foods, with grocery stores and farmer's markets often far away.
• Rising obesity rates are compounded by a lack of affordable gym memberships, nearby parks, and accessible exercise equipment.
• The few available options for exercise, like tai chi and swimming, have limited hours, making it challenging for women and older adults to stay active.
• There is a need for more community exercise events and spaces, and increased tree canopies and parks could improve neighborhood health.
• The high cost of healthy food makes junk food the more affordable option, leaving residents concerned about their dietary health compared to food options in their home country.</td><td>• Food insecurity is an issue.
• Fresh, unprocessed foods are unaffordable.
• The built environment doesn't support physical activity (e.g., neighborhoods aren't walk-able, roads aren't bike-friendly, parks are inaccessible).
• There are food deserts where fresh, unprocessed foods are not available.
• Homelessness in parks or other public spaces deters their use.
• Nutrition education programs are needed.
• Recreational opportunities are unaffordable (e.g., gym memberships, recreational activity programming).
• There aren't enough recreational opportunities (e.g., organized activities, youth sports leagues).</td><td>• Life Expectancy
• Premature Age-Adjusted Mortality
• Premature Death
• Stroke Mortality
• Diabetes Mortality
• Heart Disease Mortality
• Hypertension Mortality
• Cancer Mortality
• Poor Mental Health Days
• Frequent Mental Distress
• Poor Physical Health Days
• Frequent Physical Distress
• Poor or Fair Health
• Colorectal Cancer Prevalence
• Breast Cancer Prevalence
• Asthma ED Rates
• Asthma ED Rates for Children
• Adult Obesity</td></tr>
</table>

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
		• Limited Access to Healthy Foods • Food Environment Index • Homelessness Rate • Access to Public Transit

13. Access to Dental Care and Preventive Services

Oral health is important for overall quality of life. When individuals have dental pain, it is difficult to eat, concentrate, and fully engage in life. Oral health disease, including gum disease and tooth decay, are preventable chronic diseases that contribute to increased risk of other chronic diseases, as well as play a large role in chronic absenteeism from school in children. Poor oral health status impacts the health of the entire body, especially the heart and the digestive and endocrine systems.

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
• Many dental services, such as root canals and extractions, aren't covered by Medi-Cal, which leaves many cases untreated and sometimes leads to hospitalizations. • Dental care under Medi-Cal is costly and difficult to access, with few available providers. • Unlike countries like Ukraine and Afghanistan, where dental care is free, accessible, and offers over-the-counter pain relief, U.S. dental care often requires visits to multiple clinics, leading to prolonged pain and challenges in managing food intake. • Patients experience long wait times for appointments, and there is a need for comprehensive coverage—including	• It's hard to get an appointment for dental care. • The lack of access to dental care here leads to overuse of emergency departments. • Dental care is unaffordable, even if you have insurance. • People have to travel to receive dental care. • There aren't enough dental care providers.	• Frequent Mental Distress • Poor Physical Health Days • Frequent Physical Distress • Poor or Fair Health • Dentists • Homelessness Rate

Primary Data Analysis		Secondary Data Analysis
The manner in which the health need appeared or was expressed in the community was described as follows by key informants, focus group participants, and survey respondents:		The following indicators performed worse in the service area when compared to state averages:
Key Informant and Focus Group Responses	Community Service Provider Survey Responses	
braces and implants—to ensure effective, timely, and high-quality dental care.		

Description of Community Served

Sacramento County (with the exception of a small portion) and a small portion of El Dorado County was the designated area served by the participating hospitals for the 2025 CHNA. This definition of the community served was used because this is the primary geographic area served by the seven nonprofit hospitals that collaborated on this CHNA.

Sacramento County was incorporated in 1850, and much of its rich history was influenced by the discovery of gold in the area in 1848. The county is home to California's capital city, Sacramento. The county includes seven incorporated cities, with the City of Sacramento being the largest. Covering a geographic area of 994 square miles and home to approximately 1.6 million residents, Sacramento County sits at the northern portion of California's Central Valley, situated along the Interstate 5 corridor. The area consists of both urban and rural communities and includes the Sacramento–San Joaquin Delta that connects the Sacramento River to the San Francisco Bay through some 700 miles of winding waterways. Sacramento is a diverse community, and a report ranked the city the fourth most racially and ethnically diverse large city in the U.S.[11]

Sacramento County has over 30 cities, census-designated places, and unincorporated communities that include neighborhoods with rich heritages such as Oak Park, known as Sacramento's first suburb, to newer communities such as the City of Rancho Cordova, incorporated in 2003. Sacramento County ranks as California's 26th most overall healthy county among the 58 in the state.[12] The area is served by several healthcare organizations, including those that collaborated on this assessment.

In this CHNA, one additional ZIP Code from El Dorado County, a neighboring county east of Sacramento, was included to capture the portion of the community served by Mercy Hospital of Folsom, located near the border of these two counties. With some exceptions, findings described in this report are organized both at the county level and, as detailed later in this report, by designated regions within the county.

Regions of Sacramento County

Sacramento County is comprised of many communities, each with unique attributes and characteristics that influence community health. To capture these unique attributes for this CHNA, the county was subdivided into four distinct regions to allow for more detailed data collection and analysis. These

[11] McCann, A. (May 3, 2018). *2018's Most Diverse Cities in the U.S*. Washington DC: WalletHub. Retrieved from: https://wallethub.com/edu/most-diverse-cities/12690/#methodology.
[12] See: https://www.countyhealthrankings.org/app/california/2021/rankings/outcomes/overall

regions are shown in Figure 2. Primary data collection included interviews with community health experts and community residents that lived and worked in the communities within these regions, thus providing a richer and more robust understanding of each community's unique features. When available, secondary data were collected and analyzed within each region as well.

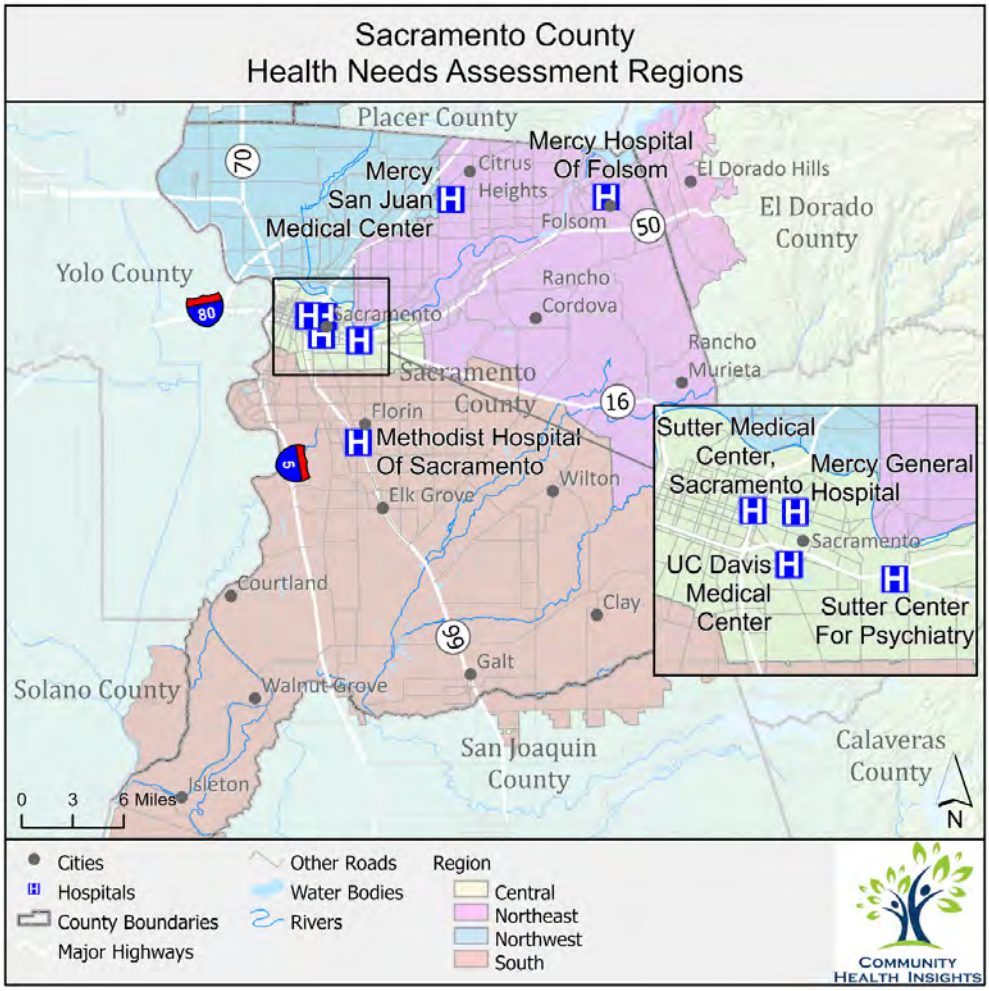


Figure 2: Regions of Sacramento County.

The following sections give more detailed information and findings that are unique to each region. To begin, a description of each community is presented, followed by sociodemographic information for each ZIP Code in the region. These are followed by displays of two informative findings of the CHNA: 1) the California Healthy Places Index, and 2) Communities of Concern within each region. Additional indices that provide additional information on the sociodemographic information of these regions are included in the appendices of this report.

Community Vulnerability Indices – Sacramento County

Vulnerability indices provide information that describe and compare the sociodemographic characteristics of communities. For this CHNA report, three indices are used: 1) the California Healthy

Places Index (HPI)[13] 2) the Center for Disease Control and Prevention's Social Vulnerability Index, (SVI)[14] and 3) the Vizient Vulnerability Index (VVI).[15] Though each is somewhat distinct from the other, all three indices aggregate and combine social and demographic data from reliable sources that have known relationships to life expectancy and other health outcomes. For each index the values of multiple indicators are combined to create a score that is assigned to a particular census tract, ZIP Code, or county that denotes the community's vulnerability to poor health outcomes. Scores are divided into groups, and each group is represented by color gradation maps, also referred to a "heat maps." These maps offer a visual representation of communities in the service area where poorer health outcomes were more likely to be present.

The HPI map is presented in Figure 3 for Sacramento County. (HPI maps are also presented for each region in later sections of this report.) Maps displaying the additional indices can be found in the appendices of this report.

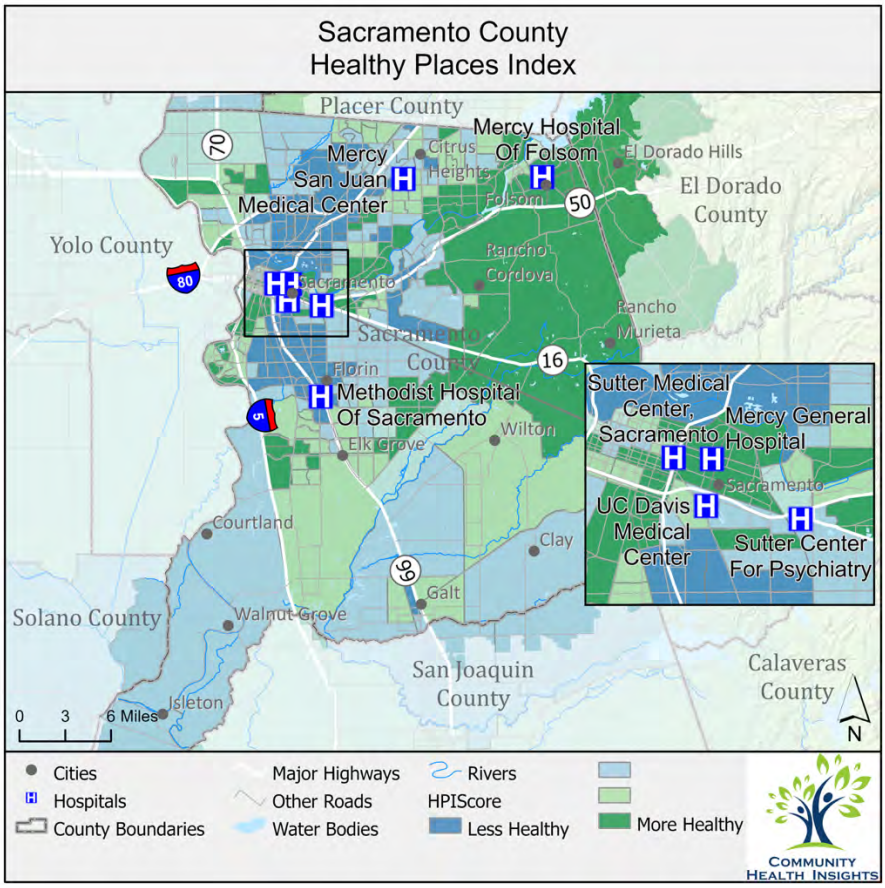


Figure 3: Healthy Places Index for Sacramento County.

[13] Public Health Alliance of Southern California. (2021). *The California Health Places Index (HPI): About*. Retrieved 26 July 2021 from https://healthyplacesindex.org/about/.

[14] Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry. (2024). *Social Vulnerability Index*. Retrieved 6 December 2024 from https://www.atsdr.cdc.gov/place-health/php/svi/index.html.

[15] Vizient, Inc. 2024. *Vizient Vulnerability Index, Public Access*. Retrieved 6 December 2024 from https://www.vizientinc.com/what-we-do/health-equity/vizient-vulnerability-index-public-access.

In the figure, census tracts that are shaded with darker blue are those with less healthy conditions, according to the index. These communities are in the western portion of the county and are concentrated around the southern Highway 99 and northern Interstate 80 corridors. A smaller area is located centrally in the county along Highways 50 and 16.

Communities of Concern – Sacramento County

Communities of Concern are geographic areas in Sacramento County that have the greatest concentration of poor health outcomes and are home to more medically underserved, low-income, and diverse populations at greater risk for poorer health. Communities of Concern are important to the overall CHNA methodology because, after the service area has been assessed more broadly, they allow for a focus on those portions of the area likely experiencing the greatest health disparities. Geographic Communities of Concern were identified using a combination of primary and secondary data sources.

A total of 56 ZIP Codes were included in this assessment, and 20 of these met the requirements to be included as a Community of Concern. The total population within these communities was approximately 750,000 residents, representing 46% of the total population in the service area. These communities are displayed across the county in Figure 4 .

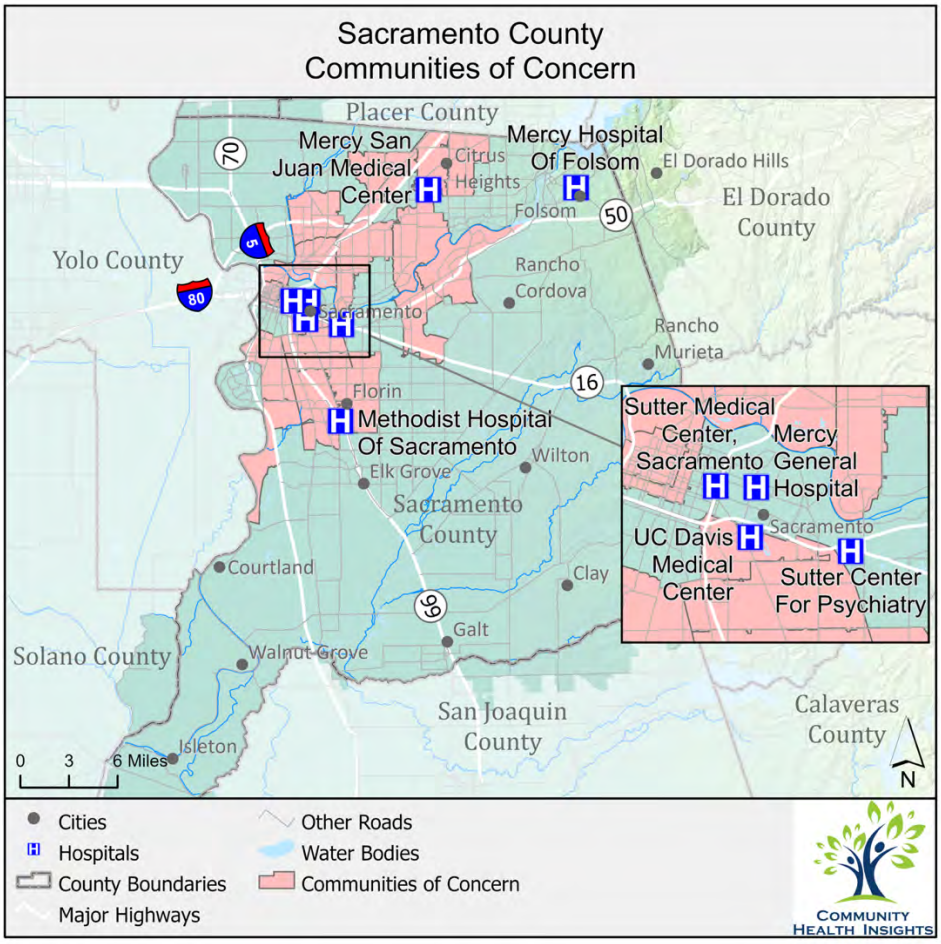


Figure 4: Communities of Concern for Sacramento County.

Findings for Each Region

Prioritized Significant Health Needs by Region

While a goal of the assessment was to identify the health needs of Sacramento County as a whole, it was also important to identify and prioritize health needs for the multiple communities within the county. To accomplish this data were collected and analyzed at two levels. Health need identification and prioritization for the county overall was based on all qualitative data collected across the county. However, health need identification and prioritization for each region was based on qualitative data collected only within that region. This resulted in differences between the health needs identified and prioritized for the entire county and those identified and prioritized for each region.

After each region's health needs were identified, they were prioritized based on an analysis of primary data sources that mentioned the health need as a priority. The findings are displayed in Table 2.

Table 2: Ranking of *prioritized significant health needs for each region and Sacramento County.*

Significant Health Need	North-east	North-west	Central	South	*County*
Access to Basic Needs Such as Housing, Jobs, and Food	1	1	1	1	*1*
Access to Mental/Behavioral/ Substance-use Services	2	2	2	2	*2*
Access to Quality Primary Care Health Services	3	3	3	3	*3*
Health Equity: Equal Access to Opportunities to be Healthy	4	4	5	4	*4*
System Navigation	5	5	4	5	*5*
Safe and Violence-Free Environment	7	8	7	6	*6*
Increased Community Connections	9	6	8	9	*7*
Access to Specialty and Extended Care	6	7	6	7	*8*
Access to Functional Needs	~	9	~	~	*9*
Healthy Physical Environment	8	11	9	8	*10*
Injury and Disease Prevention and Management	10	10	10	11	*11*
Active Living and Healthy Eating	11	12	11	10	*12*
Access to Dental Care and Preventive Services	12	13	12	12	*13*

~The health need was not identified for this region.

Northeast Region

The total population of the Northeast Region was 562,808. Population characteristics for each ZIP Code in the region are presented in Table 3. These are compared to the state and county for descriptive purposes. Any ZIP Code with values that compared negatively is highlighted.

Table 3: *Population characteristics for each ZIP Code located in the Northeast Region.*

ZIP Code	Total Population	% Hispanic\Latinx or Non-White	Median Age (yrs.)	Median Income	% Poverty	% Unemployment	% Uninsured	% Without High School Graduation	% With High Housing Costs	% With Disability
95608	63,715	35.0	42.8	$79,371	12.4	5.3	5.1	7.3	39.1	14.9
95610	46,219	30.7	36.8	$75,370	10.3	6.3	6.8	8.8	41.6	15.6
95621	42,089	34.4	39.4	$74,573	10.3	6.3	7.1	9.9	37.8	14.8
95628	44,256	27.5	43.0	$110,012	8.3	5.6	4.0	4.8	30.8	11.6
95630	76,599	41.9	40.0	$134,844	5.3	5.0	3.1	2.9	28.9	8.3
95655	4,954	49.1	33.6	$123,893	10.6	4.7	0.9	4.1	20.7	5.1
95662	32,436	26.6	42.1	$92,507	9.0	4.8	4.1	5.7	32.6	11.7
95670	59,449	48.8	37.0	$86,905	11.3	5.6	4.2	10.5	34.8	15.9
95671	4,478	81.7	39.6	$157,857	0.0	0.0	0.0	39.8	0.0	0.0
95683	6,330	33.6	55.2	$128,264	3.8	3.4	0.8	5.0	22.5	12.4
95742	14,883	58.4	36.9	$149,613	3.6	5.0	1.7	4.1	25.3	10.3
95821	37,436	48.4	38.6	$56,019	17.3	9.9	5.3	13.1	47.9	13.8
95825	37,310	62.8	32.6	$56,604	28.2	8.0	8.4	12.6	50.9	13.6
95827	21,084	53.3	35.4	$80,810	11.8	6.0	7.6	11.4	35.5	14.0
95864	25,728	30.3	43.8	$123,535	9.6	4.7	2.7	4.7	32.4	12.9
Sacramento	*1,579,211*	*57.8*	*36.8*	*$84,010*	*13.1*	*6.3*	*5.2*	*11.6*	*37.4*	*12.3*
95762	45,842	29.5	45.2	$162,464	4.4	3.5	1.2	2.4	27.1	7.7
El Dorado	*191,713*	*24.5*	*46.2*	*$99,246*	*8.6*	*4.6*	*4.2*	*5.3*	*34.6*	*12.3*
California	*39,356,104*	*64.8*	*37.3*	*$91,905*	*12.1*	*6.4*	*7.1*	*15.6*	*39.9*	*11.0*

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

Community Vulnerability for the Northeast Region

Figure 5 displays the HPI values for the Northeast Region. (The SVI and VVI values for this region can be viewed in Appendix A).

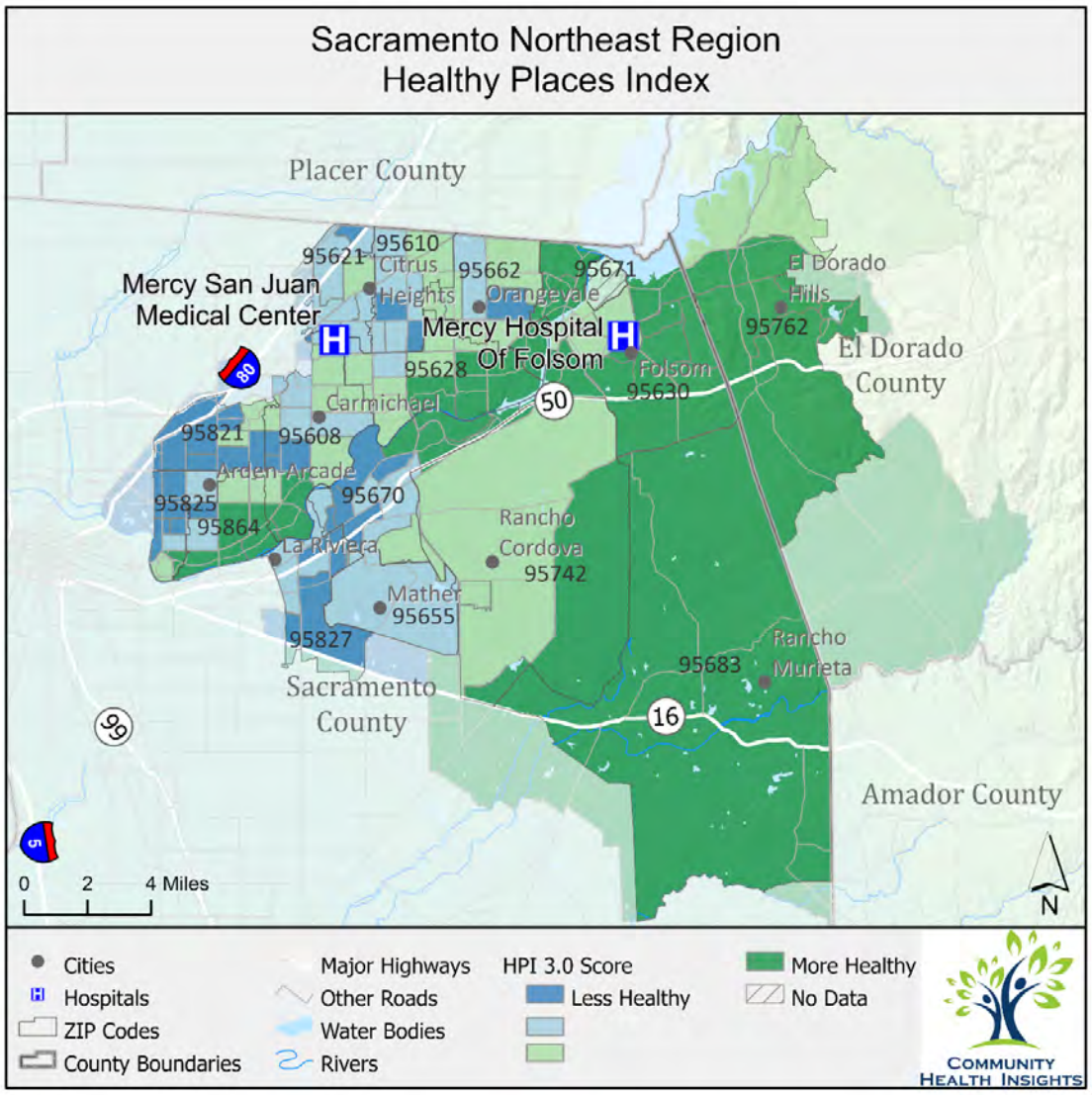


Figure 5: Healthy Places Index for the Northeast Region.

Areas with the darkest blue shading in Figure 5 have the lowest overall HPI scores, indicating factors leading to less healthy neighborhoods. There are likely to be a higher concentration of residents in these locations experiencing health disparities.

Communities of Concern

Geographic Communities of Concern were identified for the Northeast Region using a combination of primary and secondary data sources. Analysis of both primary and secondary data revealed seven ZIP Codes that met the criteria to be classified as Communities of Concern. These are noted in Table 4 with the census population provided for each and are displayed in Figure 6.

Table 4: Identified Communities of Concern for the Northeast Region.

ZIP Code	Community\Area	Population
95608	Carmichael	63,715
95610	Citrus Heights	46,219
95621	Citrus Heights, Antelope	42,089
95670	Rancho Cordova	59,449
95821	Arden Arcade, North Highlands	37,436
95825	Arden Arcade, North Highlands	37,310
95827	Rancho Cordova, Rosemont	21,084
	Total Population in Communities of Concern	*307,302*
	Total Population in Hospital Service Area	*562,808*
	Percentage of Service Area Population in Community of Concern	*54.6%*

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

Figure 6 displays the ZIP Codes highlighted in pink that are Communities of Concern for the Northeast Region.

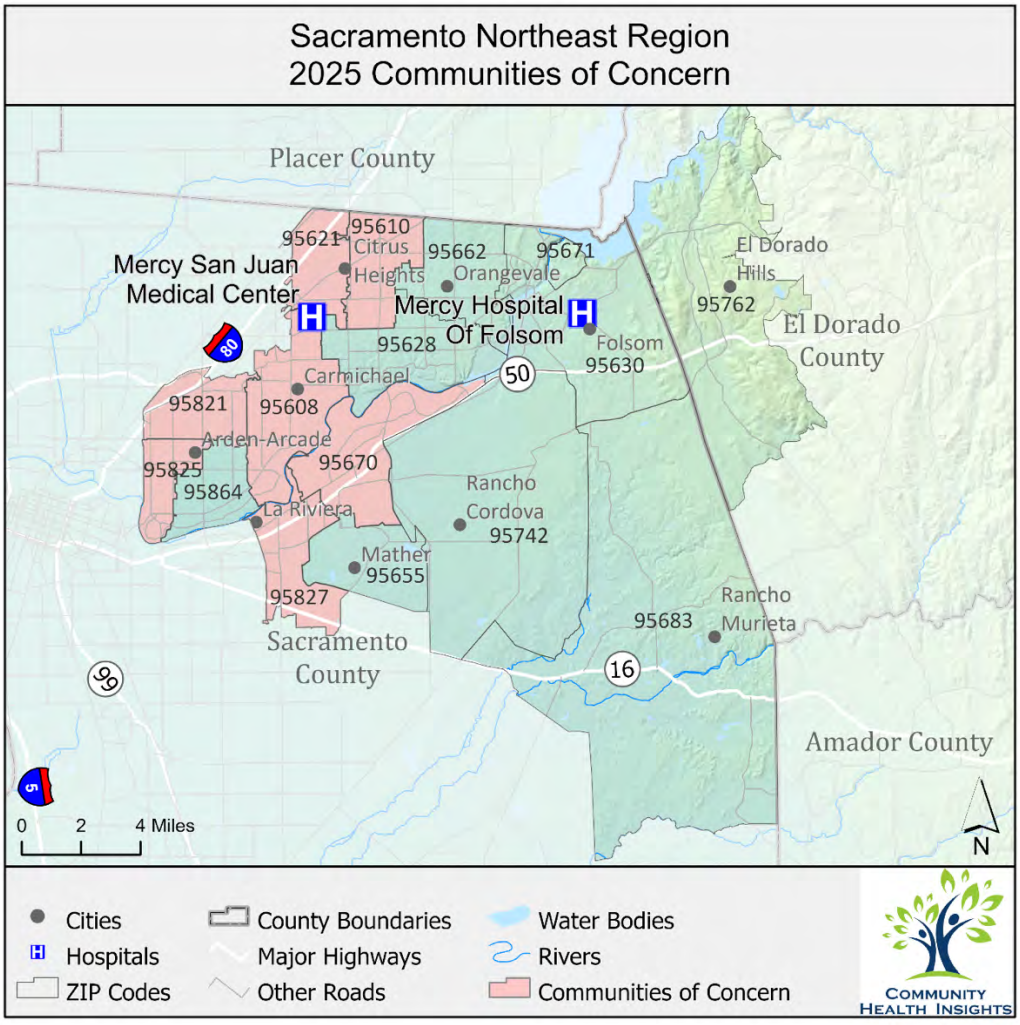


Figure 6: Communities of Concern for the Northeast Region.

Northwest Region

The total population of the Northwest Region was 347,570. Population characteristics for each ZIP Code in the service area are presented in Table 5. These are compared to the state and county characteristics for descriptive purposes. Any ZIP Code with values that compared negatively is highlighted.

Table 5: *Population characteristics for each ZIP Code located in the Northwest Region.*

ZIP Code	Total Population	% Hispanic\Latinx or Non-White	Median Age (yrs.)	Median Income	% Poverty	% Unemployment	% Uninsured	% Without High School Graduation	% With High Housing Costs	% With Disability
95626	5,845	37.1	44.6	$89,395	10.1	3.7	5.8	8.4	37.8	12.4
95652	1,193	71.0	20.9	$24,766	45.7	2.9	0.9	10.3	52.7	9.5
95660	35,458	56.6	32.9	$63,429	19.6	5.6	9.0	18.4	42.4	11.7
95673	16,665	35.8	36.6	$88,866	13.2	4.9	4.4	11.8	33.1	11.7
95815	26,523	72.3	33.3	$54,747	23.7	9.1	7.7	22.5	48.3	13.9
95833	40,908	73.5	35.1	$82,694	9.9	4.5	5.8	11.6	38.1	11.7
95834	34,892	78.1	34.0	$93,684	13.3	5.6	4.4	10.7	39.4	8.9
95835	40,957	70.1	38.4	$114,201	4.5	3.6	2.5	6.2	33.9	8.0
95837	306	3.3	50.6	$121,563	13.1	7.8	10.1	7.5	36.2	18.6
95838	41,311	79.8	32.4	$58,253	20.0	8.6	9.8	23.0	50.7	13.1
95841	21,542	42.1	34.6	$62,697	16.2	5.2	8.5	7.7	45.7	11.1
95842	34,775	52.6	33.0	$64,269	19.1	8.0	6.2	12.6	45.4	14.2
95843	47,195	43.2	35.7	$92,336	10.2	6.8	5.8	11.0	35.4	11.1
Sacramento	*1,579,211*	*57.8*	*36.8*	*$84,010*	*13.1*	*6.3*	*5.2*	*11.6*	*37.4*	*12.3*
California	*39,356,104*	*64.8*	*37.3*	*$91,905*	*12.1*	*6.4*	*7.1*	*15.6*	*39.9*	*11.0*

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

Community Vulnerability for the Northwest Region

Figure 7 displays the HPI values for the Northwest Region. (The SVI and VVI values for this region can be viewed in Appendix B).

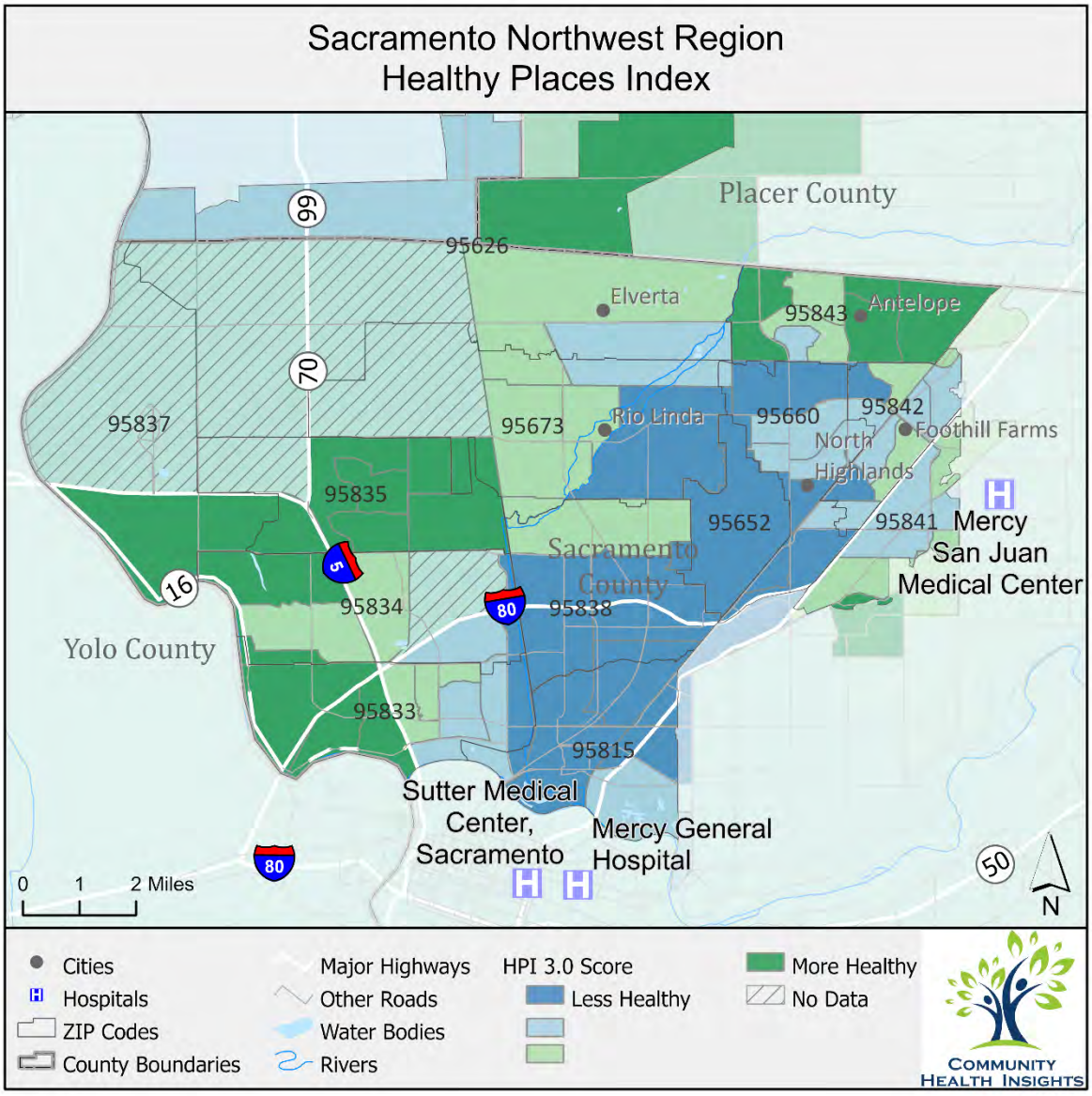


Figure 7: Healthy Places Index for the Northwest Region.

Areas with the darkest blue shading in Figure 7 have the lowest overall HPI scores, indicating less healthy neighborhood conditions. There are likely to be a higher concentration of residents in these locations experiencing health disparities.

Communities of Concern

Geographic Communities of Concern were identified for the Northwest Region using a combination of primary and secondary data sources. Analysis of both primary and secondary data revealed four ZIP Codes that met the criteria to be classified as Communities of Concern. These are noted in Table 6 with the census population provided for each and are displayed in Figure 8.

Table 6: Identified Communities of Concern for the Northwest Region.

ZIP Code	Community\Area	Population
95660	North Highlands	35,458
95815	North Sacramento	26,523
95838	Del Paso Heights	41,311
95842	Arden Arcade, North Highlands, Foothill Farms	34,775
	Total Population in Communities of Concern	*138,067*
	Total Population in Hospital Service Area	*347,570*
	Percentage of Service Area Population in Community of Concern	*39.7%*

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

Figure 8 displays the ZIP Codes highlighted in pink that are Communities of Concern for the Northwest Region.

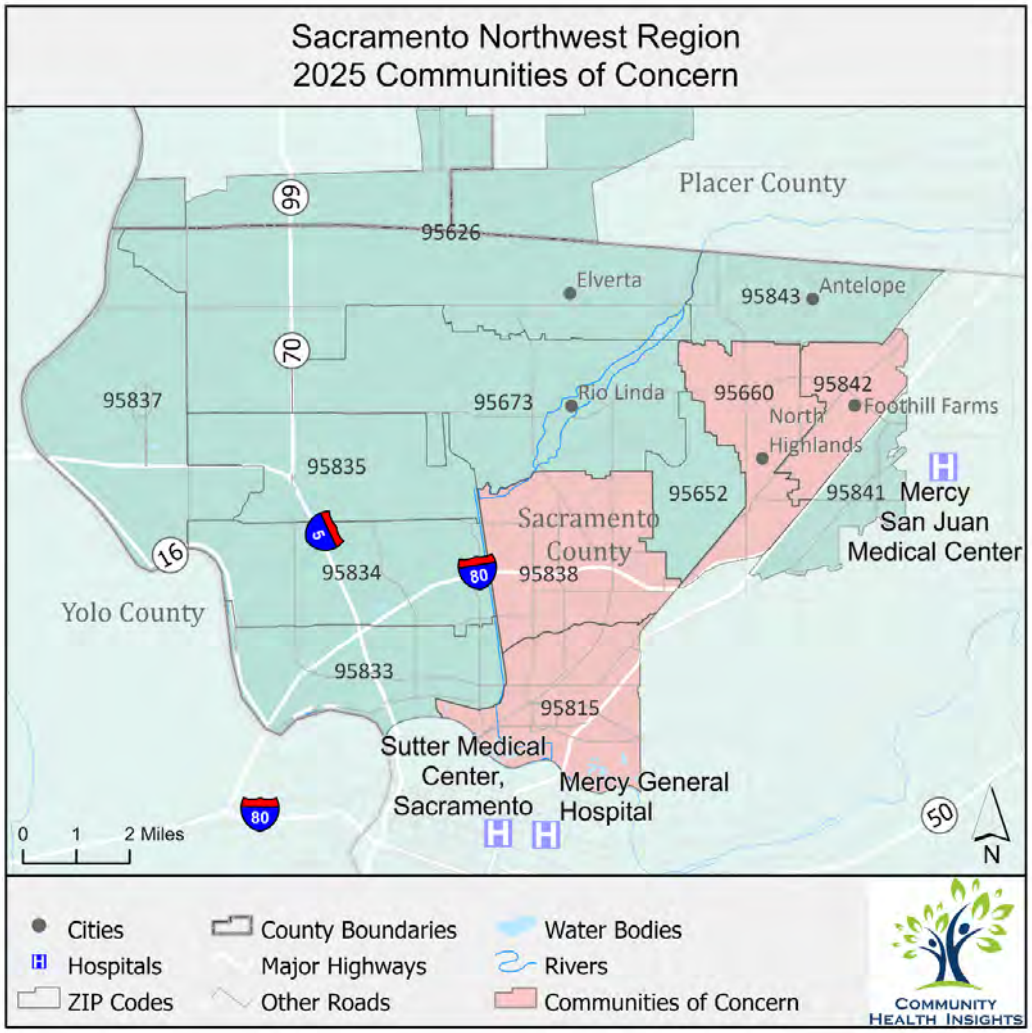


Figure 8: Communities of Concern for the Northwest Region.

Central Region

The total population of the service area was 172,648. Population characteristics for each ZIP Code in the service area are presented in Table 7. These are compared to the state and county characteristics for descriptive purposes. Any ZIP Code with values that compared negatively to the state is highlighted.

Table 7: Population characteristics for each ZIP Code located in the Central Region.

ZIP Code	Total Population	% Hispanic\Latinx or Non-White	Median Age (yrs.)	Median Income	% Poverty	% Unemployment	% Uninsured	% Without High School Graduation	% With High Housing Costs	% With Disability
95811	8,456	49.4	32.4	$75,826	20.9	4.3	6.9	7.3	35.4	14.0
95814	12,248	51.6	36.0	$44,537	27.9	6.2	5.2	11.8	52.1	25.3
95816	18,334	30.3	34.6	$83,933	9.9	3.4	5.6	2.6	34.4	9.5
95817	14,513	57.6	33.8	$60,362	21.9	8.5	4.8	9.4	43.8	15.7
95818	23,062	42.7	40.0	$113,733	12.2	5.1	2.3	6.9	28.5	8.4
95819	19,806	33.8	37.5	$124,916	6.8	6.5	2.0	2.9	25.9	7.2
95820	36,024	68.5	35.3	$64,501	19.8	6.8	8.9	18.7	41.1	14.0
95826	40,205	54.3	33.9	$77,685	16.3	6.4	4.5	6.7	36.5	14.4
Sacramento	*1,579,211*	*57.8*	*36.8*	*$84,010*	*13.1*	*6.3*	*5.2*	*11.6*	*37.4*	*12.3*
California	*39,356,104*	*64.8*	*37.3*	*$91,905*	*12.1*	*6.4*	*7.1*	*15.6*	*39.9*	*11.0*

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

Community Vulnerability for the Central Region

Figure 9 displays the HPI values for Central Region. (The SVI and VVI values for this region can be viewed in Appendix C).

Figure 9: Healthy Places Index for the Central Region.

Areas with the darkest blue shading in Figure 9 have the lowest overall HPI scores, indicating less healthy neighborhood conditions. There are likely to be a higher concentration of residents in these locations experiencing health disparities.

Communities of Concern

Analysis of both primary and secondary data revealed four ZIP Codes that met the criteria to be classified as Communities of Concern. These are noted in Table 8, with the census population provided for each, and are displayed in Figure 10.

Table 8: Identified Communities of Concern for the Central Region.

ZIP Code	Community\Area	Population
95811	Downtown Sacramento	8,456
95814	Downtown Sacramento	12,248
95817	Oak Park	14,513
95820	Oak Park, Tahoe Park	36,024
	Total Population in Communities of Concern	*71,241*
	Total Population in Hospital Service Area	*172,648*
	Percentage of Service Area Population in Community of Concern	*41.3%*

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

Figure 10 displays the ZIP Codes highlighted in pink that are Communities of Concern for the Central Region.

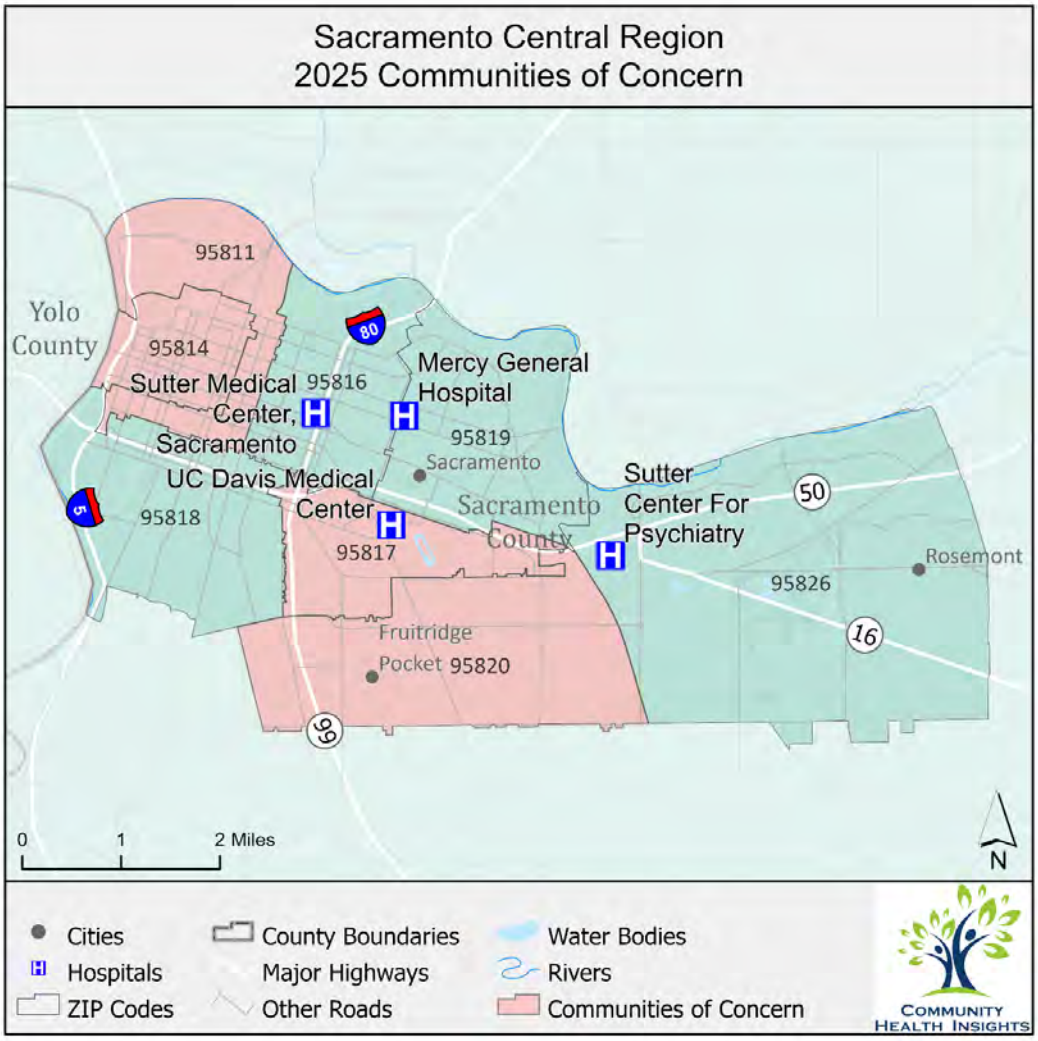


Figure 10: Central Region Communities of Concern.

South Region

The total population of the South Region was 543,406. Population characteristics for each ZIP Code in the service area are presented in Table 9. These are compared to the state and county characteristics for descriptive purposes. Any ZIP Code with values that compared negatively is highlighted.

Table 9: Population characteristics for each ZIP Code located in the South Region.

ZIP Code	Total Population	% Hispanic\Latinx or Non-White	Median Age (yrs.)	Median Income	% Poverty	% Unemployment	% Uninsured	% Without High School Graduation	% With High Housing Costs	% With Disability
95615	1,147	52.2	48.8	$67,633	7.1	0.0	2.4	3.5	24.4	9.8
95624	67,915	60.9	38.1	$114,558	7.9	6.7	3.3	10.9	30.6	10.1
95632	31,217	53.1	39.0	$91,315	7.3	7.0	5.3	16.6	28.6	12.3
95638	2,246	33.7	50.6	$94,167	8.6	7.1	6.1	6.3	32.4	17.7
95639	314	93.9	45.2	~	15.0	11.5	0.0	0.0	56.9	4.8
95641	1,517	33.2	53.8	$52,035	25.6	13.7	5.4	11.4	33.8	19.4
95680	9	~	~	~	~	~	~	~	100.0	100.0
95690	1,621	55.6	33.0	$71,250	17.6	6.4	9.4	13.9	35.2	9.1
95693	7,624	35.2	50.0	$136,411	5.9	2.1	2.8	4.1	19.1	12.0
95757	53,232	78.3	37.7	$128,216	10.0	4.5	2.1	8.2	33.8	7.8
95758	66,153	70.4	39.3	$102,306	10.3	7.5	2.6	9.4	33.4	11.7
95822	46,413	73.2	37.3	$76,774	12.5	7.2	5.8	14.3	33.4	11.8
95823	82,983	87.3	31.8	$59,547	19.8	8.7	6.5	24.2	48.5	13.9
95824	30,556	84.5	32.3	$50,387	25.3	7.0	8.5	32.1	44.7	16.0
95828	60,850	83.4	35.6	$74,493	15.0	7.9	6.3	21.9	37.0	13.0
95829	31,297	73.6	36.7	$111,523	12.8	5.0	3.8	13.2	34.7	11.1
95830	746	53.6	48.2	$130,139	13.4	0.0	1.5	21.4	41.0	20.8
95831	44,450	68.4	42.1	$93,449	8.4	5.3	3.7	5.5	32.8	12.2
95832	13,116	88.0	30.9	$75,071	19.5	13.2	5.4	24.2	41.9	12.0
Sacramento	*1,579,211*	*57.8*	*36.8*	*$84,010*	*13.1*	*6.3*	*5.2*	*11.6*	*37.4*	*12.3*
California	*39,356,104*	*64.8*	*37.3*	*$91,905*	*12.1*	*6.4*	*7.1*	*15.6*	*39.9*	*11.0*

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

Community Vulnerability for the South Region

Figure 11 displays the HPI values for the South Region. (The SVI and VVI values for this region can be viewed in Appendix D).

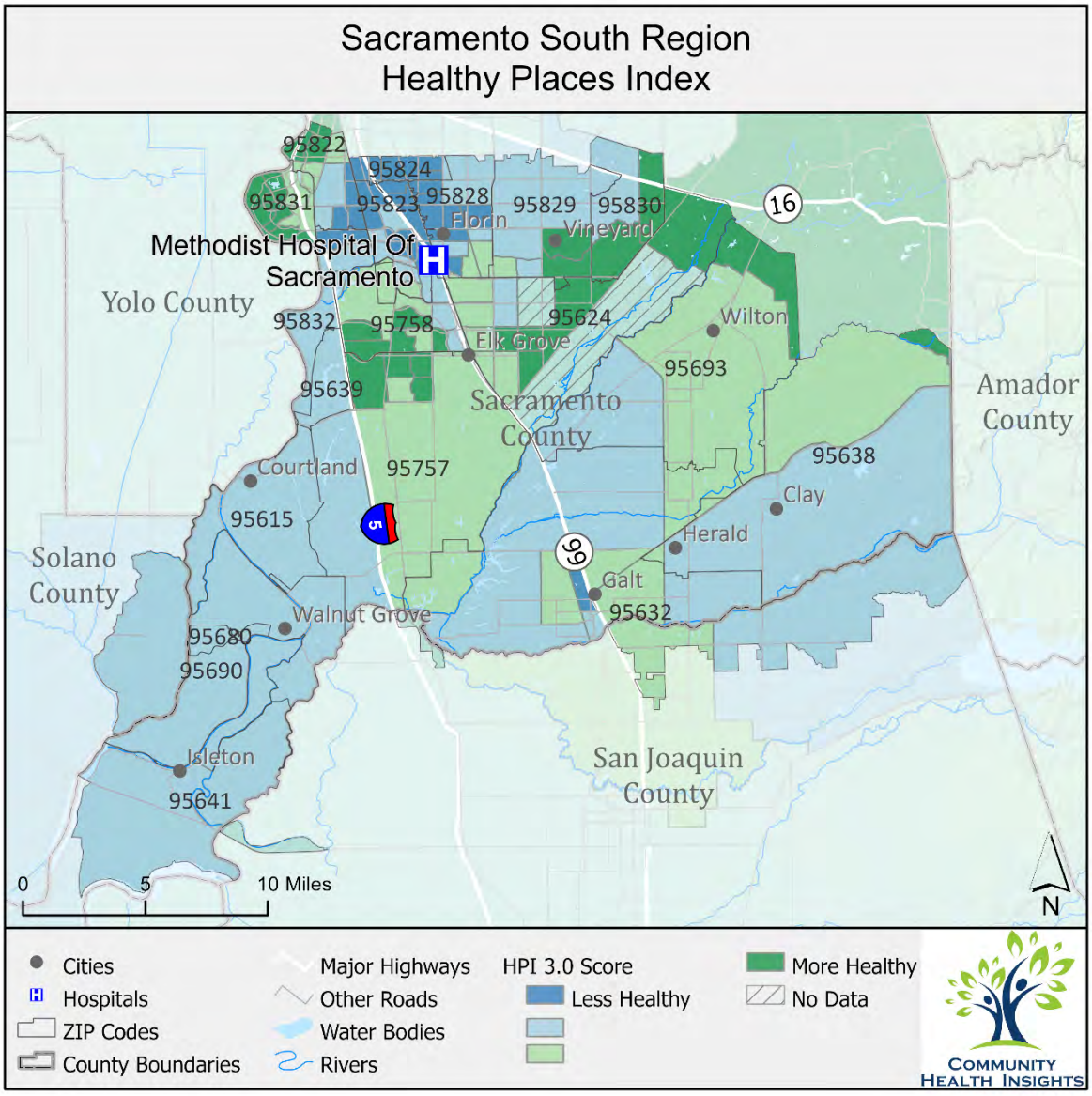


Figure 11: Healthy Places Index for the South Region.

Areas with the darkest blue shading in Figure 11 have the lowest overall HPI scores, indicating less healthy neighborhood conditions. There are likely to be a higher concentration of residents in these locations experiencing health disparities.

Communities of Concern

Analysis of both primary and secondary data revealed five ZIP Codes that met the criteria to be classified as Communities of Concern for the South Region. These are noted in Table 10, with the census population provided for each, and are displayed in Figure 12.

Table 10: Identified Communities of Concern for the South Region.

ZIP Code	Community\Area	Population
95822	South Sacramento	46,413
95823	South Sacramento	82,983
95824	South Sacramento	30,556
95828	South Oak Park, South Sacramento	60,850
95832	Meadowview, Freeport	13,116
	Total Population in Communities of Concern	*233,918*
	Total Population in Hospital Service Area	*543,406*
	Percentage of Service Area Population in Community of Concern	*43%*

Source: 2022 American Community Survey 5-year estimates; U.S. Census Bureau.

Figure 12 displays the ZIP Codes highlighted in pink that are Communities of Concern for the South Region.

Figure 12: South Region Communities of Concern.

Health Equity

The Robert Wood Johnson Foundation's definition of health equity and social justice is used here to help establish a common understanding for the concept of health equity.

> "*Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*"[16]

Inequities experienced early and throughout one's life, such as limited access to a quality education, have health consequences that appear later in life as health disparities. Health disparities are defined as "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by populations, and defined by factors such as race or ethnicity, gender, education or income, disability, geographic location or sexual orientation."[17]

In the US, and many parts of the world, inequities are most apparent when comparing various racial and ethnic groups to one another. Using these comparisons between racial and ethnic populations, it's clear that health inequities persist across communities, including Sacramento County.

This section of the report shows inequities in health factors and outcomes, comparing these between race and ethnic groups. These differences inform better planning for more focused interventions.

Health Outcomes - the Results of Inequity

Table 11 displays disparities among race and ethnic groups for the HSA for life expectancy, mortality, and low birthweight.

Table 11: Health outcomes comparing race and ethnicity in the Sacramento County service area.

Health Outcomes	Description	American Indian\ Alaska Native	Asian	Black	Hispanic	Native Hawaiian\ Pacific Islander	White	Overall County
Child Mortality	Number of deaths among residents under age 18 per 100,000 population.	~	27.3	91.8	42.1	75.7	42	46.8

[16] Robert Wood Johnson Foundation. (2017). What is Health Equity? And What Difference Does a Definition Make? *Health Equity Issue Brief #1*. Retrieved 18 July 2024 from *https://buildhealthyplaces.org/content/uploads/2017/05/health_equity_brief_041217.pdf*.

[17] Center for Disease Control and Prevention. 2008. Health Disparities Among Racial/Ethnic Populations. Community Health and Program Services (CHAPS): Atlanta: U.S. Department of Health and Human Services.

Health Outcomes	Description	American Indian\ Alaska Native	Asian	Black	Hispanic	Native Hawaiian\ Pacific Islander	White	Overall County
Infant Mortality Rate	Number of infant deaths (within 1 year) per 1,000 live births.	~	3.2	9.6	5.7	~	3.8	4.9
Life Expectancy	Average number of years people are expected to live.	76.3	83.4	72.6	80.4	78.8	77.9	78.4
Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	6.9%	8.2%	11.9%	6.7%	9.6%	5.3%	7.1%
Premature Age-Adjusted Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	478.0	228.9	624.0	308.1	476.2	371.5	361.8
Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	10,645.6	4,327.2	13,792.6	6,284.6	10,956.2	7,350.0	7,324.6

~ Data Not Available

When comparing health outcome data across race and ethnic groups, disparities are apparent. For example, pre-mature age adjusted mortality for Blacks was over twice the rate than the lowest group – Hispanics. Also, the infant mortality rate for Blacks was three times higher than the lowest group – Asians.

Health Factors - Inequities in the Service Area

Inequalities can be seen in data that help describe health factors in the service area, such as education attainment and income. These health factors are displayed in Table 12, Table 13, and Table 14.

Table 12: Injury related health factors comparing race and ethnicity in the Sacramento County service area.

Health Factors	Description	American Indian\ Alaska Native	Asian	Black	Hispanic	Native Hawaiian\ Pacific Islander	White	Overall County
Juvenile Felony Arrests	Felony juvenile arrests per 1,000 juveniles	~	~	8.1	1.1	~	0.8	1.5
Firearm Fatalities	Number of deaths due to firearms per 100,000 population.	~	4.2	24.0	7.6	~	10.2	9.9
Injury Mortality[a]	Number of deaths due to injury per 100,000 population.	89.7	33.4	113.7	48.9	47.0	85.4	68.7
Motor Vehicle Crash Deaths	Number of motor vehicle crash deaths per 100,000 population.	~	5.7	21.5	10.5	11.4	13.1	11.9
Homicides[b]	Number of deaths due to homicide per 100,000 population.	~	3.6	23.9	6.0	~	3.9	6.4
Suicides[c]	Number of deaths due to suicide per 100,000 population (age-adjusted).	~	6.6	7.8	7.9	~	16.8	12.3
Drug Overdose Deaths[d]	Number of drug poisoning deaths per 100,000 population.	~	4.3	47.7	16.2	~	31.3	23.6

~ Data Not Available

[a]From County Health Rankings: National Center for Health Statistics - Mortality Files; Census Population Estimates Program, 2017-2021
[b]From County Health Rankings: National Center for Health Statistics - Mortality Files; Census Population Estimates Program, 2015-2021
[c]From County Health Rankings: National Center for Health Statistics - Mortality Files; Census Population Estimates Program, 2017-2021

Health Factors	Description	American Indian\ Alaska Native	Asian	Black	Hispanic	Native Hawaiian\ Pacific Islander	White	Overall County

[d]From County Health Rankings: National Center for Health Statistics - Mortality Files; Census Population Estimates Program, 2019-2021

Health factor data revealed disparities among groups. For example, firearm fatalities for Blacks were nearly six times greater that the group with the lowest rate – Asians. Suicides were highest among Whites with a rate over twice that of all other groups.

Table 13: Education and income related health factors comparing race and ethnicity in the Sacramento County service area.

Health Factors	Description	American Indian\ Alaska Native	Asian	Black	Hispanic	Native Hawaiian\ Pacific Islander	White	Overall County
High School Completion[a]	'Percentage of adults ages 25 and over with at least a high school diploma or equivalent.'	81.7%	83.1%	91.4%	76.7%	~	94.5%	88.4%
Math Scores	Average grade level performance for 3rd graders on math standardized tests.	~	3.0	2.1	2.4	~	2.9	2.7
Reading Scores	Average grade level performance for 3rd graders on English Language Arts standardized tests.	~	3.1	2.3	2.6	~	3.1	2.8
Some College[a]	Percentage of adults ages 25 and over with some post-secondary education.	52.8%	65.0%	66.4%	50.3%	~	73.6%	66.5%
Median Household Income	The income where half of households in a county earn more and half of households earn less.	$73,017	$93,760	$61,476	$73,735	~	$90,847	$83,985

Health Factors	Description	American Indian\ Alaska Native	Asian	Black	Hispanic	Native Hawaiian\ Pacific Islander	White	Overall County
Children in Poverty	Percentage of people under age 18 in poverty.	16.8%	19.9%	27.0%	20.5%	~	9.6%	15.4%
Uninsured Population[b]	Percentage of the civilian non-institutionalized population without health insurance.	8.1%	4.0%	4.4%	8.8%	~	3.8%	5.2%
Homelessness Rate	Number of homeless individuals per 100,000 population.	5,759.2	81.3	1,912.3	492.1	814.3	548.9	587.7

~ Data Not Available

[a]From 2022 American Community Survey 5-year estimates tables B15002, C15002B, C15002C, C15002D, C15002H, and C15002I.
[b]From 2022 American Community Survey 5-year estimates table S2701.

When examining education factors across race and ethnic groups, disparities are apparent. For example, high school completion rates for Hispanics were lowest among all other race and ethnic groups. Furthermore, median household income for Asians was over 30% higher than the lowest income group – Hispanics.

Table 14: Clinical related health factors comparing race and ethnicity in the Sacramento County service area.

Health Factors	Description	American Indian\ Alaska Native	Asian	Black	Hispanic	Native Hawaiian\ Pacific Islander	White	Overall County
Preventable Hospital Stays[a]	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	3,974	2,024	3,570	2,538	~	2,463	2,527
Mammography Screening	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	25%	31%	31%	28%	~	39%	36%

Health Factors	Description	American Indian\ Alaska Native	Asian	Black	Hispanic	Native Hawaiian\ Pacific Islander	White	Overall County
Teen Births	Number of births per 1,000 female population ages 15-19.	12.3	4.5	20.0	17.9	15.5	7.0	12.5

~ Data Not Available

[a]From County Health Rankings: Mapping Medicare Disparities Tool, 2021

Disparities were apparent when comparing clinical related health factors among race and ethnic groups. For example, the teen births rate for Blacks was nearly four times higher than that of Asians.

Population Groups Experiencing Disparities

The figure below describes populations in the Sacramento County service area identified through qualitative data analysis that were experiencing health disparities. Interview participants were asked, "What specific groups of community members experience health issues the most?" Responses were analyzed by counting the total number of times all key informants and focus-group participants mentioned a particular group as one experiencing disparities. Figure 13 displays the results of this analysis. The groups are not mutually exclusive—one group could be a subset of another group. One of the purposes of identifying the sub-populations was to help guide additional qualitative data collection efforts to focus on the needs of these population groups.

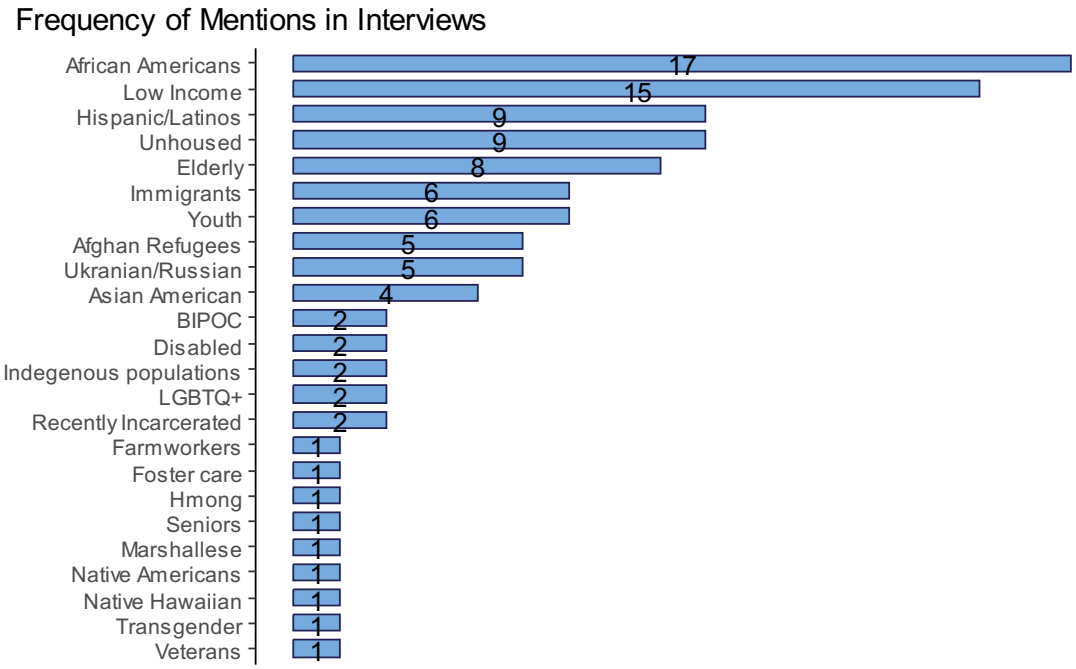


Figure 13: Populations experiencing disparities in the Sacramento County service area.

The Impact of Climate Change on Health Needs

Climate change can be defined as "a long-term change in the average weather patterns that have come to define Earth's local, regional and global climates."[18] Climate-related extreme events include floods, drought, wildfires, extreme temperatures, and storms. The *Fifth National Climate Assessment*[19] notes that these events can have negative impacts on community health, resulting in higher rates of heat-related morbidity and mortality, higher incidences of infectious and vector-borne diseases, and declines in food and water security. Furthermore, these outcomes disproportionately impact more vulnerable populations, worsening social inequities. Emissions reductions, effective adaptation measures, and climate-resilient health systems can protect human health and improve health equity.

This CHNA examined the impact of climate change on health needs from several perspectives. First, key informants were asked: "In the past three years has anyone in the community you serve been impacted by any of the following climate hazard events: extreme heat, wildfire, drought, extreme rainfall, and/or other (e.g., air/water quality, loss of power, insect infestations)? If so, describe the event and its impact." In the majority of key informant interviews (79%) respondents reported that climate change had impacted the communities they served and described the effects. The following themes were extracted from the notes taken to describe these observations.

Extreme Heat

- Severe impact on homeless people, with limited access to cooling centers and free water.
- The high cost of air conditioning affects low-income families, often forcing them to choose between running the AC and affording other necessities.
- Heat leads to fatigue, headaches, and health complications, particularly for those without proper cooling systems.

Flooding and Rainfall

- Heavy rains cause rivers to rise, forcing homeless individuals to relocate frequently.
- Power outages affect neighborhoods differently based on infrastructure investment, particularly impacting areas like Arden Arcade.
- Flooding causes food spoilage due to electricity loss.

Wildfires

- Wildfire smoke worsens air quality, causing respiratory problems, asthma, and allergy flare-ups.
- Fire season increases hospital visits, especially among displaced or affected individuals.

Drought

- Rising water costs, restrictions, and city-imposed penalties create stress for residents.
- Shame associated with using more water than neighbors is common.

Health Impacts

[18] National Aeronautics and Space Administration (October 21, 2024). *What is Climate Change? Retrieved from: https://science.nasa.gov/climate-change/what-is-climate-change/*.
[19] Crimmins, A.R., C.W. Avery, D.R. Easterling, K.E. Kunkel, B.C. Stewart, and T.K. Maycock, Eds. (2023). *Fifth National Climate Assessment*. U.S. Global Change Research Program, Washington, DC, USA. Retrieved from: *https://doi.org/10.7930/NCA5.2023*

- Climate change disproportionately affects low-income areas, exacerbating conditions like asthma, COPD, and cardiovascular disease, especially in communities near freeways and lacking tree cover.

Power Outages

- These affect hospital capacity, making it difficult to discharge patients due to the lack of places for them to go.
- Backup power for medical supplies in homes is limited, posing risks during outages.

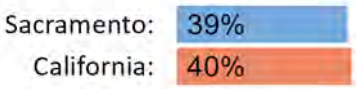
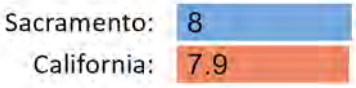
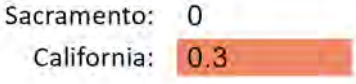
Psychosocial Impacts

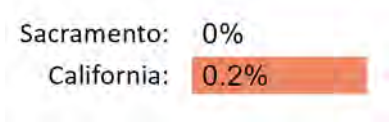
- Climate anxiety, especially related to extreme weather events, is growing in affected communities, leading to mental health concerns.

Environmental Inequities

- Certain neighborhoods, such as Del Paso Heights, experience more intense heat due to older infrastructure, fewer trees, and limited cooling centers.
- Communities near industrial areas are exposed to poor air quality, potentially causing long-term health problems.

Furthermore, a quantitative assessment was conducted for Sacramento County to measure the effect of climate change. In the table data are displayed for the county and compared with the state rate.

Indicators	Description	Sacramento	California	
Drought Frequency	Percentage of weeks a county was shown as in a moderate or more severe drought by the United States Drought Monitor from 2000-2021.	39.0%	40.0%	
Projected Difference in Extreme Heat Days	Projected difference in extreme heat days as compared to the historical period, 2016-2045, RCP 8.5 emissions scenario, 99th percentile temperature threshold.	8.0	7.9	
Projected Difference in Extreme Precipitation Days	Projected difference in extreme precipitation days as compared to the historical period, 2016-2045, RCP 8.5	0.0	0.3	

Indicators	Description	Sacramento	California	
	emissions scenario, 99th percentile precipitation threshold.			
Wildfire Probability	Mean annual probability of wildfire burning in 30-meter grid cells within the location.	0.0%	0.2%	

In all, Sacramento County was experiencing the impacts of climate change consistent with the state averages.

Resources Potentially Available to Meet the Significant Health Needs

In all, 900 resources were identified in the Sacramento County service area that were potentially available to meet the identified significant health needs. These resources were provided by a total of 325 social service, nonprofit, and governmental organizations, agencies, and programs identified in the CHNA. The identification method included starting with the list of resources from the 2022 Sacramento County CHNA, verifying that the resources still existed, and then adding newly identified resources into the 2025 CHNA report. Examination of the resources revealed the following number of resources for each significant health need as shown in Table 15.

Table 15: Resources potentially available to meet significant health needs in priority order.

Significant Health Needs (in Priority Order)	Number of Resources
Access to Basic Needs Such as Housing, Jobs, and Food	137
Access to Mental/Behavioral Health and Substance Use Services	111
Access to Quality Primary Care Health Services	79
Healthy Equity	5
System Navigation	58
Safe and Violence-Free Environment	78
Increased Community Connections	175
Access to Specialty and Extended Care	44
Access to Functional Needs	12
Healthy Physical Environment	12
Injury and Disease Prevention and Management	90
Active Living and Healthy Eating	83
Access to Dental Care and Preventive Services	16
Total Resources	**900**

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