



Dignity Health – Sacramento County

Mercy Hospital of Folsom

Mercy San Juan Medical Center

Mercy General Hospital

Methodist Hospital of Sacramento

2019 Community Health Needs Assessment –
Data and Technical Section

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Community Health Insights (www.communityhealthinsights.com) conducted the health assessment. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Northern California. This joint report was authored by:

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Table of Contents – Data and Technical Section

Sacramento 2019 CHNA Data and Technical Section.....	5
Results of Data Analysis	5
Secondary Data	5
Length of Life	5
Quality of Life	7
Health Behaviors.....	9
Clinical Care	10
Social and Economic or Demographic Factors.....	12
Physical Environment	14
CHNA Methods and Processes.....	15
Conceptual Model	15
Process Model	16
Primary Data Collection and Processing	18
Primary Data Collection.....	18
Key Informant Results	18
Focus Group Results	20
Primary Data Processing	21
Secondary Data Collection and Processing	22
CDPH Health-Outcome Data	22
ZIP Code Definitions	22
Rate Smoothing	23
Community Health Vulnerability Index (CHVI)	24
Significant Health Need Identification Dataset.....	25
County Health Rankings Data.....	28
CDPH Data.....	29
HRSA Data.....	30
California Cancer Registry Data	30
Census Data.....	30
CalEnviroScreen Data	31
Google Transit Feed Specification (GTFS) Data	32
Descriptive Socioeconomic and Demographic Data.....	32
Detailed Analytical Methodology	33
Community of Concern Identification	33
2016 Community of Concern.....	34
Community Health Vulnerability Index (CHVI)	34
Mortality	34
Integration of Secondary Criteria.....	34
Preliminary Primary Communities of Concern	34
Integration of Preliminary Primary and Secondary Communities of Concern	34
Significant Health Need Identification.....	34
Health Need Prioritization.....	41
Detailed List of Resources to Address Health Needs for Sacramento County.....	42
Limits and Information Gaps	60

CHNA Main Report can be found online at

<https://www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment>.

List of Tables

Table 1: Length of life indicators compared to state benchmarks	5
Table 2: Quality of life Indicators compared to state benchmarks	7
Table 3: Health behaviors indicators compared to state benchmarks	9
Table 4: Clinical care indicators compared to state benchmarks	10
Table 5: Social and economic or demographic factor Indicators compared to state benchmarks	12
Table 6: Physical environment indicators compared to state benchmarks.....	14
Table 7: Key informant sample for Sacramento County	18
Table 8: Focus Group Interview list for Sacramento County	20
Table 9: Mortality and birth-related indicators used in the CHNA/CHA	22
Table 10: Indicators used to create the Community Health Vulnerability Index.....	25
Table 11: Health-factor and health-outcome data used in CHNA, including data source and time period in which the data were collected	26
Table 12: County Health Rankings dataset, including Indicators, the time period the data were collected, and the original source of the data	28
Table 13: Detailed description of data used to calculate percentage of population with disabilities, households without a vehicle, and the mRFEI.....	31
Table 14: Transportation agencies used to compile the proximity to public transportation Indicator.....	32
Table 15: Descriptive socioeconomic and demographic data descriptions.....	32
Table 16: Potential health needs	35
Table 17: Primary theme and secondary indicators used to identify significant health needs.....	36
Table 18: Benchmark comparisons to show indicator performance CHNA indicators	39
Table 19: Resources Available to Potentially Meet Significant Health Needs	42

List of Figures

Figure 1: Length of life indicators	6
Figure 2: Quality of life indicators.....	8
Figure 3: Health behavior indicators.....	9
Figure 4: Clinical care indicators	11
Figure 5: Social and economic factors	13
Figure 6: Physical environment	14
Figure 7: Community Health Assessment Conceptual Model as modified from the County Health Rankings Model, Robert Wood Johnson Foundation, and University of Wisconsin, 2015.....	16
Figure 8: CHNA/CHA process model	17
Figure 9: Process followed to identify Communities of Concern.....	33
Figure 10: Process followed to identify Significant Health Needs	35

Sacramento 2019 CHNA Data and Technical Section

The following section presents a detailed account of data collection, analysis, and results, as well as appendices to the CHNA report for Sacramento County. The main report can be found online at <https://www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment>.

Results of Data Analysis

Secondary Data

The tables and figures that follow show the specific values for the health need indicators used as part of the health need identification process. Each indicator value for Sacramento County was compared to the California state benchmark. Indicators where performance was worse in the county than in the state are highlighted.

Length of Life

Table 1: Length of life indicators compared to state benchmarks

Indicators	Description	Sacramento	California
<i>Early Life</i>			
Infant Mortality	Infant deaths per 1,000 live births	5.2	4.5
Child Mortality	Deaths among children under age 18 per 100,000	43.9	38.5
Life Expectancy	Life expectancy at birth in years	79.0	80.9
<i>Overall</i>			
Age-Adjusted Mortality	Age-adjusted deaths per 100,000	744.8	651.6
Premature Age-Adjusted Mortality	Age-adjusted deaths among residents under age 75 per 100,000	321.6	268.8
Years of Potential Life Lost	Age-adjusted years of potential life lost before age 75 per 100,000	6,240.3	5,217.3
<i>Chronic Disease</i>			
Stroke Mortality	Deaths per 100,000	42.3	37.5
CLD Mortality	Deaths per 100,000	40.8	34.9
Diabetes Mortality	Deaths per 100,000	25.8	22.1
Heart Disease Mortality	Deaths per 100,000	172.8	157.3
Hypertension Mortality	Deaths per 100,000	15.2	12.6
<i>Cancer, Liver, and Kidney Disease</i>			
Cancer Mortality	Deaths per 100,000	170.3	153.4
Liver Disease Mortality	Deaths per 100,000	12.6	13.2
Kidney Disease Mortality	Deaths per 100,000	3.9	8.3
<i>Intentional and Unintentional Injuries</i>			
Suicide Mortality	Deaths per 100,000	13.7	10.8
Unintentional Injury Mortality	Deaths per 100,000	37.6	31.2
<i>Other</i>			
Alzheimer's Mortality	Deaths per 100,000	34.2	35.0
Influenza and Pneumonia Mortality	Deaths per 100,000	16.1	16.0

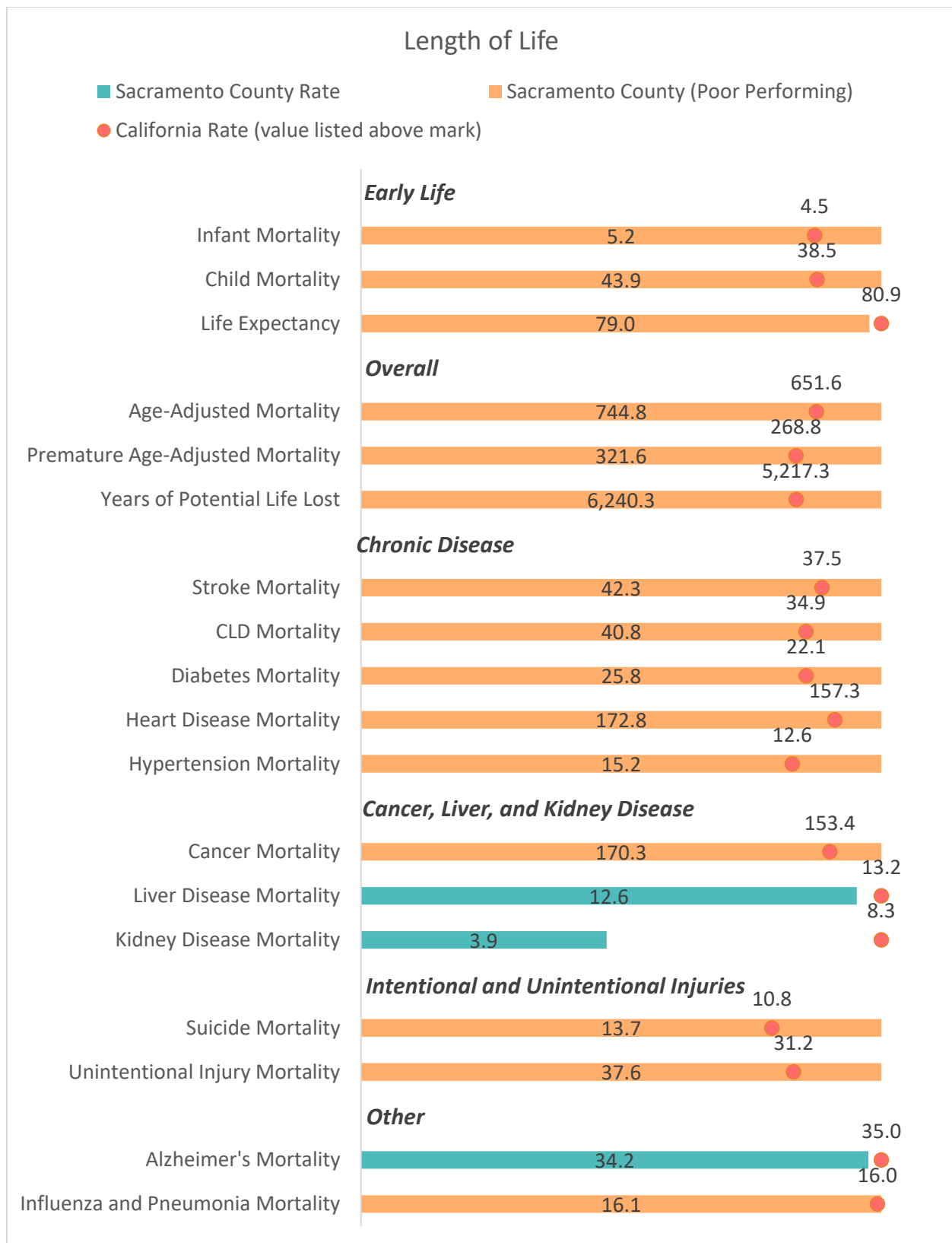


Figure 1: Length of life indicators

Quality of Life

Table 2: Quality of life Indicators compared to state benchmarks

Indicators	Description	Sacramento	California
<i>Chronic Disease</i>			
Diabetes Prevalence	Percentage age 20 and older with diagnosed diabetes	8.7	8.5
Low Birth Weight	Percentage of live births with birthweight below 2500 grams	6.8	6.8
HIV Prevalence	Persons age 13 or older with a(n) Human Immunodeficiency Virus (HIV) infection per 100,000	281.8	376.4
Percentage with Disability	Percentage of total civilian noninstitutionalized population with a disability	12.7	10.6
<i>Mental Health</i>			
Poor Mental Health Days	Age-adjusted average number of mentally unhealthy days reported in past 30 days	3.8	3.5
Poor Physical Health Days	Age-adjusted average number of physically unhealthy days reported in past 30 days	3.7	3.5
<i>Cancer</i>			
Cancer Female Breast	Age-adjusted incidence per 100,000	132.3	120.6
Cancer Colon and Rectum	Age-adjusted incidence per 100,000	40.4	37.1
Cancer Lung and Bronchus	Age-adjusted incidence per 100,000	55.6	44.6
Cancer Prostate	Age-adjusted incidence per 100,000	109.7	109.2

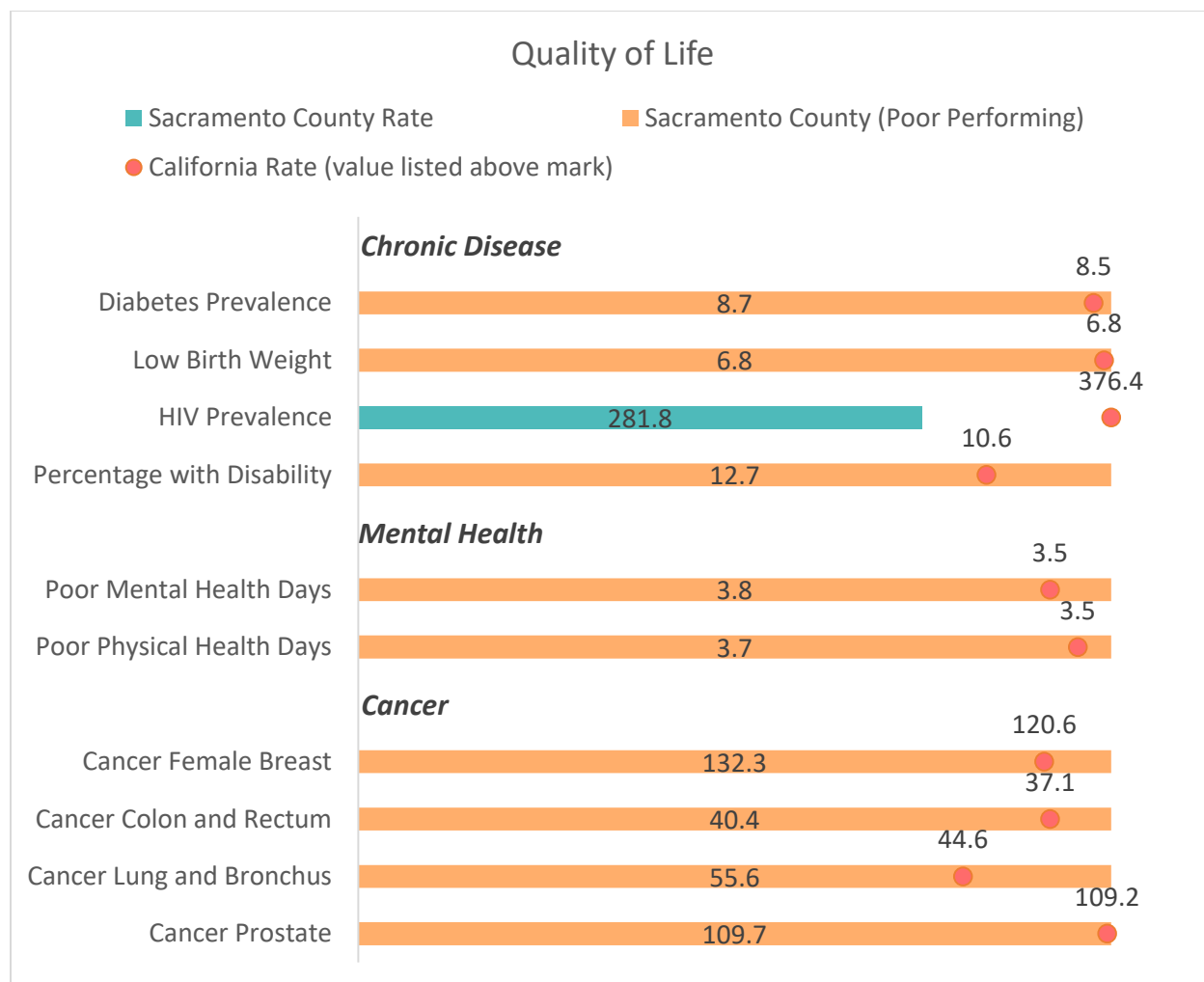


Figure 2: Quality of life indicators

Health Behaviors

Table 3: Health behaviors indicators compared to state benchmarks

Indicators	Description	Sacramento	California
Excessive Drinking	Percentage of adults reporting binge or heavy drinking	18.9	17.8
Drug Overdose Deaths	Age-adjusted deaths per 100,000	17.4	12.2
Adult Obesity	Percentage of adults reporting BMI of 30 or more	27.6	22.7
Physical Inactivity	Percentage 20 and older with no reported leisure-time physical activity	18.3	17.9
Limited Access to Healthy Food	Percentage of population that is low income and does not live close to a grocery store	4.4	3.3
mRFEI	Percentage of food outlets that are classified as 'healthy'	12.4	12.3
Access to Exercise	Percentage of population with adequate access to locations for physical activity	91.0	89.6
STI Chlamydia Rate	Number of newly diagnosed chlamydia cases per 100,000	568.2	487.5
Teen Birth Rate	Number of births per 1,000 females aged 15-19	24.3	24.1
Adult Smokers	Percentage of adults who are current smokers	12.5	11.0

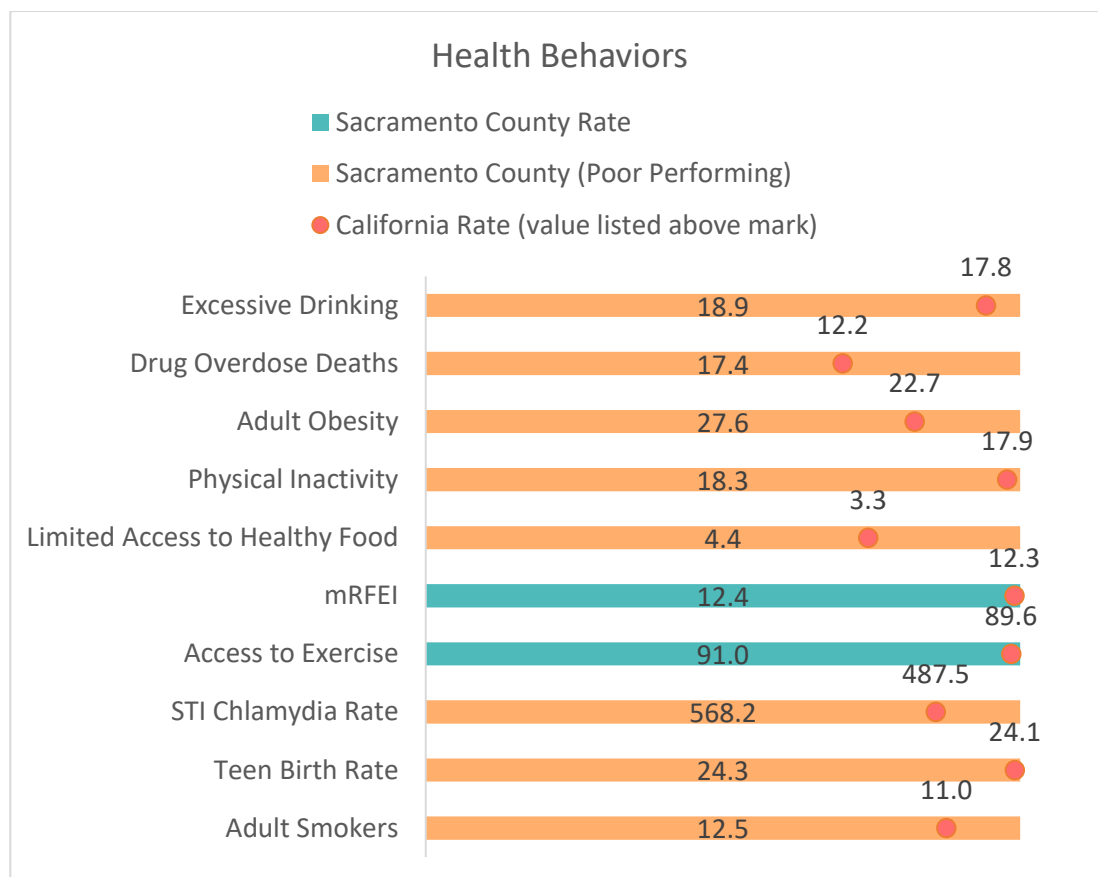


Figure 3: Health behavior indicators

Clinical Care

Table 4: Clinical care indicators compared to state benchmarks

Indicators	Description	Sacramento	California
Healthcare Costs	Amount of price-adjusted Medicare reimbursements per enrollee	\$8,073	\$9,100
HPSA Dental Health	Reports if a portion of the county falls within a Health Professional Shortage Area	No	
HPSA Mental Health	Reports if a portion of the county falls within a Health Professional Shortage Area	No	
HPSA Primary Care	Reports if a portion of the county falls within a Health Professional Shortage Area	Yes	
HPSA Medically Underserved Area	Reports if a portion of the county falls within a Medically Underserved Area	Yes	
Mammography Screening	Percentage of female Medicare enrollees aged 67-69 that receive mammography screening	60.3	59.7
Dentists	Number per 100,000	75.8	82.3
Mental Health Providers	Number per 100,000	339.5	308.2
Psychiatry Providers	Number per 100,000	14.3	13.4
Specialty Care Providers	Number per 100,000	214.1	183.2
Primary Care Physicians	Number per 100,000	81.5	78.0
Preventable Hosp. Stays	Number of hospital-stays for ambulatory-care-sensitive conditions per 1,000 Medicare enrollees	37.1	36.2

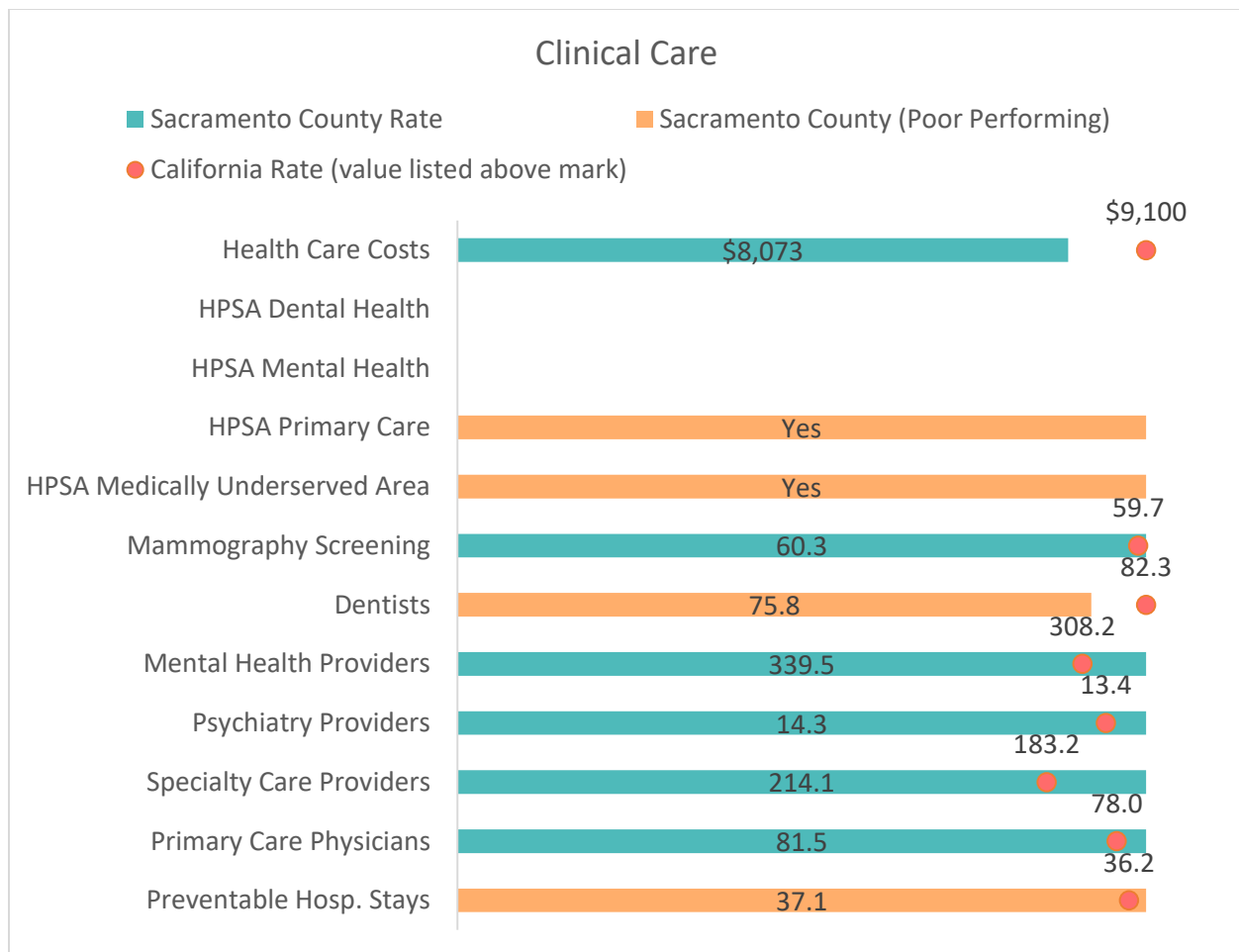


Figure 4: Clinical care indicators

Social and Economic or Demographic Factors

Table 5: Social and economic or demographic factor Indicators compared to state benchmarks

Indicators	Description	Sacramento	California
Homicides	Deaths per 100,000	6.1	5.0
Violent Crimes	Reported violent crime offenses per 100,000	523.2	407.0
Motor Vehicle Crash Deaths	Deaths per 100,000	9.2	8.5
Some College	Percentage aged 25-44 with some postsecondary education	66.2	63.5
High School Graduation	Percentage of ninth-grade cohort graduating high school in 4 years	80.6	82.3
Unemployed	Percentage of population 16 and older unemployed but seeking work	5.4	5.4
Children with Single Parents	Percentage of children living in a household headed by a single parent	35.6	31.8
Social Associations	Membership associations per 100,000	7.2	5.8
Free and Reduced Lunch	Percentage of children in public schools eligible for free or reduced-price lunch	58.9	58.9
Children in Poverty	Percentage of children under age 18 in poverty	23.1	19.9
Median Household Income	Median household income	\$59,728	\$67,715
Uninsured	Percentage of population under age 65 without health insurance	7.2	9.7

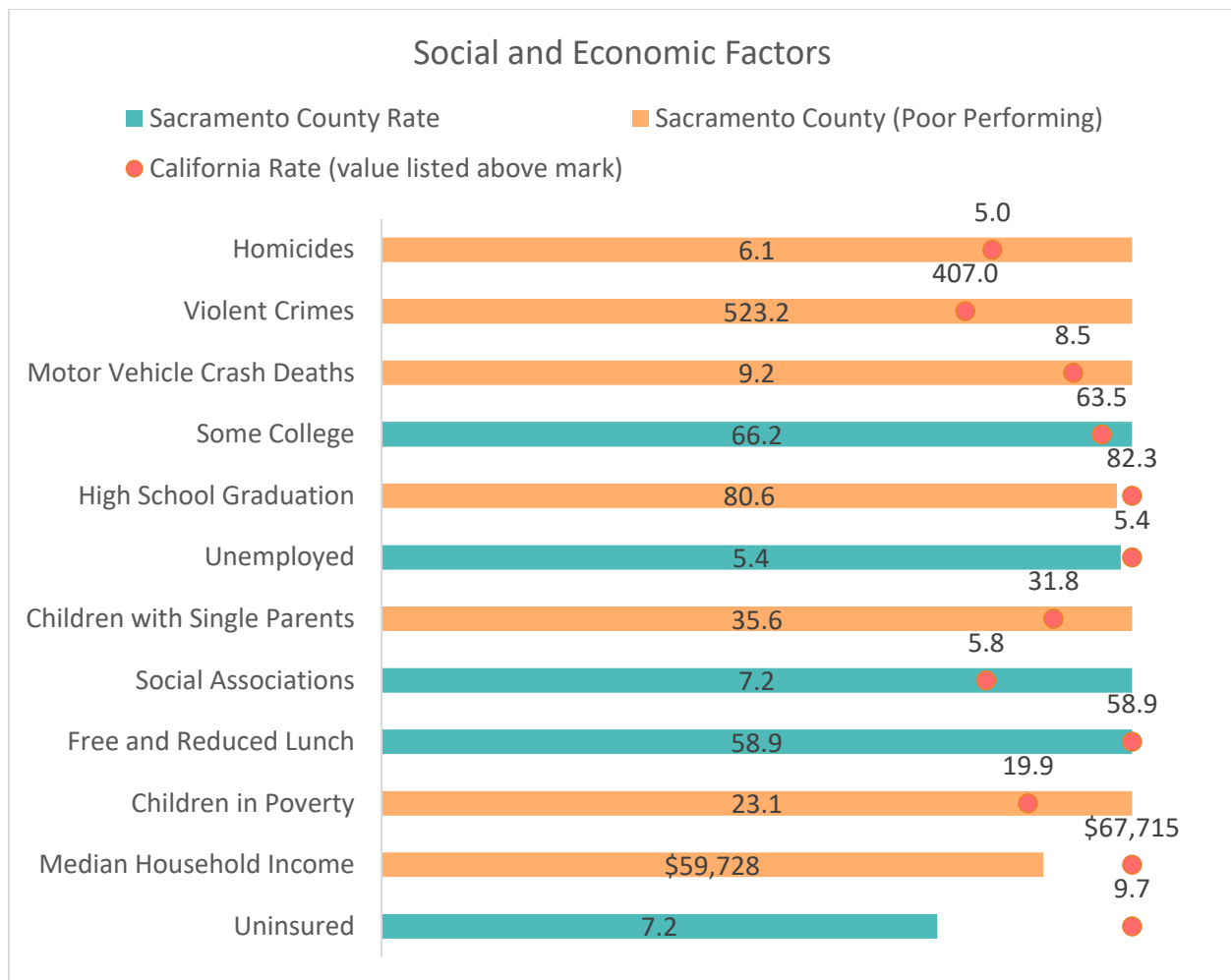


Figure 5: Social and economic factors

Physical Environment

Table 6: Physical environment indicators compared to state benchmarks

Indicators	Description	Sacramento	California
Drinking Water Violations	Reports whether or not there was a health-related drinking water violation in a community within the county	Yes	
Air Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.9	8.0
Pollution Burden	Percentage of population living in a Census tract with a CalEnviroscreen Pollution Burden score greater than the 50th percentile for the state	22.9	50.4
Public Transit Proximity	Percentage of population living in a Census block within a quarter of a mile to a fixed transit stop	73.1	50.0
Housing Units no Vehicle	Percentage of households with no vehicle available	7.5	7.6
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	23.7	27.9

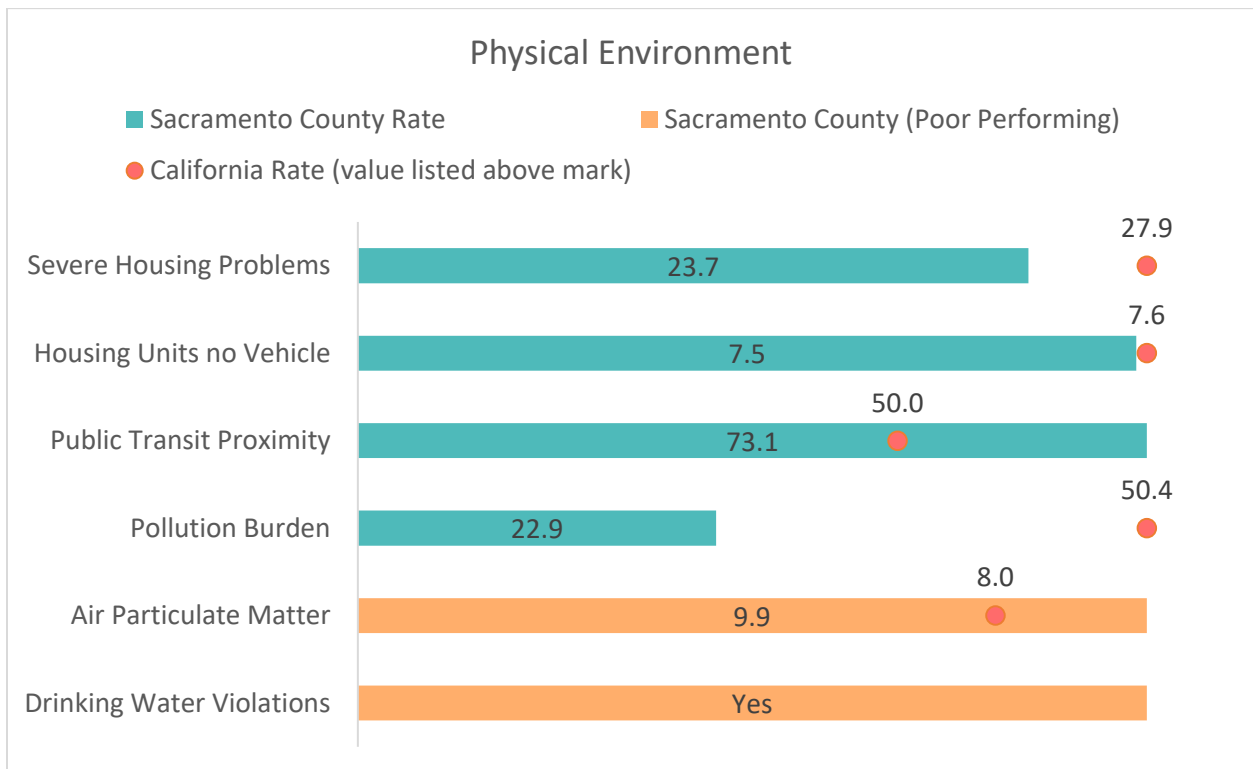


Figure 6: Physical environment

CHNA Methods and Processes

Two related models were foundational in this CHNA. The first is a conceptual model that expresses the theoretical understanding of community health used in the analysis. This understanding is important because it provides the framework underpinning the collection of primary and secondary data. It is the tool used to ensure that the results are based on a rigorous understanding of those factors that influence the health of a community. The second model is a process model that describes the various stages of the analysis. It is the tool that ensures that the resulting analysis is based on a tight integration of community voice and secondary data and that the analysis meets federal regulations for conducting hospital CHNAs.

Conceptual Model

The conceptual model used in this needs assessment is shown in Figure 7. This model organizes populations' individual health-related characteristics in terms of how they relate to up- or downstream health and health-disparities factors. In this model, health outcomes (quality and length of life) are understood to result from the influence of health factors describing interrelated individual, environmental, and community characteristics, which in turn are influenced by underlying policies and programs.

This model was used to guide the selection of secondary indicators in this analysis as well as to express in general how these upstream health factors lead to the downstream health outcomes. It also suggests that poor health outcomes within Sacramento can be improved through policies and programs that address the health factors contributing to them. This conceptual model is a slightly modified version of the County Health Rankings Model used by the Robert Wood Johnson Foundation. It was primarily altered by adding a "Demographics" category to the "Social and Economic Factors" in recognition of the influence of demographic characteristics on health outcomes.

To generate the list of secondary indicators used in the assessment, all partners reviewed each conceptual model category and discussed potential indicators that could be used or that were important to each partner in order to fully represent the category. The results of this discussion were then used to guide secondary data collection.

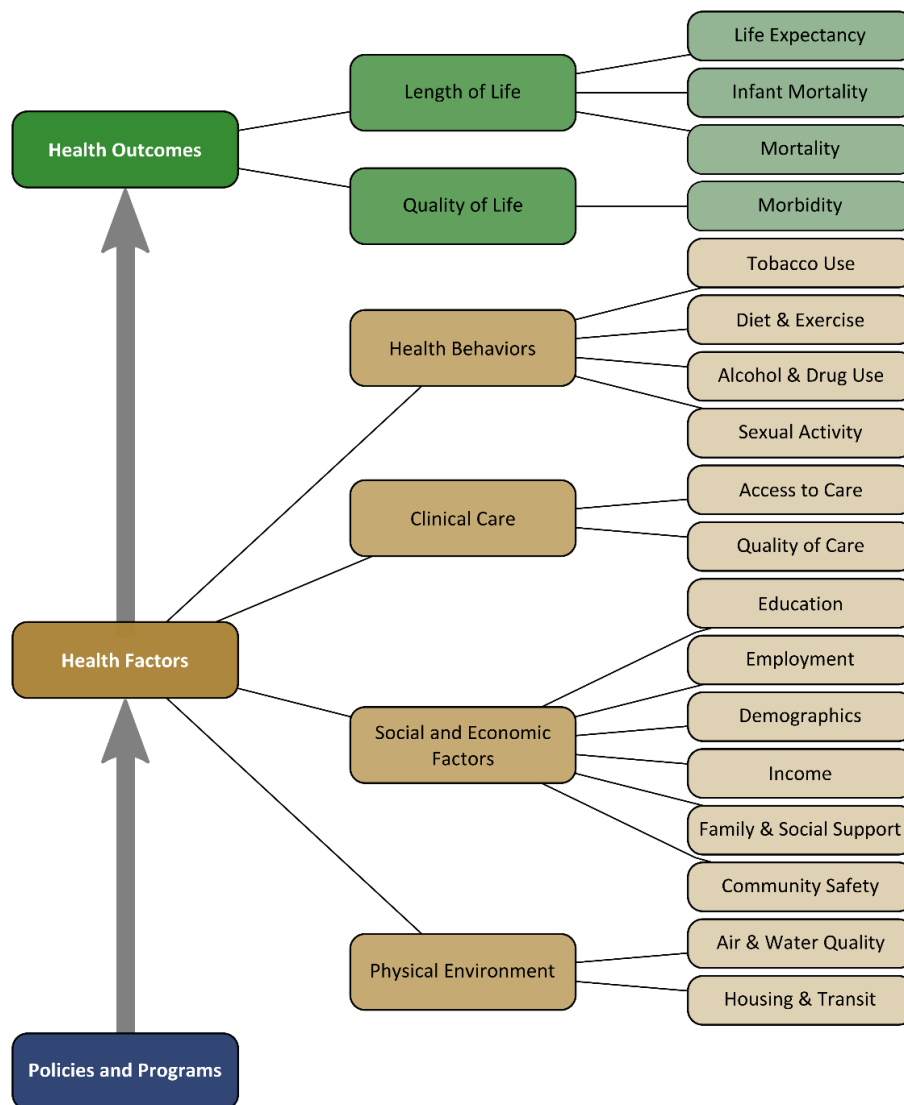


Figure 7: Community Health Assessment Conceptual Model as modified from the County Health Rankings Model, Robert Wood Johnson Foundation, and University of Wisconsin, 2015

Process Model

Figure 8 outlines the data collection and stages of this analysis. The project began by confirming the geographic area agreed to by the partners (Sutter Medical Center, Sacramento; University of Davis Medical Center; Methodist Hospital of Sacramento; Mercy Hospital of Folsom; Mercy San Juan Medical Center; and Mercy General Hospital) for conducting the CHNA. All partners agreed to the service area definition used in this needs assessment, as well as the division of the service area into the four separate sub-regions.

Primary data collection included both key informant and focus-group interviews with community health experts and residents. Secondary data, including the health-factor and health-outcome indicators identified using the conceptual model and the Community Health Vulnerability Index (CHVI) values for each census tract within the county, were used to identify areas or population subgroups within the county experiencing health disparities.

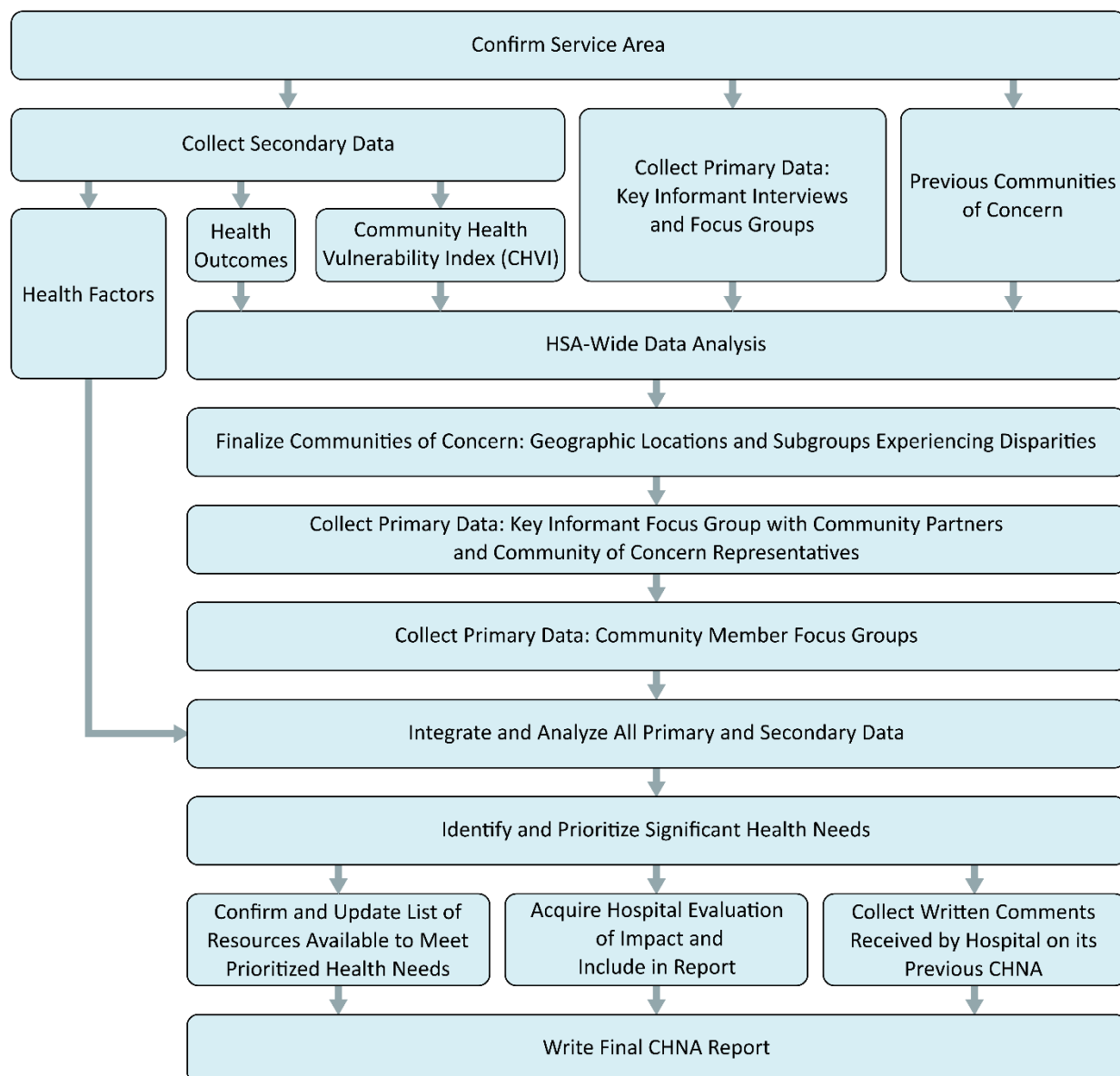


Figure 8: CHNA/CHA process model

Overall primary and secondary data were integrated to identify significant health needs for Sacramento. Significant health needs were then prioritized based on analysis of the primary data. Finally, information was collected regarding the resources available within the community to meet the identified health needs. An evaluation of the impact of the hospital's prior efforts was obtained from hospital representatives and written comments on the previous CHNA were gathered and included in the report.

Greater detail on the collection and processing of the secondary and primary data is given in the next two sections. This is followed by a more detailed description of the methodology utilized during the main analytical stages of the process.

Primary Data Collection and Processing

Primary Data Collection

Input from the community in Sacramento was collected through two main mechanisms. First, key Informant interviews were conducted with community health experts and area service providers (i.e., members of social-service nonprofit organizations and related healthcare organizations). These interviews occurred in both one-on-one and in group interview settings. Second, focus groups were conducted with community residents living in identified Communities of Concern or representing communities experiencing health disparities.

All participants were given an informed consent form prior to their participation, which provided information about the project, asked for permission to record the interview, and listed the potential benefits and risks of involvement in the interview. All interview data were collected through note-taking and, in some instances, recording.

Key Informant Results

Primary data collection with key informants included two phases. Phase one began by interviewing area-wide service providers with knowledge of the Sacramento region, including input from the designated public health department. Data from these area-wide informants, coupled with sociodemographic data, were used to identify additional key informants for the assessment that were included in phase two.

As a part of the interview process, all key informants were asked to identify vulnerable populations. The interviewer asked each participant to verbally explain what vulnerable populations existed in the county. As needed, for a visual aid, key informants were provided a map of the county to directly point to the geographic locations of these vulnerable communities.

Table 7 contains a listing of community health experts, or key informants, that contributed input to the CHNA. The table describes the name of the represented organization, the number of participants, area of expertise and organization, populations served by the organization, and the date of the interview. The instrument used, Key Informant Interview Guide, is displayed as well.

Table 7: Key informant sample for Sacramento County

Organization	# Participants	Area of Expertise	Populations Served	Date
Sacramento Steps Forward	5	Community Based Organization: Housing Insecurities and Homelessness	Low income; medically underserved; racial or ethnic minorities	6/7/18
Legal Services of Northern California	1	Community Based Organization: Legal, Advocacy, Healthcare Access	Low income and minority	6/13/18
Wellspace Health	1	FQHC: Healthcare Services	Low income; medically underserved, racial or ethnic minorities	6/18/18
Mercy San Juan Hospital	9	Acute Care Hospital: Healthcare services	All residents of Sacramento County	6/19/18
Mercy General Hospital	6	Acute Care Hospital: Healthcare services	All residents of Sacramento County	6/20/18
Sacramento Covered	3	Healthcare outreach and enrollment	All residents of Sacramento County	6/20/18

Mercy Hospital of Folsom	5	Acute Care Hospital: Healthcare services	All residents of Sacramento County	6/21/18
Turning Point Community Programs	1	Mental health	All residents of Sacramento County	6/22/18
Sacramento Public Health	1	Public Health	All residents of Sacramento County	6/26/18
Sutter Medical Center Sacramento	2	Acute Care Hospital: Healthcare services	All residents of Sacramento County	6/26/18
Mutual Assistance Network	1	Community Based Organization: Social and Economic Infrastructure	Low income; medically underserved, racial or ethnic minorities	6/27/18
Methodist Hospital of Sacramento	8	Acute Care Hospital: Healthcare services	All residents of Sacramento County	6/27/18
South County Services	1	Community Based Organization: Assistance with food, rent, utilities, gas etc.	Low income residents in the River Delta and Galt region of Sacramento County	9/11/18
Sacramento Native American Health Center	1	Healthcare services	Low income; medically underserved, racial or ethnic minorities	10/18/18
Mercy Medical Center	38	Community service providers	All residents of Sacramento County	5/23/18
WellSpace Health	6	Violence intervention service providers	Youth 14-26 violently injured in the Sacramento region	7/6/18
Sacramento School Partners	7	Staff members of area schools and school districts	Students attending Sacramento area schools	7/12/18
Sacramento Economic Development	6	Representing agencies that promote business and community growth	Businesses in the Sacramento area	7/16/18
Resilient Sacramento	8	Community outreach organizations	Youth that have experienced Adverse Childhood Experiences	7/19/18
Anti-Recidivism Coalition	4	Coalition members	Incarcerated and recently incarcerated individuals	7/19/18
Valley Hi	7	Community service provider in Valley Hi Area	Residents in the Valley Hi area (S. Sacramento)	7/21/18

Key Informant Interview Guide

1) BACKGROUND

- a) Tell me about your current role and the organization you work for?
- b) How would you define the community (ies) you serve or live in?
 - i) Consider:
 - (1) Specific geographic areas?
 - (2) Specific populations served?

2) HEALTH ISSUES

- a) What are the biggest health needs in the community?
 - i) *INSERT MAP exercise: Please use this map to help our team understand where communities that experience health burdens live?*
 - (1) Consider:
 - (a) What specific geographic locations struggle with health issues the most?
 - (b) What specific groups of community members experience health issues the most?

- b) What historical/societal influences have occurred since the last assessment (2015-16) that should be taken into consideration around health needs?
- 3) CHALLENGES/BARRIERS
 - a) What are the challenges (barriers) to being healthy for the community?
 - i) Consider:
 - (1) Health Behaviors
 - (2) Social factors
 - (3) Economic factors
 - (4) Clinical Care factors
 - (5) Physical (Built) environment
- 4) SOLUTIONS
 - a) What solutions will address the health needs and or challenges mentioned?
 - i) Consider:
 - (1) Health Behaviors
 - (2) Social factors
 - (3) Economic factors
 - (4) Clinical Care factors
 - (5) Physical (Built) environment
- 5) PRIORITY: Based on what we have discussed so far, what are currently the most important or urgent top 3 health issues or challenges to address in order to improve the health of the community?
- 6) RESOURCES
 - a) What resources exist in the community to help people live healthy lives?
 - i) Consider:
 - (1) Barriers to accessing these resources.
 - (2) New resources that have been created since 2016
 - (3) New partnerships/projects/funding
- 7) What other people, groups or organizations would you recommend we speak to about the health of the community?
 - i) Name 3 types of service providers that you would suggest we include in this work?
 - ii) Name 3 types of community members that you would recommend we speak to in this work?
- 8) OPEN: Is there anything else you would like to share with our team about the health of the community?

Focus Group Results

Focus-group interviews were conducted with community members living in geographic areas of the service area identified as locations or populations experiencing a disparate amount of poor socioeconomic conditions and poor health outcomes, or Communities of Concern. Recruitment consisted of referrals from designated service providers representing vulnerable populations, as well as direct outreach to special population groups. The instrument used, Focus Group Interview Guide, is displayed below. Table 8 contains a listing of community resident groups that contributed input to the CHNA. The table describes the location of the focus group, the date it occurred, the total number of participants, and demographic information for focus group members.

Table 8: Focus Group Interview list for Sacramento County

Location	Date	# Part- icipants	Demographic Information
South Sac-Mack Road	8/17/18	15	Community members – Adults
South Sac-Mack Road	8/17/18	13	Community members – Youth

La Familia Counseling Center	9/6/18	6	Spanish speaking community members from South Sacramento and North Highlands
Loa Family Community Development Center	9/14/18	19	Seniors within the Mien community
South County Services	9/19/18	15	Low income Isleton community members
Lao Family Community Development Center	9/20/18	18	Recent refugees to the United States from Afghanistan, Iraq, El Salvador, Russia, Ukraine, Croatia
Sacramento ACT	9/24/28	7	Community members
Sacramento Self Health Housing	9/26/18	8	Formerly homeless community members
Roberts Family Development Center	9/26/18	8	Community members from Del Paso Heights
Mutual Assistance Network	9/26/18	8	Community members from Arden Arcade
Marconi Learning Academy	9/27/18	8	Community members
Natomas Community Center	10/4/18	7	Community members – seniors
Sacramento Native American Health Center	10/22/18	5	Community members – low income, at-risk
Sacramento Food Bank and Family Services	11/2/18	8	Community members – Hispanic, low income
Sacramento LGBT Community Center	11/8/18	9	Community members – LGBTQ

Focus Group Interview Guide

1. Let's start by introducing ourselves.
2. We would like to hear about the community where you live. Tell us in a few words what you think of as "your community". What it is like to live in your community?
3. What do you think that a "healthy environment" is?
4. When thinking about your community based on the healthy environment you just described, what are the biggest health needs in your community?
5. What issues are coming up lately in the community that may influence health needs?
6. What are the challenges or barriers to being healthy in your community?
7. What are some solutions that can help solve the barriers and challenges you talked about?
8. Based on what we have discussed so far, what are currently the most important or urgent top 3 health issues or challenges to address to improve the health of the community? [*Note to Facilitator:*
9. Are these needs that have recently come up or have they been around for a long time?
10. What are resources that exist in the community that help your community live healthy lives and address the health issues and inequity we have discussed?
11. Are there certain groups or individuals that you think would be helpful to speak with as we go forward with our Community Health Needs Assessment?
12. Is there anything else you would like to share with our team about the health of the community?

Primary Data Processing

Data were analyzed using NVivo 11 qualitative software. Key informants were also asked to write data directly onto a map of Sacramento sub-regions for identification of vulnerable populations in the area. Content analysis included thematic coding to potential health need categories, the identification of special populations experiencing health issues, and the identification of resources. In some instances, data were coded in accordance with the interview question guide. Results were aggregated to inform the determination of prioritized significant health needs.

Secondary Data Collection and Processing

The secondary data used in the analysis can be thought of as falling into four categories. The first three are associated with the various stages outlined in the process model. These include 1) health-outcome indicators, 2) Community Health Vulnerability Index (CHVI) data used to identify areas and population subgroups experiencing disparities, and 3) health-factor and health-outcome indicators used to identify significant health needs. The fourth category of indicators is used to help describe the socioeconomic and demographic characteristics in Sacramento.

Mortality data at the ZIP Code level from the California Department of Public Health (CDPH) was used to represent health outcomes. U.S. Census Bureau data collected at the tract level was used to create the CHVI. Countywide indicators representing the concepts identified in the conceptual model and collected from multiple data sources were used in the identification of significant health needs. In the fourth category, U.S. Census Bureau data were collected at the state, county, and ZIP Code Tabulation Areas (ZCTA) levels and used to describe general socioeconomic and demographic characteristics in the area. This section details the sources and processing steps applied to the CDPH health-outcome data; the U.S. Census Bureau data used to create the CHVI; the countywide indicators used to identify significant health needs; and the sources for the socioeconomic and demographic variables obtained from the U.S. Census Bureau.

CDPH Health-Outcome Data

Mortality and birth-related data for each ZIP Code within the county were collected from the California Department of Public Health (CDPH). The specific indicators used are listed in Table 9. To increase the stability of calculated rates, each of these indicators were collected for the years from 2012 to 2016. The specific processing steps used to derive these rates are described below.

Table 9: Mortality and birth-related indicators used in the CHNA/CHA

Indicator	ICD10 Codes
Heart Disease Mortality	I00-I09, I11, I13, I20-I51
Malignant Neoplasms (Cancer) Mortality	C00-C97
Cerebrovascular Disease (Stroke) Mortality	I60-I69
Chronic Lower Respiratory Disease (CLD) Mortality	J40-J47
Alzheimer's Disease Mortality	G30
Unintentional Injuries (Accidents) Mortality	V01-X59, Y85-Y86
Diabetes Mellitus Mortality	E10-E14
Influenza and Pneumonia Mortality	J09-J18
Chronic Liver Disease and Cirrhosis Mortality	K70, K73, K74
Essential Hypertension and Hypertensive Renal Disease Mortality	I10, I13, I15
Intentional Self-Harm (Suicide) Mortality	Y03, X60-X84, Y87.0
Nephritis, Nephrotic Syndrome, and Nephrosis (Kidney disease) Mortality	N00-N07, N17-N19, N25-N27
Total Births	
Deaths of Those Under 1 Year	

ZIP Code Definitions

All CDPH indicators used at this stage of the analysis are reported by patient mailing ZIP Codes. ZIP Codes are defined by the U.S. Postal Service as a single location (such as a PO Box), or a set of roads along which addresses are located. The roads that comprise such a ZIP Code may not form contiguous

areas and do not match the areas used by the U.S. Census Bureau, which is the main source of population and demographic information in the United States. Instead of measuring the population along a collection of roads, the census reports population figures for distinct, largely contiguous areas. To support the analysis of ZIP Code data, the U.S. Census Bureau created ZIP Code Tabulation Areas (ZCTAs). ZCTAs are created by identifying the dominant ZIP Code for addresses in a given census block (the smallest unit of census data available), and then grouping blocks with the same dominant ZIP Code into a corresponding ZCTA. The creation of ZCTAs allows us to identify population figures that, in combination with the health-outcome data reported at the ZIP Code level, make it possible to calculate rates for each ZCTA. However, the difference in the definition between mailing ZIP Codes and ZCTAs has two important implications for analyses of ZIP Code level data.

First, ZCTAs are approximate representations of ZIP Codes rather than exact matches. While this is not ideal, it is nevertheless the nature of the data being analyzed. Second, not all ZIP Codes have corresponding ZCTAs. Some PO Box ZIP Codes or other unique ZIP Codes (such as a ZIP Code assigned to a single facility) may not have enough addressees residing in a given census block to ever result in the creation of a corresponding ZCTA. But residents whose mailing addresses are associated with these ZIP Codes will still show up in reported health-outcome data. This means that rates cannot be calculated for these ZIP Codes individually because there are no matching ZCTA population figures.

To incorporate these patients into the analysis, the point location (latitude and longitude) of all ZIP Codes in California¹ were compared to ZCTA boundaries.² These unique ZIP Codes were then assigned to either the ZCTA in which they fell or, in the case of rural areas that are not completely covered by ZCTAs, the ZCTA closest to them. The CDPH information associated with these PO Boxes or unique ZIP Codes were then added to the ZCTAs to which they were assigned.

For example, 95609 is a PO Box located in Carmichael, California. ZIP Code 95609 is not represented by a ZCTA, but it could have reported patient data. Through the process identified above, it was found that 95609 is located within the 95608 ZCTA. Data for both ZIP Codes 95609 and 95608 were therefore assigned to ZCTA 95608 and used to calculate rates. All ZIP Code level health-outcome variables given in this report are therefore reporting approximate rates for ZCTAs, but for the sake of familiarity of terms they are elsewhere presented as ZIP Code rates.

Rate Smoothing

All CDPH indicators were collected for all ZIP Codes in California. To protect privacy, CDPH masked the data for a given indicator if there were 10 or fewer cases reported in the ZIP Code. ZIP Codes with masked values were treated as having NA values reported, while ZIP Codes not included in a given year were assumed to have 0 cases for the associated indicator. As described above, patient records in ZIP Codes not represented by ZCTAs were added to those ZCTAs that they fell inside or were closest to.

When consolidating ZIP Codes into ZCTAs, if a PO Box ZIP Code with an NA value was combined with a non-PO Box ZIP Code with a reported value, then the NA value for the PO Box ZIP Code was converted to a 0. Thus, ZCTA values were recorded as NA only if all ZIP Codes contributing values to them had their values masked.

¹ Datasheer, L.L.C. (2018, July 16). *ZIP Code Database Free*. Retrieved from Zip-Codes.com: <http://www.Zip-Codes.com>

² U.S. Census Bureau. (2017). *TIGER/Line Shapefile, 2017, 2010 nation, U.S., 2010 Census 5-Digit ZIP Code Tabulation Area (ZCTA5) National*. Retrieved July 16, 2018, from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

The next step in the analysis process was to calculate rates for each of these indicators. However, rather than calculating raw rates, Empirical Bayes smoothed rates (EBRs) were created for all indicators possible.³ Smoothed rates are considered preferable to raw rates for two main reasons. First, the small population of many ZCTAs, particularly those in rural areas, meant that the rates calculated for these areas would be unstable. This problem is sometimes referred to as the small-number problem. Empirical Bayes smoothing seeks to address this issue by adjusting the calculated rate for areas with small populations so that they more closely resemble the mean rate for the entire study area. The amount of this adjustment is greater in areas with smaller populations, and less in areas with larger populations.

Because the EBR were created for all ZCTAs in the state, ZCTAs with small populations that may have unstable high rates had their rates “shrunk” to more closely match the overall indicator rate for ZCTAs in the entire state. This adjustment can be substantial for ZCTAs with very small populations. The difference between raw rates and EBRs in ZCTAs with very large populations, on the other hand, is negligible. In this way, the stable rates in large-population ZIP Codes are preserved, and the unstable rates in smaller-population ZIP Codes are shrunk to more closely match the state norm. While this may not entirely resolve the small-number problem in all cases, it does make the comparison of the resulting rates more appropriate. Because the rate for each ZCTA is adjusted to some degree by the EBR process, this also has a secondary benefit of better preserving the privacy of patients within the ZCTAs.

EBRs were calculated for each mortality indicator using the total population figure reported for ZCTAs in the 2014 American Community Survey 5-year Estimates table DP05. Data for 2014 were used because this represented the central year of the 2012–2016 range of years for which CDPH data were collected. To calculate infant mortality rate, the total number of deaths for the population under one-year-old was divided by the total number of births.

ZCTAs with NA values recorded were treated as having a value of 0 when calculating the overall expected rates for a state during the smoothing process but were kept as NA for the individual ZCTA. This meant that smoothed rates could be calculated for indicators, but if a given ZCTA had a value of NA for a given indicator, it retained that NA value after smoothing.

Empirical Bayes smoothing was attempted for every overall indicator but could not be calculated for some. In these cases, raw rates were used instead. These smoothed or raw mortality rates were then multiplied by 100,000 so that the final rates represented deaths per 100,000 people. In the case of infant mortality, the rates were multiplied by 1,000, so the final rate represents infant deaths per 1,000 live births.

Community Health Vulnerability Index (CHVI)

The CHVI is a health-care-disparity index largely based on the Community Needs Index (CNI) developed by Barsi and Roth.⁴ The CHVI uses the same basic set of demographic indicators to address healthcare disparities as outlined in the CNI, but these indicators are aggregated in a different manner to create the CHVI. For this report, the nine indicators were obtained from the 2016 American Community Survey 5-year Estimate dataset at the census tract⁵ level and are contained in Table 10.

³ Anselin, L. (2003). *Rate Maps and Smoothing*. Retrieved February 16, 2013, from <http://www.dpi.inpe.br/gi>

⁴ Barsi, E. L., & Roth, R. (2005). The Community Needs Index. *Health Progress*, 86(4), 32-38. Retrieved from <https://www.chausa.org/docs/default-source/health-progress/the-community-need-index-pdf.pdf?sfvrsn=2>

⁵ Census tracts are data reporting regions created by the U.S. Census Bureau that roughly correspond to neighborhoods in urban areas but may be geographically much larger in rural locations.

Table 10: Indicators used to create the Community Health Vulnerability Index

Indicator	Description	Source Data Table	Variables Included
Minority	The percentage of the population that is Hispanic or reports at least one race that is not white	B0302	HD01_VD01, HD01_VD03
Limited English	The percentage of the population 5 years or older that speaks English less than “well”	B16004	HD01_DD01, HD01_VD07, HD01_VD08, HD01_VD12, HD01_VD13, HD01_VD17, HD01_VD18, HD01_VD22, HD01_VD23, HD01_VD29, HD01_VD30, HD01_VD34, HD01_VD35, HD01_VD39, HD01_VD40, HD01_VD44, HD01_VD45, HD01_VD51, HD01_VD52, HD01_VD56, HD01_VD57, HD01_VD61, HD01_VD62, HD01_VD66, HD01_VD67
Not a High School Graduate	Percentage of population over 25 that are not high school graduates	S1501	HC02_EST_VC17
Unemployed	Unemployment rate among the population 16 or older	S2301	HC04_EST_VC01
Families with Children in Poverty	Percentage of families with children that are in poverty	S1702	HC02_EST_VC02
Elderly Households in Poverty	Percentage of households with householders 65 years or older that are in poverty	B17017	HD01_VD01, HD01_VD08, HD01_VD14, HD01_VD19, HD01_VD25, HD01_VD30
Single-Female-Headed Households in Poverty	Percentage of single-female-headed households with children that are in poverty	S1702	HC02_EST_VC02
Renters	Percentage of the population in renter-occupied housing units	B25008	HD01_VD01, HD01_VD03
Uninsured	Percentage of population that is uninsured	S2701	HC05_EST_VC01

Each indicator was scaled using a min-max stretch so that the tract with the maximum value for a given indicator within the study area received a value of 1, the tract with the minimum value for that same indicator within the study area received a 0, and all other tracts received some value between 0 and 1 proportional to their reported values. All scaled indicators were then summed to form the final CHVI. Areas with higher CHVI values therefore represent locations with relatively higher concentrations of the target index populations and are likely experiencing greater healthcare disparities.

Significant Health Need Identification Dataset

The third set of secondary data used in the analysis were the health-factor and health-outcome indicators used to identify the significant health needs. The selection of these indicators was guided by the

previously identified conceptual model. Table 11 lists these indicators, their sources, the years they were measured, and the health-related characteristics from the conceptual model they are primarily used to represent.

Table 11: Health-factor and health-outcome data used in CHNA, including data source and time period in which the data were collected

Conceptual Model Alignment			Indicator	Data Source	Time Period
Health outcomes	Length of life	Infant mortality	Infant Mortality Rate	CHR*	2010-2016
		Life expectancy	Life Expectancy at Birth	CDPH†	2012-2016
		Mortality	Age-adjusted mortality	CDPH	2012-2016
			Alzheimer’s Disease mortality	CDPH	2012-2016
			Child mortality	CHR	2013-2016
			Premature Age-Adjusted mortality	CHR	2014-2016
			Premature death (Years of Potential Life Lost)	CHR	2014-2016
			Cerebrovascular Disease (Stroke)	CDPH	2012-2016
			Chronic Lower Respiratory Disease	CDPH	2012-2016
			Diabetes Mellitus	CDPH	2012-2016
			Diseases of the Heart	CDPH	2012-2016
			Essential Hypertension & Hypertensive Renal Disease	CDPH	2012-2016
			Influenza and Pneumonia	CDPH	2012-2016
			Intentional Self Harm (Suicide)	CDPH	2012-2016
			Liver Disease	CDPH	2012-2016
			Malignant Neoplasms (Cancer)	CDPH	2012-2016
			Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	CDPH	2012-2016
			Unintentional Injuries (Accidents)	CDPH	2012-2016
			Quality of life	Morbidity	Breast Cancer Incidence
	Colorectal Cancer Incidence	California Cancer Registry			2010-2014
	Diabetes Prevalence	CHR			2014
	Disability	Census			2016
	HIV Prevalence Rate	CHR			2015
	Low Birth Weight	CHR			2010-2016
	Lung Cancer Incidence	California Cancer Registry			2010-2014
	Prostate Cancer Incidence	California Cancer Registry			2010-2014
	Poor Mental Health Days	CHR			2016
	Poor Physical Health Days	CHR			2016

Health factors	Health Behavior	Alcohol and drug use	Excessive Drinking	CHR	2016
			Drug Overdose Deaths	CDPH	2014-2016
		Diet and exercise	Adult Obesity	CHR	2014
			Physical Inactivity	CHR	2014
			Limited Access to Healthy Foods	CHR	2015
			Modified Retail Food Environment Index (mRFEI)	Census	2016
			Access to Exercise Opportunities	CHR	2010 population/ 2016 facilities
		Sexual activity	Sexually Transmitted Infections (Chlamydia Rate)	CHR	2015
			Teen Birth Rate	CHR	2010-2016
		Tobacco use	Adult Smoking	CHR	2016
	Clinical care	Access to care	Healthcare Costs	CHR	2015
			Health Professional Shortage Area - Dental	HRSA‡	2018
			Health Professional Shortage Area - Mental Health	HRSA	2018
			Health Professional Shortage Area - Primary Care	HRSA	2018
			Medically Underserved Areas	HRSA	2018
			Mammography Screening	CHR	2014
			Dentists	CHR	2016
			Mental Health Providers	CHR	2017
			Psychiatrists	HRSA	
			Specialty Care Providers	HRSA	
			Primary Care Physicians	CHR	2015
		Quality care	Preventable Hospital Stays (Ambulatory Care Sensitive Conditions)	CHR	2015
	Social & economic/ Demographic factors	Community safety	Homicide Rate	CHR	2010-2016
			Violent Crime Rate	CHR	2012-2014
			Motor Vehicle Crash Death Rate	CHR	2010-2016
		Education	Some College (Post-Secondary Education)	CHR	2012-2016
			High School Graduation	CHR	2014-2015
		Employment	Unemployment	CHR	2016
		Family and social support	Children in Single-Parent Households	CHR	2012-2016
			Social Associations	CHR	2015
		Income	Children Eligible for Free Lunch	CHR	2015-2016
			Children in Poverty	CHR	2016
			Median Household Income	CHR	2016
			Uninsured	CHR	2015
	Physical Environment	Housing and transit	Severe Housing Problems	CHR	2010-2014
			Households with No Vehicle	Census	2012-2016

			Access to Public Transit	Census/ GTSF data	2010,2012- 2016,2018
		Air and water quality	Pollution Burden Score	Cal- EnviroScreen	2017
			Air Pollution - Particulate Matter	CHR	2012
			Drinking Water Violations	CHR	2016

County Health Rankings Data

All indicators listed with County Health Rankings (CHR) as their source were obtained from the 2018 County Health Rankings⁶ dataset. This was the most common source of data, with 38 associated indicators included in the analysis. Indicators were collected at both the county and state levels. County-level indicators were used to represent the health factors and health outcomes in the service area. State-level indicators were collected to be used as benchmarks for comparison purposes. All variables included in the CHR dataset were obtained from other data providers. The original data providers for each CHR variable are given in Table 12.

Table 12: County Health Rankings dataset, including Indicators, the time period the data were collected, and the original source of the data

CHR Indicator	Time Period	Original Data Provider
Infant Mortality Rate	2010–2016	CDC WONDER Mortality Data
Child Mortality	2013–2016	CDC WONDER Mortality Data
Premature Age-Adjusted Mortality	2014–2016	CDC WONDER Mortality Data
Premature Death (Years of Potential Life Lost)	2014–2016	National Center for Health Statistics - Mortality Files
Diabetes Prevalence	2014	CDC Diabetes Interactive Atlas
HIV Prevalence Rate	2015	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Low Birth Weight	2010–2016	National Center for Health Statistics - Natality Files
Poor Mental Health Days	2016	Behavioral Risk Factor Surveillance System
Poor Physical Health Days	2016	Behavioral Risk Factor Surveillance System
Excessive Drinking	2016	Behavioral Risk Factor Surveillance System
Adult Obesity	2014	CDC Diabetes Interactive Atlas
Physical Inactivity	2014	CDC Diabetes Interactive Atlas
Limited Access to Healthy Foods	2015	USDA Food Environment Atlas
Access to Exercise Opportunities	2010 population/ 2016 facilities	Business Analyst, Delorme Map Data, ESRI, & U.S. Census Tiger Line Files
Sexually Transmitted Infections (Chlamydia Rate)	2015	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Teen Birth Rate	2010–2016	National Center for Health Statistics - Natality Files
Adult Smoking	2016	Behavioral Risk Factor Surveillance System
Healthcare Costs	2015	Dartmouth Atlas of Healthcare
Mammography Screening	2014	Dartmouth Atlas of Healthcare

⁶ Robert Wood Johnson Foundation. 2018. *County Health Rankings & Roadmaps*. Available online at: <http://www.countyhealthrankings.org/>. Accessed July 10, 2018.

Dentists	2016	Area Health Resource File/National Provider Identification File
Mental Health Providers	2017	CMS, National Provider Identification
Primary Care Physicians	2015	Area Health Resource File/American Medical Association
Preventable Hospital Stays (Ambulatory Care Sensitive Conditions)	2015	Dartmouth Atlas of Healthcare
Homicide Rate	2010–2016	CDC WONDER Mortality Data
Violent Crime Rate	2012–2014	Uniform Crime Reporting - FBI
Motor Vehicle Crash Death Rate	2010–2016	CDC WONDER Mortality Data
Some College (Postsecondary Education)	2012–2016	American Community Survey, 5-Year Estimates
High School Graduation	2014–2015	California Department of Education
Unemployment	2016	Bureau of Labor Statistics Local Area Unemployment Statistics
Children in Single-Parent Households	2012–2016	ACS 5-Year Estimates
Social Associations	2015	County Business Patterns
Children Eligible for Free Lunch	2015–2016	National Center for Education Statistics
Children in Poverty	2016	U.S. Census Bureau Small Area Income and Poverty Estimates
Median Household Income	2016	U.S. Census Bureau Small Area Income and Poverty Estimates
Uninsured	2015	U.S. Census Bureau Small Area Health Insurance Estimates
Severe Housing Problems	2010–2014	HUD Comprehensive Housing Affordability Strategy (CHAS) Data
Air Pollution - Particulate Matter	2012	CDC's National Environmental Public Health Tracking Network
Drinking Water Violations	2016	Safe Drinking Water Information System

CDPH Data

The next most common source of health-outcome and health-factor variables used for health need identification was California Department of Public Health (CDPH). This includes the same by-cause mortality rates as those described previously. But in this case, they were calculated at the county level to represent health conditions in the county and at the state level to be used as comparative benchmarks. County-level rates were smoothed using the same process described previously. State-level rates were not smoothed.

Drug overdose deaths and age-adjusted mortality rates were also obtained from CDPH. These indicators report age-adjusted drug-induced death rates and age-adjusted all-cause mortality rates for counties and the state from 2014 to 2016 as reported in the 2018 County Health Status Profiles.⁷

⁷ California Department of Public Health. 2018. *County Health Status Profiles 2018*. Available online at: <https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx>. Last accessed October 23, 2018.

HRSA Data

Indicators related to the availability of healthcare providers were obtained from the Health Resources and Services Administration⁸ (HRSA). These included Dental, Mental Health, and Primary Care Health Professional Shortage Areas and Medically Underserved Areas/Populations. They also included the number of specialty care providers and psychiatrists per 100,000 residents, derived from the county-level Area Health Resource Files.

The health professional shortage area and medically underserved area data were not provided at the county level. Rather, they show all areas in the state that were designated as shortage areas. These areas could include a portion of a county or an entire county, or they could span multiple counties. To develop measures at the county level to match the other health-factor and health-outcome indicators used in health need identification, these shortage areas were compared to the boundaries of each county in the state. Counties that were partially or entirely covered by a shortage area were noted.

The HRSA's Area Health Resource Files provide information on physicians and allied healthcare providers for U.S. counties. This information was used to determine the rate of specialty care providers and the rate of psychiatrists for each county and for the state. For the purposes of this analysis, a specialty care provider was defined as a physician who was not defined by the HRSA as a primary care provider. This was found by subtracting the total number of primary care physicians (both MDs and DOs, primary care, patient care, and nonfederal, excluding hospital residents and those 75 years of age or older) from the total number of physicians (both MDs and DOs, patient care, nonfederal) in 2015. This number was then divided by the 2015 total population given in the 2015 American Community Survey 5-year Estimates table B01003, and then multiplied by 100,000 to give the total number of specialty care physicians per 100,000 residents. The total of specialty care physicians in each county was summed to find the total specialty care physicians in the state, and state rates were calculated following the same approach as used for county rates. This same process was also used to calculate the number of psychiatrists per 100,000 for each county and the state using the number of total patient care, nonfederal psychiatrists from the Area Health Resource Files. It should be noted that psychiatrists are included in the list of specialty care physicians, so that indicator represents a subset of specialty care providers rather than a separate group.

California Cancer Registry Data

Data obtained from the California Cancer Registry⁹ includes age-adjusted incidence rates for colon and rectum, female breast, lung and bronchus, and prostate cancer sites for counties and the state. Reported rates were based on data from 2010 to 2014, and report cases per 100,000. For low-population counties, rates were calculated for a group of counties rather than for individual counties. That group rate was used in this report to represent incidence rates for each individual county in the group.

Census Data

Data from the U.S. Census Bureau were used to calculate three additional indicators: the percentage of households with no vehicle available, the percentage of the civilian noninstitutionalized population with some disability, and the Modified Retail Food Environment Index (mRFEI). The sources for the indicators used are given in Table 13.

⁸ Health Resources and Services Administration. 2018. Data Downloads, Available online at: <https://data.hrsa.gov/data/download>. Last accessed June 19 2018 (for county level Area Health Resource Files) and 1 August 2018 (for Health Professional Shortage Area files)

⁹ California Cancer Registry. 2018. *Age-Adjusted Invasive Cancer Incidence Rates in California*. Available online at: <https://www.cancer-rates.info/ca/>. Accessed: May 11, 2018.

Table 13: Detailed description of data used to calculate percentage of population with disabilities, households without a vehicle, and the mRFEI

Indicator	Source Data Table	Variable	NAICS code	Employee Size Category	Data Source
Percentage with Disability	S1810	HC03_EST_VC01			2016 American Community Survey 5-Year Estimates
Households with No Vehicle Available	DP04	HC03_VC85			
Large Grocery Stores	BP_2016_00A3	Number of Establishments	445110	10 or More Employees	2016 County Business Patterns
Fruit and Vegetable Markets	BP_2016_00A3	Number of Establishments	445230	All Establishments	
Warehouse Clubs	BP_2016_00A3	Number of Establishments	452910	All Establishments	
Small Grocery Stores	BP_2016_00A3	Number of Establishments	445110	1 to 4 Employees	
Limited-Service Restaurants	BP_2016_00A3	Number of Establishments	722513	All Establishments	
Convenience Stores	BP_2016_00A3	Number of Establishments	445120	All Establishments	

The mRFEI indicator reports the percentage of the total food outlets in a ZCTA that are considered healthy food outlets. The mRFEI indicator was calculated using a modification of the methods described by the National Center for Chronic Disease Prevention and Health Promotion¹⁰ using data obtained from the U.S. Census Bureau's 2016 County Business Pattern datasets.

Healthy food retailers were defined based on North American Industrial Classification Codes (NAICS), and included large grocery stores, fruit and vegetable markets, and warehouse clubs.

Food retailers that were considered less healthy included small grocery stores, limited-service restaurants, and convenience stores.

To calculate the mRFEI, the total number of health food retailers was divided by the total number of healthy and less healthy food retailers, and the result was multiplied by 100 to calculate the final mRFEI value for each county and for the state.

CalEnviroScreen Data

CalEnviroScreen¹¹ is a dataset produced by CalEPA. It includes multiple indicators associated with various forms of pollution for census tracts within the state. These include multiple measures of air and water pollution, pesticides, toxic releases, traffic density, cleanup sites, groundwater threats, hazardous waste, solid waste, and impaired bodies of water. One indicator, pollution burden, combines all of these measures to generate an overall index of pollution for each tract. To generate a county-level pollution-burden measure, the percentage of the population residing in census tracts with pollution-burden scores greater than or equal to the 50th percentile was calculated for each county as well as for the state.

¹⁰ National Center for Chronic Disease Prevention and Health Promotion. (2011). *Census Tract Level State Maps of the Modified Retail Food Environment Index (mRFEI)*. Centers for Disease Control. Retrieved Jan 11, 2016, from http://ftp.cdc.gov/pub/Publications/dnpao/census-tract-level-state-maps-mrfei_TAG508.pdf

¹¹ CalEPA. 2018. CalEnviroScreen 3.0 Shapefile. Available online at: <https://data.ca.gov/dataset/calenviroscreen-30>. Last accessed: May 26, 2018.

Google Transit Feed Specification (GTFS) Data

The final indicator used to identify significant health needs was proximity to public transportation. This indicator reports the percentage of a county's population that lives in a census block located within a quarter mile of a fixed transit stop. Census block data from 2010 (the most recent year available) was used to measure population.

An extensive search was conducted to identify stop locations for transportation agencies in the service area. Many transportation agencies publish their route and stop locations using the standard GTFS data format. Listings for agencies covering the service area were reviewed at TransitFeeds (<https://transitfeeds.com>) and Trillium (<https://trilliumtransit.com/gtfs/our-work/>). These were compared to the list of feeds used by Google Maps (<https://www.google.com/landing/transit/cities/index.html#NorthAmerica>) to try to maximize coverage.

Table 14 notes the agencies for which transit stops could be obtained. It should be noted that while every attempt was made to include as comprehensive a list of data sources as possible, there may be transit stops associated with agencies not included in this list in the county. Caution should therefore be used in interpreting this indicator.

Table 14: Transportation agencies used to compile the proximity to public transportation Indicator

County	Agency
Sacramento County	SacRT, Elk Grove e-Trans, Folsom Stage Line (doesn't include South County Transit)

Descriptive Socioeconomic and Demographic Data

The final secondary dataset used in this analysis was comprised of multiple socioeconomic and demographic indicators collected at the ZCTA, county, and state level. These data were not used in an analytical context. Rather, they were used to provide a description of the overall population characteristics within the county. Table 30 lists each of these indicators as well as their sources.

Table 15: Descriptive socioeconomic and demographic data descriptions

Indicator	Description	Source Data Table	Variables Included
Population	Total population	DP05	HC01_VC03
Minority	Percentage of the population that is Hispanic or reports at least one race that is not white	B0302	HD01_VD01, HD01_VD03
Median Age	Median age of the population	DP05	HC01_VC23
Median Income	Median household income	S2503	HC01_EST_VC14
Poverty	Percentage of population below the poverty level	S1701	HC03_EST_VC01
Unemployed	Unemployment rate among the population 16 or older	S2301	HC04_EST_VC01
Uninsured	Percentage of population without health insurance	S2701	HC05_EST_VC01
Not a High School Graduate	Percentage of population over 25 that are not high school graduates	S1501	HC02_EST_VC17
High Housing Costs	Percentage of the population for whom total housing costs exceed 30% of income	S2503	HC01_EST_VC33, HC01_EST_VC37, HC01_EST_VC41,

Indicator	Description	Source Data Table	Variables Included
			HC01_EST_VC45, HC01_EST_VC49
Disability	Percentage of civilian noninstitutionalized population with a disability	S1810	HC03_EST_VC01

Detailed Analytical Methodology

The collected and processed primary and secondary data were integrated in three main analytical stages. In the first stage, secondary health-outcome and health-factor data were combined with primary data collected from key informant interviews providing an overall view of the county to identify Communities of Concern. These Communities of Concern potentially included geographic regions and specific subpopulations bearing disproportionate health burdens. The identified Communities of Concern were then used to focus the remaining interview and focus-group collection efforts on those areas and subpopulations. The resulting data was then combined with secondary health need identification data to identify significant health needs within the service area. Finally, primary data was used to prioritize those identified significant health needs. The specific details for these analytical steps are given in the following three sections.

Community of Concern Identification

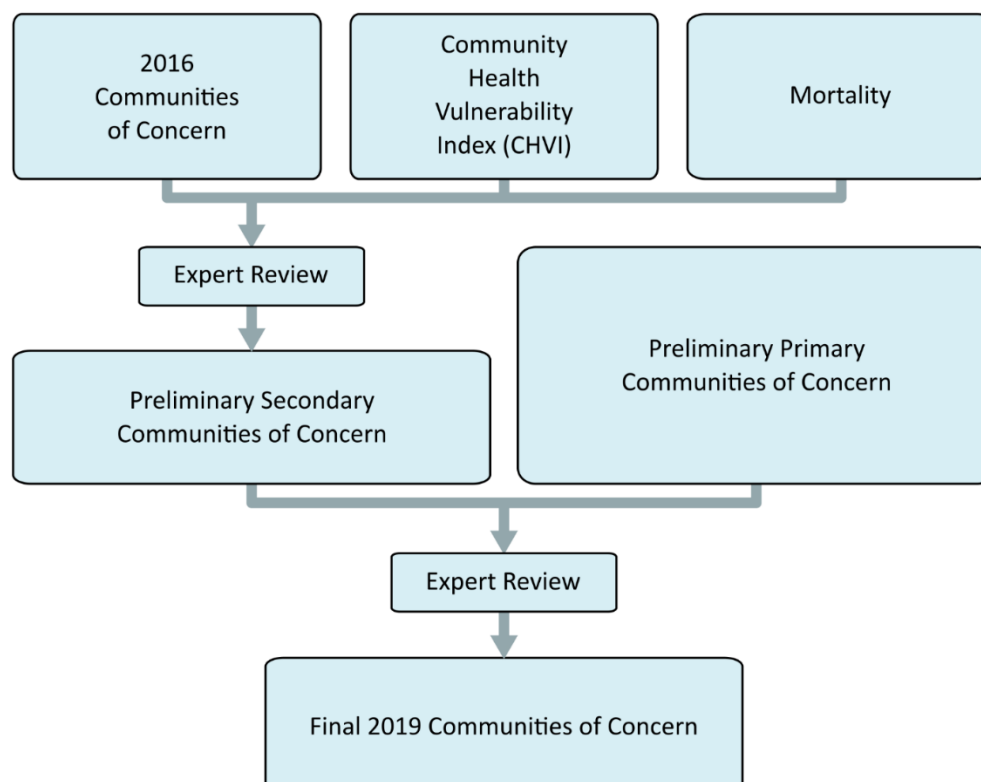


Figure 9: Process followed to identify Communities of Concern

As illustrated in Figure 9, the 2019 Communities of Concern were identified through a process that drew upon both primary and secondary data. Three main secondary data sources were used in this analysis:

Communities of Concern identified in the 2016 CHNA; the census tract–level Community Health Vulnerability Index (CHVI); and the CDPH ZCTA-level mortality data.

An evaluation procedure was developed for each of these datasets and applied to each ZCTA within the county. The following secondary data selection criteria were used to identify preliminary Communities of Concern.

2016 Community of Concern

The ZCTA was included in the 2016 CHNA community of concern (or “focus community”) list for the hospital service areas of the participating hospitals. This was done to allow greater continuity between the 2016 CHNA round and the current assessment, and it reflects the work of the partners to serve these disadvantaged communities.

Community Health Vulnerability Index (CHVI)

The ZCTA intersected a census tract whose CHVI value fell within the top 20% of the county. Census tracts with these values represent areas with consistently high concentrations of demographic subgroups identified in the research literature as being more likely to experience health-related disadvantages.

Mortality

The review of ZCTAs based on mortality data utilized the ZCTA-level CDPH health-outcome indicators described previously. These indicators were heart disease, cancer, stroke, CLD, Alzheimer’s disease, unintentional injuries, diabetes, influenza and pneumonia, chronic liver disease, hypertension, suicide, and kidney disease mortality rates per 100,000 people, and infant mortality rates per 1,000 live births. The number of times each ZCTA’s rates for these indicators fell within the top 20% in the county was counted. Those ZCTAs whose counted values exceeded the 80th percentile for all of the ZCTAs in the county met the community of concern mortality selection criteria.

Integration of Secondary Criteria

Any ZCTA that met any of the three selection criteria (2016 community of concern, CHVI, and mortality) was reviewed for inclusion as a 2019 community of concern, with greater weight given to those ZCTAs meeting two or more of the selection criteria. An additional round of expert review was applied to determine if any other ZCTAs not thus far indicated should be included based on some other unanticipated secondary data consideration. This list then became the final preliminary secondary Communities of Concern.

Preliminary Primary Communities of Concern

Preliminary primary Communities of Concern were identified by reviewing the geographic locations or population subgroups that were consistently identified by the area-wide primary data sources.

Integration of Preliminary Primary and Secondary Communities of Concern

Any ZCTA that was identified in either the preliminary primary or secondary community of concern list was considered for inclusion as a 2019 community of concern. An additional round of expert review was then applied to determine if, based on any primary or secondary data consideration, any final adjustments should be made to this list. The resulting set of ZCTAs was then used as the final 2019 Communities of Concern.

Significant Health Need Identification

The general methods through which significant health needs (SHNs) were identified are shown in Figure 10 and described here in greater detail. The first step in this process was to identify a set of potential health needs (PHNs) from which significant health needs could be selected. This was done by reviewing

the health needs identified during the 2016 CHNA among various hospitals throughout northern California and then supplementing this list based on a preliminary analysis of the primary qualitative data collected for the 2019 CHNA. This resulted in a list of 10 PHNs shown in Table 16.

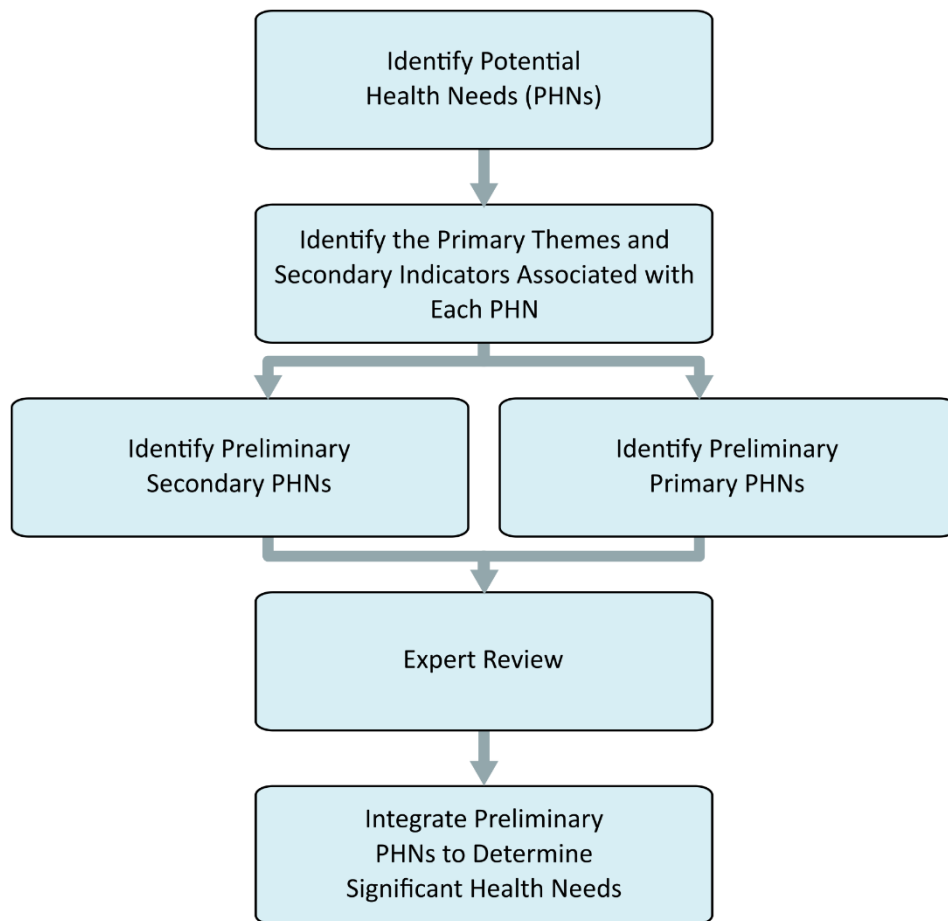


Figure 10: Process followed to identify Significant Health Needs

Table 16: Potential health needs

2019 Potential Health Needs (PHNs)	
PHN1	Access to Mental/Behavioral/Substance Abuse Services
PHN2	Access to Quality Primary Care Health Services
PHN3	Active Living and Healthy Eating
PHN4	Safe and Violence-Free Environment
PHN5	Access to Dental Care and Preventive Services
PHN6	Pollution-Free Living Environment
PHN7	Access to Basic Needs such as Housing, Jobs, and Food
PHN8	Access and Functional Needs
PHN9	Access to Specialty and Extended Care
PHN10	Injury and Disease Prevention and Management

The next step in the process was to identify primary themes and secondary indicators associated with each of these health needs as shown in Table 17. Primary theme associations were used to guide coding of the primary data sources to specific PHNs.

Table 17: Primary theme and secondary indicators used to identify significant health needs

Health Need Number	2019 CHI Potential Health Needs	2019 CHI Secondary Indicators	Primary Indicators
PHN1	Access to Mental/ Behavioral/ Substance Abuse Services	<ul style="list-style-type: none"> • Life Expectancy at Birth • Liver Disease Mortality • Suicide Mortality • Poor Mental Health Days • Poor Physical Health Days • Drug Overdose Deaths • Excessive Drinking • Health Professional Shortage Area – Mental Health • Mental Health Providers • Psychiatrists • Social Associations 	<ul style="list-style-type: none"> • Self-Injury • Mental Health and Coping Issues • Substance Abuse • Smoking • Stress • Mentally Ill and Homeless • PTSD • Access to Psychiatrist • Homelessness
PHN2	Access to Quality Primary Care Health Services	<ul style="list-style-type: none"> • Life Expectancy at Birth • Cancer Mortality • Child Mortality • Chronic Lower Respiratory Disease Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Influenza and Pneumonia Mortality • Kidney Disease Mortality • Liver Disease Mortality • Stroke Mortality • Breast Cancer Incidence • Colorectal Cancer Incidence • Diabetes Prevalence • Low Birth Weight • Lung Cancer Incidence • Prostate Cancer Incidence • Healthcare Costs • Health Professional Shortage Area – Primary Care • Medically Underserved Areas • Mammography Screening • Primary Care Physicians • Preventable Hospital Stays • Percentage Uninsured 	<ul style="list-style-type: none"> • Issue of Quality of Care • Access to Care • Health Insurance • Care for Cancer/Cancer Occurrence • Indicators in PQI: Diabetes, COPD, CRLD, HTN, HTD, Asthma, Pneumonia

PHN3	Active Living and Healthy Eating	<ul style="list-style-type: none"> • Cancer Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Kidney Disease Mortality • Stroke Mortality • Breast Cancer Incidence • Colorectal Cancer Incidence • Diabetes Prevalence • Prostate Cancer Incidence • Limited Access to Healthy Foods • mRFEI • Access to Exercise Opportunities • Physical Inactivity • Adult Obesity 	<ul style="list-style-type: none"> • Food Access/Insecurity • Community Gardens • Fresh Fruits and Veggies • Distance to Grocery Stores • Food Swamps • Chronic Disease Outcomes Related to Poor Eating • Diabetes, HTD, HTN, Stroke, Kidney issues, Cancer • Access to Parks • Places to be Active
PHN4	Safe and Violence-Free Environment	<ul style="list-style-type: none"> • Life Expectancy at Birth • Poor Mental Health Days • Homicide Rate • Motor Vehicle Crash Death Rate • Violent Crime Rate • Social Associations 	<ul style="list-style-type: none"> • Crime Rates • Violence in The Community • Feeling Unsafe in The Community • Substance Abuse-Alcohol and Drugs • Access to Safe Parks • Pedestrian Safety • Safe Streets • Safe Places to Be Active
PHN5	Access to Dental Care and Preventive Services	<ul style="list-style-type: none"> • Dentists • Health Professional Shortage Area – Dental 	<ul style="list-style-type: none"> • Any Issues Related to Dental Health • Access to Dental Care
PHN6	Pollution-Free Living Environment	<ul style="list-style-type: none"> • Cancer Mortality • Chronic Lower Respiratory Disease Mortality • Breast Cancer Incidence • Colorectal Cancer Incidence • Lung Cancer Incidence • Prostate Cancer Incidence • Adult Smoking • Air Pollution – Particulate Matter • Drinking Water Violations • Pollution Burden 	<ul style="list-style-type: none"> • Smoking • Unhealthy Air, Water, Housing • Health Issues: Asthma, COPD, CLRD, Lung Cancer
PHN7	Access to Meeting Basic Needs Such as Housing, Jobs, and Food	<ul style="list-style-type: none"> • Life Expectancy at Birth • Infant Mortality • Age-Adjusted All-Cause Mortality • Child Mortality • Premature Age-Adjusted Mortality • Premature Death (Years of Potential Life Lost) • Low Birth Weight • Medically Underserved Areas • Healthcare Costs • High School Graduation • Some College (Postsecondary Education) • Unemployment 	<ul style="list-style-type: none"> • Employment and Unemployment • Poverty • Housing Issues • Homelessness • Education Access • Community Quality of Life • Housing Availability • Housing Affordability

		<ul style="list-style-type: none"> • Children in Single-Parent Household • Social Associations • Children Eligible for Free or Reduced Lunch • Children in Poverty • Median Household Income • Uninsured • Severe Housing Problems • Households with No Vehicle • mRFEI • Limited Access to Healthy Food 	
PHN8	Access and Functional Needs	<ul style="list-style-type: none"> • Access to Public Transportation • Households with no Vehicle • Percentage of Population with a Disability 	<ul style="list-style-type: none"> • Physical Access Issues • Cost of Transportation • Ease of Transportation Access • No Car • Disability
PHN9	Access to Specialty and Extended Care	<ul style="list-style-type: none"> • Life Expectancy at Birth • Alzheimer's Mortality • Cancer Mortality • Chronic Lower Respiratory Disease Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Kidney Disease Mortality • Liver Disease Mortality • Stroke Mortality • Diabetes Prevalence • Lung Cancer Incidence • Psychiatrists • Specialty Care Providers • Preventable Hospital Stays 	<ul style="list-style-type: none"> • Seeing a Specialist for Health Conditions • Diabetes-Related Specialty Care • Specialty Care for HTD, HTN, Stroke, Kidney Diseases
PHN10	Injury and Disease Prevention and Management	<ul style="list-style-type: none"> • Infant Mortality • Alzheimer's Mortality • Child Mortality • Chronic Lower Respiratory Disease Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Influenza and Pneumonia Mortality • Kidney Disease Mortality • Liver Disease Mortality • Stroke Mortality • Suicide Mortality • Unintentional Injury Mortality • Diabetes Prevalence • HIV Prevalence Rate • Low Birth Weight • Drug Overdose Deaths • Excessive Drinking • Adult Obesity • Physical Inactivity 	<ul style="list-style-type: none"> • Anything Related to Helping Prevent a Preventable Disease or Injury • Unintentional Injury • Smoking and Alcohol/Drug Abuse • Teen Pregnancy • HIV/STD • TB • Influenza and Pneumonia • Health Classes • Health Promotion Teams and Interventions • Need for Health Literacy

		<ul style="list-style-type: none"> • Sexually Transmitted Infections • Teen Birth Rate • Adult Smoking • Motor Vehicle Crash Death Rate 	
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Next, values for the secondary health-factor and health-outcome indicators identified were compared to state benchmarks to determine if a secondary indicator performed poorly within the county. Some indicators were considered problematic if they exceeded the benchmark, others were considered problematic if they were below the benchmark, and the presence of certain other indicators within the county, such as health professional shortage areas, indicated issues. Table 18 lists each secondary indicator and describes the comparison made to the benchmark to determine if it was problematic.

Table 18: Benchmark comparisons to show indicator performance CHNA indicators

Indicator	Benchmark Comparison Indicating Poor Performance
Years of Potential Life Lost	Higher
Poor Physical Health Days	Higher
Poor Mental Health Days	Higher
Low Birth Weight	Higher
Adult Smokers	Higher
Adult Obesity	Higher
Physical Inactivity	Higher
Access to Exercise	Lower
Excessive Drinking	Higher
STI Chlamydia Rate	Higher
Teen Birth Rate	Higher
Uninsured	Higher
Primary Care Physicians	Lower
Dentists	Lower
Mental Health Providers	Lower
Preventable Hospital Stays	Higher
Mammography Screening	Lower
High School Graduation	Lower
Some College	Lower
Unemployed	Higher
Children in Poverty	Higher
Children with Single Parents	Higher
Social Associations	Lower
Violent Crimes	Higher
Air Particulate Matter	Higher
Drinking Water Violations	Present
Severe Housing Problems	Higher
Premature Age-Adjusted Mortality	Higher
Child Mortality	Higher

Infant Mortality	Higher
Diabetes Prevalence	Higher
HIV Prevalence	Higher
Limited Access to Healthy Food	Higher
Motor Vehicle Crash Deaths	Higher
Healthcare Costs	Higher
Median Household Income	Lower
Free or Reduced Lunch	Higher
Homicides	Higher
Cancer Female Breast	Higher
Cancer Colon and Rectum	Higher
Cancer Lung and Bronchus	Higher
Cancer Prostate	Higher
Drug Overdose Deaths	Higher
HPSA Dental Health	Present
HPSA Mental Health	Present
HPSA Primary Care	Present
HPSA Medically Underserved Area	Present
mRFEI	Lower
Housing Units with No Vehicle	Higher
Specialty Care Providers	Lower
Psychiatry Providers	Lower
Cancer Mortality	Higher
Heart Disease Mortality	Higher
Unintentional Injury Mortality	Higher
CLD Mortality	Higher
Stroke Mortality	Higher
Alzheimer's Mortality	Higher
Diabetes Mortality	Higher
Suicide Mortality	Higher
Hypertension Mortality	Higher
Influenza and Pneumonia Mortality	Higher
Kidney Disease Mortality	Higher
Liver Disease Mortality	Higher
Life Expectancy	Lower
Age-Adjusted Mortality	Higher
Pollution Burden	Higher
Public Transit Proximity	Lower
Percentage with Disability	Higher

Once these poorly performing quantitative indicators were identified, they were used to identify preliminary secondary significant health needs. This was done by calculating the percentage of all

secondary indicators associated with a given PHN that were identified as performing poorly within the county. While all PHNs represented actual health needs within the county to a greater or lesser extent, a PHN was considered a preliminary secondary health need if the percentage of poorly performing indicators exceeded one of a number of established thresholds: any poorly performing associated secondary indicators; or at least 20%, 25%, 33%, 40%, 50%, 60%, 66%, 75%, or 80% of the associated indicators were found to perform poorly. These thresholds were chosen because they correspond to divisions of the indicators into fifths, quarters, thirds, or halves. A similar set of standards was used to identify the preliminary interview and focus-group health needs: any of the survey respondents mentioned a theme associated with a PHN, or if at least 20%, 25%, 33%, 40%, 50%, 60%, 66%, 75%, or 80% of the respondents mentioned an associated theme.

These sets of criteria (any mention, 20%, 25%, 33%, 40%, 50%, 60%, 66%, 75%, or 80%) were used because we could not anticipate which specific standard would be most meaningful within the context of the county. Having multiple objective decision criteria allows the process to be more easily described but still allows for enough flexibility to respond to evolving conditions in the county. To this end, a final round of expert reviews was used to compare the set selection criteria to find the level at which the criteria converged towards a final set of SHNs. Once the final criteria used to identify the SHN were selected for the primary and secondary analyses, any PHN included in either preliminary health need list was included as a final significant health need for the county.

For this report, A PHN was selected as a preliminary secondary significant health need if one of the following criteria was met: 60% of the associated indicators were identified as performing poorly and the need was identified by 66% or more of the primary sources as performing poorly.

Health Need Prioritization

Once identified for the area, the final set of SHNs was prioritized. To reflect the voice of the community, significant health need prioritization was based solely on primary data. Key informants and focus-group participants were asked to identify the three most significant health needs in their communities. These responses were associated with one or more of the potential health needs. This, along with the responses across the rest of the interviews and focus groups, was used to derive two measures for each significant health need.

First, the total percentage of all primary data sources that mentioned themes associated with a significant health need at any point was calculated. This number was taken to represent how broadly a given significant health need was recognized within the community. Next, the percentage of times a theme associated with a significant health was mentioned as one of the top three health needs in the community was calculated. Since primary data sources were asked to prioritize health needs in this question, this number was taken to represent the intensity of the need.

These two measures were next rescaled so that the SHN with the maximum value for each measure equaled one, the minimum equaled zero, and all other SHNs had values appropriately proportional to the maximum and minimum values. The rescaled values were then summed to create a combined SHN prioritization index. SHNs were ranked in descending order based on this index value so that the SHN with the highest value was identified as the highest-priority health need, the SHN with the second highest value was identified as the second-highest-priority health need, and so on.

Detailed List of Resources to Address Health Needs for Sacramento County

Table 19: Resources Available to Potentially Meet Significant Health Needs

Organization Information			Potential Health Need Met (X)											
Name	ZIP Code	Website	1. Access to mental/behavioral/substance abuse services	2. Access to quality primary care health services	3. Active living and healthy eating	4. Safe and violent free environment	5. Access to dental care and preventive services	6. Pollution-free living environment	7. Access to basic needs, such as food, housing, jobs	8. Access and functional needs	9. Access to specialty and extended care	10. Injury and disease prevention and management	11. System Navigation	12. Cultural Competence
African American Perinatal Health – Sacramento County Public Health	Whole county	www.scph.com									X		X	X
Alchemist Community Development Corporation	95814	www.alchemistcdc.org	X	X	X									
All Nations Church of God in Christ	95817	www.ancogic.org							X					
ALS Association– Greater Sacramento Chapter	95825	www.websac.alsa.org										X		
Alternatives Pregnancy Center	95825	www.alternativespc.org	X	X							X			
Alzheimer’s Association	95815	www.alz.org/norcal	X											
American Cancer Society	95815	www.cancer.org			X						X	X		
American Heart Association – Sacramento	95811	www.heart.org			X						X	X		
American Lung Association	95814	www.lung.org						X			X	X		
American Red Cross	95815	www.redcross.org		X					X					
Another Choice Another Chance	95823	www.acacsac.org	X											
Antioch Progressive Baptist Church	95832	www.antiochprogressivechurch.org							X					
Arcade Community Center	95821	www.mutualassistance.org/arcade-community-center	X		X							X		
Arcohe Union School District	95638	www.arcohe.net			X				X					
Area 4 Agency on Aging	95815	www.agencyonaging4.org				X			X		X	X		

Organization Information			Potential Health Need Met (X)											
Name	ZIP Code	Website	1. Access to mental/behavioral/substance abuse services	2. Access to quality primary care health services	3. Active living and healthy eating	4. Safe and violent free environment	5. Access to dental care and preventive services	6. Pollution-free living environment	7. Access to basic needs, such as food, housing, jobs	8. Access and functional needs	9. Access to specialty and extended care	10. Injury and disease prevention and management	11. System Navigation	12. Cultural Competence
ARTZ Artists for Alzheimer's	95826	www.imstillhere.org/artz/artz-program										X		
Asian Community Center	95831	www.accsv.org	X		X				X	X		X		X
Asian Pacific Community Counseling (APCC)	95820	www.apccounseling.org	X											X
Asian Resources, Inc.	95824 95814 95610	www.asianresources.org							X					X
Bayanihan Clinic	95827	www.hyhs.ucdmc.ucdavis.edu		X								X	X	X
Birth and Beyond Home Visitation – WellSpace Health	95660	www.wellspacehealth.org/location/north-highlands-community-health-center-birth-and-beyond	X	X			X		X				X	X
Bishop Gallegos Maternity Home	95763	www.bgmh.org				X			X	X				
Black Child Legacy Campaign	95833	www.blackchildlegacy.org							X			X		X
Black Infant Health Program – Sacramento County Public Health	Whole county	www.scph.com										X	X	X
Boys and Girls Clubs of Greater Sacramento	95824	www.bgcsac.org	X		X	X			X					X
Breathe California of Sacramento Region	95814	www.sacbreathe.org		X				X				X		
Building Healthy Communities	95820	www.sacbhc.org			X	X								
California Children's Services – Sacramento County Public Health	Whole county	www.scph.com									X	X		
California Youth Connection	95814	www.calyouthconn.org							X					
Camp ReCreation	95662	www.camprecreation.org			X									
Capital City AIDS Fund	95816	www.capcityaidsfund.org										X		
Capitol Health Network	95825	www.capitolhealthnetwork.org		X										

Organization Information			Potential Health Need Met (X)											
Name	ZIP Code	Website	1. Access to mental/behavioral/substance abuse services	2. Access to quality primary care health services	3. Active living and healthy eating	4. Safe and violent free environment	5. Access to dental care and preventive services	6. Pollution-free living environment	7. Access to basic needs, such as food, housing, jobs	8. Access and functional needs	9. Access to specialty and extended care	10. Injury and disease prevention and management	11. System Navigation	12. Cultural Competence
Carrington College – Dental Hygiene Clinic	95826	916 361-5168					X							
Catholic Charities of Sacramento, Inc.	95818	www.scd.org/catholic-charities-and-social-concerns/catholic-charities							X					
CCHAT Center Sacramento	95670	www.cchatsacramento.com									X			
Center for AIDS Research, Education, and Services – CARES Community Health	95811	www.npin.cdc.gov/featured-partner/center-aids-research-education-and-services-cares	X	X	X						X	X		
Center for Community Health and Well Being Inc (partnered with Peach Tree Health)	95822	www.pickpeach.org		X							X		X	X
Center Joint Unified School District	95843	www.centerusd.org	X		X				X					
Central Downtown Food Basket	98811	www.cdfb.org			X				X					
Chest Clinic/Tuberculosis Control – Sacramento County Public Health	Whole county	www.scph.com									X	X		
Child Abuse Prevention Center	95660	www.thecapcenter.org				X								
Child and Family Institute (CFI)	95838	www.child-familyinstitute.org	X											
Child Health & Disability Prevention – Sacramento County Public Health	Whole county	www.scph.com		X										
Children’s Receiving Home of Sacramento	95821	www.crhkids.org	X	X	X				X					
Citrus Heights Homeless Assistance Resource Team (HART)	95610	www.citrusheightshart.org							X					
City Church of Sacramento	95817	www.citychurchsac.org							X					
Clara’s House	95816	www.clarashouse.org		X										

Organization Information			Potential Health Need Met (X)											
Name	ZIP Code	Website	1. Access to mental/behavioral/substance abuse services	2. Access to quality primary care health services	3. Active living and healthy eating	4. Safe and violent free environment	5. Access to dental care and preventive services	6. Pollution-free living environment	7. Access to basic needs, such as food, housing, jobs	8. Access and functional needs	9. Access to specialty and extended care	10. Injury and disease prevention and management	11. System Navigation	12. Cultural Competence
Clinica Tepati (in WellSpace Clinic)	95817	www.clinicatepati.com		X							X	X	X	X
Community Against Sexual Harm (CASH)	95816	www.cashsac.org	X			X								
Community Link (Community Services Planning Council)	95826	www.communitylinkcr.org	X											
Comprehensive Perinatal Services Program – Sacramento County Public Health	Whole county	www.scph.com	X		X						X	X	X	
Cordova Lane Center – FCUSD	95670	www.fcusd.org/domain1993	X						X					
Cordova Recreation and Park District	95670	www.crpdc.com	X		X				X					
C.O.R.E. Medical Clinic	95816	www.coremedicalclinic.com	X	X									X	
Cottage Housing, Inc.	95811	www.cottagehousing.org							X					
Crime Victims Assistance Network (iCAN)	95811	www.ican-foundation.org	X			X								
Crisis Nursery Program – Sac Children's Home	95821	www.kidshome.org/what-we-do/crisis-nursery-program	X	X		X								
Del Oro Caregiver Resource Center	95610	www.deloro.org	X								X	X		
Dignity Health	95819 95630 95608 95823	www.dignityhealth.org		X	X						X	X	X	X
Disease Control and Epidemiology – Sacramento County Public Health	Whole county	www.scph.com										X		
Drowning Accident Rescue Team	95759	www.dartsac.com										X		
Effie Yeaw Nature Center	95608	www.sacnaturecenter.net			X									
El Hogar Community Services Inc	95811 95834	www.elhogarinc.org	X			X			X					

Organization Information			Potential Health Need Met (X)											
Name	ZIP Code	Website	1. Access to mental/behavioral/substance abuse services	2. Access to quality primary care health services	3. Active living and healthy eating	4. Safe and violent free environment	5. Access to dental care and preventive services	6. Pollution-free living environment	7. Access to basic needs, such as food, housing, jobs	8. Access and functional needs	9. Access to specialty and extended care	10. Injury and disease prevention and management	11. System Navigation	12. Cultural Competence
Elica Health Centers	95825 95816 95820 95818 95660 95838	www.elicahealth.org	X	X			X					X	X	X
Elk Grove Unified School District	95624	www.egusd.net	X	X	X	X			X					
Elverta Joint School District	95626	www.ejesd.net			X									
Eskaton	95608	www.eskaton.org	X	X					X					
Every Smile Counts! – Sacramento County Public Health	Whole county	www.scph.com					X					X		
Everyone Matters Ministries	95747	www.everyonemattersministries.com							X					
Fresher Sacramento	95820	www.freshersacramento.com			X				X					
Firehouse Community Center	95838	www.mutualassistance.org/firehouse-community-center			X									X
First 5 Sacramento Commission	95833	www.first5sacramento.net	X	X	X	X			X			X		
Folsom Cordova Community Partnership	95670	www.thefccp.org	X	X					X					X
Food Literacy Center	95817	www.foodliteracycenter.org			X				X					
Foster-CPS Nursing & HEARTS for Kids – Sacramento County Public Health	Whole county	www.scph.com		X								X	X	
Foster Hope Sacramento	95841	www.fosterhopesac.org							X					
Francis House	95814	www.nextmovesacramento.org/francis-house-center							X					
Fruit Ridge Community Collaborative	95820	www.fruitridgecc.org			X				X					

Organization Information			Potential Health Need Met (X)											
Name	ZIP Code	Website	1. Access to mental/behavioral/substance abuse services	2. Access to quality primary care health services	3. Active living and healthy eating	4. Safe and violent free environment	5. Access to dental care and preventive services	6. Pollution-free living environment	7. Access to basic needs, such as food, housing, jobs	8. Access and functional needs	9. Access to specialty and extended care	10. Injury and disease prevention and management	11. System Navigation	12. Cultural Competence
Galt Joint Union School District	95632	www.galt.k12.ca.us			X									
Gender Health Center	95817	www.thegenderhealthcenter.org	X	X		X			X			X	X	X
Girls on the Run Greater Sacramento	95819	www.gotrsac.org			X									
Greater Sacramento Valley and Nevada Arthritis Foundation	95815	www.arthritis.org			X							X		
Golden Rule Services	95823	www.goldenruleservicesacramento.org		X							X	X		
Goodwill – Sacramento Valley & Northern Nevada	95826	www.goodwillsacto.org							X					
Greater Sacramento Urban League	95838	www.gsul.org							X					
Guest House Homeless Clinic	95811	www.elhogarinc.org/guest-house-homelessclinic	X	X										
Harm Reduction Services (HRS)	95817	www.harmreductionservices.org	X	X								X		
Health and Life Organization (HALO Cares) – Sacramento Community Clinic	95823	www.halocares.org, capitolhealthnetwork.org/halo	X	X							X	X		
Health Education Council	95691	www.healthedcouncil.org			X	X								
Health 4 All	95814	www.health4allca.org	X											
Health Rights Hot Line	95814	https://lawyers.justia.com/legalservices/health-rights-hotline-11068							X				X	
Health Tech Academy – Valley High School	95838	www.vhs.egusd.net/programs/pathways/health-tech							X					
Helping Hearts Foundation Inc.	95827	www.helping-hearts.org				X			X					
Heritage Oaks Hospital	95841	www.heritageoakshospital.com	X											
HIV/STD Prevention Program	95828 95660 95816	www.scph.com		X							X	X		

Organization Information			Potential Health Need Met (X)											
Name	ZIP Code	Website	1. Access to mental/behavioral/substance abuse services	2. Access to quality primary care health services	3. Active living and healthy eating	4. Safe and violent free environment	5. Access to dental care and preventive services	6. Pollution-free living environment	7. Access to basic needs, such as food, housing, jobs	8. Access and functional needs	9. Access to specialty and extended care	10. Injury and disease prevention and management	11. System Navigation	12. Cultural Competence
	95820 95825 95811 95823 95817 95814													
HIV/STD Surveillance – Sacramento County Public Health	Whole county	www.scph.com										X		
House of Hope Ministry	95822	www.houseofhoperesourcecenter.net												
Human Services Coordinating Council (HSCC)	95823	www.dcfas.sacounty.net/Admin/Pages/HSCC/BC-Human-Services-Coordinating-Council-HSCC.aspx							X					
Imani Clinic	95817	www.imaniclinic.org	X	X								X		
Immunization Assistance Program – Sacramento County Public Health	Whole county	www.scph.com										X		
Interim HealthCare	95825	www.interimhealthcare.com/sacramentoca/home	X	X		X			X				X	X
International Rescue Committee	95825	www.rescue.org/united-states/sacramento-ca				X			X					
Johnston Community Center (also referred to as “Johnson” Community Center)	95815	www.mutualassistance.org/johnson-center	X		X				X			X		
Junior League of Sacramento	95825	www.jlsac.org												
Kaiser Permanente Sacramento Medical Center	95825	www.healthy.kaiserpermanente.org		X	X						X	X	X	X
Kaiser Permanente South Sacramento Medical Center	95823	www.healthy.kaiserpermanente.org	X	X	X						X	X	X	X
Lao Family Community Development Center	95823 95821	www.lfcd.org			X	X			X					X
Latino Coalition for a Healthy California	95814	www.lchc.org		X								X		X
Law Enforcement Chaplaincy Sacramento	95821	www.sacchaplains.com	X			X								

Organization Information			Potential Health Need Met (X)											
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La Familia Counseling Center, Inc	95820	www.lafcc.org	X	X	X	X			X			X		X
Lead Poisoning Prevention Program – Sacramento County Public Health	Whole county	www.scph.com										X		
Legal Services of Northern California – Health Rights	95814	www.lcnc.net/office/sacramento							X					
Life Matters	95842	www.wherelifematters.com							X					
Lilliput Children’s Services	95610 95820	www.lilliput.org							X					
LINC Housing	95838	www.linchousing.org							X					
Loaves and Fishes	95811	www.sacloaves.org	X	X		X			X			X		
Lutheran Social Services	95824	www.lssnorcal.org							X					
Mack Road Partnership	95823	www.mackroadpartnership.com		X	X	X			X	X				
Mack Road Partnership Community Center	95823	www.mackroadpartnership.com/reimagine-foundation/programs		X	X				X					
MAK- Meningitis Awareness Key to Prevention	95608	www.makinfo.org										X		
McClellan VA Clinic	95652	www.northerncalifornia.va.gov/locations/mcclellan-outpatient-clinic.asp		X			X				X	X		
Mary House	95811	www.sacloaves.org/maryhouse	X			X			X					
Meadowview Family Resource Center	95822	www.kidshome.org/what-we-do/family-resource-center	X		X							X		
Meals on Wheels Sacramento	95831	www.mowsac.org							X					
Mental Health America of Northern California	95811	www.norcalmha.org	X											
Mercy Clinic – Loaves and Fishes	95811	www.sacloaves.org		X								X	X	X

Organization Information			Potential Health Need Met (X)											
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Mercy General Hospital (Dignity Health)	95819	www.locations.dignityhealth.org/mercy-general-hospital-sacramento-ca		X	X				X		X	X	X	X
Mercy Housing	95816 95838 95833 95820 95811	www.mercyhousing.org							X					
Mercy San Juan Medical Center (Dignity Health)	95608	www.dignityhealth.org/sacramento/locations/mercy-san-juan-medical-center	X	X	X						X	X	X	X
Methodist Hospital of Sacramento (Dignity Health)	95823	www.dignityhealth.org/sacramento/locations/methodist-hospital-of-sacramento		X	X						X	X	X	X
Mexican Consulate General in Sacramento	95834	www.consulmex.sre.gob.mx				X			X					X
Molina Healthcare now Golden Shore Medical	95838 95823	www.molinahealthcare.com, www.goldenshoremedical.com		X									X	X
Mutual Assistance Network	95838 95821 95815	www.mutualassistance.org	X		X				X			X		X
My Sister's House	95818	www.my-sisters-house.org	X	X		X			X					X
National Alliance on Mental Illness Sacramento (NAMI)	95827	www.namisacramento.org	X										X	
National Multiple Sclerosis Society	95834	www.nationalsociety.org										X		
Natomas Unified School District	95834	www.natomasunified.org	X		X				X					
NCADD Sacramento	95825	www.ncaddsac.org www.ncadd.org	X											
Neil Orchard Senior Activities Center	95827	www.crpdc.com/parks/neil-orchard-senior-activities-center			X									
New Testament Baptist Church	95660	www.newtestamentbaptchurch.org			X	X			X					
Next Move (SAEH)	95817	www.nextmovesacramento.org		X		X			X					
North Franklin District Business Association	95820	www.franklinblvddistrict.com				X								

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Nurse Family Partnership – Sacramento County Public Health	Whole county	www.scph.com									X	X	X	
Oak Park Community Center	95817	www.cityofsacramento.org/ParksandRec/Community-Centers/OakParkCenter			X									
Oak Park Neighborhood Association	95817	www.oakparkna.com				X								
Oak Park Sol Community Garden	95817	www.oakparksol.org			X									
Obesity Prevention Program – Sacramento County Public Health	Whole county	www.scph.com			X							X		
One Community Health	95811	www.onecommunityhealth.com	X	X	X		X							
Opening Doors	95825	www.openingdoorsinc.org	X			X			X					
Oral Health Program – Sacramento County Public Health	Whole county	www.scph.com					X					X		
Orangevale Food Bank	95662	www.orangevalefoodbank.org			X				X					
Pacific Counseling and Trauma Center (Pacific Trauma Specialists)	95630	www.pacifictraumacenter.com	X											X
Paratransit, Inc.	95822	www.paratransit.org								X				
Partners in Care of El Dorado County	95603	www.picseniorcare.com							X					
Paul Hom Asian Clinic	95819	www.myhs.ucdmc.ucdavis.edu		X							X	X		X
People Reaching Out	95841	www.proyouthandfamilies.org	X											
Pioneer Congregational United Church of Christ	95816	www.pioneerucc.org							X					
Planned Parenthood B Street Health Center	95816	www.plannedparenthood.org		X							X	X	X	X
Planned Parenthood Capitol Plaza Health Center	95814	www.plannedparenthood.org		X							X	X	X	X

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Planned Parenthood Fruitridge Health Center	95820	www.plannedparenthood.org		X							X	X	X	X
Planned Parenthood North Highlands Health Center	95660	www.plannedparenthood.org		X							X	X	X	X
Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.)	95763	www.partyprogram.com				X						X		
PRIDE Industries	95660 95826 95834	www.prideindustries.com							X					
Project TEACH	95826	www.projectteach.scoe.net				X			X					
Public Health Division – Sacramento County Department of Health and Human Services	95823	www.scph.com		X	X			X				X	X	
Public Health Emergency Preparedness – Sacramento County Public Health	Whole county	www.scph.com										X		
Public Health Laboratory – Sacramento County Public Health	Whole county	www.scph.com										X		
radKIDS	27617	www.radkids.org				X								
Rebuilding Together	95826	www.rebuildingtogethersacramento.org				X								
Recreate for Health (American River Park Foundation program)	95608	www.arpf.com			X									
River City Food Bank	95816 95821	www.rivercityfoodbank.org			X				X					
River Delta Unified School District	94571	www.riverdelta.org			X									
River Oak Center for Children	95841	www.riveroak.org	X											
River Oak Family Resource Center	95820	www.riveroak.org	X		X							X		
Roberts Family Development Center	95815	www.robertsfdc.org			X				X					

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Robla School District	95838	www.robla.k12.ca.us		X	X									
Ryan White HIV Care & Treatment – Sacramento County Public Health	Whole county	www.scph.com	X	X							X	X	X	
Sacramento Area Congregations Together (ACT)	95818	www.sacact.org	X						X					
Sacramento Children’s Home	95820	www.kidshome.org	X		X	X			X					
Sacramento Chinese Community Services Center (SCCS)	95814	www.sccsc.org	X		X									X
Sacramento City College – Dental Health Clinic	95822	www.scc.losrios.edu/dentalhealthclinic					X							
Sacramento City Unified School District	95824	www.scusd.com	X	X					X					
Sacramento County Dental Health Program	Whole county	www.dhhs.saccounty.net					X							
Sacramento County Department of Health and Human Services	Whole county	www.dhhs.saccounty.net	X	X	X	X		X				X		
Sacramento County Department of Human Assistance	Whole county	www.dha.saccounty.net							X					
Sacramento Countywide Foster Youth Services	95826	www.scoe.net/fys/Pages/default.aspx							X					
Sacramento Court Appointed Special Advocates	95827	www.sacramentocasa.org				X								
Sacramento Covered	95811	www.sacramentocovered.org		X										
Sacramento District Dental Foundation	95825	www.www.sdds.org					X							
Sacramento Employment and Training Agency (SETA)	95815	www.seta.net							X					
Sacramento Food Bank and Family Services	95817 95838	www.sacramentofoodbank.org			X				X					
Sacramento Habitat for Humanity	95811	www.habitatgreatersac.org							X					

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Sacramento Housing Alliance	95814	www.sachousingalliance.org							X					
Sacramento Housing and Redevelopment Agency (SHRA)	95814	www.shra.org							X					
Sacramento Junior Giants	95811	www.sfjg-ssgs.siplay.com			X									
Sacramento Kindness Campaign	95864	www.sackindnesscampaign.org				X			X	X				
Sacramento LGBT Community Center	95811	www.saccenter.org				X			X				X	X
Sacramento Life Center (SLC)	95825	www.saclife.org		X							X	X		
Sacramento Native American Health Center, Inc.	95811	www.snahc.org	X	X	X	X					X	X		X
Sacramento Regional Coalition to End Homelessness	95833	www.srceh.org							X					
Sacramento Self Help Housing	95818	www.sacselfhelp.org							X					
Sacramento Steps Forward	95833	www.sacramentostepsforward.org							X					
Sacramento Tree Foundation	95815	www.sactree.com						X						
Sacramento Violence Intervention Program (SVIP) (WellSpace Health)	95828	www.wellspacehealth.org/services/counseling-prevention/sac-violence-intervention-program				X							X	X
Sacramento Women's Health	95825	www.sacwomenshealth.com		X							X	X	X	X
Sacramento Works Job Centers	95817 95610 95670 95823 95632 95838 95842 95820 95824 95817	www.sacramentoworks.org							X					

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	95655 95828													
Safety Center	95827	www.safetycenter.org				X						X		
Saint John's Program for Real Change	95826	www.saintjohnsprogram.org	X						X					
Sam & Bonnie Pannell Community Center	95832	www.cityofsacrametno.org/ParksandRec/Community-Centers/SamBonniePannellCenter			X									
San Juan Unified School District	95608	www.sanjuan.edu	X		X	X	X		X					
SeniorCare PACE	95823 95818	www.sutterhealth.org/services/senior-geriatric/senior-pace		X	X						X	X		
SETA Head Start	95815	www.headstart.seta.net			X				X					
Sherriff Community Impact Program	95825	www.sacscip.org	X		X	X								
Shiloh Baptist Church	95817	www.shilohbaptistchurch-sacramento.org							X					
Shingle Springs Tribal TANF Program	95825	www.shinglespringsrancheria.com/tanf							X					X
Shriner's Hospital for Children	95817	www.shrinershospitalsforchildren.org/sacramento		X							X	X	X	X
Sierra Health Foundation	95833	www.sierrahealth.org	X	X	X	X						X		
Slavic Assistance Center	95825	www.slaviccenter.us							X					X
Smile Keepers – Dental Health Program	Whole county	www.dhs.sacounty.net/PUB/Pages/Dental-Health-Program.aspx					X							
Society for the Blind	95811	www.societyfortheblind.org									X	X		
South County Services	95632	www.southcountyservices.org							X	X				
South Natomas Community Center	95833	www.cityofsacramento.org/ParksandRec/Community-Centers/SouthNatomasCenter			X									
South Sacramento Interfaith Partnership Food Closet	95822	www.ssiptfoodcloset.org							X					

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Southeast Asian Assistance Center	95822	www.saacenter.org	X											X
St. Marks United Methodist Church	95864	www.stmarksumc.com				X			X					
St. Paul Missionary Baptist Church	95820	www.stpaulsac.org			X									
St. Vincent de Paul Sacramento Council	95816	www.svdsp-sacramento.org							X					
Stanford Settlement	95833	www.stanfordsettlement.org			X				X	X				
Stanford Youth Solutions	95826	www.youthsolutions.org	X			X			X					
Stop Stigma Sacramento Speakers Bureau – Sacramento County Public Health	Whole county	www.scph.com										X		
Strategies for Change	95841 95823	www.strategies4change.org	X			X			X					
Su Familia- The National Hispanic Family Health Helpline	20036	www.healthyamericas.org/help-line		X										X
Summer Night Lights Sacramento – Mack Road Partnership	95823	www.mackroadpartnerships.com/event/sacramento-summer-night-lights			X	X								
Sunburst Projects	95825	www.sunburstprojects.org	X								X	X		
Sunrise Marketplace	95610	www.sunrisemarketplace.com			X									
Sutter Center for Psychiatry	95826	www.sutterhealth.org/find-location/facility/sutter-center-for-psychiatry	X										X	X
Sutter Davis Hospital	95616	www.sutterdavis.org	X	X	X						X	X	X	X
Sutter Medical Center	95616	www.suttermedicalcenter.org	X	X							X	X	X	X
Terra Nova Counseling	95628	www.terravacounseling.org	X											
The Birthing Project Clinic – Center for Community Health and Wellbeing	95811	www.pickpeach.org		X							X		X	X

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The Cup With Love Project	95758	www.cupwithlove.org												
The Gardens – A Family Care Community Center	95822	www.thegardensfamily.org	X						X			X		
The Gathering Inn	95678	www.thegatheringinn.com							X					
The Grace Network	95851	www.thegracenetwork.org				X								
The Keaton Raphael Memorial	95661	www.childcancer.org										X		
The Mental Health Association	95825	www.mhac.org	X											
The Place Within Folsom	95830	www.theplacewithinfolsom.com	X											
The Salvation Army	95814 95670 95817	www.salvationarmyusa.org		X		X			X					
The Salvation Army – Adult Rehabilitation Center	95814	www.sacramentoarc.salvationarmy.org	X											
The SOL Project – Saving Our Legacy, African Americans for Smoke-Free Safe Places	95814	www.thesolproject.com	X											
3 Strands Global	95762	www.3strandsglobalfoundation.org				X								
TLCS (Transitional Living and Community Support) (Transforming Lives, Cultivating Success)	95825	www.tlcssac.org	X	X					X					
Tobacco Education Program – Sacramento County Public Health	Whole county	www.scph.com						X				X		
Triple-R Adult Day Program	95816	www.tripler.org												
Turning Point Community Programs	95827	www.tpcp.org	X						X					
Twin Lakes Food Bank	95630	www.twinlakesfoodbank.sustaininggood.com							X					

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Twin Rivers Unified School District	95660	www.twinriversusd.org	X		X				X					
U.S. Department of Veterans Affairs – Sacramento Vet Center	95825	www.va.gov/directory/guide/facility.asp?ID=521	X						X					
UC Davis Medical Center	95817	www.ucdmc.ucdavis.edu	X	X							X	X	X	X
United Cerebral Palsy of Sacramento and Northern California	95841	www.ucpsacto.org										X		
United Iu-Mien Community Services	95824	www.unitediumien.org	X	X		X						X		X
VA Northern California Health Care System	95655	www.northerncalifornia.va.gov	X	X					X		X	X	X	X
Valley Hi Family Resource Center	95823	www.kidshome.org/what-we-do/family-resource-centers	X											
Visions Unlimited	95823	www.vuinc.org	X											
Vital Records – Sacramento County Public Health	Whole county	www.scph.com										X		
Volunteers of America – Northern California & Northern Nevada	95821	www.voa.org/volunteers-of-america-northern-california-and-northern-nevada							X					
Waking the Village	95816	www.wakingthevillage.org			X	X			X					
WALK Sacramento	95814	www.walksacramento.org			X									
Warmline Family Resource Center	95818	www.warmlinefrc.org										X		
WayUp	95833	www.wayupsacramento.org			X	X			X					
WEAVE	95811	www.weaveinc.org	X			X			X					
Wellness and Recovery Center – Consumers Self Help	95608 95823	www.consumersselfhelp.org/wrc-north www.consumersselfhelp.org/wrc-south-1	X											
Wellness Within	95678	www.wellnesswithin.org			X							X		

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WellSpace Health	95632 95823 95841 95828 95621 95827 95834 95817 95660 95811 95820 95630 95821 95814	www.wellspacehealth.org	X	X		X	X				X	X	X	X
WellSpace Health Residential Treatment Center	95815	www.wellspacehealth.org/services.counseling-prevention/addictions-counseling	X										X	X
Wellspring Women's Center	95817	www.wellspringwomen.org	X		X								X	X
WIC Sacramento	95822 95838 95817 95670 95758 95624	www.dhs.saccounty.net/pri/wic/pages/women-infants-and-children-home.aspx		X	X							X		
Wind Youth Services	95817	www.windyouth.org	X						X					
Women's Empowerment	95811	www.womens-empowerment.org	X						X					
YMCA of Superior California	95818	www.ymcasuperiorcal.org			X	X			X					
Yoga Seed Collective	95814	www.theyogaseed.org			X									
YWCA	95811	www.ywcacccc.org/sacramento	X						X			X		

Limits and Information Gaps

Study limitations included challenges obtaining secondary quantitative data and assuring community representation through primary qualitative data collection. For example, most of the data used in this assessment were not available by race/ethnicity. The timeliness of the data also presented a challenge, as some of the data were collected in different years; however, this is clearly noted in the report to allow for proper comparison.

As always with primary data collection, gaining access to participants that best represent the populations needed for this assessment was a challenge. Additionally, data collection of health resources in the service area was challenging. Although an effort was made to verify all resources (assets) collected, we recognize that ultimately some resources may not be listed that exist in the service area.