



Dignity Health – Sacramento County

2022 Community Health Needs Assessment – Data and Technical Section

Acknowledgements

We are deeply grateful to all those who contributed to this community health needs assessment. Many dedicated healthcare practitioners, community health experts and members of various social service organizations serving the most vulnerable members of the Sacramento County community gave their time and expertise as key informants and survey respondents to help guide and inform the findings of the assessment. Specific survey respondents that expressed a desire to be recognized in the report are listed in the technical section of the report in the Community Service Provider Survey section. Many community residents also participated and volunteered their time to tell us what it is like to live in the community and shared the challenges they face trying to achieve better health. We also appreciate the collaborative spirit of Kaiser Permanente and their willingness to share the information they gathered while conducting a similar health assessment in the Sacramento area. Last, we especially acknowledge the sponsors of this assessment, Dignity Health, Sutter Health, and UC Davis Health, who, using the results of these assessments, continuously work to improve the health of the communities they serve. To everyone who supported this important work, we extend our heartfelt gratitude.

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

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CHNA Main Report can be found online at

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

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Sacramento 2022 CHNA Data and Technical Section

The following section presents a detailed account of data collection, analysis, and results as well as appendices to the community health needs assessment (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>.

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 1. This model organizes a population's 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.

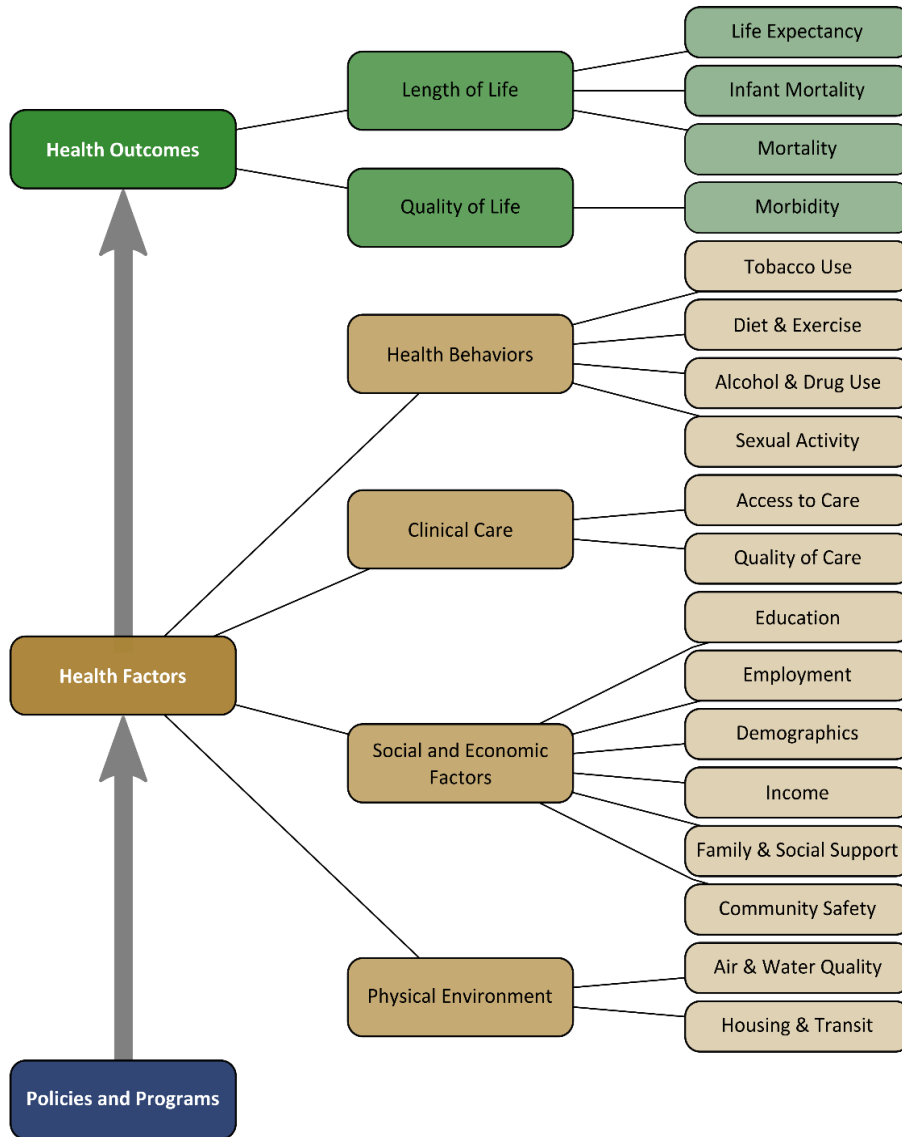


Figure 1: Community Health Assessment Conceptual Model as modified from the County Health Rankings Model, Robert Wood Johnson Foundation, and University of Wisconsin, 2015

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 the service area 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, each conceptual model category was reviewed to identify potential indicators that could be used to fully represent the category. The results of this discussion were then used to guide secondary data collection.

Process Model

Figure 2 outlines the data collection and analysis stages of this process. The project began by confirming the service area for Sacramento County for which the CHNA would be conducted. Primary data collection included key informant interviews and focus groups with community health experts and residents as well as a Community Service Provider (CSP) survey. Initial key informant interviews were used to identify Communities of Concern, which are areas or population subgroups within the county experiencing health disparities.

Overall primary and secondary data were integrated to identify significant health needs (SHNs) for the service area. SHNs 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 any 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 subsequent sections. This is followed by a more detailed description of the methodology utilized during the main analytical stages of the process.

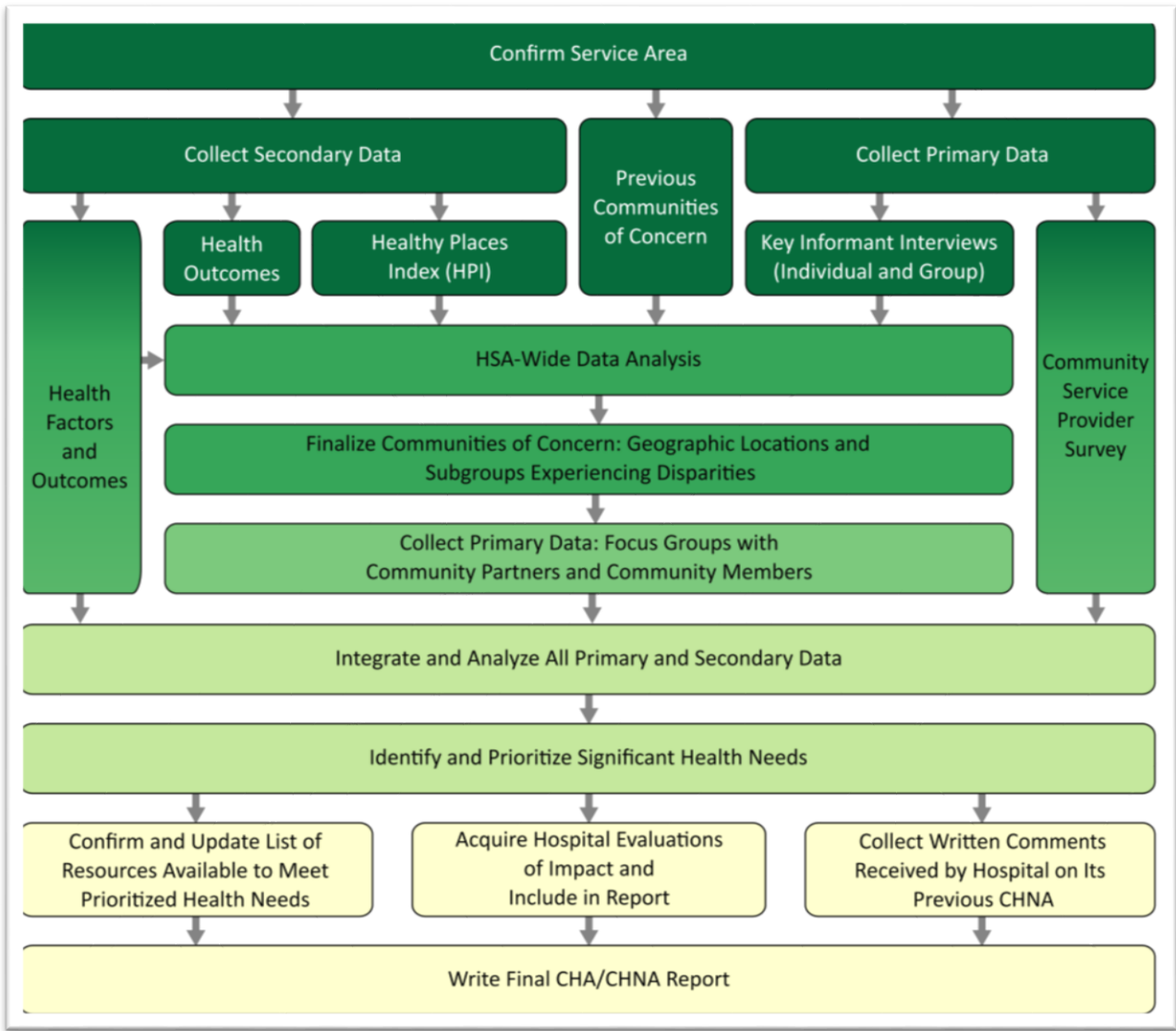


Figure 2: CHNA process model

Results of Data Analysis

Compiled 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. Indicator values for Sacramento County were compared to the California state benchmark and are highlighted below when performance was worse in the county than in the state. The associated figures show rates for the county compared to the California state rates.

Length of Life

Table 1: County length of life indicators compared to state benchmarks

| Indicators | Description | Sacramento | California |
|-------------------|-------------|------------|------------|
| Early Life | | | |

| Indicators | Description | Sacramento California | | |
|---|--|-----------------------|---------|--|
| Infant Mortality | Number of all infant deaths (within 1 year), per 1,000 live births. | 4.9 | 4.2 | Sacramento: 4.9 California: 4.2 |
| Child Mortality | Number of deaths among children under age 18 per 100,000 population. | 41.5 | 36 | Sacramento: 41.5 California: 36 |
| Life Expectancy | Average number of years a person can expect to live. | 79.6 | 81.7 | Sacramento: 79.6 California: 81.7 |
| Overall | | | | |
| Premature Age-Adjusted Mortality | Number of deaths among residents under age 75 per 100,000 population (age-adjusted). | 325 | 268.4 | Sacramento: 325 California: 268.4 |
| Premature Death | Years of potential life lost before age 75 per 100,000 population (age-adjusted). | 6,381.6 | 5,253.1 | Sacramento: 6,381.6 California: 5,253.1 |
| Stroke Mortality | Number of deaths due to stroke per 100,000 population. | 47 | 41.2 | Sacramento: 47 California: 41.2 |
| Chronic Lower Respiratory Disease Mortality | Number of deaths due to chronic lower respiratory disease per 100,000 population. | 40.6 | 34.8 | Sacramento: 40.6 California: 34.8 |
| Diabetes Mortality | Number of deaths due to diabetes per 100,000 population. | 30.2 | 24.1 | Sacramento: 30.2 California: 24.1 |
| Heart Disease Mortality | Number of deaths due to heart disease per 100,000 population. | 171.1 | 159.5 | Sacramento: 171.1 California: 159.5 |
| Hypertension Mortality | Number of deaths due to hypertension per 100,000 population. | 17.8 | 13.8 | Sacramento: 17.8 California: 13.8 |
| Cancer, Liver, and Kidney Disease | | | | |
| Cancer Mortality | Number of deaths due to cancer per 100,000 population. | 169.7 | 152.9 | Sacramento: 169.7 California: 152.9 |
| Liver Disease Mortality | Number of deaths due to liver disease per 100,000 population. | 13.7 | 13.9 | Sacramento: 13.7 California: 13.9 |

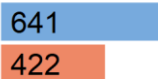
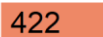


| Indicators | Description | Sacramento California | | |
|---|---|-----------------------|-------|--|
| Kidney Disease Mortality | Number of deaths due to kidney disease per 100,000 population. | 3.6 | 9.7 | Sacramento: 3.6 California: 9.7 |
| Intentional and Unintentional Injuries | | | | |
| Suicide Mortality | Number of deaths due to suicide per 100,000 population. | 13.6 | 11.2 | Sacramento: 13.6 California: 11.2 |
| Unintentional Injuries Mortality | Number of deaths due to unintentional injuries per 100,000 population. | 43.5 | 35.7 | Sacramento: 43.5 California: 35.7 |
| COVID | | | | |
| COVID19 Mortality | Number of deaths due to COVID19 per 100,000 population. | 150.8 | 185.1 | Sacramento: 150.8 California: 185.1 |
| COVID19 Case Fatality | Percentage of COVID19 deaths per laboratory-confirmed COVID19 cases. | 1.4% | 1.5% | Sacramento: 1.4% California: 1.5% |
| Other | | | | |
| Alzheimer's Disease Mortality | Number of deaths due to Alzheimer's disease per 100,000 population. | 47.3 | 41.2 | Sacramento: 47.3 California: 41.2 |
| Influenza and Pneumonia Mortality | Number of deaths due to influenza and pneumonia per 100,000 population. | 16.2 | 16 | Sacramento: 16.2 California: 16 |

Quality of Life

Table 2: County quality of life indicators compared to state benchmarks

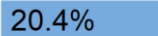
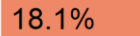
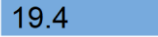
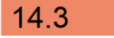
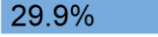
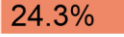
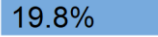
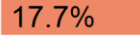
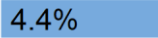
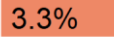


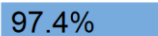
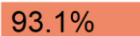
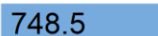
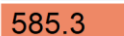
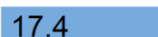
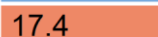
| Indicators | Description | Sacramento California | | |
|------------------------|--|-----------------------|-------|--|
| Chronic Disease | | | | |
| Diabetes Prevalence | Percentage of adults aged 20 and above with diagnosed diabetes. | 9.4% | 8.8% | Sacramento: 9.4% California: 8.8% |
| Low Birthweight | Percentage of live births with low birthweight (< 2,500 grams). | 6.9% | 6.9% | Sacramento: 6.9% California: 6.9% |
| HIV Prevalence | Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. | 335.2 | 395.9 | Sacramento: 335.2 California: 395.9 |

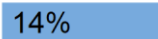
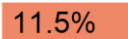
| Indicators | Description | Sacramento California | | | |
|------------------------------|--|-----------------------|----------|-------------|----------|
| Disability | Percentage of the total civilian noninstitutionalized population with a disability | 11.8% | 10.6% | Sacramento: | 11.8% |
| | | | | California: | 10.6% |
| Mental Health | | | | | |
| Poor Mental Health Days | Average number of mentally unhealthy days reported in past 30 days (age-adjusted). | 4.5 | 3.7 | Sacramento: | 4.5 |
| | | | | California: | 3.7 |
| Frequent Mental Distress | Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). | 13.3% | 11.3% | Sacramento: | 13.3% |
| | | | | California: | 11.3% |
| Poor Physical Health Days | Average number of physically unhealthy days reported in past 30 days (age-adjusted). | 4.2 | 3.9 | Sacramento: | 4.2 |
| | | | | California: | 3.9 |
| Frequent Physical Distress | Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted). | 12.6% | 11.6% | Sacramento: | 12.6% |
| | | | | California: | 11.6% |
| Poor or Fair Health | Percentage of adults reporting fair or poor health (age-adjusted). | 18.3% | 17.6% | Sacramento: | 18.3% |
| | | | | California: | 17.6% |
| Cancer | | | | | |
| Colorectal Cancer Prevalence | Colon and rectum cancers per 100,000 population (age-adjusted). | 37.8 | 34.8 | Sacramento: | 37.8 |
| | | | | California: | 34.8 |
| Breast Cancer Prevalence | Female in situ breast cancers per 100,000 female population (age-adjusted). | 31.8 | 27.9 | Sacramento: | 31.8 |
| | | | | California: | 27.9 |
| Lung Cancer Prevalence | Lung and bronchus cancers per 100,000 population (age-adjusted). | 52.1 | 40.9 | Sacramento: | 52.1 |
| | | | | California: | 40.9 |
| Prostate Cancer Prevalence | Prostate cancers per 100,000 male population (age-adjusted). | 79.2 | 91.2 | Sacramento: | 79.2 |
| | | | | California: | 91.2 |
| COVID | | | | | |
| COVID19 Cumulative Incidence | Number of laboratory-confirmed COVID19 cases per 100,000 population. | 10,567.2 | 12,087.6 | Sacramento: | 10,567.2 |
| | | | | California: | 12,087.6 |
| Other | | | | | |

| Indicators | Description | Sacramento California | | |
|------------------------------|---|-----------------------|-----|--|
| Asthma ED Rates | Emergency department visits due to asthma per 10,000 (age-adjusted). | 641 | 422 | Sacramento:  California:  |
| Asthma ED Rates for Children | Emergency department visits due to asthma among ages 5-17 per 10,000 population ages 5-17 (age-adjusted). | 759 | 601 | Sacramento:  California:  |

Health Behavior


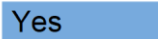
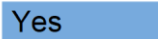
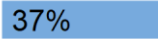




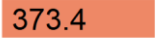


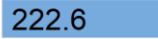

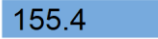
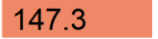
Table 3: County health behavior indicators compared to state benchmarks

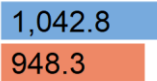
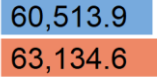
| Indicators | Description | Sacramento California | | |
|----------------------------------|--|-----------------------|-------|--|
| Excessive Drinking | Percentage of adults reporting binge or heavy drinking (age-adjusted). | 20.4% | 18.1% | Sacramento:  California:  |
| Drug Induced Death | Drug induced deaths per 100,000 (age-adjusted). | 19.4 | 14.3 | Sacramento:  California:  |
| Adult Obesity | Percentage of the adult population (ages 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. | 29.9% | 24.3% | Sacramento:  California:  |
| Physical Inactivity | Percentage of adults aged 20 and over reporting no leisure-time physical activity. | 19.8% | 17.7% | Sacramento:  California:  |
| Limited Access to Healthy Foods | Percentage of population who are low-income and do not live close to a grocery store. | 4.4% | 3.3% | Sacramento:  California:  |
| Food Environment Index | Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). | 8.1 | 8.8 | Sacramento:  California:  |
| Access to Exercise Opportunities | Percentage of population with adequate access to locations for physical activity. | 97.4% | 93.1% | Sacramento:  California:  |
| Chlamydia Incidence | Number of newly diagnosed chlamydia cases per 100,000 population. | 748.5 | 585.3 | Sacramento:  California:  |
| Teen Birth Rate | Number of births per 1,000 female population ages 15-19. | 17.4 | 17.4 | Sacramento:  California:  |

| Indicators | Description | Sacramento California | | |
|---------------|--|-----------------------|-------|--|
| Adult Smoking | Percentage of adults who are current smokers (age-adjusted). | 14% | 11.5% | Sacramento:  California:  |

Clinical Care

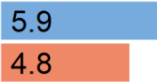
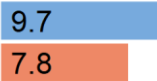
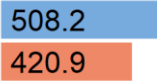
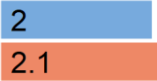
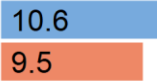
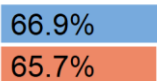
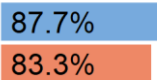
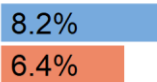
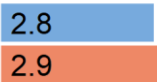
Table 4: County clinical care indicators compared to state benchmarks

| Indicators | Description | Sacramento California | | |
|----------------------------------|---|-----------------------|-------|--|
| Primary Care Shortage Area | Presence of a primary care health professional shortage area within the county. | Yes | | Sacramento:  California: |
| Dental Care Shortage Area | Presence of a dental care health professional shortage area within the county. | No | | Sacramento: No California: |
| Mental Health Care Shortage Area | Presence of a mental health professional shortage area within the county. | Yes | | Sacramento:  California: |
| Medically Underserved Area | Presence of a medically underserved area within the county. | Yes | | Sacramento:  California: |
| Mammography Screening | Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. | 37% | 36% | Sacramento:  California:  |
| Dentists | Dentists per 100,000 population. | 78.3 | 87 | Sacramento:  California:  |
| Mental Health Providers | Mental health providers per 100,000 population. | 385.9 | 373.4 | Sacramento:  California:  |
| Psychiatry Providers | Psychiatry providers per 100,000 population. | 14.5 | 13.5 | Sacramento:  California:  |
| Specialty Care Providers | Specialty care providers (non-primary care physicians) per 100,000 population. | 222.6 | 190 | Sacramento:  California:  |
| Primary Care Providers | Primary care physicians per 100,000 population + other primary care providers per 100,000 population. | 155.4 | 147.3 | Sacramento:  California:  |

| Indicators | Description | Sacramento California | | |
|--|---|-----------------------|----------|---|
| Preventable Hospitalization | Preventable hospitalizations per 100,000 (age-sex-poverty adjusted) | 1,042.8 | 948.3 | Sacramento:  |
| COVID | | | | |
| COVID19 Cumulative Full Vaccination Rate | Number of completed COVID19 vaccinations per 100,000 population. | 60,513.9 | 63,134.6 | Sacramento:  |

Socio-Economic and Demographic Factors

Table 5: County socio-economic and demographic factors indicators compared to state benchmarks

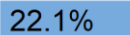
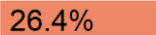
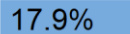
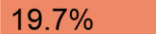
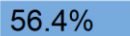
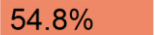
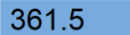
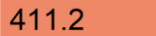
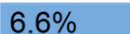
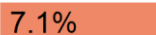
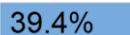
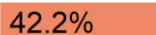
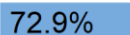
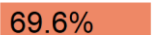
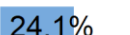
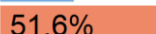
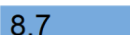

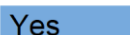
| Indicators | Description | Sacramento California | | |
|---------------------------|---|-----------------------|-------|---|
| Community Safety | | | | |
| Homicide Rate | Number of deaths due to homicide per 100,000 population. | 5.9 | 4.8 | Sacramento:  |
| Firearm Fatalities Rate | Number of deaths due to firearms per 100,000 population. | 9.7 | 7.8 | Sacramento:  |
| Violent Crime Rate | Number of reported violent crime offenses per 100,000 population. | 508.2 | 420.9 | Sacramento:  |
| Juvenile Arrest Rate | Felony juvenile arrests per 1,000 juveniles | 2 | 2.1 | Sacramento:  |
| Motor Vehicle Crash Death | Number of motor vehicle crash deaths per 100,000 population. | 10.6 | 9.5 | Sacramento:  |
| Education | | | | |
| Some College | Percentage of adults ages 25-44 with some post-secondary education. | 66.9% | 65.7% | Sacramento:  |
| High School Completion | Percentage of adults ages 25 and over with a high school diploma or equivalent. | 87.7% | 83.3% | Sacramento:  |
| Disconnected Youth | Percentage of teens and young adults ages 16-19 who are neither working nor in school. | 8.2% | 6.4% | Sacramento:  |
| Third Grade Reading Level | Average grade level performance for 3rd graders on English Language Arts standardized tests | 2.8 | 2.9 | Sacramento:  |

| Indicators | Description | Sacramento | | California | |
|---|---|------------|----------|----------------------|----------------------|
| Third Grade Math Level | Average grade level performance for 3rd graders on math standardized tests | 2.7 | 2.7 | Sacramento: 2.7 | California: 2.7 |
| Employment | | | | | |
| Unemployment | Percentage of population ages 16 and older unemployed but seeking work. | 3.7% | 4% | Sacramento: 3.7% | California: 4% |
| Family and Social Support | | | | | |
| Children in Single-Parent Households | Percentage of children that live in a household headed by single parent. | 25.8% | 22.5% | Sacramento: 25.8% | California: 22.5% |
| Social Associations | Number of membership associations per 10,000 population. | 7.3 | 5.9 | Sacramento: 7.3 | California: 5.9 |
| Residential Segregation (Non-White/White) | Index of dissimilarity where higher values indicate greater residential segregation between non-White and White county residents. | 37.7 | 38 | Sacramento: 37.7 | California: 38 |
| Income | | | | | |
| Children Eligible for Free Lunch | Percentage of children enrolled in public schools that are eligible for free or reduced price lunch. | 59.8% | 59.4% | Sacramento: 59.8% | California: 59.4% |
| Children in Poverty | Percentage of people under age 18 in poverty. | 16% | 15.6% | Sacramento: 16% | California: 15.6% |
| Median Household Income | The income where half of households in a county earn more and half of households earn less. | \$71,891 | \$80,423 | Sacramento: \$71,891 | California: \$80,423 |
| Uninsured Population under 64 | Percentage of population under age 65 without health insurance. | 6.1% | 8.3% | Sacramento: 6.1% | California: 8.3% |
| Income Inequality | Ratio of household income at the 80th percentile to income at the 20th percentile. | 4.7 | 5.2 | Sacramento: 4.7 | California: 5.2 |

Physical Environment

Table 6: County physical environment indicators compared to state benchmarks

| Indicators | Description | Sacramento | | California | |
|----------------|-------------|------------|--|------------|--|
| Housing | | | | | |

| Indicators | Description | Sacramento California | | |
|--------------------------------------|---|-----------------------|-------|--|
| Severe Housing Problems | Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. | 22.1% | 26.4% | Sacramento:  California:  |
| Severe Housing Cost Burden | Percentage of households that spend 50% or more of their household income on housing. | 17.9% | 19.7% | Sacramento:  California:  |
| Homeownership | Percentage of occupied housing units that are owned. | 56.4% | 54.8% | Sacramento:  California:  |
| Homelessness Rate | Number of homeless individuals per 100,000 population. | 361.5 | 411.2 | Sacramento:  California:  |
| Transit | | | | |
| Households with no Vehicle Available | Percentage of occupied housing units that have no vehicles available. | 6.6% | 7.1% | Sacramento:  California:  |
| Long Commute - Driving Alone | Among workers who commute in their car alone, the percentage that commute more than 30 minutes. | 39.4% | 42.2% | Sacramento:  California:  |
| Access to Public Transit | Percentage of population living near a fixed public transportation stop | 72.9% | 69.6% | Sacramento:  California:  |
| Air and Water Quality | | | | |
| Pollution Burden Percent | Percentage of population living in a census tract with a CalEnviroscreen 3.0 pollution burden score percentile of 50 or greater | 24.1% | 51.6% | Sacramento:  California:  |
| Air Pollution - Particulate Matter | Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). | 8.7 | 8.1 | Sacramento:  California:  |
| Drinking Water Violations | Presence of health-related drinking water violations in the county. | Yes | | Sacramento:  California: |

Primary Data Collection and Processing

Primary Data Collection

Input from the community served 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 that were identified as populations experiencing 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 for 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. First, phase one began by interviewing area-wide service providers with knowledge of the service area, including input from the Public Health Department. Data from these area-wide informants, coupled with socio-demographic 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 service area to directly point to the geographic locations of these vulnerable communities. Additional key informant interviews were focused on the geographic locations and/or subgroups identified in the earlier phase.

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 and area of expertise, the populations served by the organization, and the date of the interview.

Table 7: Key Informant List

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|----------------------------------|------------|------------------------|--|--|
| Mercy General Hospital | 05/17/2021 | 6 | Acute Care Hospital: Healthcare services | All residents of Sacramento County |
| La Familia | 05/19/2021 | 2 | Behavioral, mental, physical health services; employment and education | Low income; medically underserved, racial or ethnic minorities; immigrants |
| Methodist Hospital | 05/20/2021 | 7 | Acute Care Hospital: Healthcare services | All residents of Sacramento County |
| Mercy Hospital of Folsom | 05/21/2021 | 4 | Acute Care Hospital: Healthcare services | All residents of Sacramento County |
| Sutter Medical Center Sacramento | 05/27/2021 | 2 | Acute Care Hospital: Healthcare services | All residents of Sacramento County |
| San Juan School Unified District | 05/28/2021 | 1 | Education | School-aged children |
| UC Davis Medical Center | 06/01/2021 | 5 | Acute Care Hospital: Healthcare services | All residents of Sacramento County |
| Mercy San Juan Medical Center | 06/01/2021 | 9 | Acute Care Hospital: Healthcare services | All residents of Sacramento County |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|------------|------------------------|---|---|
| Sacramento Native American Health Center | 06/02/2021 | 1 | FQHC: Healthcare services | Low income; medically underserved, racial or ethnic minorities |
| Sacramento Covered | 06/04/2021 | 1 | Healthcare outreach and enrollment | All residents of Sacramento County |
| El Dorado Community Health Center | 06/07/2021 | 1 | FQHC: Healthcare services | Low income, medically underserved, racial or ethnic minorities |
| People Reaching Out | 06/08/2021 | 1 | Youth development and prevention services | Low income, underserved communities |
| Slavic Assistance Center | 06/10/2021 | 1 | Health promotion, education and training | Low income Slavic immigrants and refugee individuals and families |
| Elk Grove Food Bank (Pt. Pleasant Methodist Church) | 06/10/2021 | 1 | Community based organization; social services | Low income, food insecure; seniors; racial and ethnic minorities |
| Asian Resource Center, Inc. | 06/16/2021 | 1 | Community based organization; education, training, employment assistance; | Immigrant, refugees in Sacramento County |
| Sacramento County Public Health | 06/16/2021 | 1 | Public Health | All residents of Sacramento County |
| Planned Parenthood | 06/18/2021 | 1 | Healthcare services | Low income, non-English speaking; racial or ethnic minorities |
| WellSpace Health | 06/18/2021 | 1 | FQHC: Healthcare services | Low income, medically underserved, racial or ethnic minorities |
| Sacramento Food Bank & Family Services | 06/18/2021 | 1 | Community based organization; social services | Low income, food insecure; immigrants and refugees |
| Mutual Assistance Center | 07/02/2021 | 1 | Community based organization; Social and economic infrastructure | Low income, medically underserved, racial or ethnic minorities |
| CA Endowment Building Healthy Communities | 07/21/2021 | 13 | Initiative addressing health inequities | South Sacramento; low income, racial and ethnic minorities |
| National Alliance on Mental Illness (NAMI) | 08/02/2021 | 1 | Mental health | All residents of Sacramento County |
| Sacramento Housing Alliance | 08/03/2021 | 1 | Housing, affordable housing, rent control | All residents of Sacramento County |
| Valley Vision | 08/03/2021 | 1 | Climate and environmental health | All residents of Sacramento County |
| Latino Leadership Council | 08/03/2021 | 1 | Undocumented/underinsured | Latino residents in South Natomas, Citrus Heights, Antelope |
| Yolo County Children's Alliance | 08/03/2021 | 1 | Child abuse prevention, advocacy | Families with youth in West Sacramento and Woodland |
| Anti-Recidivism Coalition | 08/04/2021 | 1 | Reentry and criminal justice reform | Reentry population in Sacramento County |

| Organization | Date | Number of Participants | Area of Expertise | Populations Served |
|---|------------|------------------------|--|--|
| Sacramento Steps Forward | 08/10/2021 | 1 | Homeless population | Residents of Sacramento County experiencing homelessness |
| World Relief Sacramento | 08/11/2021 | 1 | Refugee resettlement | Refugee community in Sacramento County |
| WEAVE | 08/12/2021 | 1 | Domestic violence, human trafficking | All residents of Sacramento County |
| Hope Cooperative | 08/12/2021 | 1 | Mental health, homeless | All residents of Sacramento County |
| My Sister's House | 08/13/2021 | 1 | Domestic violence | All residents of Sacramento County |
| Sac Breathe | 08/13/2021 | 1 | Lung health | All residents of Sacramento County |
| Sierra Health Foundation | 08/13/2021 | 1 | Community health | All residents of Sacramento County |
| Sacramento LGBT Community Center | 08/17/2021 | 1 | LGBTQ Community | LGBTQ Community in Sacramento County |
| Sacramento Area School Districts | 08/17/2021 | 3 | Youth and schools | All residents of Sacramento County |
| Lao Family Community Development Center | 08/18/2021 | 1 | Southeast Asian community (Hmong, Mien, Vietnamese, Cambodian) | Refugee community in Sacramento County |
| Sacramento ACT | 08/24/2021 | 1 | Faith, community advocacy | All residents of Sacramento County |
| Health Education Council | 08/24/2021 | 1 | Health disparities | All residents of Sacramento County |
| Ethnic Chambers of Commerce | 08/25/2021 | 4 | Economic development | All residents of Sacramento County |
| Cal Voices | 08/25/2021 | 1 | Mental health | All residents of Sacramento County |
| Public Housing Agency | 08/25/2021 | 1 | Coalition building, trauma healing | Young men of color in Sacramento County |

Key Informant Interview Guide

The following questions served as the interview guide for key informant interviews.

1) BACKGROUND

a) Please tell me about your current role and the organization you work for?

- i) Probe for:
 - (1) Public health (division or unit)
 - (2) Hospital health system
 - (3) Local non-profit
 - (4) Community member

b) How would you define the community (ies) you or your organization serves?

- i) Probe for:
 - (1) Specific geographic areas?
 - (2) Specific populations served?
 - (a) Who? Where? Racial/ethnic make-up, physical environment (urban/ rural, large/small)

2) CHARACTERISTICS OF A HEALTHY COMMUNITY

a) In your view, what does a healthy community look like?

- i) Probe for:
 - (1) Social factors
 - (2) Economic factors
 - (3) Clinical care
 - (4) Physical/built environment (food environment, green spaces)
 - (5) Neighborhood safety
 - 3) HEALTH ISSUES**
 - a) **What would you say are the biggest health needs in the community?**
 - 1) Probe for:
 - i) How has the presence of COVID impacted these health needs?
 - b) **INSERT MAP exercise: Please use the map provided to help our team understand where communities that experience the greatest health disparities live?**
 - (1) Probe for:
 - (a) What specific geographic locations struggle with health issues the most?
 - (b) What specific groups of community members experience health issues the most?
 - 4) CHALLENGES/BARRIERS**
 - a) **Looking through the lens of equity, what are the challenges (barriers or drivers) to being healthy for the community as a whole?**
 - i) **Do these inequities exist among certain population groups?**
 - ii) Probe for:
 - (1) Health Behaviors (maladaptive, coping)
 - (2) Social factors (social connections, family connectedness, relationship with law enforcement)
 - (3) Economic factors (income, access to jobs, affordable housing, affordable food)
 - (4) Clinical Care factors (access to primary care, secondary care, quality of care)
 - (5) Physical (Built) environment (safe and healthy housing, walkable communities, safe parks)
 - 5) SOLUTIONS**
 - a) **What solutions are needed to address the health needs and or challenges mentioned?**
 - i) Probe for:
 - (1) Policies
 - (2) Care coordination
 - (3) Access to care
 - (4) Environmental change
 - 6) PRIORITY**
 - a) **Which would you say are currently the most important or urgent health issues or challenges to address (at least 3 to 5) in order to improve the health of the community?**
 - 7) RESOURCES**
 - a) **What resources exist in the community to help people live healthy lives?**
 - (1) Probe for:
 - (a) Barriers to accessing these resources.
 - (b) New resources that have been created since 2016
 - (c) New partnerships/projects/funding
 - 8) PARTICIPANT DRIVEN SAMPLING:**
 - a) **What other people, groups or organizations would you recommend we speak to about the health of the community?**
 - a. Name 3 types of service providers that you would suggest we include in this work?
 - b. Name 3 types of community members that you would recommend we speak to in this work?
- OPEN: Is there anything else you would like to share with our team about the health of**

Focus Group Results

Focus group interviews were conducted with community members or service providers living or working in geographic areas of the service area identified as locations of or populations experiencing a disparate amount of poor socioeconomic conditions and poor health outcomes. Recruitment consisted of referrals from designated service providers representing vulnerable populations, as well as direct outreach to special population groups.

Table 8 contains a listing of community resident groups that contributed input to the CHNA. The table describes the organization hosting the focus group, the date it occurred, the total number of participants, and population represented by focus group members.

Table 8: Focus Group List

| Hosting Organization | Date | Number of Participants | Population Represented |
|--|------------|------------------------|--|
| Sacramento Covered | 08/02/2021 | 10 | Financially insecure, unsheltered, medically underserved |
| La Familia Counseling Center | 08/17/2021 | 8 | Low income and medically underserved; Hispanic, immigrants |
| Mutual Assistance Network | 08/17/2021 | 4 | Financially insecure, immigrants, Hispanic, African American |
| Folsom Cordova Partnership | 08/17/2021 | 1 | Economically challenged individuals and families |
| WIND Youth Services | 08/19/2021 | 5 | Youth experiencing homelessness; LGBTQ, Hispanic, African American |
| Cancer Support Group (El Dorado Co) | 08/20/2021 | 4 | Seniors; cancer survivors |
| Asian Resource Center, Inc. | 08/24/2021 | 8 | Asian community |
| Elk Grove HART | 08/26/2021 | 2 | Low income, housing insecure |
| Sacramento LGBT Community Center | 08/28/2021 | 10 | LGBTQ community |
| Opening Doors | 08/30/2021 | 2 | Immigrants and refugees; Iraq; Afghanistan; Russian Ukraine |
| Sutter Medical Center, Sacramento, WellSpace ED Navigators | 08/31/2021 | 3 | Low income, people experiencing homeless |

Focus Group Interview Guide

The following questions served as the interview guides for focus group interviews.

2022 CHNA Focus Group Interview Protocol

1. Let's start by introducing ourselves. Please tell us your name, the town you live in, and one thing that you are proud of about your community.
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. Are needs more prevalent in a certain geographic area, or within a certain group of the community?
6. How has the presence of COVID impacted these health needs?
7. What are the challenges or barriers to being healthy in your community?
8. What are some solutions that can help solve the barriers and challenges you talked about?
9. 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?

10. Are these needs that have recently come up or have they been around for a long time?
11. 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?
12. Is there anything else you would like to share with our team about the health of the community?

Primary Data Processing

Key informant and focus group data were analyzed using qualitative analytic software. Content analysis included thematic coding to identify potential health need categories, special populations experiencing health issues, and available resources. In some instances, data were coded in accordance to the interview question guide. Results were aggregated to inform the determination of prioritized significant health needs (SHNs).

Community Service Provider Survey

A web-based survey was administered to community service providers (CSPs) who delivered health and social services to residents of the service area. CSPs affiliated with the nonprofit hospitals included in this report served as the initial sampling frame. An email recruitment message was sent to these CSPs detailing the survey's aims and inviting them to participate. A snowball sampling technique was used, encouraging participants to forward the recruitment message to other CSPs in their networks. The survey was designed using Qualtrics, an online survey platform, and was available for approximately two weeks. Individuals completing the survey were given the option to be acknowledged or remain anonymous. Those who indicated a desire to be acknowledged are listed here:

Bridget Alexander, Janine Bera, Jessica Brown, Kathilynn Carpenter, Sharon Chandler, Sunjung Cho, Kaitlynn DiCicco, Rosa Flores, Terri Galvan, Crystal Harding, Beth Hassett, Josiah Kitonga, Mai Lee, Kelsey Long, Bonnie Rea, Julie Rhoten, Shari Roeseler, Marbella Sala, Genelle Smiht, Dimitrius Stone, Nilda Valmores, and Gina Warren

After providing socio-demographic information including the county they served and their affiliated organization(s), survey respondents were shown a list of 12 potential health needs and asked to identify which were unmet health needs in their community. In order to reduce any confusion or ambiguity that could introduce bias, participants could scroll over each health need for a definition. Respondents were then asked to select which of the needs they identified as unmet in their community were the priority to address (up to three health needs). Upon selection of these priority unmet health needs, respondents were asked about the characteristics of each as it is expressed in their community. Depending upon the specific health need, respondents were shown a list of between 7-12 characteristics and asked to select all that applied. Respondents were also offered the opportunity to provide additional information about the health need in their community if it was not provided as a response option. Finally, a set of questions was asked about how the COVID-19 pandemic impacted the health needs of the community.

When the survey period was over, incomplete and duplicate responses were removed from the dataset and the survey responses were checked for accuracy. Descriptive statistics and frequencies were used to summarize the health needs. This information was used along with other data sources to both identify and rank SHNs in the community and to describe how the health needs were expressed. Table 9 displays a summary of the survey for Sacramento County.

Table 9: Community Service Provider survey summary results of Sacramento County

Service Provider Survey Snapshot | Sacramento County

| Health Needs | % Report -ing |
|---|------------------------------|
| Most Frequently Reported | |
| Access to Mental/Behavioral Health and Substance-Use Services | 96.8 |
| Access to Basic Needs | 96.8 |
| A Safe and Violence-Free Environment | 83.9 |
| System Navigation | 80.6 |
| Top 3/ Priority (Most Frequently Reported Characteristics) | |
| Access to Mental/Behavioral Health and Substance-Use Services. | 77.4 |
| <ul style="list-style-type: none"> • <i>It's difficult for people to navigate for mental/behavioral healthcare.</i> • <i>There aren't enough services here for those who are homeless and dealing with substance-use issues.</i> • <i>Additional services for those who are homeless and experiencing mental/behavioral health issues are needed.</i> • <i>There aren't enough mental health providers or treatment centers in the area (e.g., psychiatric beds, therapists, support groups).</i> • <i>Substance-use is a problem in the area (e.g., use of opiates and methamphetamine, prescription misuse).</i> | |
| Access to Basic Needs | 74.2 |
| <ul style="list-style-type: none"> • <i>Lack of affordable housing is a significant issue in the area.</i> • <i>The area needs additional low-income housing options.</i> • <i>Services for homeless residents in the area are insufficient.</i> • <i>It is difficult to find affordable childcare.</i> | |
| Access to Quality Primary Care Health Services | 32.3 |
| <ul style="list-style-type: none"> • <i>Patients have difficulty obtaining appointments outside of regular business hours.</i> • <i>Wait-times for appointments are excessively long.</i> | |

Secondary Data Collection and Processing

The term “secondary data” refers to those quantitative variables used in this analysis that were obtained from third party sources. Secondary data were used to 1) inform the identification of Communities of Concern, 2) support the identification of health needs, and 3) describe the population and illuminate issues of health equity within the service area. This section details the data sources as well as the process for collecting secondary data and preparing them for analysis.

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Community of Concern Identification Datasets

Two main secondary data sources were used in the identification of Communities of Concern: California Healthy Places Index (HPI)¹, derived from health factor indicators available at the US Census tract level, and mortality data from the California Department of Public Health (CDPH)² health outcome indicators available at the ZIP Code level. The CDPH mortality data reports the number of deaths that occurred in each ZIP Code from 2015-2019 due to each of the causes listed in Table 10

Table 10: Mortality indicators used in Community of Concern Identification

| Cause of Death | ICD 10 Codes |
|---|----------------------------|
| Alzheimer's disease | G30 |
| Malignant neoplasms (cancers) | C00-C97 |
| Chronic lower respiratory disease (CLRD) | J40-J47 |
| Diabetes mellitus | E10-E14 |
| Diseases of heart | I00-I09, I11, I13, I20-I51 |
| Essential hypertension and hypertensive renal disease | I10, I12, I15 |
| Accidents (unintentional injuries) | V01-X59, Y85-Y86 |
| Chronic liver disease and cirrhosis | K70, K73-K74 |
| Nephritis, nephrotic syndrome and nephrosis | N00-N07, N17-N19, N25-N27 |
| Pneumonia and influenza | J09-J18 |
| Cerebrovascular disease (stroke) | I60-I69 |
| Intentional self-harm (suicide) | *U03, X60-X84, Y87.0 |

While the HPI dataset was used as-is, additional processing was required to prepare the mortality data for analysis. This included two main steps. First, ZIP Codes associated with PO Boxes were merged with the larger ZIP Codes in which they were located. Once this was completed, smoothed mortality rates were calculated for each resulting ZIP Code.

ZIP Code Consolidation

The mortality indicators used here included deaths reported for the ZIP Code at the decedent's place of residence. 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 (the main source of population and demographic data in the United States) to report population. 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 make it possible to calculate mortality rates for each ZCTA.

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

¹ Public Health Alliance of Southern California. 2021. HPI_MasterFile_2021-04-22.zip. Data file. Retrieved 1 May 2021 from https://healthyplacesindex.org/wp-content/uploads/2021/04/HPI_MasterFile_2021-04-22.zip.

² State of California, Department of Public Health. 2021. California Comprehensive Master Death File (Static), 2015-2019.

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 California³ were compared to ZCTA boundaries.⁴ 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.

Rate Calculation and Smoothing

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.⁵ Smoothed rates are considered preferable to raw rates for two main reasons. First, the small population of many ZCTAs 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 2017 American Community Survey 5-year Estimates table B03002. Data for 2017 were used because this represented the central year of the 2015–2019 range of years for which CDPH data were collected. The population data for 2017 were multiplied by five to match the five years of mortality data used to calculate smoothed rates. The smoothed mortality rates were then multiplied by 100,000 so that the final rates represented deaths per 100,000 people.

Significant Health Need Identification Dataset

The second main set of data used in the CHNA includes the health factor and health outcome indicators used to identify significant health needs (SHNs). 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.

³ Datasheer, L.L.C. 2018. ZIP Code Database Free. Retrieved 16 Jul 2018 from <http://www.Zip-Codes.com>.

⁴ US Census Bureau. 2021. TIGER/Line Shapefile, 2019, 2010 nation, U.S., 2010 Census 5-Digit ZIP Code Tabulation Area (ZCTA5) National. Retrieved 9 Feb 2021 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php>.

⁵ Anselin, Luc. 2003. Rate Maps and Smoothing. Retrieved 14 Jan 2018 from http://www.dpi.inpe.br/gilberto/tutorials/software/geoda/tutorials/w6_rates_slides.pdf

Table 11: Health factor and health outcome indicators used in health need identification

| Conceptual Model Alignment | | Indicator | Data Source | Time Period | |
|----------------------------|----------------------------------|--|---|---|-------------------------|
| Health Outcomes | Length of Life | Infant Mortality | County Health Rankings | 2013 - 2019 | |
| | | Life Expectancy | Child Mortality | County Health Rankings | 2016 - 2019 |
| | | | Life Expectancy | County Health Rankings | 2017 - 2019 |
| | | | Premature Age-Adjusted Mortality | County Health Rankings | 2017 - 2019 |
| | | | Premature Death | County Health Rankings | 2017 - 2019 |
| | | | Stroke Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Chronic Lower Respiratory Disease Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Diabetes Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Heart Disease Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Hypertension Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Cancer Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Liver Disease Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Kidney Disease Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Suicide Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | Unintentional Injuries Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 | | |
| | Quality of Life | Morbidity | COVID19 Mortality | CDPH COVID-19 Time-Series Metrics by County and State | Collected on 2021-11-17 |
| | | | COVID19 Case Fatality | CDPH COVID-19 Time-Series Metrics by County and State | Collected on 2021-11-17 |
| | | | Alzheimer's Disease Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Influenza and Pneumonia Mortality | CDPH California Vital Data (Cal-ViDa) | 2015 - 2019 |
| | | | Diabetes Prevalence | County Health Rankings | 2017 |
| | | | Low Birthweight | County Health Rankings | 2013 - 2019 |
| | | | HIV Prevalence | County Health Rankings | 2018 |
| | Disability | 2019 American Community Survey 5 year estimate variable S1810_C03_001E | 2015 - 2019 | | |
| | Poor Mental Health Days | County Health Rankings | 2018 | | |
| | Frequent Mental Distress | County Health Rankings | 2018 | | |
| | Poor Physical Health Days | County Health Rankings | 2018 | | |

| Conceptual Model Alignment | | | Indicator | Data Source | Time Period |
|----------------------------|---|----------------------------------|---|---|-------------------------|
| | | | Frequent Physical Distress | County Health Rankings | 2018 |
| | | | Poor or Fair Health | County Health Rankings | 2018 |
| | | | Colorectal Cancer Prevalence | California Cancer Registry | 2013 - 2017 |
| | | | Breast Cancer Prevalence | California Cancer Registry | 2013 - 2017 |
| | | | Lung Cancer Prevalence | California Cancer Registry | 2013 - 2017 |
| | | | Prostate Cancer Prevalence | California Cancer Registry | 2013 - 2017 |
| | | | COVID19 Cumulative Incidence | CDPH COVID-19 Time-Series Metrics by County and State | Collected on 2021-11-17 |
| | | | Asthma ED Rates | Tracking California | 2018 |
| | | | Asthma ED Rates for Children | Tracking California | 2018 |
| | | | Health Factors | Health Behavior | Alcohol and Drug Use |
| Drug Induced Death | CDPH 2021 County Health Status Profiles | 2017 - 2019 | | | |
| Diet and Exercise | Adult Obesity | County Health Rankings | | | 2017 |
| | Physical Inactivity | County Health Rankings | | | 2017 |
| | Limited Access to Healthy Foods | County Health Rankings | | | 2015 |
| | Food Environment Index | County Health Rankings | | | 2015 & 2018 |
| | Access to Exercise Opportunities | County Health Rankings | | | 2010 & 2019 |
| Sexual Activity | Chlamydia Incidence | County Health Rankings | | | 2018 |
| | Teen Birth Rate | County Health Rankings | | 2013 - 2019 | |
| Tobacco Use | Adult Smoking | County Health Rankings | | 2018 | |
| Clinical Care | Access to Care | Primary Care Shortage Area | | U.S. Health Resources and Services Administration | 2021 |
| | | Dental Care Shortage Area | | U.S. Health Resources and Services Administration | 2021 |
| | | Mental Health Care Shortage Area | | U.S. Health Resources and Services Administration | 2021 |
| | | Medically Underserved Area | U.S. Health Resources and Services Administration | 2021 | |
| | | Mammography Screening | County Health Rankings | 2018 | |
| | | Dentists | County Health Rankings | 2019 | |
| | | Mental Health Providers | County Health Rankings | 2020 | |
| | | Psychiatry Providers | County Health Rankings | 2020 | |
| | | Specialty Care Providers | County Health Rankings | 2020 | |
| | | Primary Care Providers | County Health Rankings | 2018; 2020 | |

| Conceptual Model Alignment | | Indicator | Data Source | Time Period | |
|--|---------------------------|---|--|---|-------------------------|
| | | Quality Care | Preventable Hospitalization | California Office of Statewide Health Planning and Development Prevention Quality Indicators for California | 2019 |
| | | | COVID19 Cumulative Full Vaccination Rate | CDPH COVID-19 Vaccine Progress Dashboard Data | Collected on 2021-11-17 |
| Socio-Economic and Demographic Factors | Community Safety | Homicide Rate | County Health Rankings | 2013 - 2019 | |
| | | Firearm Fatalities Rate | County Health Rankings | 2015 - 2019 | |
| | | Violent Crime Rate | County Health Rankings | 2014 & 2016 | |
| | | Juvenile Arrest Rate | Criminal Justice Data: Arrests, OpenJustice, California Department of Justice | 2015 - 2019 | |
| | | Motor Vehicle Crash Death | County Health Rankings | 2013 - 2019 | |
| | Education | Some College | County Health Rankings | 2015 - 2019 | |
| | | High School Completion | County Health Rankings | 2015 - 2019 | |
| | | Disconnected Youth | County Health Rankings | 2015 - 2019 | |
| | | Third Grade Reading Level | County Health Rankings | 2018 | |
| | | Third Grade Math Level | County Health Rankings | 2018 | |
| | Employment | Unemployment | County Health Rankings | 2019 | |
| | Family and Social Support | Children in Single-Parent Households | County Health Rankings | 2015 - 2019 | |
| | | Social Associations | County Health Rankings | 2018 | |
| | | Residential Segregation (Non-White/White) | County Health Rankings | 2015 - 2019 | |
| | Income | Children Eligible for Free Lunch | County Health Rankings | 2018 - 2019 | |
| | | Children in Poverty | County Health Rankings | 2019 | |
| | | Median Household Income | County Health Rankings | 2019 | |
| | | Uninsured Population under 64 | County Health Rankings | 2018 | |
| | | Income Inequality | County Health Rankings | 2015 - 2019 | |
| | Physical Environment | Housing and Transit | Severe Housing Problems | County Health Rankings | 2013 - 2017 |
| Severe Housing Cost Burden | | | County Health Rankings | 2015 - 2019 | |
| Homeownership | | | County Health Rankings | 2015 - 2019 | |
| Homelessness Rate | | | US Dept. of Housing and Urban Development 2020 Annual Homeless Assessment Report | 2020 | |
| Households with no Vehicle Available | | | 2019 American Community Survey 5-year estimate variable DP04_0058PE | 2015 - 2019 | |

| Conceptual Model Alignment | | Indicator | Data Source | Time Period |
|----------------------------|-----------------------|------------------------------------|---|-------------|
| | | Long Commute - Driving Alone | County Health Rankings | 2015 - 2019 |
| | | Access to Public Transit | OpenMobilityData, Transitland, TransitWiki.org, Santa Ynez Valley Transit; US Census Bureau | 2021; 2020 |
| | Air and Water Quality | Pollution Burden Percent | California Office of Environmental Health Hazard Assessment | 2018 |
| | | Air Pollution - Particulate Matter | County Health Rankings | 2016 |
| | | Drinking Water Violations | County Health Rankings | 2019 |

The following sections give further details about the sources of these data and any processing applied to prepare them for use in the analysis.

County Health Rankings Data

All indicators listed with County Health Rankings (CHR) as their source were obtained from the 2021 County Health Rankings⁶ dataset. This was the most common source of data, with 52 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 served 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: Sources and time periods for indicators obtained from County Health Rankings.

| CHR Indicator | Time Period | Data Source |
|----------------------------------|-------------|---|
| Infant Mortality | 2013 - 2019 | National Center for Health Statistics - Mortality Files |
| Child Mortality | 2016 - 2019 | National Center for Health Statistics - Mortality Files |
| Life Expectancy | 2017 - 2019 | National Center for Health Statistics - Mortality Files |
| Premature Age-Adjusted Mortality | 2017 - 2019 | National Center for Health Statistics - Mortality Files |
| Premature Death | 2017 - 2019 | National Center for Health Statistics - Mortality Files |
| Diabetes Prevalence | 2017 | United States Diabetes Surveillance System |
| Low Birthweight | 2013 - 2019 | National Center for Health Statistics - Natality files |
| HIV Prevalence | 2018 | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention |
| Poor Mental Health Days | 2018 | Behavioral Risk Factor Surveillance System |
| Frequent Mental Distress | 2018 | Behavioral Risk Factor Surveillance System |
| Poor Physical Health Days | 2018 | Behavioral Risk Factor Surveillance System |

⁶ University of Wisconsin Population Health Institute. 2021. County Health Rankings State Report 2021. Retrieved 6 May 2021 from <https://www.countyhealthrankings.org/app/oregon/2021/downloads> and <https://www.countyhealthrankings.org/app/california/2021/downloads>.

| CHR Indicator | Time Period | Data Source |
|---|-------------|---|
| Frequent Physical Distress | 2018 | Behavioral Risk Factor Surveillance System |
| Poor or Fair Health | 2018 | Behavioral Risk Factor Surveillance System |
| Excessive Drinking | 2018 | Behavioral Risk Factor Surveillance System |
| Adult Obesity | 2017 | United States Diabetes Surveillance System |
| Physical Inactivity | 2017 | United States Diabetes Surveillance System |
| Limited Access to Healthy Foods | 2015 | USDA Food Environment Atlas |
| Food Environment Index | 2015 & 2018 | USDA Food Environment Atlas, Map the Meal Gap from Feeding America |
| Access to Exercise Opportunities | 2010 & 2019 | Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files |
| Chlamydia Incidence | 2018 | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention |
| Teen Birth Rate | 2013 - 2019 | National Center for Health Statistics - Natality files |
| Adult Smoking | 2018 | Behavioral Risk Factor Surveillance System |
| Mammography Screening | 2018 | Mapping Medicare Disparities Tool |
| Dentists | 2019 | Area Health Resource File/National Provider Identification file |
| Mental Health Providers | 2020 | CMS, National Provider Identification |
| Psychiatry Providers | 2020 | Area Health Resource File |
| Specialty Care Providers | 2020 | Area Health Resource File |
| Primary Care Providers | 2018; 2020 | Area Health Resource File/American Medical Association; CMS, National Provider Identification |
| Homicide Rate | 2013 - 2019 | National Center for Health Statistics - Mortality Files |
| Firearm Fatalities Rate | 2015 - 2019 | National Center for Health Statistics - Mortality Files |
| Violent Crime Rate | 2014 & 2016 | Uniform Crime Reporting - FBI |
| Motor Vehicle Crash Death | 2013 - 2019 | National Center for Health Statistics - Mortality Files |
| Some College | 2015 - 2019 | American Community Survey, 5-year estimates |
| High School Completion | 2015 - 2019 | American Community Survey, 5-year estimates |
| Disconnected Youth | 2015 - 2019 | American Community Survey, 5-year estimates |
| Third Grade Reading Level | 2018 | Stanford Education Data Archive |
| Third Grade Math Level | 2018 | Stanford Education Data Archive |
| Unemployment | 2019 | Bureau of Labor Statistics |
| Children in Single-Parent Households | 2015 - 2019 | American Community Survey, 5-year estimates |
| Social Associations | 2018 | County Business Patterns |
| Residential Segregation (Non-White/White) | 2015 - 2019 | American Community Survey, 5-year estimates |
| Children Eligible for Free Lunch | 2018 - 2019 | National Center for Education Statistics |
| Children in Poverty | 2019 | Small Area Income and Poverty Estimates |
| Median Household Income | 2019 | Small Area Income and Poverty Estimates |
| Uninsured Population under 64 | 2018 | Small Area Health Insurance Estimates |
| Income Inequality | 2015 - 2019 | American Community Survey, 5-year estimates |
| Severe Housing Problems | 2013 - 2017 | Comprehensive Housing Affordability Strategy (CHAS) data |

| CHR Indicator | Time Period | Data Source |
|------------------------------------|-------------|--|
| Severe Housing Cost Burden | 2015 - 2019 | American Community Survey, 5-year estimates |
| Homeownership | 2015 - 2019 | American Community Survey, 5-year estimates |
| Long Commute - Driving Alone | 2015 - 2019 | American Community Survey, 5-year estimates |
| Air Pollution - Particulate Matter | 2016 | Environmental Public Health Tracking Network |
| Drinking Water Violations | 2019 | Safe Drinking Water Information System |

The provider rates for the primary care physicians and other primary care providers indicators obtained from CHR were summed to create the final primary care provider indicator used in this analysis.

California Department of Public Health

By-Cause Mortality Data

By-cause mortality data were obtained at the county and state level from the CDPH Cal-ViDa⁷ online data query system for the years 2015-2019. Empirically bayes smoothed rates (EBRs) were calculated for each mortality indicator using the total county population figure reported in the 2017 American Community Survey 5-year Estimates table B03002. Data for 2017 were used because this represented the central year of the 2015–2019 range of years for which CDPH data were collected. The population data for 2017 were multiplied by five to match the five years of mortality data used to calculate smoothed rates. The smoothed mortality rates were then multiplied by 100,000 so that the final rates represented deaths per 100,000 people.

COVID-19 Data

Data on the cumulative number of cases and deaths⁸ and completed vaccinations⁹ for COVID-19 were used to calculate mortality, case-fatality, incidence, and vaccination rates. County mortality, incidence, and vaccination rates were calculated by dividing each of the respective values by the total population variable from the 2019 American Community Survey 5-year estimates table B01001, and then multiplying the resulting value by 100,000 to create rates per 100,000. Case-fatality rates were calculated by dividing COVID-19 mortality by the total number of cases, then multiplying by 100, representing the percentage of cases that ended in death.

Drug-Induced Deaths Data

Drug-induced death rates were obtained from Table 19 of the 2021 County Health Status Profiles¹⁰ and report age-adjusted deaths per 100,000.

⁷ State of California, Department of Public Health. 2021. California Vital Data (Cal-ViDa), Death Query. Retrieved 1 Jun 2021 from <https://cal-vida.cdpn.ca.gov/>.

⁸ State of California, Department of Public Health. 2021. Statewide COVID-19 Cases Deaths Tests. Retrieved 17 November 2021 from https://data.chhs.ca.gov/dataset/f333528b-4d38-4814-bebb-12db1f10f535/resource/046cdd2b-31e5-4d34-9ed3-b48cdbc4be7a/download/covid19cases_test.csv.

⁹ State of California, Department of Public Health. 2021. COVID-19 Vaccine Progress Dashboard Data. Retrieved 24 November 2021 from <https://data.chhs.ca.gov/dataset/e283ee5a-cf18-4f20-a92c-ee94a2866ccd/resource/130d7ba2-b6eb-438d-a412-741bde207e1c/download/covid19vaccinesbycounty.csv>.

¹⁰ State of California, Department of Public Health, Vital Records Data and Statistics. 2021. County Health Status Profiles 2021: CHSP 2021 Tables 1-29. Spreadsheet. Retrieved on 21 Jul 2021 from https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP_2021_Tables_1-29_04.16.2021.xlsx.

U.S. Health Resources and Services Administration

Indicators related to the availability of healthcare providers were obtained from the Health Resources and Services Administration¹¹ (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.

Health Professional Shortage Areas

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.

Psychiatry and Specialty Care Providers

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 non-federal, excluding hospital residents and those 75 years of age or older) from the total number of physicians (both MDs and DOs, patient care, non-federal) in 2018. This number was then divided by the 2018 total population given in the 2018 American Community Survey 5-year Estimates table B03002, and then multiplied by 100,000 to give the total number of specialty care physicians per 100,000 residents.

The number 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, non-federal psychiatrists from the Area Health Resource Files. It should be noted that psychiatrists are included in the list of specialty care physicians, so this indicator represents a subset of specialty care providers rather than a separate group.

California Cancer Registry

Data obtained from the California Cancer Registry¹² 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 2013 to 2017, 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.

¹¹ US Health Resources & Services Administration. 2021. Area Health Resources Files and Shortage Areas. Retrieved on 3 Feb 2021 from <https://data.hrsa.gov/data/download>.

¹² California Cancer Registry. 2021. Age-Adjusted Invasive Cancer Incidence Rates in California. Retrieved on 22 Jan 2021 from <https://www.cancer-rates.info/ca/>.

Tracking California

Data on emergency department visits rates for all ages as well as children aged 5 to 17 were obtained from Tracking California¹³. These data report age-adjusted rates per 10,000. They were multiplied by 100 in this analysis to convert them to rates per 100,000 to make them more comparable to the standard used for other rate indicators.

US Census Bureau

Data from the US Census Bureau were used for two additional indicators: the percentage of households with no vehicles available (table DPO4, variable 0058PE), and the percentage of the civilian non-institutionalized population with some disability (table S1810, variable C03_001E). Values for both of these variables were obtained from the 2019 American Community Survey 5-year Estimates dataset.

California Office of Environmental Health Hazard Assessment

Data used to calculate the pollution burden percent indicator were obtained from the CalEnviroScreen 3.0¹⁴ dataset produced by the California Office of Environmental Health Hazard Assessment. This indicator reports the percentage of the population within a given county, or within the state as a whole, that live in a US Census tract with a CalEnviroScreen 3.0 Pollution Burden score in the 50th percentile or higher. Data on total population came from Table B03002 from the 2019 American Community Survey 5-year Estimates dataset.

California Department of Health Care Access and Information

Data on preventable hospitalizations were obtained from the California Department of Health Care Access and Information (formerly Office of Statewide Health Planning and Development) Prevention Quality Indicators¹⁵. These data are reported as risk-adjusted rates per 100,000.

California Department of Justice

Data reporting the total number of juvenile felony arrests was obtained from the California Department of Justice¹⁶. This indicator reports the rate of felony arrests per 1,000 juveniles under the age of 18. It was calculated by dividing the total number of juvenile felony arrests for each county or state from 2015 - 2019 by the total population under 18 as reported in Table B01001 in the 2017 American Community Survey 5-year Estimates program. Population data from 2017 were used as this was the central year of the period over which juvenile felony arrest data were obtained. Population figures from 2017 were multiplied by 5 to match the years of arrest data used. Empirical bayes smoothed rates were calculated to increase the reliability of rates calculated for small counties. Finally, juvenile felony arrest rates were also calculated for Black, White, and Hispanic populations following the same manner, but using input population data from 2017 American Community Survey 5-year Estimates Tables B01001H, B01001B, and B01001I respectively.

¹³ Tracking California, Public Health Institute. 2021. Asthma Related Emergency Department & Hospitalization data. Retrieved on 24 Jun 2021 from www.trackingcalifornia.org/asthma/query.

¹⁴ California Office of Environmental Health Hazard Assessment. 2018. CalEnviroScreen 3.0. Retrieved on 22 Jan 2021 from <https://oehha.ca.gov/calenviroscreen/maps-data>.

¹⁵ Office of Statewide Health Planning and Development. 2021. Prevention Quality Indicators (PQI) for California. Data files for Statewide and County. Retrieved on 12 Mar 2021 from <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/>.

¹⁶ California Department of Justice, OpenJustice. 2021. Criminal Justice Data: Arrests. Retrieved on 17 Jun 2021 from <https://data-openjustice.doj.ca.gov/sites/default/files/dataset/2020-07/OnlineArrestData1980-2019.csv>.

US Department of Housing and Urban Development

Data from the US Department of Housing and Urban Development's 2020 Annual Homeless Assessment Report¹⁷ were used to calculate homelessness rates for the counties and states. This data reported point-in-time (PIT) homelessness estimates for individual Continuum of Care (CoC) organizations across the state. Each CoC works within a defined geographic area, which could be a group of counties, an individual county, or a portion of a county. The CoC for Sacramento County encompasses the entire county and does not extend beyond its borders.

Population data came from the total population value reported in Table B03002 from the 2019 American Community Survey 5-year Estimates dataset. Derived rates were multiplied by 100,000 to report rates per 100,000.

Proximity to Transit Stops

The proximity to transit stops variable reports the percent of county and state population that lives in a US Census block located within 1/4 mile of a fixed transit stop. Two sets of information were needed in order to calculate this indicator: total population at the Census block level, and the location of transit stops.

Likely due to delays in data releases stemming from the COVID-19 pandemic, the most recent Census block population data available at the time of the analysis was from the 2010 Decennial Census¹⁸, so this was the data used to represent the distribution of population for this indicator.

Transit stop data were identified first by using tools in the TidyTransit¹⁹ library for the R statistical programming language²⁰. This was used to identify transit providers with stops located within 100 miles of the state boundaries. A search for transit stops for these agencies, as well as all other transit agencies in the state, was conducted by reviewing three main online sources: OpenMobilityData²¹, Transitland²², Transitwiki.org²³, and Santa Ynez Valley Transit.²⁴ Each of these websites list public transit data that have been made public by transit agencies. Transit data from all providers that could be identified were downloaded, and fixed transit stop locations were extracted from them.

¹⁷ US Department of Housing and Urban Development. 2021. 2020 Annual Homeless Assessment Report: 2007 - 2020 Point-in-Time Estimates by CoC. Retrieved on 14 Jul 2021 from <https://www.huduser.gov/portal/sites/default/files/xls/2007-2020-PIT-Estimates-by-CoC.xlsx>.

¹⁸ US Census Bureau. 2011. Census Blocks with Population and Housing Counts. Retrieved on 7 Jun 2021 from <https://www2.census.gov/geo/tiger/TIGER2010BLKPOP/HU/>.

¹⁹ Flavio Poletti, Daniel Herszenhut, Mark Padgham, Tom Buckley and Danton Noriega-Goodwin. 2021. tidytransit: Read, Validate, Analyze, and Map Files in the General Transit Feed Specification. R package version 1.0.0. <https://CRAN.R-project.org/package=tidytransit>.

²⁰ R Core Team (2021). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <https://www.R-project.org/>.

²¹ OpenMobilityData. 2021. California, USA. Retrieved all feeds listed on 31 May to 1 June 2021 from <https://openmobilitydata.org/l/67-california-usa>.

²² Transitland. 2021. Transitland Operators. Retrieved all operators with California locations on 31 May to 1 June 2021 from <https://www.transit.land/operators>.

²³ Transitwiki.org. 2021. List of publicly-accessible transportation data feeds: dynamic and others. Retrieved on 31 May to 1 June 2021 from https://www.transitwiki.org/TransitWiki/index.php/Publicly-accessible_public_transportation_data#List_of_publicly-accessible_public_transportation_data_feeds:_dynamic_data_and_others.

²⁴ Santa Ynez Valley Transit. GTFS Files. Retrieved on 1 Jun 2021 from http://www.cityofsolvang.com/DocumentCenter/View/2756/syvt_gtfs_011921.

The `sf`²⁵ library in R was then used to calculate 1/4-mile (402.336 meter) buffers around each of these transit stops, and then to identify which Census blocks fell within these areas. The total population of all tracts within the stops' buffer was then divided by the total population of each county or state to generate the final indicator value.

Detailed Analytical Methodology

The collected and processed primary and secondary data were integrated in three main analytical stages. First, secondary health outcome and health factor data were combined with area-wide key informant interviews to help identify Communities of Concern. These Communities of Concern could potentially include geographic regions as well as specific sub-populations bearing disproportionate health burdens. This information was used to focus the remaining interview and focus-group collection efforts on those areas and subpopulations. Next, the resulting data, along with the results from the Community Service Provider survey, were combined with secondary health need identification data to identify SHNs within the service area. Finally, primary data were used to prioritize those identified SHNs. The specific details for these analytical steps are given in the following three sections.

Community of Concern Identification

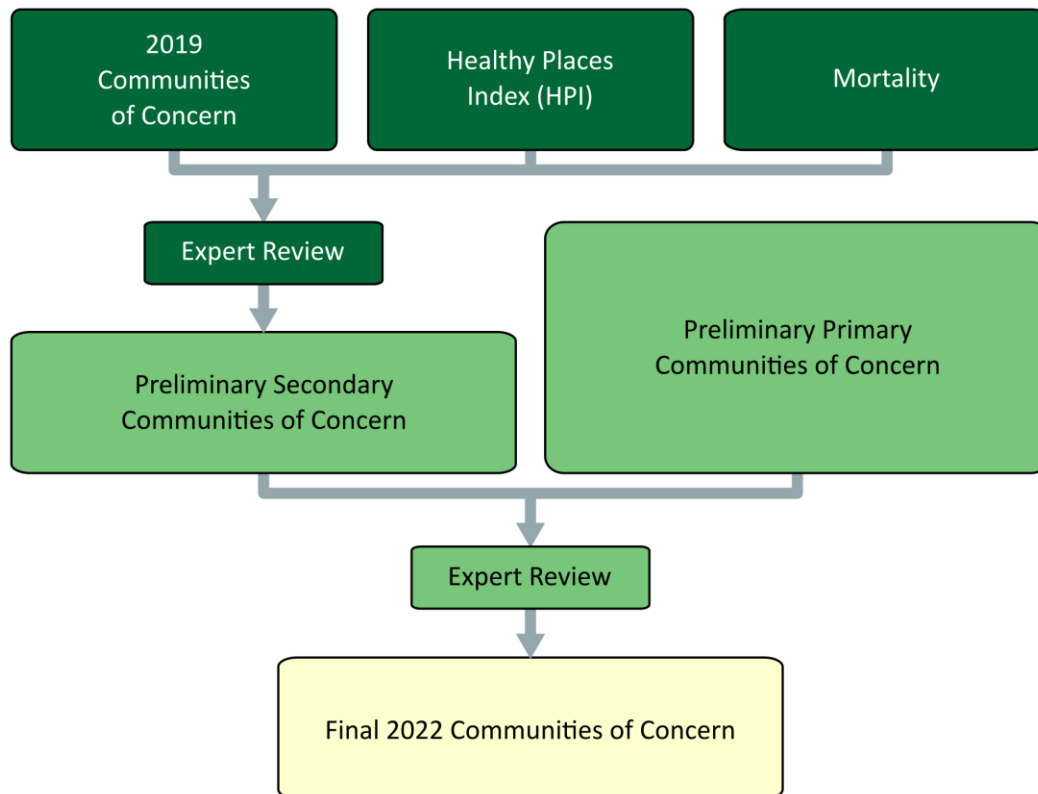


Figure 3: Community of Concern identification process

As illustrated in Figure 3, 2022 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:

²⁵ Pebesma, E., 2018. Simple Features for R: Standardized Support for Spatial Vector Data. The R Journal 10 (1), 439-446, <https://doi.org/10.32614/RJ-2018-009>.

Communities of Concern identified in the 2019 CHNA; the census tract-level California Healthy Places Index (HPI); and the CDPH ZCTA-level mortality data.

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

2019 Community of Concern

A ZCTA was included if it was included in the 2019 CHNA Community of Concern list for the service. This was done to allow greater continuity between CHNA rounds and reflects the work of the hospital systems' orientation to serve these disadvantaged communities.

Healthy Places Index (HPI)

A ZCTA was included if it intersected a census tract whose HPI value fell within the lowest 20% of those in the service area. These census tracts represent areas with consistently high concentrations of demographic subgroups identified in the research literature as being more likely to experience health-related disadvantages.

CDPH Mortality Data

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. The number of times each ZCTA's rates for these indicators fell within the top 20% in the SERVICE AREA was counted. Those ZCTAs whose counted values exceeded the 80th percentile for all of the ZCTAs in the SERVICE AREA met the Community of Concern mortality selection criteria.

Integration of Secondary Criteria

Any ZCTA that met any of the three selection criteria (2019 Community of Concern, HPI, and Mortality) was reviewed for inclusion as a 2022 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 2022 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 2022 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.

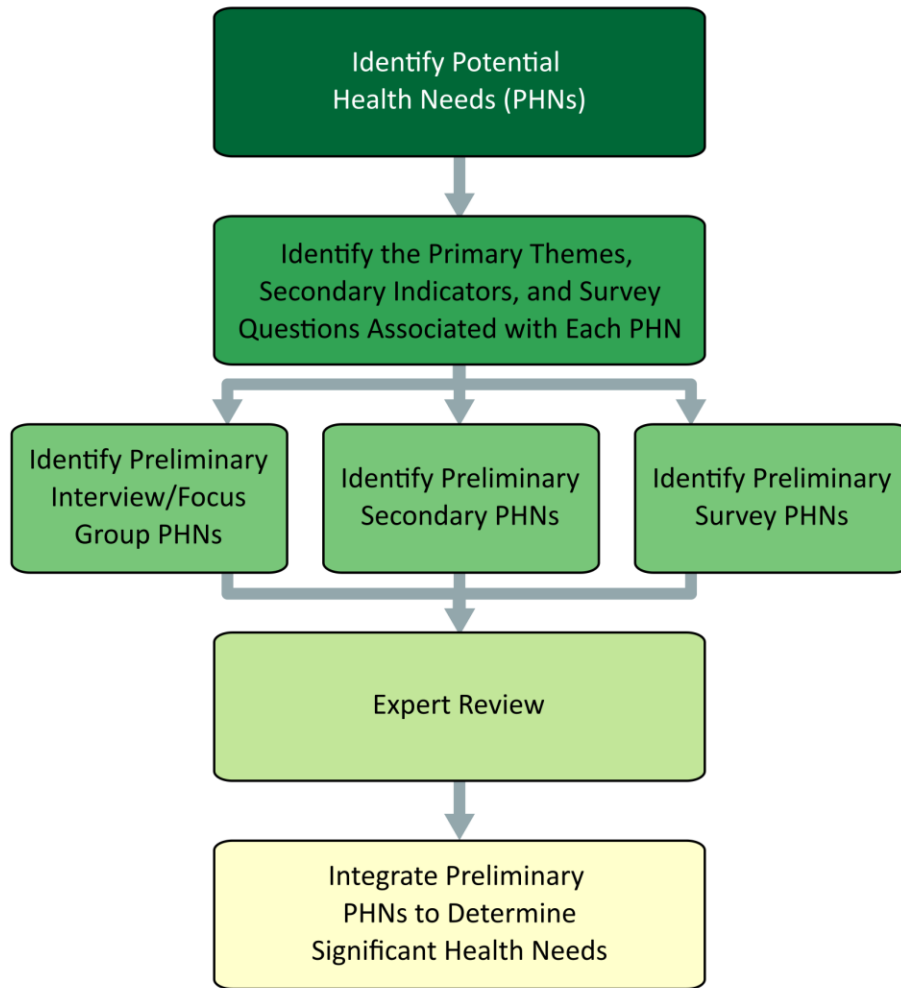


Figure 4: Significant health need identification process

Table 13: 2022 Potential Health Needs

| Potential Health Needs (PHNs) | |
|-------------------------------|---|
| PHN1 | Access to Mental/Behavioral Health and Substance-Use 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 | Healthy Physical Environment |
| PHN7 | Access to Basic Needs Such as Housing, Jobs, and Food |
| PHN8 | Access to Functional Needs |
| PHN9 | Access to Specialty and Extended Care |
| PHN10 | Injury and Disease Prevention and Management |

| Potential Health Needs (PHNs) | |
|-------------------------------|---------------------------------|
| PHN11 | Increased Community Connections |
| PHN12 | System Navigation |

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 14 through Table 25. Primary theme associations were used to guide coding of the primary data sources to specific PHNs.

Access to Mental/Behavioral Health and Substance-Use Services

Table 14: Primary themes and secondary indicators associated with PHN1

| Primary Data Themes | Secondary Indicators |
|--|---|
| There aren't enough mental health providers or treatment centers in the area (e.g., psychiatric beds, therapists, support groups). | Life Expectancy |
| The cost for mental/behavioral health treatment is too high. | Premature Age-Adjusted Mortality |
| Treatment options in the area for those with Medi-Cal are limited. | Premature Death |
| Awareness of mental health issues among community members is low. | Liver Disease Mortality |
| Additional services specifically for youth are needed (e.g., child psychologists, counselors and therapists in the schools). | Suicide Mortality |
| The stigma around seeking mental health treatment keeps people out of care. | Poor Mental Health Days |
| Additional services for those who are homeless and dealing with mental/behavioral health issues are needed. | Frequent Mental Distress |
| The area lacks the infrastructure to support acute mental health crises. | Poor Physical Health Days |
| Mental/behavioral health services are available in the area, but people do not know about them. | Frequent Physical Distress |
| It's difficult for people to navigate for mental/behavioral healthcare. | Poor or Fair Health |
| Substance-use is a problem in the area (e.g., use of opiates and methamphetamine, prescription misuse). | Excessive Drinking |
| There are too few substance-use treatment services in the area (e.g., detox centers, rehabilitation centers). | Drug Induced Death |
| Substance-use treatment options for those with Medi-cal are limited. | Adult Smoking |
| There aren't enough services here for those who are homeless and dealing with substance-use issues. | Primary Care Shortage Area |
| The use of nicotine delivery products such as e-cigarettes and tobacco is a problem in the community. | Mental Health Care Shortage Area |
| Substance-use is an issue among youth in particular. | Medically Underserved Area |
| There are substance-use treatment services available here, but people do not know about them. | Mental Health Providers |
| | Psychiatry Providers |
| | Firearm Fatalities Rate |
| | Juvenile Arrest Rate |
| | Disconnected Youth |
| | Social Associations |
| | Residential Segregation (Non-White/White) |
| | Income Inequality |
| | Severe Housing Cost Burden |
| | Homelessness Rate |

Access to Quality Primary Care Health Services

Table 15: Primary themes and secondary indicators associated with PHN2

| Primary Data Themes | Secondary Indicators |
|---|----------------------------------|
| insurance is unaffordable. | Infant Mortality |
| Wait-times for appointments are excessively long. | Child Mortality |
| Out-of-pocket costs are too high. | Life Expectancy |
| There aren't enough primary care service providers in the area. | Premature Age-Adjusted Mortality |
| Patients have difficulty obtaining appointments outside of regular business | Premature Death |

| Primary Data Themes | Secondary Indicators |
|---|---|
| hours. | Stroke Mortality |
| Too few providers in the area accept Medi-Cal. | Chronic Lower Respiratory Disease Mortality |
| It is difficult to recruit and retain primary care providers in the region. | Diabetes Mortality |
| Specific services are unavailable here (e.g., 24-hour pharmacies, urgent care, telemedicine). | Heart Disease Mortality |
| The quality of care is low (e.g., appointments are rushed, providers lack cultural competence). | Hypertension Mortality |
| Patients seeking primary care overwhelm local emergency departments. | Cancer Mortality |
| Primary care services are available, but are difficult for many people to navigate. | Liver Disease Mortality |
| | Kidney Disease Mortality |
| | COVID19 Mortality |
| | COVID19 Case Fatality |
| | Alzheimer's Disease Mortality |
| | Influenza and Pneumonia Mortality |
| | Diabetes Prevalence |
| | Low Birthweight |
| | Poor Mental Health Days |
| | Frequent Mental Distress |
| | Poor Physical Health Days |
| | Frequent Physical Distress |
| | Poor or Fair Health |
| | Colorectal Cancer Prevalence |
| | Breast Cancer Prevalence |
| | Lung Cancer Prevalence |
| | Prostate Cancer Prevalence |
| | Asthma ED Rates |
| | Asthma ED Rates for Children |
| | Primary Care Shortage Area |
| | Medically Underserved Area |
| | Mammography Screening |
| | Primary Care Providers |
| | Preventable Hospitalization |
| | COVID19 Cumulative Full Vaccination Rate |
| | Residential Segregation (Non-White/White) |
| | Uninsured Population under 64 |
| | Income Inequality |
| | Homelessness Rate |

Active Living and Healthy Eating

Table 16: Primary themes and secondary indicators associated with PHN3

| Primary Data Themes | Secondary Indicators |
|--|----------------------------------|
| There are food deserts in the area where fresh, unprocessed foods are not available. | Life Expectancy |
| Fresh, unprocessed foods are unaffordable. | Premature Age-Adjusted Mortality |
| Food insecurity is an issue here. | Premature Death |
| Students need healthier food options in schools. | Stroke Mortality |
| The built environment doesn't support physical activity (e.g., neighborhoods aren't walk-able, roads aren't bike-friendly, or parks are inaccessible). | Diabetes Mortality |
| The community needs nutrition education programs. | Heart Disease Mortality |
| Homelessness in parks or other public spaces deters their use. | Hypertension Mortality |
| Recreational opportunities in the area are unaffordable (e.g., gym memberships, | Cancer Mortality |

| Primary Data Themes | Secondary Indicators |
|---|---|
| recreational activity programming. There aren't enough recreational opportunities in the area (e.g., organized activities, youth sports leagues) The food available in local homeless shelters and food banks is not nutritious. Grocery store option in the area are limited. | Kidney Disease Mortality Diabetes Prevalence Poor Mental Health Days Frequent Mental Distress Poor Physical Health Days Frequent Physical Distress Poor or Fair Health Colorectal Cancer Prevalence Breast Cancer Prevalence Prostate Cancer Prevalence Asthma ED Rates Asthma ED Rates for Children Adult Obesity Physical Inactivity Limited Access to Healthy Foods Food Environment Index Access to Exercise Opportunities Residential Segregation (Non-White/White) Income Inequality Severe Housing Cost Burden Homelessness Rate Long Commute - Driving Alone Access to Public Transit |

Safe and Violence-Free Environment

Table 17: Primary themes and secondary indicators associated with PHN4

| Primary Data Themes | Secondary Indicators |
|---|---|
| People feel unsafe because of crime. There are not enough resources to address domestic violence and sexual assault. Isolated or poorly-lit streets make pedestrian travel unsafe. Public parks seem unsafe because of illegal activity taking place. Youth need more safe places to go after school. Specific groups in this community are targeted because of characteristics like race/ethnicity or age. There isn't adequate police protection police protection. Gang activity is an issue in the area. Human trafficking is an issue in the area. The current political environment makes some concerned for their safety. | Life Expectancy Premature Death Hypertension Mortality Poor Mental Health Days Frequent Mental Distress Frequent Physical Distress Poor or Fair Health Physical Inactivity Access to Exercise Opportunities Homicide Rate Firearm Fatalities Rate Violent Crime Rate Juvenile Arrest Rate Motor Vehicle Crash Death Disconnected Youth Social Associations Income Inequality Severe Housing Problems |

| Primary Data Themes | Secondary Indicators |
|---------------------|---|
| | Severe Housing Cost Burden Homelessness Rate |

Access to Dental Care and Preventive Services

Table 18: Primary themes and secondary indicators associated with PHN5

| Primary Data Themes | Secondary Indicators |
|---|---|
| There aren't enough providers in the area who accept Denti-Cal. | Frequent Mental Distress |
| The lack of access to dental care here leads to overuse of emergency departments. | Poor Physical Health Days |
| Quality dental services for kids are lacking. | Frequent Physical Distress |
| It's hard to get an appointment for dental care. | Poor or Fair Health |
| People in the area have to travel to receive dental care. | Dental Care Shortage Area |
| Dental care here is unaffordable, even if you have insurance. | Dentists |
| | Residential Segregation (Non-White/White) |
| | Income Inequality |
| | Homelessness Rate |

Healthy Physical Environment

Table 19: Primary themes and secondary indicators associated with PHN6

| Primary Data Themes | Secondary Indicators |
|---|---|
| The air quality contributes to high rates of asthma. | Infant Mortality |
| Poor water quality is a concern in the area. | Life Expectancy |
| Agricultural activity harms the air quality. | Premature Age-Adjusted Mortality |
| Low-income housing is substandard. | Premature Death |
| Residents' use of tobacco and e-cigarettes harms the air quality. | Chronic Lower Respiratory Disease Mortality |
| Industrial activity in the area harms the air quality. | Hypertension Mortality |
| Heavy traffic in the area harms the air quality. | Cancer Mortality |
| Wildfires in the region harm the air quality. | Frequent Mental Distress |
| | Frequent Physical Distress |
| | Poor or Fair Health |
| | Colorectal Cancer Prevalence |
| | Breast Cancer Prevalence |
| | Lung Cancer Prevalence |
| | Prostate Cancer Prevalence |
| | Asthma ED Rates |
| | Asthma ED Rates for Children |
| | Adult Smoking |
| | Income Inequality |
| | Severe Housing Cost Burden |
| | Homelessness Rate |
| | Long Commute - Driving Alone |
| | Pollution Burden Percent |
| | Air Pollution - Particulate Matter |
| | Drinking Water Violations |

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

Table 20: Primary themes and secondary indicators associated with PHN7

| Primary Data Themes | Secondary Indicators |
|---|---|
| Lack of affordable housing is a significant issue in the area. | Infant Mortality |
| The area needs additional low-income housing options. | Child Mortality |
| Poverty in the county is high. | Life Expectancy |
| Many people in the area do not make a living wage. | Premature Age-Adjusted Mortality |
| Employment opportunities in the area are limited. | Premature Death |
| Services for homeless residents in the area are insufficient. | Hypertension Mortality |
| Services are inaccessible for Spanish-speaking and immigrant residents. | COVID19 Mortality |
| | COVID19 Case Fatality |
| | Diabetes Prevalence |
| Many residents struggle with food insecurity. | Low Birthweight |
| It is difficult to find affordable childcare. | Poor Mental Health Days |
| Educational attainment in the area is low. | Frequent Mental Distress |
| | Poor Physical Health Days |
| | Frequent Physical Distress |
| | Poor or Fair Health |
| | COVID19 Cumulative Incidence |
| | Asthma ED Rates |
| | Asthma ED Rates for Children |
| | Drug Induced Death |
| | Adult Obesity |
| | Limited Access to Healthy Foods |
| | Food Environment Index |
| | Medically Underserved Area |
| | COVID19 Cumulative Full Vaccination Rate |
| | Some College |
| | High School Completion |
| | Disconnected Youth |
| | Third Grade Reading Level |
| | Third Grade Math Level |
| | Unemployment |
| | Children in Single-Parent Households |
| | Social Associations |
| | Residential Segregation (Non-White/White) |
| | Children Eligible for Free Lunch |
| | Children in Poverty |
| | Median Household Income |
| | Uninsured Population under 64 |
| | Income Inequality |
| | Severe Housing Problems |
| | Severe Housing Cost Burden |
| | Homeownership |
| | Homelessness Rate |
| | Households with no Vehicle Available |
| | Long Commute - Driving Alone |

Access to Functional Needs

Table 21: Primary themes and secondary indicators associated with PHN8

| Primary Data Themes | Secondary Indicators |
|--|--|
| Many residents do not have reliable personal transportation. | Disability |
| Medical transport in the area is limited. | Frequent Mental Distress |
| Roads and sidewalks in the area are not well-maintained. | Frequent Physical Distress |
| The distance between service providers is inconvenient for those using public transportation. | Poor or Fair Health |
| Using public transportation to reach providers can take a very long time. | Adult Obesity |
| The cost of public transportation is too high. | COVID19 Cumulative Full Vaccination Rate |
| Public transportation service routes are limited. | Income Inequality |
| Public transportation schedules are limited. | Homelessness Rate |
| The geography of the area makes it difficult for those without reliable transportation to get around. | Households with no Vehicle Available |
| Public transportation is more difficult for some to residents to use (e.g., non-English speakers, seniors, parents with young children). | Long Commute - Driving Alone |
| There aren't enough taxi and ride-share options (e.g., Uber, Lyft). | Access to Public Transit |

Access to Specialty and Extended Care

Table 22: Primary themes and secondary indicators associated with PHN9

| Primary Data Themes | Secondary Indicators |
|---|---|
| Wait-times for specialist appointments are excessively long. | Infant Mortality |
| It is difficult to recruit and retain specialists in the area. | Life Expectancy |
| Not all specialty care is covered by insurance. | Premature Age-Adjusted Mortality |
| Out-of-pocket costs for specialty and extended care are too high. | Premature Death |
| People have to travel to reach specialists. | Stroke Mortality |
| Too few specialty and extended care providers accept Medi-Cal. | Chronic Lower Respiratory Disease Mortality |
| The area needs more extended care options for the aging population (e.g. skilled nursing homes, in-home care) | Diabetes Mortality |
| There isn't enough OB/GYN care available. | Heart Disease Mortality |
| Additional hospice and palliative care options are needed. | Hypertension Mortality |
| The area lacks a kind of specialist or extended care option not listed here. | Cancer Mortality |
| | Liver Disease Mortality |
| | Kidney Disease Mortality |
| | COVID19 Mortality |
| | COVID19 Case Fatality |
| | Alzheimer's Disease Mortality |
| | Diabetes Prevalence |
| | Poor Mental Health Days |
| | Frequent Mental Distress |
| | Poor Physical Health Days |
| | Frequent Physical Distress |
| | Poor or Fair Health |
| | Lung Cancer Prevalence |
| | Asthma ED Rates |
| | Asthma ED Rates for Children |
| | Drug Induced Death |
| | Psychiatry Providers |
| | Specialty Care Providers |
| | Preventable Hospitalization |
| | Residential Segregation (Non- |

| Primary Data Themes | Secondary Indicators |
|---------------------|----------------------|
| | White/White) |
| | Income Inequality |
| | Homelessness Rate |

Injury and Disease Prevention and Management

Table 23: Primary themes and secondary indicators associated with PHN10

| Primary Data Themes | Secondary Indicators |
|--|---|
| There isn't really a focus on prevention around here. | Infant Mortality |
| Preventive health services for women are needed (e.g., breast and cervical cancer screening). | Child Mortality |
| There should be a greater focus on chronic disease prevention (e.g. diabetes, heart disease). | Stroke Mortality |
| Vaccination rates are lower than they need to be. | Chronic Lower Respiratory Disease Mortality |
| Health education in the schools needs to be improved. | Diabetes Mortality |
| Additional HIV and STI prevention efforts are needed. | Heart Disease Mortality |
| The community needs nutrition education opportunities. | Hypertension Mortality |
| Schools should offer better sexual health education. | Liver Disease Mortality |
| Prevention efforts need to be focused on specific populations in the community (e.g. youth, Spanish-speaking residents, the elderly, LGBTQ individuals, immigrants). | Kidney Disease Mortality |
| Patients need to be better connected to service providers (e.g. case management, patient navigation, or centralized service provision). | Suicide Mortality |
| | Unintentional Injuries Mortality |
| | COVID19 Mortality |
| | COVID19 Case Fatality |
| | Alzheimer's Disease Mortality |
| | Diabetes Prevalence |
| | Low Birthweight |
| | HIV Prevalence |
| | Poor Mental Health Days |
| | Frequent Mental Distress |
| | Frequent Physical Distress |
| | Poor or Fair Health |
| | COVID19 Cumulative Incidence |
| | Asthma ED Rates |
| | Asthma ED Rates for Children |
| | Excessive Drinking |
| | Drug Induced Death |
| | Adult Obesity |
| | Physical Inactivity |
| | Chlamydia Incidence |
| | Teen Birth Rate |
| | Adult Smoking |
| | COVID19 Cumulative Full Vaccination Rate |
| | Firearm Fatalities Rate |
| | Juvenile Arrest Rate |
| | Motor Vehicle Crash Death |
| | Disconnected Youth |
| | Third Grade Reading Level |
| | Third Grade Math Level |
| | Income Inequality |
| | Homelessness Rate |

Increased Community Connections

Table 24: Primary themes and secondary indicators associated with PHN11

| Primary Data Themes | Secondary Indicators |
|--|---|
| Health and social service providers operate in silos; we need cross-sector connection. | Infant Mortality |
| Building community connections doesn't seem like a focus in the area. | Child Mortality |
| Relations between law enforcement and the community need to be improved. | Life Expectancy |
| The community needs to invest more in the local public schools. | Premature Age-Adjusted Mortality |
| There isn't enough funding for social services in the county. | Premature Death |
| People in the community face discrimination from local service providers. | Stroke Mortality |
| City and county leaders need to work together. | Diabetes Mortality |
| | Heart Disease Mortality |
| | Hypertension Mortality |
| | Suicide Mortality |
| | Unintentional Injuries Mortality |
| | Diabetes Prevalence |
| | Low Birthweight |
| | Poor Mental Health Days |
| | Frequent Mental Distress |
| | Poor Physical Health Days |
| | Frequent Physical Distress |
| | Poor or Fair Health |
| | Excessive Drinking |
| | Drug Induced Death |
| | Physical Inactivity |
| | Access to Exercise Opportunities |
| | Teen Birth Rate |
| | Primary Care Shortage Area |
| | Mental Health Care Shortage Area |
| | Medically Underserved Area |
| | Mental Health Providers |
| | Psychiatry Providers |
| | Specialty Care Providers |
| | Primary Care Providers |
| | Preventable Hospitalization |
| | COVID19 Cumulative Full Vaccination Rate |
| | Homicide Rate |
| | Firearm Fatalities Rate |
| | Violent Crime Rate |
| | Juvenile Arrest Rate |
| | Some College |
| | High School Completion |
| | Disconnected Youth |
| | Unemployment |
| | Children in Single-Parent Households |
| | Social Associations |
| | Residential Segregation (Non-White/White) |
| | Income Inequality |
| | Homelessness Rate |
| | Households with no Vehicle Available |
| | Long Commute - Driving Alone |
| | Access to Public Transit |

System Navigation

Table 25: Primary themes and secondary indicators associated with PHN12

| Primary Data Themes | Secondary Indicators |
|--|---|
| People may not be aware of the services they are eligible for. It is difficult for people to navigate multiple, different health care systems. The area needs more navigators to help to get people connected to services. People have trouble understanding their insurance benefits. Automated phone systems can be difficult for those who are unfamiliar with the healthcare system Dealing with medical and insurance paperwork can be overwhelming. Medical terminology is confusing. Some people just don't know where to start in order to access care or benefits. | There are no secondary indicators associated with this PHN. |

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 26 lists each secondary indicator and describes the comparison made to the benchmark to determine if it was problematic.

Table 26: Benchmark comparisons to show indicator performance

| Indicator | Benchmark Comparison Indicating Poor Performance |
|---|--|
| Infant Mortality | Higher |
| Child Mortality | Higher |
| Life Expectancy | Lower |
| Premature Age-Adjusted Mortality | Higher |
| Premature Death | Higher |
| Stroke Mortality | Higher |
| Chronic Lower Respiratory Disease Mortality | Higher |
| Diabetes Mortality | Higher |
| Heart Disease Mortality | Higher |
| Hypertension Mortality | Higher |
| Cancer Mortality | Higher |
| Liver Disease Mortality | Higher |
| Kidney Disease Mortality | Higher |
| Suicide Mortality | Higher |
| Unintentional Injuries Mortality | Higher |
| COVID19 Mortality | Higher |
| COVID19 Case Fatality | Higher |
| Alzheimer's Disease Mortality | Higher |
| Influenza and Pneumonia Mortality | Higher |
| Diabetes Prevalence | Higher |
| Low Birthweight | Higher |
| HIV Prevalence | Higher |
| Disability | Higher |
| Poor Mental Health Days | Higher |
| Frequent Mental Distress | Higher |
| Poor Physical Health Days | Higher |
| Frequent Physical Distress | Higher |

| Indicator | Benchmark Comparison Indicating Poor Performance |
|---|--|
| Poor or Fair Health | Higher |
| Colorectal Cancer Prevalence | Higher |
| Breast Cancer Prevalence | Higher |
| Lung Cancer Prevalence | Higher |
| Prostate Cancer Prevalence | Higher |
| COVID19 Cumulative Incidence | Higher |
| Asthma ED Rates | Higher |
| Asthma ED Rates for Children | Higher |
| Excessive Drinking | Higher |
| Drug Induced Death | Higher |
| Adult Obesity | Higher |
| Physical Inactivity | Higher |
| Limited Access to Healthy Foods | Higher |
| Food Environment Index | Lower |
| Access to Exercise Opportunities | Lower |
| Chlamydia Incidence | Higher |
| Teen Birth Rate | Higher |
| Adult Smoking | Higher |
| Primary Care Shortage Area | Present |
| Dental Care Shortage Area | Present |
| Mental Health Care Shortage Area | Present |
| Medically Underserved Area | Present |
| Mammography Screening | Lower |
| Dentists | Lower |
| Mental Health Providers | Lower |
| Psychiatry Providers | Lower |
| Specialty Care Providers | Lower |
| Primary Care Providers | Lower |
| Preventable Hospitalization | Higher |
| COVID19 Cumulative Full Vaccination Rate | Lower |
| Homicide Rate | Higher |
| Firearm Fatalities Rate | Higher |
| Violent Crime Rate | Higher |
| Juvenile Arrest Rate | Higher |
| Motor Vehicle Crash Death | Higher |
| Some College | Lower |
| High School Completion | Lower |
| Disconnected Youth | Higher |
| Third Grade Reading Level | Lower |
| Third Grade Math Level | Lower |
| Unemployment | Higher |
| Children in Single-Parent Households | Higher |
| Social Associations | Lower |
| Residential Segregation (Non-White/White) | Higher |
| Children Eligible for Free Lunch | Higher |
| Children in Poverty | Higher |
| Median Household Income | Lower |
| Uninsured Population under 64 | Higher |
| Income Inequality | Higher |
| Severe Housing Problems | Higher |
| Severe Housing Cost Burden | Higher |
| Homeownership | Lower |
| Homelessness Rate | Higher |
| Households with no Vehicle Available | Higher |
| Long Commute - Driving Alone | Higher |

| Indicator | Benchmark Comparison Indicating Poor Performance |
|------------------------------------|--|
| Access to Public Transit | Lower |
| Pollution Burden Percent | Higher |
| Air Pollution - Particulate Matter | Higher |
| Drinking Water Violations | Present |

Once these poorly performing quantitative indicators were identified, they were used to identify preliminary secondary SHNs. This was done by calculating the percentage of all secondary indicators associated with a given PHN that were identified as performing poorly within the service area. While all PHNs represented actual health needs within the service area 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 10%, 20%, 30%, 40%, 50%, 60%, 70%, or 80% of the associated indicators were found to perform poorly. 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 10%, 20%, 30%, 40%, 50%, 60%, 70%, or 80% of the respondents mentioned an associated theme. Finally, similar thresholds (any mention, 10%, 20%, 30%, 40%, 50%, 60%, 70%, or 80%) were also applied to the percent of survey respondents selecting a particular health need as one of the top health needs in the service area.

These sets of criteria (any mention, 10%, 20%, 30%, 40%, 50%, 60%, 70%, or 80%) were used because we could not anticipate which specific standard would be most meaningful within the context of the service area. 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 service area. 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.

For this report, a PHN was selected as a preliminary quantitative SHN if 50% of the associated quantitative indicators were identified as performing poorly, as a preliminary qualitative SHN if it was identified by 50% or more of the primary sources as performing poorly, and as a preliminary survey SHN if it was identified by at least 50% of survey respondents. Finally, a PHN was selected as a SHN if it was included as a preliminary SHN in two of these three categories.

Significant Health Need Prioritization

The final step in the analysis was to prioritize the identified SHNs. To reflect the voice of the community, SHN prioritization was based solely on primary data. Key informants and focus group participants were asked to identify the three top SHNs in their communities. These responses were associated with one or more of the PHNs. This, along with the responses across the rest of the interviews and focus groups, was used to derive two measures for each SHN.

First, the total percentage of all primary data sources that mentioned themes associated with a SHN at any point was calculated. This number was taken to represent how broadly a given SHN was recognized within the community. Next, the percentage of times a theme associated with a SHN 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. Finally, the number of times each health need was selected as one of the top health needs by survey respondents was also included.

These three measures were then 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 27: Resources potentially available to meet health needs

| Organization Information | | | Significant Health Needs | | | | | | | | | | | | |
|---|------------------|--|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| Name | Primary ZIP Code | Website | Access to Mental/Behavioral Health and Substance- | Access to Basic Needs Such as Housing, Jobs, and Food | Access to Quality Primary Care Health Services | System Navigation | Injury and Disease Prevention and Management | Health Equity: Equal Access to Opportunities | Active Living and Healthy Eating | Safe and Violence-Free Environment | Increased Community Connections | Access to Specialty and Extended Care | Access to Functional Needs | Access to Dental Care and Preventive Services | Healthy Physical Environment |
| 3 Strands Global | 95762 | www.3strandsglobalfoundation.org | | | | | | | | X | X | | | | |
| African American Perinatal Health – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/African-American-Perinatal-Health-Program/SP-African-American-Perinatal-Health-Program | | | | X | | | | | | X | | | |
| Agency on Aging Area 4 | 95815 | agencyonaging4.org | | X | | | X | | | X | X | X | | | |
| Alchemist Community Development Corporation | 95814 | alchemistcdc.org | X | | X | | | | X | | X | | | | |
| All Nations Church of God in Christ | 95817 | www.ancogic.org | | X | | | | | | | X | | | | |
| ALS Association– Greater Sacramento Chapter | 95825 | websac.alsa.org | | | | X | X | | | | X | | | | |
| Alternatives Pregnancy Center | 95825 | alternativespc.org | X | | X | | | | | | | X | | | |
| Alzheimer’s Association | 95815 | www.alz.org/norcal | X | | | | | | | | X | | | | |
| American Cancer Society | 95815 | www.cancer.org/about-us/local/california | | | | | X | | X | | X | X | | | |
| American Heart Association – Sacramento | 95811 | www.heart.org/en/affiliates/california/sacramento | | | | | X | | X | | X | X | | | |
| American Lung Association - Sacramento | 95814 | www.lung.org/research/sota/city-rankings/states/california/sacramento | | | | | X | | | | X | X | | | X |
| American Red Cross - | 95815 | www.redcross.org/local/california/gold-country/about-us/locations/sierra-delta-chapter | | X | X | | | | | | X | | | | |

Organization Information

Significant Health Needs

| Name | Primary ZIP Code | Website | Access to Mental/Behavioral Health and Substance- | Access to Basic Needs Such as Housing, Jobs, and Food | Access to Quality Primary Care Health Services | System Navigation | Injury and Disease Prevention and Management | Health Equity: Equal Access to Opportunities | Active Living and Healthy Eating | Safe and Violence-Free Environment | Increased Community Connections | Access to Specialty and Extended Care | Access to Functional Needs | Access to Dental Care and Preventive Services | Healthy Physical Environment |
|--|---------------------|---|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| American River Park Foundation program-Health and Recreation | 95608 | arpf.org/what-we-do/programs/health-recreation/ | | | | | | | X | | X | | | | |
| Another Choice Another Chance | 95823 | www.acacsac.org | X | | | | | | | | X | | | | |
| Antioch Progressive Baptist Church | 95832 | www.antiochprogressivechurch.org | | X | | | | | | | X | | | | |
| Anti Recidivism Coalition | 95816 | www.antirecidivism.org/our-programs/ | | X | | | | | | | | | | | |
| Arcade Community Center | 95821 | www.mutualassistance.org/arcade-community-center | X | | | | X | | X | | X | | | | |
| Arcohe Union School District | 95638 | www.arcohe.net | | X | | | | | X | | | | | | |
| ARTZ Artists for Alzheimer's | 95826 | www.imstillhere.org/artz/artz-program | | | | | X | | | | | | | | |
| Asian Community Center | 95831 | www.acsv.org | X | X | | | X | | X | | X | | X | | |
| Asian Pacific Community Counseling (APCC) | 95820 | apccounseling.org | X | | | | | | | | X | | | | |
| Asian Resources, Inc. | 95824, 95814, 95610 | asianresources.org | | X | | | | | | | X | | | | |
| Bayanihan Clinic | 95827 | www.bayanihanclinic.com | | | X | X | X | | | | | | | | |
| Big Brothers Big Sisters of the Greater Sacramento Area | 95825 | bbbs-sac.org | X | | | | | | | X | X | | | | |
| Bike Lab | 95630 | www.bikelabsac.org/about | | | | | | | X | X | X | | | | |
| Birth and Beyond Home Visitation – WellSpace Health | 95660 | www.wellspacehealth.org/location/north-highlands-community-health-center-birth-and-beyond | X | X | X | X | | | | | | | | X | |

Organization Information

Significant Health Needs

| Name | Primary ZIP Code | Website | Access to Mental/Behavioral Health and Substance- | Access to Basic Needs Such as Housing, Jobs, and Food | Access to Quality Primary Care Health Services | System Navigation | Injury and Disease Prevention and Management | Health Equity: Equal Access to Opportunities | Active Living and Healthy Eating | Safe and Violence-Free Environment | Increased Community Connections | Access to Specialty and Extended Care | Access to Functional Needs | Access to Dental Care and Preventive Services | Healthy Physical Environment |
|---|-------------------|--|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| Bishop Gallegos Maternity Home | 95763 | bgmhsacramento.org | | X | | | | | | X | | | X | | |
| Black Child Legacy Campaign | 95833 | blackchildlegacy.org | | X | | | X | | | | | | | | |
| Black Infant Health Program – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Black-Infant-Health-Program/SP-Black-Infant-Health-Program | | | | X | X | | | | | | | | |
| Boys and Girls Clubs of Greater Sacramento | 95824 | bgcsac.org | X | X | | | | | X | X | X | | | | |
| Breathe California of Sacramento Region | 95814 | sacbreathe.org | | | X | | X | | | | X | | | | X |
| Brother To Brother | 95838 | www.brother2brothermentoring.org/our-leadership | X | | | | | | | | X | | | | |
| Building Healthy Communities | 95820 | sacbhc.org | | | | | | | X | X | X | | | | |
| C.O.R.E. Medical Clinic | 95816 | www.coremedicalclinic.com | X | | X | X | | | | | | | | | |
| California Bridge Program | 94607 | cabridge.org/solution/our-work | X | | | X | | | | | | | | | |
| California Children’s Services – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/California-Childrens-Services/SP-California-Childrens-Services | | | | | X | | | | | X | | | |
| California Emergency Food Link | 95828 | www.foodlink.org | | X | | | | | | | | | | | |
| California Endowment Building Health Communities | Sacramento County | www.calendow.org | | | X | | | | | X | | | | X | X |
| California Health Collaborative-STAAND-Gold County Rural Regional Project | 93711 | healthcollaborative.org/staand-gold-country-rural-regional-project | X | | X | X | | | | | | X | | | |

Organization Information

Significant Health Needs

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|--|------------------|--|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| California Youth Connection | 95814 | calyouthconn.org | | X | | | | | | | X | | | | |
| Camp ReCreation | 95662 | www.camprecreation.org | | | | | | | X | | X | | | | |
| Cal Voices | 95825 | www.calvoices.org | | | | | | | | | X | | | | |
| Capital City AIDS Fund | 95816 | www.capcityaidsfund.org | | | | | X | | | | X | | | | |
| Capital Star Community Services- Sacramento County | 95821 | www.starsinc.com/sacramento-county | X | X | | | | | | | | | | | |
| Carrington College – Dental Hygiene Clinic (916) 361-5168 | 95826 | carrington.edu/location/sacramento-dental-hygiene-clinic | | | | | | | | | | | | X | |
| Catholic Charities of Sacramento, Inc. | 95818 | www.scd.org/catholic-charities-and-social-concerns/catholic-charities | | X | | | | | | | X | | | | |
| CCHAT Center Sacramento | 95670 | www.cchatsacramento.com | | | | | | | | | X | X | | | |
| Center Joint Unified School District | 95843 | www.centerusd.org | X | X | | | | | X | | | | | | |
| Central Downtown Food Basket | 98811 | www.cdfb.org | | X | | | | | X | | | | | | |
| Chest Clinic/Tuberculosis Control – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Communicable-Disease-Control/GI-TB-Control | | | | | X | | | | | X | | | |
| Child Abuse Prevention Center | 95660 | www.thecapcenter.org | | | | | | | | X | X | | | | |
| Child and Family Institute (CFI) | 95838 | www.child-familyinstitute.org/home.htm | X | | | | | | | | | | | | |
| Child Health & Disability Prevention – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/CHDP/Pages/CHDP-Home | | | X | | | | | | | | | | |

Organization Information

Significant Health Needs

| Name | Primary ZIP Code | Website | Access to Mental/Behavioral Health and Substance- | Access to Basic Needs Such as Housing, Jobs, and Food | Access to Quality Primary Care Health Services | System Navigation | Injury and Disease Prevention and Management | Health Equity: Equal Access to Opportunities | Active Living and Healthy Eating | Safe and Violence-Free Environment | Increased Community Connections | Access to Specialty and Extended Care | Access to Functional Needs | Access to Dental Care and Preventive Services | Healthy Physical Environment |
|--|-------------------|--|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| Children’s Receiving Home of Sacramento | 95821 | www.crhkids.org | x | x | x | | | | x | | | | | | |
| Christy Cares Outreach | 95758 | christycaresoutreach.org | | x | | | | | | x | | | | | |
| Citrus Heights Homeless Assistance Resource Team (HART) | 95610 | citrusheightshart.org | | x | | | | | | | x | | | | |
| City Church of Sacramento | 95817 | citychurchsac.org | | x | | | | | | | x | | | | |
| City of Sacramento Community Gardens | Sacramento County | www.cityofsacramento.org/ParksandRec/Parks/Specialty-Parks/Community-Gardens | | | | | | | | | x | | | | |
| Clara’s House | 95816 | www.clarashouse.org | | | x | | | | | | x | | | | |
| Clinica Tepati (in WellSpace Clinic) | 95817 | clinatepati.com | | | x | x | x | | | | x | x | | | |
| Community Against Sexual Harm (CASH) | 95816 | cashsac.org | x | | | | | | | x | x | | | | |
| Community Link (Community Services Planning Council) | 95826 | communitylinkcr.org | x | | | | | | | | x | | | | |
| Community Resources Project/WIC | 95838 | www.communityresourceproject.org/Services/Health/WIC | | x | | x | | | x | | | | | | |
| Comprehensive Perinatal Services Program – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Comprehensive-Perinatal-Services-Program/SP-Comprehensive-Perinatal-Services-Program | x | | | x | x | | x | | | x | | | |
| Consumnes Community Services District (CSD)-Elk Grove Parks and Recreation | 95624 | www.yourcsd.com/170/About | | | | | | | | x | x | | | | x |

Organization Information

Significant Health Needs

| Name | Primary ZIP Code | Website | Access to Mental/Behavioral Health and Substance- | Access to Basic Needs Such as Housing, Jobs, and Food | Access to Quality Primary Care Health Services | System Navigation | Injury and Disease Prevention and Management | Health Equity: Equal Access to Opportunities | Active Living and Healthy Eating | Safe and Violence-Free Environment | Increased Community Connections | Access to Specialty and Extended Care | Access to Functional Needs | Access to Dental Care and Preventive Services | Healthy Physical Environment |
|--|----------------------------|--|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| Cordova Lane Center – FCUSD | 95670 | www.fcusd.org/domain/993 | X | X | | | | | | | | | | | |
| Cordova Recreation and Park District | 95670 | crpd.com | X | X | | | | | X | | X | | | | |
| Cottage Housing, Inc. | 95811 | cottagehousing.org | | X | | | | | | | X | | | | |
| Crime Victims Assistance Network (iCAN) | 95811 | www.ican-foundation.org | X | | | | | | | X | | | | | |
| Crisis Nursery Program – Sac Children’s Home | 95821 | www.kidshome.org/what-we-do/crisis-nursery-program/ | X | | X | | | | | X | X | | | | |
| Cristo Rey High School | 95826 | www.crhss.org | | | | | | | | X | X | | | | |
| Del Oro Caregiver Resource Center | 95610 | www.deloro.org | X | | | | X | | | | X | X | | | |
| Del Paso Union Baptist Church | 95838 | delpasounionbaptistchurch.org | | | | | | | | X | X | | | | |
| Dignity Health | 95819, 95630, 95608, 95823 | www.dignityhealth.org | | | X | X | X | | X | | | X | | | |
| Dignity Health- Interim Care Program (ICP) Sutter | 95819, 95630, 95608, 95823 | www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/partnerships-and-programs/interim-care-program | X | X | | X | | | | X | | | X | | |
| Disease Control and Epidemiology – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Epidemiology/SP-Epidemiology.aspx | | | | | X | | | | | | | | |
| Drowning Accident Rescue Team | 95759 | www.dartsac.com | | | | | X | | | | X | | | | |

Organization Information

Significant Health Needs

| Name | Primary ZIP Code | Website | Access to Mental/Behavioral Health and Substance- | Access to Basic Needs Such as Housing, Jobs, and Food | Access to Quality Primary Care Health Services | System Navigation | Injury and Disease Prevention and Management | Health Equity: Equal Access to Opportunities | Active Living and Healthy Eating | Safe and Violence-Free Environment | Increased Community Connections | Access to Specialty and Extended Care | Access to Functional Needs | Access to Dental Care and Preventive Services | Healthy Physical Environment |
|--|------------------|---|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| Effie Yeaw Nature Center | 95608 | www.sacnaturecenter.net | | | | | | | x | | x | | | | |
| El Dorado Community Health Center | 95667 | www.edcchc.org | x | | x | | | | | | | | | x | |
| El Hogar Community Services Inc | 95811, 95834 | www.elhogarinc.org | x | x | | | | | | x | x | | | | |
| Elica Health Centers | 95825 | www.elicahealth.org | x | | x | x | x | | | | x | | | x | |
| Elk Grove City Council | 95758 | www.elkgrovecity.org/home | | | | | | | | x | x | | | | |
| Elk Grove Fire Department | 95624 | www.yourcsd.com/968/Fire | | | | | | | | x | x | | | | |
| Elk Grove Food Bank | 95624 | elkgrovefoodbank.org | | x | | | | | | | x | | | | |
| Elk Grove Food Bank (Point Pleasant United Methodist Church) | 95757 | elkgrovefoodbank.org/supporters/partner-churches | | x | | | | | | x | x | | | | |
| Elk Grove Police Department | 95758 | www.elkgrovepd.org | | | | | | | | x | | | | | |
| Elk Grove Unified School District | 95624 | www.egusd.net | x | x | x | | | | x | x | | | | | |
| Elverta Joint Elementary School District | 95626 | www.ejesd.net | | | | | | | x | | | | | | |
| Eskaton | Whole County | www.eskaton.org | x | x | x | | | | | | x | | | | |
| EveryOne Matters Ministries | 95747 | everyonemattersministries.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 | x | | | | |
| Folsom Cordova Community Partnership | 95670 | www.thefccp.org | x | x | x | | | | | | x | | | | |

Organization Information

Significant Health Needs

| Name | Primary ZIP Code | Website | Access to Mental/Behavioral Health and Substance- | Access to Basic Needs Such as Housing, Jobs, and Food | Access to Quality Primary Care Health Services | System Navigation | Injury and Disease Prevention and Management | Health Equity: Equal Access to Opportunities | Active Living and Healthy Eating | Safe and Violence-Free Environment | Increased Community Connections | Access to Specialty and Extended Care | Access to Functional Needs | Access to Dental Care and Preventive Services | Healthy Physical Environment |
|---|------------------|---|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| Food Literacy Center | 95818 | www.foodliteracycenter.org | | X | | | | | X | | X | | | | |
| Foster Hope Sacramento | 95841 | fosterhopesac.org | | X | | | | | | | X | | | | |
| Francis House | 95814 | www.nextmovesacramento.org/francis-house-center | | X | | | | | | | X | | | | |
| Fresher Sacramento | 95820 | www.freshersacramento.com | | X | | | | | X | | X | | | | |
| Fruit Ridge Community Collaborative | 95820 | www.fruitridgecc.org | | X | | | | | X | | | | | | |
| Galt Joint Union School District | 95632 | www.galt.k12.ca.us | | | | | | | X | | | | | | |
| Gardenland Natomas Neighborhood Association (GNNA) | 95835 | www.gnna.info | | | | | | | | | X | | | | |
| Gender Health Center | 95817 | www.thegenderhealthcenter.org/gender-health-center-2/ | X | X | X | X | X | | | X | X | | | | |
| Girls on the Run Greater Sacramento | 95819 | www.gotrsac.org | | | | | | | X | | X | | | | |
| Golden Rule Services | 95823 | sacgrs.org/ | | | X | | X | | | | X | X | | | |
| Goodwill – Sacramento Valley & Northern Nevada | 95826 | www.goodwillsacto.org | | X | | | | | | | X | | | | |
| Grace City - Formally The Grace Network | 95851 | gracecitysac.org/ | | | | | | | | X | | | | | |
| Greater Sacramento Urban League | 95838 | www.gsul.org | | X | | | | | | | X | | | | |
| Greater Sacramento Valley and Nevada Arthritis Foundation | 95815 | www.arthritis.org | | | | | X | | X | | X | | | | |
| Guest House Homeless Clinic | 95811 | www.elhogarinc.org/guest-house-homelessclinic | X | X | | | | | | | | | | | |

Organization Information

Significant Health Needs

| Name | Primary ZIP Code | Website | Access to Mental/Behavioral Health and Substance- | Access to Basic Needs Such as Housing, Jobs, and Food | Access to Quality Primary Care Health Services | System Navigation | Injury and Disease Prevention and Management | Health Equity: Equal Access to Opportunities | Active Living and Healthy Eating | Safe and Violence-Free Environment | Increased Community Connections | Access to Specialty and Extended Care | Access to Functional Needs | Access to Dental Care and Preventive Services | Healthy Physical Environment |
|---|---|--|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| Harm Reduction Services (HRS) | 95817 | hrssac.org | x | | x | x | x | | | | | | | | |
| HART Carmichael | 95609 | carmichaelhart.org | x | x | | x | | | | | | | x | | |
| HART Citrus Heights | 95610 | citrusheightshart.org/resources/navigator | | x | | x | | | | | | | x | | |
| HART Elk Grove | 95759 | www.elkgrovehart.org | | x | | | | | | | | | x | | |
| Health and Life Organization (HALO Cares) – Sacramento Community Clinic | 95823 95815 95827 95834 95660 | halocares.org | x | | x | | x | | | | | x | | | |
| Health Education Council | 95831 | healtheducouncil.org | | | | | | | x | x | x | | | | |
| Health Rights Hotline | 95814 | lawyers.justia.com/legalservices/health-rights-hotline-11068 | | x | | x | | | | | | | | | |
| Health Tech Academy – Valley High School | 95838 | vhs.egusd.net/programs/pathways/health-tech | | x | | | | | | | | | | | |
| Heartland Child and Family Services | 95838, 95821 | doingwhateverittakes.org | x | | | x | | | | | | | | | |
| Helping Hearts Foundation Inc. | 95827 | www.helping-hearts.org | | x | | | | | | x | | | | | |
| Heritage Oaks Hospital | 95841 | heritageoakshospital.com | x | | | | | | | | | | | | |
| HIV/STD Prevention Program | 95828, 95660, 95816, 95820, 95825, 95811, 95823, 95817, 95814 | dhs.saccounty.net/PUB/SexualHealthPromotionUnit/Pages/GI-HIV-STD-Prevention-Program.aspx | | | x | | x | | | | | x | | | |

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|--|------------------|--|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| HIV/STD Surveillance – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/SexualHealthPromotionUnit/Pages/GI-STD-Control.aspx | | | | | X | | | | | | | | |
| Hope Cooperative (aka TLCS, Inc.) | 95825 | hopecoop.org/ | X | X | X | | | | | | X | | | | |
| House of Hope Ministry | 95822 | houseofhopeministrysacramento.org | X | X | | | | | | X | | | | | |
| Human Services Coordinating Council (HSCC) | 95823 | dcfas.saccounty.net/Admin/Pages/HSCC/BC-Human-Services-Coordinating-Council-HSCC.aspx | | X | | | | | | | | | | | |
| Imani Clinic | 95817 | www.imaniclinic.org | X | | X | | X | | | | | | | | |
| Immunization Assistance Program – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Immunization-Assistance-Program/Immunization-Assistance-Program-(IAP).aspx | | | | | X | | | | | | | | |
| Interim HealthCare | 95825 | www.interimhealthcare.com/sacramentocare/home | X | X | X | X | | | | X | X | | | | |
| International Rescue Committee | 95825 | www.rescue.org/united-states/sacramento-ca | | X | | | | | | X | X | | | | |
| Iu-Mien Community Services (IMCS) | 95824 | www.unitediumien.org | X | | X | | X | | | X | X | | | | |
| Johnston Community Center (also referred to as “Johnson” Community Center) | 95815 | www.mutualassistance.org/johnson-center | X | X | | | X | | X | | X | | | | |
| Jubilare Evangelistic Ministries (JEM) | 95834 | jubilare.com | | | | | | | | X | X | | | | |
| Junior League of Sacramento | 95825 | www.jlsac.org | | | | | | | | | X | | | | |
| Kaiser Permanente Sacramento Medical Center | 95825 | healthy.kaiserpermanente.org/northern-california/facilities/sacramento-medical-center-100330 | | | X | X | X | | X | | | X | | | |

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| Kaiser Permanente South Sacramento Medical Center | 95823 | healthy.kaiserpermanente.org/northern-california/facilities/south-sacramento-medical-center-100320 | X | | X | X | X | | X | | | X | | | |
| KidsFirst Auburn | 95603 | www.kidsfirstnow.org | X | X | | X | | | | X | X | | | | |
| La Familia Counseling Center | 95820 | lafcc.org | X | X | X | | X | | X | X | X | | | | |
| Lao Family Community Development, Inc. | 95823 | www.lfcd.org | | X | | | | | X | X | X | | | | |
| Latino Coalition for a Healthy California | 95814 | lchc.org | | | X | | X | | | | | | | | |
| Latino Leadership Council | 95603 | www.latinoleadershipcouncil.org | | | | | | | | | X | | | | |
| Law Enforcement Chaplaincy Sacramento | 95821 | sacchaplains.com | X | | | X | | | | X | X | | | | |
| Lead Poisoning Prevention Program – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Childhood-Illness-Injury-Prevention-Program/LeadPoisoningPrevention/SP-Lead-Poisoning-Prevention.aspx | | | | | X | | | | | | | | |
| Legal Services of Northern California – Health Rights | 95814 | lsnc.net/office/lsnc-health-program | | X | | | | | | | | | | | |
| Life Matters | 95842 | www.lifemattersinc.org/ | | X | | | | | | | X | | | | |
| Lighthouse of Hopeful Hearts | 95189 | www.lighthouseofhopefulhearts.org | | X | | | | | | | | | | | |
| Lilliput Children’s Services | 95610, 95820 | www.lilliput.org | | X | | | | | | | X | | | | |
| LINC Housing | 95838 | www.linchousing.org | | X | | | | | | | X | | | | |
| Loaves and Fishes | 95811 | sacloaves.org | X | X | X | | X | | | X | X | | | | |
| Lutheran Social Services | 95824 | www.lssnorcal.org | | X | | | | | | | X | | | | |

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

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| Mexican Consulate General in Sacramento | 95834 | consulmex.sre.gob.mx | | X | | | | | | X | | | | | |
| Molina Healthcare | 95838, 95823 | www.molinahealthcare.com | | | X | X | | | | | | | | | |
| Mutual Assistance Network | 95838, 95821, 95815 | www.mutualassistance.org | X | X | | | X | | X | | X | | | | |
| My Sister's House | 95818 | www.my-sisters-house.org | X | X | X | | | | | X | X | | | | |
| National Alliance on Mental Illness Sacramento (NAMI) | 95827 | namisacramento.org | X | | | X | | | | | X | | | | |
| National Multiple Sclerosis Society | 95834 | www.nationalsociety.org | | | | | X | | | | | | | | |
| Natomas Crossroads Clinic | 95834 | www.diabeteslocal.org/resource/natomas-crossroads-clinic | | | X | | | | | | | | | | |
| Natomas Unified School District | 95834 | natomasunified.org | X | X | | | | | X | | | | | | |
| NCADD Sacramento | 95825 | www.ncaddsac.org, www.ncadd.org | X | | | | | | | | | | | | |
| Neighborhood Wellness Foundation | 95838 | neighborhoodwellness.org | X | | | | | | | | X | | | | X |
| Neil Orchard Senior Activities Center | 95827 | crpd.com/parks/neil-orchard-senior-activities-center | | | | | | | X | | X | | | | |
| New Testament Baptist Church | 95660 | www.newtestamentbaptchurch.org | | X | | | | | X | X | X | | | | |
| Next Move (SAEH) | 95817 | www.nextmovesacramento.org | | X | X | | | | | X | X | | | | |
| North Franklin District Business Association | 95820 | www.franklinblvddistrict.com/ | | | | | | | | X | X | | | | |
| Nurse Family Partnership – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Nurse-Family-Partnership/The-Nurse-Family-Partnership-Program.aspx | | | | X | X | | | | | X | | | |

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| Oak Park Community Center | 95817 | www.cityofsacramento.org/ParksandRec/Community-Centers/OakParkCenter | | | | | | | X | | X | | | | |
| Oak Park Neighborhood Association | 95817 | www.cityofsacramento.org/economic-development/community-engagement/neighborhood-directory/district5/oak-park-neighborhood-association | | | | | | | | X | | | | | |
| Oak Park Sol Community Garden | 95817 | alchemistcdc.org/broadway-sol/ | | | | | | | X | | X | | | | |
| Obesity Prevention Program – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Chronic-Disease-Prevention-Program/Obesity-Prevention-Program.aspx | | | | | X | | X | | | | | | |
| One Community Health | 95811 95825 | oncommunityhealth.com | X | | X | | | | X | | | | | X | |
| Opening Doors | 95825 | www.openingdoorsinc.org | X | X | | | | | | X | X | | | | |
| Oral Health Program – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/OralHealth/Pages/Oral-Health.aspx | | | | | X | | | | | | | X | |
| Orangevale Food Bank | 95662 | orangevalefoodbank.org | | X | | | | | X | | X | | | | |
| Pacific Counseling and Trauma Center (Pacific Trauma Specialists) | 95630 | www.pacifictraumacenter.com | X | | | | | | | | X | | | | |
| Paratransit, Inc. | 95822 | paratransit.org | | | | | | | | | | | X | | |
| Partners in Care | 95603 | picseniorcare.com | | X | | | | | | | | | | | |
| Paul Hom Asian Clinic | 95819 | www.paulhomasianclinic.com/ | | | X | X | X | | | | X | X | | | |
| Peach Tree Health Sacramento | 95834 | www.pickpeach.org | X | | X | | | | | | | | | X | |
| People Reaching Out (PRO) Youth and Families | 95841 | proyouthandfamilies.org | X | | | | | | | | X | | | | |

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| Pioneer Congregational United Church of Christ | 95816 | pioneerucc.org | | X | | | | | | | X | | | | |
| Planned Parenthood B Street Health Center | 95816 | www.plannedparenthood.org/health-center/california/sacramento/95816/b-street-health-center-2200-90130?utm_campaign=b-street-health-center&utm_medium=organic&utm_source=local-listing | | | X | X | X | | | | | X | | | |
| Planned Parenthood Capitol Plaza Health Center | 95814 | www.plannedparenthood.org/health-center/california/sacramento/95814/capitol-plaza-health-center-2199-90130?utm_campaign=capitol-plaza-health-center&utm_medium=organic&utm_source=local-listing | | | X | X | X | | | | | X | | | |
| Planned Parenthood Fruitridge Health Center | 95820 | www.plannedparenthood.org/health-center/california/sacramento/95820/fruitridge-health-center-2198-90130?utm_campaign=fruitridge-health-center&utm_medium=organic&utm_source=local-listing | | | X | X | X | | | | | X | | | |
| Planned Parenthood North Highlands Health Center | 95660 | www.plannedparenthood.org/health-center/california/north-highlands/95660/north-highlands-health-center-2201-90130?utm_campaign=north-highlands-health-center&utm_medium=organic&utm_source=local-listing | | | X | X | X | | | | | X | | | |

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| Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.) | 95763 | partyprogram.com | | | | | X | | | X | X | | | | |
| PRIDE Industries | 95660, 95826, 95834 | www.prideindustries.com | | X | | | | | | | | | | | |
| Project TEACH | 95826 | www.scoe.net/divisions/ed_services/project_teach/ | | X | | | | | | X | | | | | |
| Public Health Division – Sacramento County Department of Health and Human Services | Entire county | dhs.saccounty.net/PUB/Pages/PUB-Home.aspx | | | X | X | X | | X | | | | | | X |
| Public Health Emergency Preparedness – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Emergency-Preparedness/Pages/SP-Emergency-Preparedness.aspx | | | | | X | | | | | | | | |
| Public Health Laboratory – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Laboratory/Pages/Laboratory-Home.aspx | | | | | X | | | | | | | | |
| radKIDS Children's Safety Education | 27617 | www.radkids.org | | | | | | | | X | X | | | | |
| Rebuilding Together - Sacramento | 95826 | rebuildingtogethersacramento.org | | | | | | | | X | X | | | | |
| River City Food Bank | 95816, 95821 | rivercityfoodbank.org | | X | | | | | X | | X | | | | |
| River Delta Unified School District | 94571 | www.riverdelta.org | | | | | | | X | | X | | | | |
| River Oak Center for Children | 95841 | www.riveroak.org | X | | | | | | | | X | | | | |

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| River Oak Family Resource Center | 95820 | www.riveroak.org/programs/ | x | | | | x | | x | | x | | | | |
| Roberts Family Development Center | 95815 | www.robertsfdc.org | | x | | | | | x | | x | | | | |
| Robla School District | 95838 | www.robla.k12.ca.us | | | x | | | | x | | | | | | |
| Roseville Unified School District | 95661 | www.rjuhsd.us | | | | | | | | x | | | | | |
| Ryan White HIV Care & Treatment – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/SexualHealthPromotionUnit/Pages/RyanWhiteProgram/Ryan-White-Program.aspx | x | | x | x | x | | | | | x | | | |
| Sacramento Children's Home - Meadowview Family Resource Centers | 95822 | www.kidshome.org/what-we-do/family-resource-center | x | | | | x | | x | | x | | | | |
| Sacramento Area Congregations Together (ACT) | 95818 | www.sacact.org | x | x | | | | | | | x | | | | |
| Sacramento Children's Home | 95820 | www.kidshome.org | x | x | | | | | x | x | x | | | | |
| Sacramento Chinese Community Services Center (SCCS) | 95814 | sccsc.org | x | | | | | | x | | x | | | | |
| Sacramento City College – Dental Health Clinic | 95822 | scc.losrios.edu/dentalhealthclinic | | | | | | | | | | | | x | |
| Sacramento City Unified School District | 95824 | www.scusd.edu | x | x | x | | | | | | | | | | |
| Sacramento County Dental Health Program | Whole county | dhs.saccounty.net/PUB/OralHealth/Pages/Oral-Health.aspx | | | | | | | | | | | | x | |
| Sacramento County Department of Health and Human Services | Whole county | dhs.saccounty.net/Pages/DHS-Home.aspx | x | | x | | x | | x | x | | | | | x |

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|---|-----------------------------------|--|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| Sacramento County Department of Human Assistance | Whole county | ha.saccounty.net/Pages/default.aspx | | X | | | | | | | | | | | |
| Sacramento County Office of Education SCOE: Project TEACH | 95826 | www.scoe.net/divisions/ed_services/project_teach/about | | X | | X | | | | | | | | | |
| Sacramento County Women, Infants and Children (WIC) | 95822, 95838, 95820, 95670, 95624 | dhs.saccounty.net/PRI/WIC/Pages/Women-Infants-and-Children-Home.aspx | | X | | X | | | | | | | | | |
| Sacramento Countywide Foster Youth Services | 95826 | www.scoe.net/divisions/ed_services/fys | | X | | | | | | | | | | | |
| Sacramento Court Appointed Special Advocates (CASA) | 95827 | sacramentocasa.org | | | | | | | | X | X | | | | |
| Sacramento Covered | 95811 | www.sacramentocovered.org | | | X | X | | | | | | | | | |
| Sacramento District Dental Foundation | 95825 | www.sdds.org/foundation/ | | | | | | | | | | | | X | |
| Sacramento Emergency Rental Assistance Program (SERA2) | 95825 | www.shra.org/about-shra | | X | | | | | | | | | | | |
| Sacramento Employment and Training Agency (SETA) | 95815 | www.seta.net | | X | | | | | | | | | | | |
| Sacramento Food Bank and Family Services | 95817, 95838 | www.sacramentofoodbank.org | | X | | | | | X | | X | | | | |
| Sacramento Habitat for Humanity | 95811 | habitatgreatersac.org | | X | | | | | | | X | | | | |

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| Sacramento Homeless Union | 95825 | www.sacramentohomelessunion.org | x | | | | | | | | | | | | |
| Sacramento Housing Alliance | 95814 | sachousingalliance.org | | x | | | | | | | x | | | | |
| Sacramento Housing and Redevelopment Agency (SHRA) | 95814 | www.shra.org | | x | | | | | | | | | | | |
| Sacramento Junior Giants | 95811 | www.cityofsacramento.org/ParksandRec/Youth-Division/Youth-Sports-and-Summer-Programs/JR-Giants | | | | | | | x | | x | | | | |
| Sacramento Kindness Campaign | 95864 | www.sackindnesscampaign.org | | x | | | | | | x | x | | x | | |
| Sacramento LGBT Community Center | 95811 | saccenter.org | | x | | x | | | | x | x | | | | |
| Sacramento Life Center (SLC) | 95825 | saclife.org | | | x | | x | | | | x | x | | | |
| Sacramento Native American Health Center, Inc. | 95811 | www.snahc.org | x | | x | | x | | x | x | | x | | | |
| Sacramento Police Foundation | 95822 | sacpolicefoundation.org/wordpress | | | | | | | | | x | | | | |
| Sacramento Regional Coalition to End Homelessness | 95833 | www.srceh.org | | x | | | | | | | | | | | |
| Sacramento Self Help Housing | 95818 | www.sacselfhelp.org | | x | | | | | | | x | | | | |
| Sacramento Steps Forward | 95833 | sacramentostepsforward.org | | x | | | | | | | x | | | | |
| Sacramento Tree Foundation | 95815 | www.sactree.com | | | | | | | | | x | | | | x |

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| Sacramento County Unified School District | 95824 | www.scusd.edu | X | X | | | | | X | X | | | | | |
| Sacramento Violence Intervention Program (SVIP) (WellSpace Health) | 95828 | www.wellspacehealth.org/services/behavioral-health-prevention/sac-violence-intervention-program | | | | X | | | | X | X | | | | |
| Sacramento Women's Health | 95825 | sacwomenshealth.com | | | X | X | X | | | | | X | | | |
| Sacramento Works Job Centers | 95817, 95610, 95670, 95823, 95632, 95838, 95842, 95820, 95824, 95817, 95655, 95828 | sacramentoworks.org | | X | | | | | | | | | | | |
| Safer Alternatives Thru Networking and Education (SANE) | 95815 | www.cleaneedles.org | X | | | X | | | | | | | | | |
| Safety Center | 95827 | safetycenter.org | | | | | X | | | X | X | | | | |
| Saint John's Program for Real Change | 95825 | saintjohnsprogram.org | X | X | | | | | | | X | | | | |
| Sam & Bonnie Pannell Community Center | 95832 | www.cityofsacrametno.org/ParksandRec/Community-Centers/SamBonniePannellCenter | | | | | | | X | | X | | | | |
| San Juan Unified School District | 95608 | www.sanjuan.edu | X | X | | | | | X | X | | | | X | |

Organization Information

Significant Health Needs

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|---|------------------|---|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| San Juan Unified School District (FACE) Department | 95608 | www.sanjuan.edu/Page/525 | | | | | | | | X | X | | | | |
| SeniorCare PACE | 95823, 95818 | www.sutterhealth.org/services/senior-geriatric/senior-pace | | | X | | X | | X | | | X | | | |
| SETA Head Start | 95815 | headstart.seta.net | | X | | | | | X | | X | | | | |
| Sherriff Community Impact Program | 95825 | www.sacscip.org | X | | | | | | X | X | | | | | |
| Shifa Community Clinic | 95818 | www.shifaclinic.org | X | | X | | | | X | | | | | X | |
| Shiloh Baptist Church | 95817 | www.shilohbaptistchurch-sacramento.org | | X | | | | | | | X | | | | |
| Shingle Springs Tribal TANF Program | 95825 | www.shinglespringsrancheria.com/tribal-tanf/ | | X | | | | | | | | | | | |
| Shriner's Hospital for Children | 95817 | www.shrinerschildrens.org/locations/northern-california | | | X | X | X | | | | | X | | | |
| Sierra Health Foundation | 95833 | www.sierrahealth.org | X | | X | | X | | X | X | X | | | | |
| Sierra Vista Hospital | 95823 | sierravistahospital.com | X | | | | | | | | | | | | |
| Slavic Assistance Center | 95825 | www.slaviccenter.us | | X | | | | | | | | | | | |
| Society for the Blind | 95811 | societyfortheblind.org | | | | | X | | | | X | X | | | |
| Soil Born Farms | 95670 | soilborn.org/our-story | | X | | | | | X | X | X | | | | |
| South County Services | 95632 | southcountyservices.net | | X | | | | | | | | | X | | |
| South Natomas Community Center | 95833 | www.cityofsacramento.org/ParksandRec/Community-Centers/SouthNatomasCenter | | | | | | | X | | X | | | | |
| South Sacramento Interfaith Partnership Food Closet | 95822 | www.ssiptfoodcloset.org | | X | | | | | | | | | | | |
| Southeast Asian Assistance Center | 95822 | teamsclc.org/ | X | | | | | | | | X | | | | |

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|---|-------------------|--|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| St. Marks United Methodist Church | 95864 | stmarksumc.com | | X | | | | | | X | X | | | | |
| St. Paul Missionary Baptist Church | 95820 | stpaulsac.org | | | | | | | X | | X | | | | |
| St. Vincent De Paul Good Shepard Catholic Church | 95758 | gsceeg.org | | | | | | | | X | X | | | | |
| St. Vincent de Paul Sacramento Council | 95816 | www.svdp-sacramento.org | | X | | | | | | | X | | | | |
| Stanford Settlement | 95833 | www.stanfordsettlement.org | | X | | | | | X | | X | | X | | |
| Stanford Sierra Youth and Families | 95826 | www.ssyaf.org/ | X | X | | | | | | X | X | | | | |
| Stop Stigma Sacramento Speakers Bureau | Whole county | www.stopstigmatasacramento.org | X | | | | X | | | | | | | | |
| Su Familia- The National Hispanic Family Health Helpline | 20036 | www.healthyamericas@org/help-line | | | X | | | | | | | | | | |
| Sunburst Projects | 95825 | sunburstprojects.org | X | | | | X | | | | X | X | | | |
| Sutter Center for Psychiatry | 95826 | www.sutterhealth.org/find-location/facility/sutter-center-for-psychiatry | X | | | X | | | | | | | | | |
| Sutter Health in Collaboration with WellSpace Health Street Nurse Program | Sacramento County | www.sutterhealth.org/about/street-nurse | | X | | X | X | | | | | | | | |
| Sutter Medical Center, Sacramento | 95616 | www.sutterhealth.org/smcs | X | | X | X | X | | | | | X | | | |
| Terra Nova Counseling | 95628 | www.terranozacounseling.org | X | | | | | | | | | | | | |
| The Cup With Love Project | 95758 | www.cupwithlove.org | | | | | | | | | X | | | | |

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|---|---------------------|---|---|---|--|-------------------|--|--|----------------------------------|------------------------------------|---------------------------------|---------------------------------------|----------------------------|---|------------------------------|
| The Gardens – A Family Care Community Center | 95822 | thegardensfamily.org | x | x | | | x | | | | x | | | | |
| The Keaton Raphael Memorial | 95661 | childcancer.org | | | | | x | | | | 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 | x | | | | |
| The Salvation Army – Adult Rehabilitation Center | 95814 | sacramento.salvationarmy.org/ | x | | | | | | | | x | | | | |
| The SOL Project – Saving Our Legacy, African Americans for Smoke-Free Safe Places | 95814 | www.thesolproject.com | x | | | | | | | | x | | | | |
| Tobacco Education Program – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Tobacco-Education-Program/SP-Tobacco-Education-Program.aspx | | | | | x | | | | | | | | x |
| Triple-R Adult Day Centers - City of Sacramento | 95816 | www.cityofsacramento.org/ParksandRec/Recreation/older-adult-services/Programs/TripleR | | | | | | | | | x | | | | |
| Turning Point Community Programs | 95827 | www.tpcp.org | x | x | | | | | | | | | | | |
| Twin Lakes Food Bank | 95630 | www.twinlakesfoodbank.org/ | | x | | | | | | | x | | | | |
| Twin Rivers Unified School District | 95660 | www.twinriversusd.org | x | x | | | | | x | | | | | | |

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| U.S. Department of Veterans Affairs – Sacramento Vet Center | 95825 | www.va.gov/directory/guide/facility.asp?ID=521 | x | x | | | | | | | | | | | |
| UC Davis Medical Center | 95817 | health.ucdavis.edu/medicalcenter/ | x | | x | x | x | | | | | x | | | |
| United Cerebral Palsy of Sacramento and Northern California | 95841 | ucpsacto.org | | | | | x | | | | x | | | | |
| VA Northern California Health Care System | 95655 | www.va.gov/northern-california-health-care/ | x | x | x | x | x | | | | | x | | | |
| Valley Hi Family Resource Center | 95823 | valleyhifrc.com/ | x | | | | | | | | x | | | | |
| Visions Unlimited | 95823 | www.vuinc.org | x | | | | | | | | | | | | |
| Vital Records – Sacramento County Public Health | Whole county | dhs.saccounty.net/PUB/Pages/Birth-and-Death-Certificates/Sacramento-County-Vital-Records.aspx | | | | | x | | | | | | | | |
| Volunteers of America – Northern California & Northern Nevada | 95821 | www.voa-ncnn.org/ | | x | | | | | | | x | | | | |
| Waking the Village | 95816 | www.wakingthevillage.org | | x | | | | | x | x | | | | | |
| WALK Sacramento | 95814 | www.walksacramento.org | | | | | | | x | | | | | | |
| Warmline Family Resource Center | 95818 | www.warmlinefrc.org | | | | | x | | | | x | | | | |
| WEAVE | 95811 | www.weaveinc.org | x | x | | | | | | x | x | | | | |
| Wellness and Recovery Center – Consumers Self Help | 95608, 95823 | www.consumersselfhelp.org/wrc-north, www.consumersselfhelp.org/wrc-sourth-1 | x | | | | | | | | x | | | | |
| Wellness Within | 95678 | www.wellnesswithin.org | | | | | x | | x | | x | | | | |

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| WellSpace Health | 95632 95823 95826 95841 95828 95610 95621 95827 95834 95817 95660 95811 95820 95630 95821 95814 | www.wellspacehealth.org | X | | X | X | X | | | X | | X | | X | |
| WellSpace Health Residential Treatment Center | 95815 | www.wellspacehealth.org/services.counseling-prevention/addictions-counseling | X | | | X | | | | | | | | | |
| Wellspring Women’s Center | 95817 | www.wellspringwomen.org | X | | | X | | | X | | X | | | | |
| Wind Youth Services | 95817 | www.windyouth.org | X | X | | | | | | | X | | | | |
| Women’s Empowerment | 95811 | womens-empowerment.org | X | X | | | | | | | | | | | |
| World Relief Sacramento | 95660 | worldrelief.org/sacramento | | X | | X | | | | | X | | | | |
| YMCA of Superior California | 95818 | www.ymcasuperiorcal.org | | X | | | | | X | X | X | | | | |
| Yoga Seed Collective | 95814 | theyogaseed.org | | | | | | | X | | | | | | |
| YWCA | 95811 | www.ywcaccc.org/sacramento | X | X | | | X | | | | X | | | | |

Limits and Information Gaps

Study limitations for this CHNA included obtaining secondary quantitative data specific to population subgroups, and ensuring community representation through primary data collection. Most quantitative 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.

Related to primary data collection, gaining access to participants that best represented the populations needed for this assessment was a challenge for the key informant interviews, focus groups and CSP survey. The COVID-19 pandemic made it more difficult to recruit community members to participate in focus groups. Though an effort was made to verify all resources (assets) through a web search, ultimately some resources that exist in the service area may not be listed.

Finally, though this CHNA was conducted with an equity focus, data that point to differences among population subgroups that are more “upstream” focused are not as readily available as those data that detail the resulting health disparities. Having a clearer picture of early-in-life opportunity differences, as experienced by various populations, that result in later-in-life disparities can help direct community health improvement efforts for maximum impact.