



2025 Community Health Needs Assessment Technical Section

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2025 Community Health Needs Assessment Technical Section

Conducted on behalf of

UC Davis Health
UC Davis Medical Center
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Sacramento, CA 95817

Conducted by



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Acknowledgments

We appreciate the many dedicated individuals who contributed to this community health needs assessment conducted on behalf of the healthcare systems serving Sacramento County. This assessment was enriched by the time and expertise of community health experts and members of various social service organizations serving the most vulnerable members of the community. 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. To everyone who supported this important work, we extend our heartfelt gratitude.

Community Health Insights conducted the assessment on behalf of the healthcare systems serving 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:

- **Dale Ainsworth, PhD, MSOD**, Managing Partner of Community Health Insights and Associate Professor of Public Health at California State University, Sacramento
- **Heather Diaz, DrPH, MPH**, Managing Partner of Community Health Insights and Professor of Public Health at California State University, Sacramento
- **Mathew Schmidlein, PhD, MS**, Managing Partner of Community Health Insights and Professor of Geography at California State University, Sacramento
- **Traci Van**, Senior Community Impact Specialist of Community Health Insights



Table of Contents

2025 CHNA Technical Section

Results of Data Analysis

CHNA Methods and Processes

Detailed Analytical Methodology

Detailed List of Resources to Address Health Needs

Limits and Information Gaps

1

1

1

3

4

5

6

8

9

11

13

17

28

28

29

44

45

75



List of Tables

Table 1: County length of life indicators compared to state benchmarks.....	1
Table 2: County quality of life indicators compared to state benchmarks.....	3
Table 3: County health behavior indicators compared to state benchmarks.....	4
Table 4: County clinical care indicators compared to state benchmarks.....	5
Table 5: County socio-economic and demographic factors indicators compared to state benchmarks.....	6
Table 6: County physical environment indicators compared to state benchmarks.....	8
Table 7: Key informant list.....	11
Table 8: Focus group list.....	13
Table 9.1 & 9.2: Service provider survey results for Sacramento County (N=63).....	15
Table 10: Mortality indicators used in Community of Concern Identification.....	17
Table 11: Health factor and health outcome indicators used in health need identification.....	19
Table 12: Sources and time periods for indicators obtained from County Health Rankings.....	22
Table 13: 2025 Potential Health Needs.....	30
Table 14: Primary themes and secondary indicators associated with PHN1.....	31
Table 15: Primary themes and secondary indicators associated with PHN2.....	32
Table 16: Primary themes and secondary indicators associated with PHN3.....	33
Table 17: Primary themes and secondary indicators associated with PHN4.....	34
Table 18: Primary themes and secondary indicators associated with PHN5.....	34
Table 19: Primary themes and secondary indicators associated with PHN6.....	35
Table 20: Primary themes and secondary indicators associated with PHN7.....	36
Table 21: Primary themes and secondary indicators associated with PHN8.....	37
Table 22: Primary themes and secondary indicators associated with PHN9.....	38
Table 23: Primary themes and secondary indicators associated with PHN10.....	39
Table 24: Primary themes and secondary indicators associated with PHN11.....	40
Table 25: Primary themes and secondary indicators associated with PHN12.....	41
Table 26: Benchmark comparisons to show indicator performance.....	42
Table 27: Resources available to meet health needs.....	45

List of Figures

Figure 1: Community Health Assessment Conceptual Model as modified from the County Health Rankings Model, Robert Wood Johnson Foundation, and University of Wisconsin, 2015.....	9
Figure 2: CHNA process model for the Sacramento County CHNA.....	10
Figure 3: Community of Concern identification process.....	28
Figure 4: Significant health need identification process.....	29

2025 CHNA Technical Section

The following presents a detailed account of data collection, analysis, and results for the community health needs assessment (CHNA) conducted in Sacramento County on behalf of the participating local hospitals. For this assessment, Sacramento County was designated as the hospital service area (HSA).

The main report can be found online at health.ucdavis.edu/about/community-engagement/.

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 in yellow 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				
Infant Mortality	Number of 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 residents under age 18 per 100,000 population.	46.8	37.7	Sacramento: 46.8 California: 37.7
Life Expectancy	Average number of years people are expected to live.	78.4	79.9	Sacramento: 78.4 California: 79.9
Overall				
Premature Age-Adjusted Mortality	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	361.8	318.5	Sacramento: 361.8 California: 318.5
Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	7,324.6	6,373.2	Sacramento: 7,324.6 California: 6,373.2
Stroke Mortality	Number of deaths due to stroke per 100,000 population.	53.8	44.7	Sacramento: 53.8 California: 44.7
Chronic Lower Respiratory Disease Mortality	Number of deaths due to chronic lower respiratory disease per 100,000 population.	35.5	32.1	Sacramento: 35.5 California: 32.1

Indicators	Description	Sacramento	California	
Diabetes Mortality	Number of deaths due to diabetes per 100,000 population.	32.5	27.5	Sacramento: 32.5 California: 27.5
Heart Disease Mortality	Number of deaths due to heart disease per 100,000 population.	165.2	164.4	Sacramento: 165.2 California: 164.4
Hypertension Mortality	Number of deaths due to hypertension per 100,000 population.	18.0	15.5	Sacramento: 18 California: 15.5
Cancer, Liver, and Kidney Disease				
Cancer Mortality	Number of deaths due to cancer per 100,000 population.	168.0	152.0	Sacramento: 168 California: 152
Liver Disease Mortality	Number of deaths due to liver disease per 100,000 population.	15.6	15.7	Sacramento: 15.6 California: 15.7
Kidney Disease Mortality	Number of deaths due to kidney disease per 100,000 population.	7.1	11.2	Sacramento: 7.1 California: 11.2
Intentional and Unintentional Injuries				
Suicide Mortality	Number of deaths due to suicide per 100,000 population.	12.9	11.0	Sacramento: 12.9 California: 11
Unintentional Injuries Mortality	Number of deaths due to unintentional injuries per 100,000 population.	54.3	46.0	Sacramento: 54.3 California: 46
Other				
Alzheimer's Disease Mortality	Number of deaths due to Alzheimer's disease per 100,000 population.	52.5	44.0	Sacramento: 52.5 California: 44
Influenza and Pneumonia Mortality	Number of deaths due to influenza and pneumonia per 100,000 population.	14.0	14.5	Sacramento: 14 California: 14.5

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 (age-adjusted).	10.6%	10.8%	Sacramento: 10.6% California: 10.8%
Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	7.1%	7.1%	Sacramento: 7.1% California: 7.1%
HIV Prevalence	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	349.8	411.4	Sacramento: 349.8 California: 411.4
Disability	Percentage of the total civilian noninstitutionalized population with a disability	12.3%	11.0%	Sacramento: 12.3% California: 11%
Mental Health				
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	5.3	4.7	Sacramento: 5.3 California: 4.7
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).	16.1%	14.6%	Sacramento: 16.1% California: 14.6%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.6	3.1	Sacramento: 3.6 California: 3.1
Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted).	10.8%	9.5%	Sacramento: 10.8% California: 9.5%
Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	16.3%	15.8%	Sacramento: 16.3% California: 15.8%
Cancer				
Colorectal Cancer Prevalence	Colon and rectum cancers per 100,000 population (age-adjusted).	36.0	33.9	Sacramento: 36 California: 33.9
Breast Cancer Prevalence	Female in situ breast cancers per 100,000 female population (age-adjusted).	124.1	122.4	Sacramento: 124.1 California: 122.4

Indicators	Description	Sacramento	California	
Lung Cancer Prevalence	Lung and bronchus cancers per 100,000 population (age-adjusted).	46.1	38.0	Sacramento: 46.1 California: 38
Prostate Cancer Prevalence	Prostate cancers per 100,000 male population (age-adjusted).	85.1	96.8	Sacramento: 85.1 California: 96.8
Other				
Asthma ED Rates	Emergency department visits due to asthma per 10,000 (age-adjusted).	352.0	237.0	Sacramento: 352 California: 237
Asthma ED Rates for Children	Emergency department visits due to asthma among ages 5–17 per 10,000 population ages 5–17 (age-adjusted).	283.0	239.0	Sacramento: 283 California: 239

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).	16.6%	17.2%	Sacramento: 16.6% California: 17.2%
Drug Induced Death	Drug induced deaths per 100,000 (age-adjusted).	22.9	21.4	Sacramento: 22.9 California: 21.4
Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	31.7%	27.8%	Sacramento: 31.7% California: 27.8%
Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	19.8%	19.9%	Sacramento: 19.8% California: 19.9%
Limited Access to Healthy Foods	Percentage of population who are low-income and do not live close to a grocery store.	4.2%	3.2%	Sacramento: 4.2% California: 3.2%
Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	8.3	8.6	Sacramento: 8.3 California: 8.6
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	98.7%	94.2%	Sacramento: 98.7% California: 94.2%

Indicators	Description	Sacramento	California	
Chlamydia Incidence	Number of newly diagnosed chlamydia cases per 100,000 population.	481.1	488.2	Sacramento: 481.1 California: 488.2
Teen Birth Rate	Number of births per 1,000 female population ages 15–19.	12.5	12.7	Sacramento: 12.5 California: 12.7
Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	12.7%	8.8%	Sacramento: 12.7% California: 8.8%

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.	No		Sacramento: No 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: Yes California:
Medically Underserved Area	Presence of a medically underserved area within the county.	Yes		Sacramento: Yes California:
Mammography Screening	Percentage of female Medicare enrollees ages 65–74 who received an annual mammography screening.	36.0%	36.0%	Sacramento: 36% California: 36%
Dentists	Dentists per 100,000 population.	82.3	92.9	Sacramento: 82.3 California: 92.9
Mental Health Providers	Mental health providers per 100,000 population.	438.7	449.8	Sacramento: 438.7 California: 449.8
Psychiatry Providers	Psychiatry providers per 100,000 population.	15.4	14.0	Sacramento: 15.4 California: 14

Indicators	Description	Sacramento	California	
Specialty Care Providers	Specialty care providers (non-primary care physicians) per 100,000 population.	238.0	202.7	Sacramento: 238 California: 202.7
Primary Care Providers	Primary care physicians per 100,000 population + other primary care providers per 100,000 population.	175.2	167.6	Sacramento: 175.2 California: 167.6
Preventable Hospitalization	Preventable hospitalizations per 100,000 (age-sex-poverty adjusted rate)	978.8	972.0	Sacramento: 978.8 California: 972

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.	6.4	5.2	Sacramento: 6.4 California: 5.2
Firearm Fatalities Rate	Number of deaths due to firearms per 100,000 population.	9.9	8.2	Sacramento: 9.9 California: 8.2
Juvenile Arrest Rate	Felony juvenile arrests per 1,000 juveniles	1.5	1.5	Sacramento: 1.5 California: 1.5
Motor Vehicle Crash Death	Number of motor vehicle crash deaths per 100,000 population.	11.9	10.4	Sacramento: 11.9 California: 10.4
Education				
Some College	Percentage of adults ages 25–44 with some post-secondary education.	67.9%	67.6%	Sacramento: 67.9% California: 67.6%
High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	88.4%	84.4%	Sacramento: 88.4% California: 84.4%
Disconnected Youth	Percentage of teens and young adults ages 16–19 who are neither working nor in school.	6.9%	6.6%	Sacramento: 6.9% California: 6.6%
Third Grade Reading Level	Average grade level performance for 3 rd graders on English Language Arts standardized tests.	2.8	2.9	Sacramento: 2.8 California: 2.9

Indicators	Description	Sacramento	California	
Third Grade Math Level	Average grade level performance for 3 rd 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.	3.9%	4.2%	Sacramento: 3.9% California: 4.2%
Family and Social Support				
Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	24.9%	22.4%	Sacramento: 24.9% California: 22.4%
Social Associations	Number of membership associations per 10,000 population.	7.0	6.0	Sacramento: 7 California: 6
Residential Segregation (Black/White)	Index of dissimilarity where higher values indicate greater residential segregation between Black and White county residents.	46.5	58.0	Sacramento: 46.5 California: 58
Income				
Children Eligible for Free Lunch	Percentage of children enrolled in public schools that are eligible for free or reduced price lunch.	54.5%	57.8%	Sacramento: 54.5% California: 57.8%
Children in Poverty	Percentage of people under age 18 in poverty.	15.4%	15.3%	Sacramento: 15.4% California: 15.3%
Median Household Income	The income where half of households in a county earn more and half of households earn less.	\$83,985.0	\$91,517.0	Sacramento: \$83,985 California: \$91,517
Uninsured Population under 64	Percentage of adults under age 65 without health insurance.	7.3%	9.8%	Sacramento: 7.3% California: 9.8%
Income Inequality	Ratio of household income at the 80 th percentile to income at the 20 th percentile.	4.6	5.2	Sacramento: 4.6 California: 5.2

Physical Environment

Table 6: County physical environment indicators compared to state benchmarks.

Indicators	Description	Sacramento	California	
Housing				
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.	21.2%	25.7%	Sacramento: 21.2% California: 25.7%
Severe Housing Cost Burden	Percentage of households that spend 50% or more of their household income on housing.	17.5%	19.7%	Sacramento: 17.5% California: 19.7%
Homeownership	Percentage of owner-occupied housing units.	58.3%	55.6%	Sacramento: 58.3% California: 55.6%
Homelessness Rate	Number of homeless individuals per 100,000 population.	587.7	460.9	Sacramento: 587.7 California: 460.9
Transit				
Households with no Vehicle Available	Percentage of occupied housing units that have no vehicles available.	6.2%	6.9%	Sacramento: 6.2% California: 6.9%
Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	39.3%	41.6%	Sacramento: 39.3% California: 41.6%
Access to Public Transit	Percentage of population living near a fixed public transportation stop	63.0%	71.1%	Sacramento: 63% California: 71.1%
Air and Water Quality				
Pollution Burden Percent	Percentage of population living in a census tract with a CalEnviroscreen 4.0 pollution burden score percentile of 50 or greater	22.1%	50.6%	Sacramento: 22.1% California: 50.6%
Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	8.4	7.1	Sacramento: 8.4 California: 7.1
Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	No		Sacramento: No California:
Climate				
Drought Frequency	Percentage of weeks a county was shown as in a moderate or more severe drought by the United States Drought Monitor from 2000–2021.	39.0%	40.0%	Sacramento: 39% California: 40%
Projected Difference in Extreme Heat Days	Projected difference in extreme heat days as compared to the historical period, 2016–2045, RCP 8.5 emissions scenario, 99 th percentile temperature threshold.	8.0	7.9	Sacramento: 8 California: 7.9
Projected Difference in Extreme Precipitation Days	Projected difference in extreme precipitation days as compared to the historical period, 2016–2045, RCP 8.5 emissions scenario, 99 th percentile precipitation threshold.	0.0	0.3	Sacramento: 0 California: 0.3
Wildfire Probability	Mean annual probability of wildfire burning in 30 meter grid cells within the location.	0.0%	0.2%	Sacramento: 0% California: 0.2%

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 populations' individual health-related characteristics in terms of how they relate to up- or down-stream 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 that describe interrelated individual, environmental, and community characteristics. These health factors are influenced by underlying policies and programs.

This model was used to guide the selection of secondary indicators in this analysis as well as to express in general how these upstream health factors lead to the downstream health outcomes. It also suggests that poor health outcomes within 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.

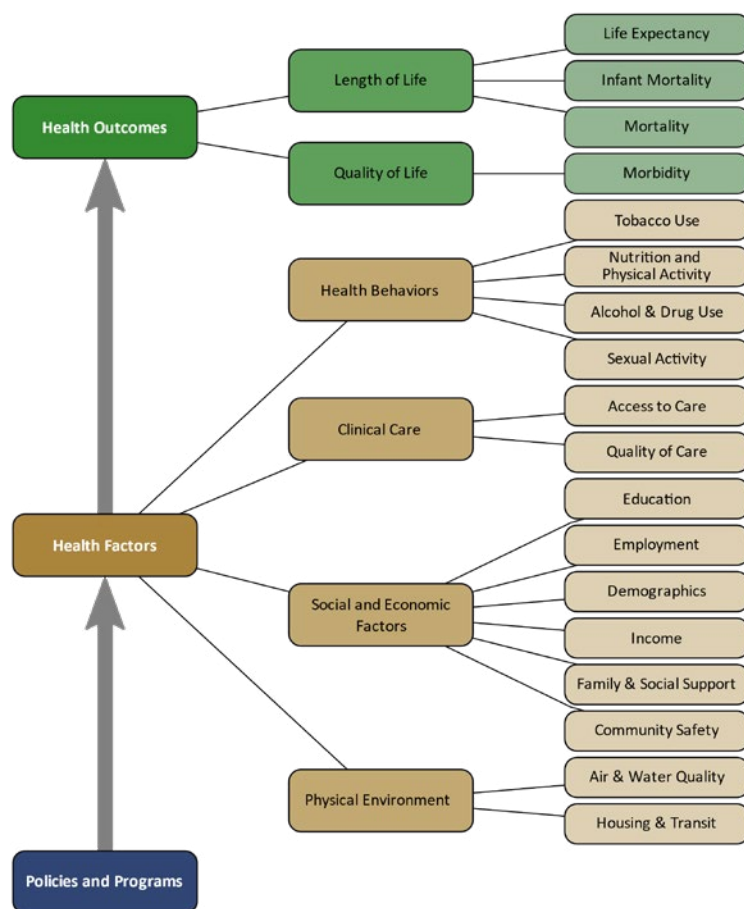


Figure 1: Community Health Assessment Conceptual Model as modified from the County Health Rankings Model, Robert Wood Johnson Foundation, and University of Wisconsin, 2015.

Process Model

Figure 2 outlines the data collection and analysis stages of this process. The project began by confirming the HSA 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 survey (CSPS). 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 for the HSA. Significant health needs were 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 the next two sections. This is followed by a more detailed description of the methodology utilized during the main analytical stages of the process.

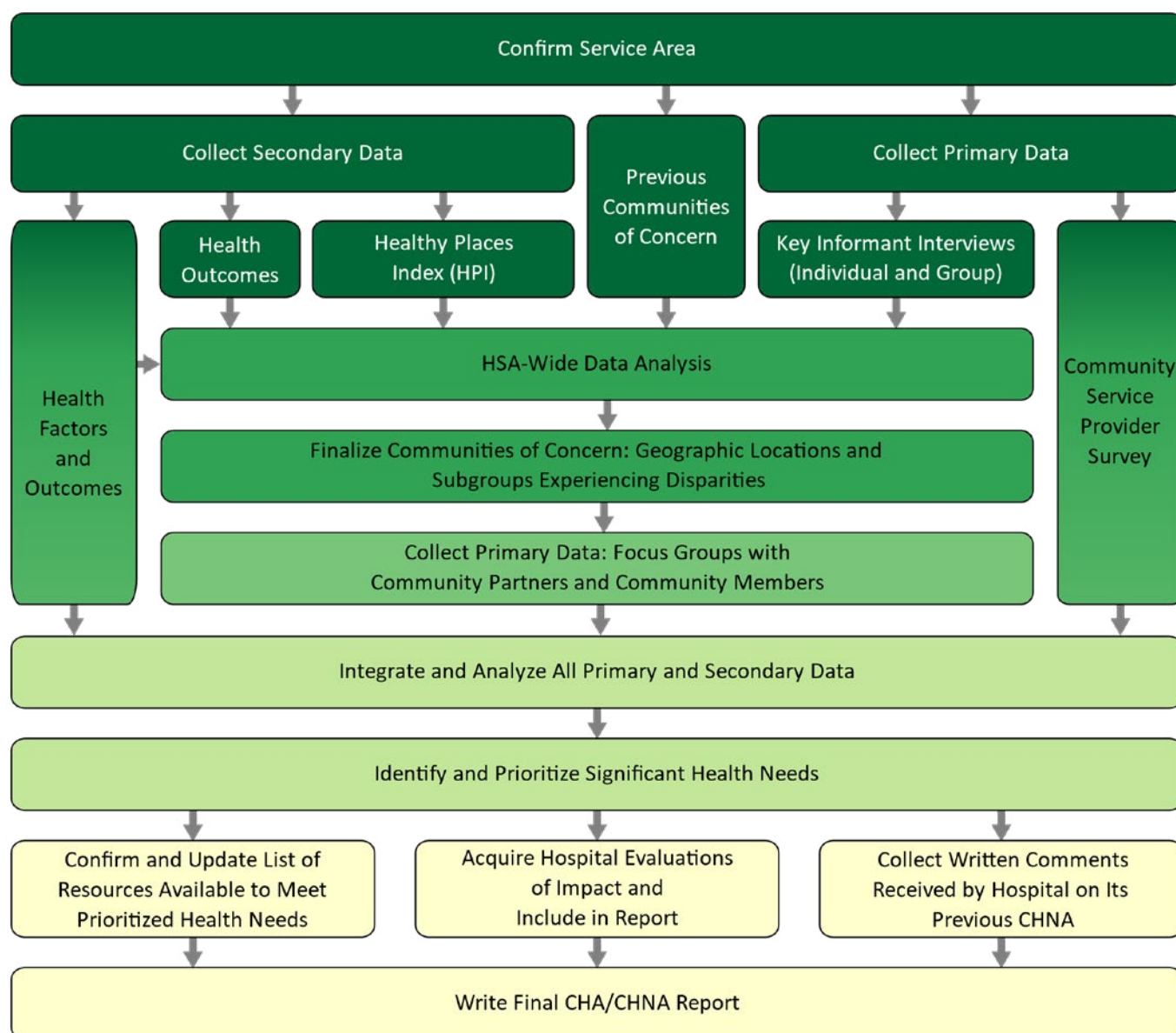


Figure 2: CHNA process model for the Sacramento County CHNA.

Primary Data Collection and Processing

Primary Data Collection

Input from the community served by the participating hospitals 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. Phase one began by interviewing area-wide service providers with knowledge of the service area, including input from the relevant Public Health Department. Data from these area-wide informants, coupled with socio-demographic data, was 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 HSA 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
Sutter Medical Center Sacramento	03/20/2024	3	Acute Care Hospital: Healthcare services	All residents of Sacramento County
Sacramento County Public Health	03/20/2024	4	Public Health	All residents of Sacramento County
Community HealthWorks (formerly Sac Covered)	03/21/2024	3	Healthcare outreach and enrollment	All residents of Sacramento County
Methodist Hospital	03/27/2024	4	Acute Care Hospital: Healthcare services	All residents of Sacramento County
Wellspace Health	03/27/2024	1	FQHC: Healthcare services	Low income, medically underserved, racial or ethnic minorities
Mercy Hospital of Folsom	03/27/2024	4	Acute Care Hospital: Healthcare services	All residents of Sacramento County
Sierra Health Foundation	03/27/2024	1	Community health	All residents of Sacramento County

Organization	Date	Number of Participants	Area of Expertise	Populations Served
Mercy General Hospital	04/01/2024	1	Acute Care Hospital: Healthcare services	All residents of Sacramento County
Mercy San Juan Medical Center	04/03/2024	2	Acute Care Hospital: Healthcare services	All residents of Sacramento County
UC Davis Medical Center	04/04/2024	4	Acute Care Hospital: Healthcare services	All residents of Sacramento County
La Familia	04/24/2024	1	Behavioral, mental, physical health services; employment and education	Low income; medically underserved, racial or ethnic minorities; immigrants
Valley Vision	04/24/2024	1	Climate and environmental health	All residents of Sacramento County
Mutual Assistance Center	04/25/2024	2	Community Based Organization; Social and economic infrastructure	Low income, medically underserved, racial or ethnic minorities
National Alliance on Mental Illness (NAMI)	04/25/2024	1	Mental health	All residents of Sacramento County
Sacramento Native American Health Center	05/01/2024	1	Healthcare services	Low income; medically underserved, racial or ethnic minorities
Sacramento Food Bank & Family Services	05/07/2024	1	Community based organization; social services	Low income, food insecure; immigrants and refugees
Roberts Family Development Center	05/13/2024	2	Education, advocacy, enrichment programs	Families in the Greater Sacramento Area
Pro Youth & Family	05/14/2024	1	Youth engagement, leadership development, mental health initiatives	Sacramento area youth
Greater Sacramento Urban League	05/16/2024	1	Economic self-reliance, education, civil rights	Black and other historically marginalized people
Neighborhood Wellness Foundation	05/17/2024	1	Community resources, education and advocacy	Del Paso Heights
CA Endowment Building Healthy Communities	06/05/2024	1	Initiative addressing health inequities	South Sacramento; low income, racial and ethnic minorities
WIND Youth Services	06/11/2024	1	Supportive services and resources	At risk, unhoused youth ages 12–24
Opening Doors	06/27/2024	2	Community resources, referrals and education	Immigrants, refugees, sex traffic survivors

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 or populations experiencing a disparate amount of poor socioeconomic conditions and poor health outcomes. Recruitment consisted of referrals from designated service providers representing the identified populations, as well as direct outreach to population groups.

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

Table 8: Focus group list.

Hosting Organization	Date	Number of Participants	Population Represented
La Familia Counseling Center	06/18/2024	10	Low income and medically underserved; limited English-speaking
Latino Leadership Council	06/20/2024	7	Low income, at risk, limited English speaking
WIND Youth Services	06/26/2024	9	Youth experiencing homelessness; LGBTQ, Hispanic, African American
Neighborhood Wellness	07/02/2024	19	Low income, at risk, African American community members
Sacramento Steps Forward	07/08/2024	7	People experiencing homelessness
Sacramento LGBT Center	07/30/2024	9	LGBTQ community
Health Education Council	07/30/2024	8	At risk, underserved, low income; immigrants and refugees
Greater Sacramento Urban League	07/31/2024	4	Black and other marginalized populations; historically underserved individuals
Helping Hands St. Vincent De Paul Food Bank	07/31/2024	10	Low income, unhoused
Opening Doors	08/05/2024	7	Low income refugees
Asian Resources, Inc.	08/06/2024	8	Low income, immigrant, Asian
Folsom Cordova Partnership	08/08/2024	9	Economically challenged individuals and families

Primary Data Processing

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

Community Service Provider Survey

A web-based survey was administered to community service providers (CSPs) who delivered health and social services to community residents of the HSA. A list of CSPs who have worked with the nonprofit hospitals included in this report was used as an initial sampling frame. An email recruitment message was sent to these CSPs detailing the survey aims and inviting them to participate. Participants were also encouraged to forward the recruitment message to other CSPs in their networks. The survey was designed and distributed using an online survey platform and was available for approximately

two weeks. Sixty-three respondents completed the survey. Survey respondents were asked if they would like the organizations they represented to be acknowledged in the report. The organizations represented by those respondents who requested acknowledgement are as follows.

We thank all respondents for their participation in this process:

The Sacramento Environmental Justice Coalition (Sac-EJC.org), WellSpace Health, Sierra Sacramento Valley Medical Society, Society for the Blind, Turning Point Community Programs, Waking the Village, PRO Youth & Families, The Race and Gender Equity Project, Sacramento Steps Forward, WEAVE Inc., Consumers Self Help Center/Sustainable Wellness Solutions, Citrus Heights HART, World Relief Sacramento, Sacramento Regional Coalition to End Homelessness, Sacramento Area Congregations Together, Law Enforcement Chaplaincy Sacramento, Sacramento Regional Family Justice Center, Stanford Settlement Neighborhood Center, La Familia Counseling Center, Lutheran Social Services of Northern California, Project Lifelong, Wellspring Women's Center, YMCA of Superior California, Mercy Housing, Food Literacy Center, Hmong Youth and Parents United, Sacramento Kindness Campaign, Sacramento ACT, Neighborhood Wellness Foundation, First Step Communities, Greater Sacramento Urban League, Bridging Initiatives International, Community HealthWorks, International Rescue Committee (IRC), Sacramento, Opening Doors, Inc.

After providing contextual information including the county they served and their affiliated organization(s), survey respondents were shown a list of previously identified potential health needs and asked to indicate 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 could 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, respondents who provided service in multiple counties were given the opportunity to provide feedback for each county in which they worked.

When the survey period was over, incomplete and duplicate responses were removed from the dataset and the survey responses were double-checked for accuracy. Descriptive statistics and frequencies were used to summarize responses for the health needs. This information was used along with other data sources to identify and rank significant health needs in the community, and to describe how the health needs are expressed. A snapshot of the results for Sacramento County are presented in Table 9.



Table 9.1 & 9.2: Service provider survey results for Sacramento County (N=63).

Most Frequently Reported Health Needs	% Reporting
Access to Mental/Behavioral Health and Substance-Use Services	87.3
Access to Basic Needs	85.7
Health Equity	77.8
A Safe and Violence-Free Environment	76.1
System Navigation	71.4
Access to Quality Primary Care Health Services	71.4

Top 3/ Priority (Most Frequently Reported Characteristics)	% Reporting
Access to Basic Needs	70.6
Housing is unaffordable.	
Additional low-income housing options are needed.	
Services for homeless residents are insufficient.	
Many people in the area do not make a living wage.	
Access to Mental/Behavioral Health and Substance-Use Services	70.6
There aren't enough mental health providers or treatment centers (e.g., psychiatric beds, therapists, support groups).	
It's difficult to navigate mental/behavioral health care.	
There aren't enough Substance-Use treatment services available (e.g., detox centers, rehabilitation centers).	
There aren't enough services for those who are homeless and experiencing mental/behavioral health and/or Substance-Use issues.	
System Navigation	29.3
It is difficult to navigate multiple, different health care systems.	
Automated phone systems can be difficult for those unfamiliar with the healthcare system.	
Some people just don't know where to start in order to access care or benefits.	

Open-ended responses: Is there anything else you'd like to tell us about the unmet health needs in Sacramento County?

- Care coordination for those with co-occurring disorders and/or challenges is needed.
- We need to be able to use one data system for better patient coordination. Currently, we may interact with patients that are assigned to providers or enrolled in CalAIM. It's challenging to check a system to get the enrollment information. It can take multiple calls or checking on various systems to find out if someone is enrolled and more time and calls to let the provider know we have their patient.
- All healthcare for the homeless must be able to "meet individuals where they are."
- Hospital systems in Sacramento County consistently discharge unhoused patients to the streets with no ongoing services. These patients are often discharged in the middle of the night with literally nowhere to go. Additionally, the increased encampment sweeps in Sacramento County are devastating to unhoused folks' health and safety. Their survival supplies and medications are routinely destroyed, they are forced to disperse which increase isolation amongst this population and greatly decreases safety, particularly for unhoused females. These hospital systems have community power and could make a real difference in how folks are treated in Sac County, starting with how they are treated when in hospital.
- There is a great need for not only state and county hospitals for the homeless population, but for mental health services of our community members and the people who serve our community, like first responders and their families.
- The lack of access to partial hospitalization programs for those people who have Medi-Cal insurance. After a person is released from inpatient mental health treatment, they really need the additional 6-week program so that they can re-integrate into the community with all of the supports they need. The program itself is not covered at all by Medi-Cal. And, for folks who are affected by homelessness, they are not eligible for the program because they do not have a safe place to return to in the evening. If grant funding would pay for lodging through a non-profit partner as well as a resource and housing specialist, the "homelessness problem" would be solved while they were in the partial hospitalization program. Six weeks is a reasonable amount of time to get a person prioritized in public housing or potentially housed in permanent housing....But, how can we get the program itself paid through Medi-Cal? This is such a gap in resources for a population who gets a really bad reputation on the streets. But we are not supplying what they need in order to have their needs met and to become housed and sustainable. They truly need this medical treatment. How can we convince Medi-Cal to meet this need? We have work to do.
- With a county where over 600,000 people have some kind of public assistance, they are one crisis away from homelessness. Elected officials and policy makers are not prepared to handle any kind of social-economic nor environmental crisis. The record breaking heatwaves and the poor response to help the poor is a warning sign of things to come. Unless Regional Public Health leader can effectively intervene.
- They are very few resources available in the suburbs. Homeless and at-risk residents do not want to go downtown for shelter, treatment, etc. Mental health and Substance-Use are major problems. We can provide Suboxone and anti-nausea but, with no beds available, it is very difficult to detox off the street. Fentanyl and ketamine are main drugs of choice replacing meth to some extent.
- We don't invest enough in the prevention of health care/ mental health, youth substance abuse programs.
- Sacramento is a very diverse city and health care needs to embrace that diversity.
- Our schools provide healthy food, and if our food insecure students learn to eat it, we can do a lot to protect their health. The Food Literacy Center is told by the school lunch program that in schools with food literacy classes, the students eat more and a wider variety from the salad bars. Our take-home recipe kits have been wildly popular with parents and grandparents. When we increase food literacy alongside food access, we see families eating healthier together! We need more of this.
- We need to prioritize putting money into the hands of folks with limited incomes. This can be affordable housing, emergency rental assistance funds, or basic income guarantees. People are poor because they do not have enough money. Remove the stigma about dishonesty, scheming and blame. People need help.
- We are in great need of neighborhood navigators and providers that are qualified and compassionate and patient enough to serve optimally. There needs to be educational sessions and CE for those providing services. It's not training that's needed, it's education and capacity development that looks at oneself before providing services to others.

Secondary Data Collection and Processing

We use “secondary data” to refer 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 within the HSA. This section details the data sources and processing steps used to obtain the secondary data used in each of these steps and prepare them for analysis.

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 2018–2022 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
Assault (homicide)	U01-U02, X85-Y09, Y87.1
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 needed to be 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)

¹ Public Health Alliance of Southern California. 2024. Access the latest HPI data. Data files for individual indicators and HPI score. Retrieved 20 Feb 2024 from <https://api.healthypacesindex.org/documentation>.

² California Department of Public Health. 2024. California Comprehensive Master Death File (Static), 2018–2022.

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. However, the difference in the definition between mailing ZIP Codes and ZCTAs has two important implications for analyses of ZIP Code level data.

First, ZCTAs are approximate representations of ZIP Codes rather than exact matches. While this is not ideal, it is nevertheless the nature of the data being analyzed. Second, not all ZIP Codes have corresponding ZCTAs. Some PO Box ZIP Codes or other unique ZIP Codes (such as a ZIP Code assigned to a single facility) may not have enough addressees residing in each 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 2020 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.

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 adjusted 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 2020 American Community Survey 5-year Estimates table B01001 and retrieved using the *tidycensus*⁶ R package. Data for 2020 were used because this represented the central year of the 2018–2022 range of years for which CDPH data were collected. The population data for 2020 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.

3 Datasheer, L.L.C. 2024. ZIP Code Database Free. Retrieved 24 Feb 2024 from <http://www.Zip-Codes.com>.

4 Walker, Kyle, Rudis, Bob. 2024. *tigris*: Load Census TIGER/Line Shapefiles. <https://doi.org/10.32614/CRAN.package.tigris>.

5 Anselin, Luc. 2003. Rate Maps and Smoothing. Retrieved 24 Jul 2024 from http://www.dpi.inpe.br/gilberto/tutorials/software/geoda/tutorials/w6_rates_slides.pdf

6 Walker, K. Herman, M. 2024. *tidycensus*: Load US Census Boundary and Attribute Data as 'tidyverse' and 'sf'-Ready Data Frames. R package version 1.6.5, <https://walker-data.com/tidycensus/>.

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

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

Conceptual Model Alignment		Indicator	Data Source	Time Period
Health Outcomes	Length of Life	Infant Mortality	County Health Rankings	2015 – 2021
		Child Mortality	County Health Rankings	2018 – 2021
		Life Expectancy	County Health Rankings	2019 – 2021
		Premature Age-Adjusted Mortality	County Health Rankings	2019 – 2021
		Premature Death	County Health Rankings	2019 – 2021
		Stroke Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Chronic Lower Respiratory Disease Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Diabetes Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Heart Disease Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Hypertension Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Cancer Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Liver Disease Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Kidney Disease Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Suicide Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Unintentional Injuries Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Alzheimer's Disease Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
		Influenza and Pneumonia Mortality	CDPH California Vital Data (Cal-ViDa)	2018 – 2022
	Quality of Life	Diabetes Prevalence	County Health Rankings	2021
		Low Birthweight	County Health Rankings	2016 – 2022
		HIV Prevalence	County Health Rankings	2021
		Disability	2022 American Community Survey 5 year estimate variable S1810_C03_001E	2018 – 2022
		Poor Mental Health Days	County Health Rankings	2021
		Frequent Mental Distress	County Health Rankings	2021
		Poor Physical Health Days	County Health Rankings	2021
		Frequent Physical Distress	County Health Rankings	2021

Conceptual Model Alignment			Indicator	Data Source	Time Period
Health Outcomes	Quality of Life	Morbidity	Poor or Fair Health	County Health Rankings	2021
			Colorectal Cancer Prevalence	California Cancer Registry	2016 – 2020
			Breast Cancer Prevalence	California Cancer Registry	2016 – 2020
			Lung Cancer Prevalence	California Cancer Registry	2016 – 2020
			Prostate Cancer Prevalence	California Cancer Registry	2016 – 2020
			Asthma ED Rates	Tracking California	2020
			Asthma ED Rates for Children	Tracking California	2020
Health Factors	Health Behavior	Alcohol and Drug Use	Excessive Drinking	County Health Rankings	2021
			Drug Induced Death	CDPH 2023 County Health Status Profiles	2019 – 2021
		Diet and Exercise	Adult Obesity	County Health Rankings	2021
			Physical Inactivity	County Health Rankings	2021
			Limited Access to Healthy Foods	County Health Rankings	2019
			Food Environment Index	County Health Rankings	2019 & 2021
			Access to Exercise Opportunities	County Health Rankings	2023, 2022 & 2020
		Sexual Activity	Chlamydia Incidence	County Health Rankings	2021
			Teen Birth Rate	County Health Rankings	2016 – 2022
		Tobacco Use	Adult Smoking	County Health Rankings	2021
	Clinical Care	Access to Care	Primary Care Shortage Area	U.S. Heath Resources and Services Administration	2024
			Dental Care Shortage Area	U.S. Heath Resources and Services Administration	2024
			Mental Health Care Shortage Area	U.S. Heath Resources and Services Administration	2024
			Medically Underserved Area	U.S. Heath Resources and Services Administration	2024
			Mammography Screening	County Health Rankings	2021
			Dentists	County Health Rankings	2022
			Mental Health Providers	County Health Rankings	2023
			Psychiatry Providers	Area Health Resource File	2021
			Specialty Care Providers	Area Health Resource File	2021
			Primary Care Providers	County Health Rankings	2021; 2023
		Quality Care	Preventable Hospitalization	Department of Health Care Access and Information Rates of Preventable Hospitalizations for Selected Medical Conditions by County	2022

Conceptual Model Alignment			Indicator	Data Source	Time Period
Health Factors	Socio-Economic and Demographic Factors	Community Safety	Homicide Rate	County Health Rankings	2015–2021
			Firearm Fatalities Rate	County Health Rankings	2017–2021
			Juvenile Arrest Rate	Criminal Justice Data: Arrests, OpenJustice, California Department of Justice	2018 – 2022
			Motor Vehicle Crash Death	County Health Rankings	2015–2021
		Education	Some College	County Health Rankings	2018–2022
			High School Completion	County Health Rankings	2018–2022
			Disconnected Youth	County Health Rankings	2018–2022
			Third Grade Reading Level	County Health Rankings	2018
			Third Grade Math Level	County Health Rankings	2018
		Employment	Unemployment	County Health Rankings	2022
		Family and Social Support	Children in Single-Parent Households	County Health Rankings	2018–2022
			Social Associations	County Health Rankings	2021
			Residential Segregation (Black/White)	County Health Rankings	2018–2022
		Income	Children Eligible for Free Lunch	County Health Rankings	2021–2022
			Children in Poverty	County Health Rankings	2022 & 2018–2022
			Median Household Income	County Health Rankings	2022 & 2018–2022
			Uninsured Population under 64	County Health Rankings	2021
			Income Inequality	County Health Rankings	2018–2022
	Physical Environment	Housing and Transit	Severe Housing Problems	County Health Rankings	2016–2020
			Severe Housing Cost Burden	County Health Rankings	2018–2022
			Homeownership	County Health Rankings	2018–2022
			Homelessness Rate	US Dept. of Housing and Urban Development 2020 Annual Homeless Assessment Report	2023
			Households with no Vehicle Available	2022 American Community Survey 5-year estimate variable DP04_0058PE	2018 – 2022
			Long Commute - Driving Alone	County Health Rankings	2018–2022
			Access to Public Transit	US Department of Transportation Bureau of Transporation Statistics National Transporation Atlas Database: National Transit Map Stops; US Census Bureau	2024; 2020
		Air and Water Quality	Pollution Burden Percent	California Office of Environmental Health Hazard Assessment	2021

Conceptual Model Alignment			Indicator	Data Source	Time Period
Health Factors	Physical Environment	Air and Water Quality	Air Pollution - Particulate Matter	County Health Rankings	2019
			Drinking Water Violations	County Health Rankings	2022
		Climate	Drought Frequency	Centers for Disease Control and Prevention Environmental Public Health Tracking	2021
			Projected Difference in Extreme Heat Days	Centers for Disease Control and Prevention Environmental Public Health Tracking	2016
			Projected Difference in Extreme Precipitation Days	Centers for Disease Control and Prevention Environmental Public Health Tracking	2016
			Wildfire Probability	US Forest Service Research Data Archive	2020

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 2024 County Health Rankings⁷ dataset. This was the most common source of data, with 49 associated indicators included in the analysis. Indicators were collected at both the county and state levels. County-level indicators were used to represent the health factors and health outcomes in the service area. State-level indicators were collected to be used as benchmarks for comparison purposes. All variables included in the CHR dataset were obtained from other data providers. The original data providers for each CHR variable are given in Table 12.

Table 12: Sources and time periods for indicators obtained from County Health Rankings.

CHR Indicator	Time Period	Data Source
Infant Mortality	2015 – 2021	National Center for Health Statistics - Natality and Mortality Files
Child Mortality	2018 – 2021	National Center for Health Statistics - Mortality Files; Census Population Estimates Program
Life Expectancy	2019 – 2021	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program
Premature Age-Adjusted Mortality	2019 – 2021	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program
Premature Death	2019 – 2021	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program
Diabetes Prevalence	2021	Behavioral Risk Factor Surveillance System
Low Birthweight	2016 – 2022	National Center for Health Statistics - Natality Files
HIV Prevalence	2021	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Poor Mental Health Days	2021	Behavioral Risk Factor Surveillance System

⁷ University of Wisconsin Population Health Institute. 2024. 2024 California Data; 2024 Oregon Data. Retrieved 21 Mar 2024 from <https://www.countyhealthrankings.org/health-data>.

CHR Indicator	Time Period	Data Source
Frequent Mental Distress	2021	Behavioral Risk Factor Surveillance System
Poor Physical Health Days	2021	Behavioral Risk Factor Surveillance System
Frequent Physical Distress	2021	Behavioral Risk Factor Surveillance System
Poor or Fair Health	2021	Behavioral Risk Factor Surveillance System
Excessive Drinking	2021	Behavioral Risk Factor Surveillance System
Adult Obesity	2021	Behavioral Risk Factor Surveillance System
Physical Inactivity	2021	Behavioral Risk Factor Surveillance System
Limited Access to Healthy Foods	2019	USDA Food Environment Atlas
Food Environment Index	2019 & 2021	USDA Food Environment Atlas; Map the Meal Gap from Feeding America
Access to Exercise Opportunities	2023, 2022 & 2020	ArcGIS Business Analyst and ArcGIS Online; YMCA; US Census TIGER/Line Shapefiles
Chlamydia Incidence	2021	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Teen Birth Rate	2016–2022	National Center for Health Statistics - Natality Files; Census Population Estimates Program
Adult Smoking	2021	Behavioral Risk Factor Surveillance System
Mammography Screening	2021	Mapping Medicare Disparities Tool
Dentists	2022	Area Health Resource File/National Provider Identifier Downloadable File
Mental Health Providers	2023	CMS, National Provider Identification
Primary Care Providers	2021; 2023	Area Health Resource File/American Medical Association; CMS, National Provider Identification
Homicide Rate	2015–2021	National Center for Health Statistics - Mortality Files; Census Population Estimates Program
Firearm Fatalities Rate	2017–2021	National Center for Health Statistics - Mortality Files; Census Population Estimates Program
Motor Vehicle Crash Death	2015–2021	National Center for Health Statistics - Mortality Files; Census Population Estimates Program
Some College	2018–2022	American Community Survey, 5-year estimates
High School Completion	2018–2022	American Community Survey, 5-year estimates
Disconnected Youth	2018–2022	American Community Survey, 5-year estimates
Third Grade Reading Level	2018	Stanford Education Data Archive

CHR Indicator	Time Period	Data Source
Third Grade Math Level	2018	Stanford Education Data Archive
Unemployment	2022	Bureau of Labor Statistics
Children in Single-Parent Households	2018–2022	American Community Survey, 5-year estimates
Social Associations	2021	County Business Patterns
Residential Segregation (Black/White)	2018–2022	American Community Survey, 5-year estimates
Children Eligible for Free Lunch	2021–2022	National Center for Education Statistics
Children in Poverty	2022 & 2018–2022	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates
Median Household Income	2022 & 2018–2022	Small Area Income and Poverty Estimates; American Community Survey, 5-year estimates
Uninsured Population under 64	2021	Small Area Health Insurance Estimates
Income Inequality	2018–2022	American Community Survey, 5-year estimates
Severe Housing Problems	2016–2020	Comprehensive Housing Affordability Strategy (CHAS) data
Severe Housing Cost Burden	2018–2022	American Community Survey, 5-year estimates
Homeownership	2018–2022	American Community Survey, 5-year estimates
Long Commute - Driving Alone	2018–2022	American Community Survey, 5-year estimates
Air Pollution - Particulate Matter	2019	Environmental Public Health Tracking Network
Drinking Water Violations	2022	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 state⁸ and county⁹ level for the years 2018–2022. Empirically bayes smoothed rates (EBRs) were calculated for each mortality indicator using the total county population figure reported in the 2020 American Community Survey 5-year Estimates table B01001 and retrieved using the tidycensus R package. Data for 2020 were used because this represented the central year of the 2018–2022 range of years for which CDPH data were collected. The population data for 2020 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.

CDPH masks the actual number of deaths that occur in a county for a given year and cause if there are between 1 and 10 total deaths recorded. Because of this, the following process was used to estimate the total number of deaths for counties whose actual values were masked. First, mortality rates for each cause and year were calculated for the state. The differences between the by-cause mortality for the state and the total by-cause mortality reported across all counties in the state for each cause and year were also calculated.

Next, we applied the state by-cause mortality rate for each cause and year to estimate mortality at the county level if the reported value was masked. This was done by multiplying the cause/year appropriate state-level mortality rate by the 2020 populations of counties with masked values. Resulting estimates that were less than 1 or greater than 10 were set to 1 and 10 respectively to match the known CDPH masking criteria.

The total number of deaths estimated for counties that had masked values for each year/cause was then compared to the difference between the reported total county and state deaths for the corresponding year/cause. If the number of estimated county deaths exceeded this difference, county estimates were further adjusted. This was done by iteratively ranking county estimates for a given year/cause, then from highest to lowest, reducing the estimates by 1 until they reached a minimum of 1 death. This continued until the estimated deaths for counties with masked values equaled the difference between the state and total reported county values.

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.

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. The indicator reports whether a given county was either partially or entirely covered by a shortage area.

8 State of California, Department of Public Health. 2024. California Vital Data (Cal-ViDa), Death Query. Retrieved 20 Feb 2024 from <https://cal-vida.cdph.ca.gov/>.

9 California Department of Public Health. 2024. 2014-2022 Final Deaths by Year by County. Data File. Retrieved 20 Feb 2024 from https://data.chhs.ca.gov/dataset/58619b69-b3cb-41a7-8bfc-fc3a524a9dd4/resource/579cc04a-52d6-4c4c-b2df-ad901c9049b7/download/20231206_deaths_final_2014_2022_county_year_sup.csv.

10 California Department of Public Health, Research and Analytics Branch. 2024. County Health Status Profiles 2023: CHSP 2023 Tables 1-29 (Excel). Datafile. Retrieved 20 Feb 2023 from https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP2023_Table1-29_20230214.xlsx.

11 US Health Resources & Services Administration. 2024. Area Health resource Files; Health Professional Shortage Areas (HPSA). Datafiles. Retrieved on 29 Apr 2024 from <https://data.hrsa.gov/data/download>.

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 2021. This number was then divided by the 2021 total population given in the 2021 American Community Survey 5-year Estimates table B01001 and retrieved using the tidycensus R package, and then multiplied by 100,000 to give the total number of specialty care physicians per 100,000 residents.

The total specialty care physicians in each county were 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 that 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 2016 to 2020, 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.

Tracking California

Data on 2020 emergency department visits rates due to Asthma for all ages as well as children aged 5 to 17 were obtained from Tracking California.¹³ These data reported 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 was 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 2022 American Community Survey 5-year Estimates dataset using the tidycensus R package.

California Office of Environmental Health Hazard Assessment

Data used to calculate the pollution burden percent indicator were obtained from the CalEnviroScreen 4.0¹⁴ 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 4.0 Pollution Burden score in the 50th percentile or higher.

California Department of Health Care Access and Information

Data on preventable hospitalizations were obtained from the California Department of Health Care Access and Information.¹⁵ These data are reported as risk-adjusted rates per 100,000.

¹² California Cancer Registry. 2024. CAL'Explorer Application. Datafiles. Retrieved on 25 Mar 2024 from <https://www.cancer-rates.info/ca/>.

¹³ Tracking California, Public Health Institute. 2024. Asthma Related Emergency Department & Hospitalization data. Retrieved on 25 Mar 2024 from www.trackingcalifornia.org/asthma/query.

¹⁴ California Office of Environmental Health Hazard Assessment. 2023. CalEnviroScreen 4.0. Datafile. Retrieved on 6 Apr 2024 from <https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40>.

¹⁵ California Department of Health Care Access and Information. 2023. Rates of Preventable Hospitalizations for Selected Medical Conditions by County (LGHC Indicator). Data files for Statewide and County. Retrieved 25 Mar 2024 from <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county/resource/7c7aed93-3643-43b8-92fc-324bf8fc13f2>.

California Department of Justice

Data reporting the total number of juvenile felony arrests was obtained from the California Department of Justice.¹⁶ 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 2018–2022 by the total population under 18 as reported in Table B01001 in the 2020 American Community Survey 5-year Estimates program. Population data from 2020 were used as this was the central year of the period over which juvenile felony arrest data were obtained. Population figures from 2020 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 2020 American Community Survey 5-year Estimates Tables B01001H, B01001B, and B01001I respectively. All census population data were retrieved using the tidycensus R package.

US Department of Housing and Urban Development

Data from the US Department of Housing and Urban Development¹⁷ were used to calculate homelessness rates for the counties and state. 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.

To calculate county rates, CoC were first matched to counties. Rates for CoC that covered single counties were calculated by dividing the CoC PIT estimate by the county population. If a given county was covered by multiple CoC, their PIT were totaled and then divided by the total county population to calculate the rate. When a single CoC covered multiple counties, the CoC PIT estimate was divided by the total of all included county populations, and the resulting rate was applied to each individual county.

Population data came from the total population value reported in Table B03002 from the 2022 American Community Survey 5-year Estimates dataset retrieved using the tidycensus R package. Derived rates report cases 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. Census block level population data from the 2020 decennial census was obtained from table P1 using the tidycensus R package. Transit stop data were obtained from the US Department of Transportation's National Transportation Atlas Database.¹⁸

The sf¹⁹ library in R was 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 buffer of the stops was then divided by the total population of each county or state to generate the final indicator value.

¹⁶ California Department of Justice, OpenJustice. 2024. Criminal Justice Data: Arrests. Datafile. Retrieved 25 Mar 2024 from <https://data-openjustice.doj.ca.gov/sites/default/files/dataset/2023-06/OnlineArrestData1980-2022.csv>.

¹⁷ US Department of Housing and Urban Development. 2023. PIT and HIC Data Since 2007: 2007 - 2023 PIT Estimates by CoC. Datafile. Retrieved on 17 Apr 2024 from <https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/>.

¹⁸ US Department of Transportation Bureau of Transportation Statistics. 2024. National Transportation Atlas Database: National Transit Map Stops. Datafile. Retrieved on 22 Mar 2024 from <https://geodata.bts.gov/datasets/usdot:national-transit-map-stops/explore?location=41.726443%2C-123.965217%2C10.90>.

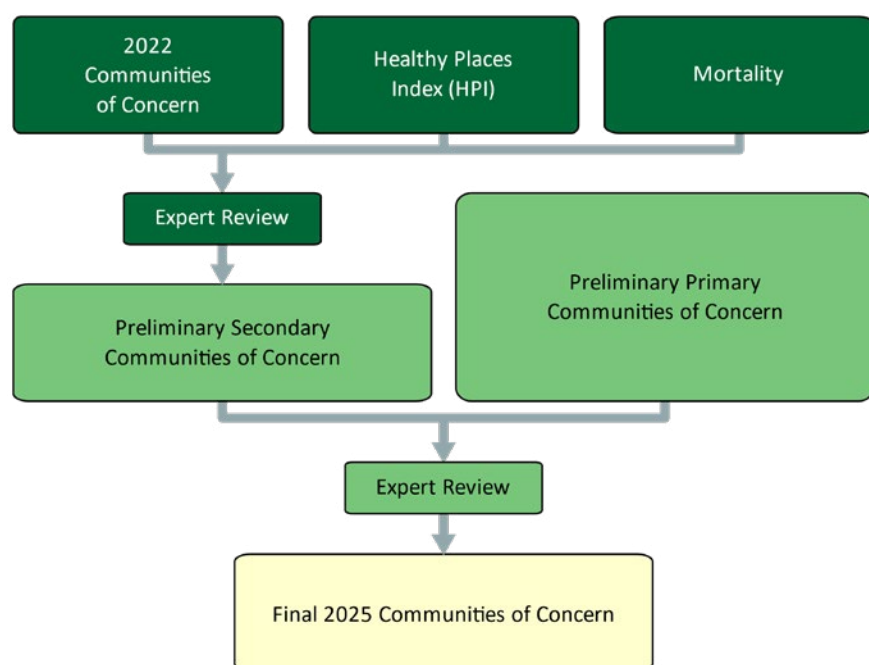
¹⁹ Pebesma, E., 2018. Simple Features for R: Standardized Support for Spatial Vector Data. The R Journal 10 (1), 439-446, <https://doi.org/10.32614/RJ-2018-009>.

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 identify Communities of Concern. These Communities of Concern could potentially include geographic regions or specific sub-populations, either of which were found to be bearing disproportionate health burdens. This information was used to focus the remaining interview and focus-group collection efforts on those areas and sub-populations. Next, the resulting data, along with the results from the service provider survey, were combined with secondary health need identification data to identify significant health needs within the service area. Finally, primary data were used to prioritize those identified significant health needs. The specific details for these analytical steps are given in the following three sections.

Community of Concern Identification

Figure 3: Community of Concern identification process.



As illustrated in Figure 3, 2025 Communities of Concern were identified through a process that drew upon both primary and secondary data. Three main secondary data sources were used in this analysis: Communities of Concern identified in the 2022 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 HSA. The following secondary data selection criteria were used to identify preliminary Communities of Concern.

2022 Community of Concern

A ZCTA was included if it was included in the 2022 CHNA Community of Concern list for the HSA. This was done to allow greater continuity between CHNA rounds and reflects the work of the hospital systems oriented 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 HSA. These census tracts represent areas with demographic, physical environment, economic, and other characteristics consistently related to poor health outcomes.

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, CLRD, Alzheimer's disease, unintentional injuries, diabetes, homicides, 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 HSA was counted. Those ZCTAs whose counted values exceeded the 80th percentile for all the ZCTAs in the HSA met the Community of Concern mortality selection criteria.

Integration of Secondary Criteria

Any ZCTA that met any of the three selection criteria (2022 Community of Concern, HPI, and Mortality) was reviewed for inclusion as a 2025 Community of Concern, with greater weight given to those ZCTAs meeting multiple 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 2025 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 2025 Communities of Concern.

Significant Health Need Identification

The general methods through which significant health needs (SHNs) were identified are shown in Figure 4 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 prior CHNAs among various hospitals throughout Central and Northern California and then supplementing this list based on a preliminary analysis of the primary qualitative data collected for the current CHNA. This resulted the list of PHNs shown in Table 13.

Figure 4: Significant health need identification process.

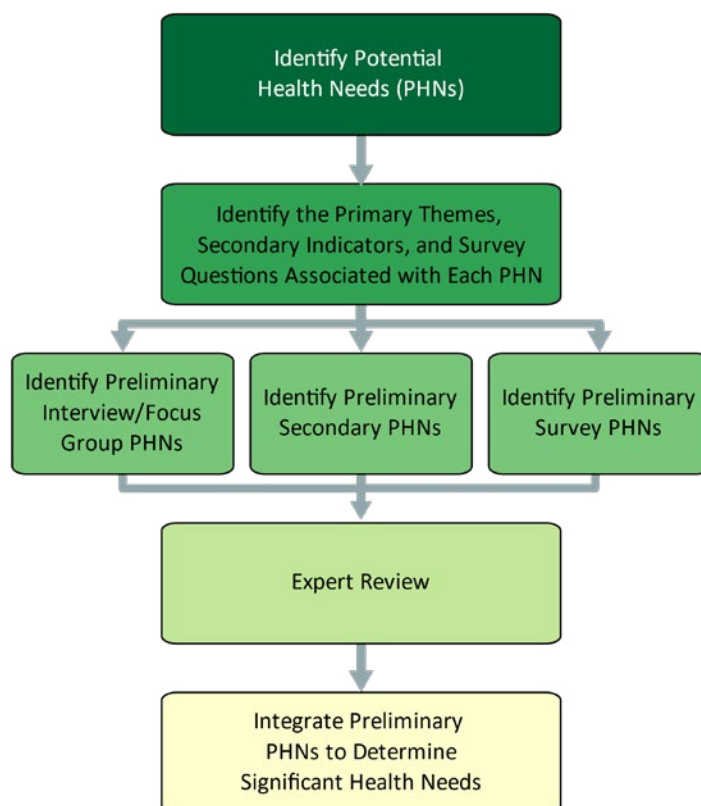


Table 13: 2025 Potential Health Needs.

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
PHN11 Increased Community Connections
PHN12 System Navigation
PHN13 Healthy Equity

The next step in the process was to identify primary themes and secondary indicators associated with each of these health needs as shown in Tables 14 through 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 Themes	Secondary Indicators
- There aren't enough mental health providers or treatment centers in the area (e.g., psychiatric beds, therapists, support groups). - The cost for mental/behavioral health treatment is too high. - Treatment options in the area for those with Medi-Cal are limited. - Awareness of mental health issues among community members is low. - Additional services specifically for youth are needed (e.g., child psychologists, counselors and therapists in the schools). - The stigma around seeking mental health treatment keeps people out of care. - Additional services for those who are homeless and dealing with mental/behavioral health issues are needed. - The area lacks the infrastructure to support acute mental health crises. - Mental/behavioral health services are available in the area, but people do not know about them. - It's difficult for people to navigate for mental/behavioral healthcare. - Substance use is a problem in the area (e.g., use of opiates and methamphetamine, prescription misuse). - There are too few substance use treatment services in the area (e.g., detox centers, rehabilitation centers). - Substance use treatment options for those with Medi-Cal are limited. - There aren't enough services here for those who are homeless and dealing with substance use issues. - The use of nicotine delivery products such as e-cigarettes and tobacco is a problem in the community. - Substance use is an issue among youth in particular. - There are substance use treatment services available here, but people do not know about them.	- Life Expectancy - Premature Age-Adjusted Mortality - Premature Death - Liver Disease Mortality - Suicide Mortality - Poor Mental Health Days - Frequent Mental Distress - Poor Physical Health Days - Frequent Physical Distress - Poor or Fair Health - Excessive Drinking - Drug Induced Death - Adult Smoking - Primary Care Shortage Area - Mental Health Care Shortage Area - Medically Underserved Area - Mental Health Providers - Psychiatry Providers - Firearm Fatalities Rate - Juvenile Arrest Rate - Disconnected Youth - Social Associations - Residential Segregation (Black/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 Themes	Secondary Indicators
- Insurance is unaffordable. - Wait-times for appointments are excessively long. - Out-of-pocket costs are too high. - There aren't enough primary care service providers in the area. - Patients have difficulty obtaining appointments outside of regular business hours. - Too few providers in the area accept Medi-Cal. - It is difficult to recruit and retain primary care providers in the region. - Specific services are unavailable here (e.g., 24-hour pharmacies, urgent care, telemedicine). - The quality of care is low (e.g., appointments are rushed, providers lack cultural competence). - Patients seeking primary care overwhelm local emergency departments. - Primary care services are available, but are difficult for many people to navigate.	- Infant Mortality - Child Mortality - Life Expectancy - Premature Age-Adjusted Mortality - Premature Death - Stroke Mortality - Chronic Lower Respiratory Disease Mortality - Diabetes Mortality - Heart Disease Mortality - Hypertension Mortality - Cancer Mortality - Liver Disease Mortality - Kidney Disease Mortality - 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 - Residential Segregation (Black/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 Themes	Secondary Indicators
- There are food deserts in the area where fresh, unprocessed foods are not available. - Fresh, unprocessed foods are unaffordable. - Food insecurity is an issue here. - Students need healthier food options in schools. - The built environment doesn't support physical activity (e.g., neighborhoods aren't walk-able, roads aren't bike-friendly, or parks are inaccessible). - The community needs nutrition education programs. - Homelessness in parks or other public spaces deters their use. - Recreational opportunities in the area are unaffordable (e.g., gym memberships, 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.	- Life Expectancy - Premature Age-Adjusted Mortality - Premature Death - Stroke Mortality - Diabetes Mortality - Heart Disease Mortality - Hypertension Mortality - Cancer Mortality - 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 (Black/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 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. - 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 - Juvenile Arrest Rate - Motor Vehicle Crash Death - Disconnected Youth - Social Associations - Income Inequality - Severe Housing Problems - Severe Housing Cost Burden - Homelessness Rate

Access to Dental Care and Preventive Services

Table 18: Primary themes and secondary indicators associated with PHN5.

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

Healthy Physical Environment

Table 19: Primary themes and secondary indicators associated with PHN6.

Primary Themes	Secondary Indicators
▪ The air quality contributes to high rates of asthma. ▪ Poor water quality is a concern in the area. ▪ Agricultural activity harms the air quality. ▪ Low-income housing is substandard. ▪ Residents' use of tobacco and e-cigarettes harms the air quality. ▪ Industrial activity in the area harms the air quality. ▪ Heavy traffic in the area harms the air quality. ▪ Wildfires in the region harm the air quality.	▪ Infant Mortality ▪ Life Expectancy ▪ Premature Age-Adjusted Mortality ▪ Premature Death ▪ Chronic Lower Respiratory Disease Mortality ▪ Hypertension Mortality ▪ Cancer Mortality ▪ Frequent Mental Distress ▪ Frequent Physical Distress ▪ Poor or Fair Health ▪ Colorectal Cancer Prevalence ▪ Breast Cancer Prevalence ▪ Lung Cancer Prevalence ▪ 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 ▪ Drought Frequency ▪ Projected Difference in Extreme Heat Days ▪ Projected Difference in Extreme Precipitation Days ▪ Wildfire Probability

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

Table 20: Primary themes and secondary indicators associated with PHN7.

Primary Themes	Secondary Indicators
▪ Lack of affordable housing is a significant issue in the area. ▪ The area needs additional low-income housing options. ▪ Poverty in the county is high. ▪ Many people in the area do not make a living wage. ▪ Employment opportunities in the area are limited. ▪ Services for homeless residents in the area are insufficient. ▪ Services are inaccessible for Spanish-speaking and immigrant residents. ▪ Many residents struggle with food insecurity. ▪ It is difficult to find affordable childcare. ▪ Educational attainment in the area is low.	▪ Infant Mortality ▪ Child Mortality ▪ Life Expectancy ▪ Premature Age-Adjusted Mortality ▪ Premature Death ▪ Hypertension Mortality ▪ Diabetes Prevalence ▪ Low Birthweight ▪ Poor Mental Health Days ▪ Frequent Mental Distress ▪ Poor Physical Health Days ▪ Frequent Physical Distress ▪ Poor or Fair Health ▪ Asthma ED Rates ▪ Asthma ED Rates for Children ▪ Drug Induced Death ▪ Adult Obesity ▪ Limited Access to Healthy Foods ▪ Food Environment Index ▪ Medically Underserved Area ▪ 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 (Black/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 Themes	Secondary Indicators
- Many residents do not have reliable personal transportation. - Medical transport in the area is limited. - Roads and sidewalks in the area are not well-maintained. - The distance between service providers is inconvenient for those using public transportation. - Using public transportation to reach providers can take a very long time. - The cost of public transportation is too high. - Public transportation service routes are limited. - Public transportation schedules are limited. - The geography of the area makes it difficult for those without reliable transportation to get around. - Public transportation is more difficult for some to residents to use (e.g., non-English speakers, seniors, parents with young children). - There aren't enough taxi and ride-share options (e.g., Uber, Lyft).	- Disability - Frequent Mental Distress - Frequent Physical Distress - Poor or Fair Health - Adult Obesity - Income Inequality - Homelessness Rate - Households with no Vehicle Available - Long Commute - Driving Alone - Access to Public Transit



Access to Specialty and Extended Care

Table 22: Primary themes and secondary indicators associated with PHN9.

Primary Themes	Secondary Indicators
▪ Wait-times for specialist appointments are excessively long. ▪ It is difficult to recruit and retain specialists in the area. ▪ Not all specialty care is covered by insurance. ▪ Out-of-pocket costs for specialty and extended care are too high. ▪ People have to travel to reach specialists. ▪ Too few specialty and extended care providers accept Medi-Cal. ▪ The area needs more extended care options for the aging population (e.g. skilled nursing homes, in-home care) ▪ There isn't enough OB/GYN care available. ▪ Additional hospice and palliative care options are needed. ▪ The area lacks a kind of specialist or extended care option not listed here.	▪ Infant Mortality ▪ Life Expectancy ▪ Premature Age-Adjusted Mortality ▪ Premature Death ▪ Stroke Mortality ▪ Chronic Lower Respiratory Disease Mortality ▪ Diabetes Mortality ▪ Heart Disease Mortality ▪ Hypertension Mortality ▪ Cancer Mortality ▪ Liver Disease Mortality ▪ Kidney Disease Mortality ▪ 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 (Black/White) ▪ Income Inequality ▪ Homelessness Rate

Injury and Disease Prevention and Management

Table 23: Primary themes and secondary indicators associated with PHN10.

Primary Themes	Secondary Indicators
- There isn't really a focus on prevention around here. - Preventive health services for women are needed (e.g., breast and cervical cancer screening). - There should be a greater focus on chronic disease prevention (e.g. diabetes, heart disease). - Vaccination rates are lower than they need to be. - Health education in the schools needs to be improved. - Additional HIV and STI prevention efforts are needed. - The community needs nutrition education opportunities. - Schools should offer better sexual health education. - Prevention efforts need to be focused on specific populations in the community (e.g. youth, Spanish-speaking residents, the elderly, LGBTQ individuals, immigrants). - Patients need to be better connected to service providers (e.g. case management, patient navigation, or centralized service provision).	- Infant Mortality - Child Mortality - Stroke Mortality - Chronic Lower Respiratory Disease Mortality - Diabetes Mortality - Heart Disease Mortality - Hypertension Mortality - Liver Disease Mortality - Kidney Disease Mortality - Suicide Mortality - Unintentional Injuries Mortality - Alzheimer's Disease Mortality - Diabetes Prevalence - Low Birthweight - HIV Prevalence - Poor Mental Health Days - Frequent Mental Distress - Frequent Physical Distress - Poor or Fair Health - Asthma ED Rates - Asthma ED Rates for Children - Excessive Drinking - Drug Induced Death - Adult Obesity - Physical Inactivity - Chlamydia Incidence - Teen Birth Rate - Adult Smoking - 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 Themes	Secondary Indicators
- Health and social-service providers operate in silos; we need cross-sector connection. - Building community connections doesn't seem like a focus in the area. - Relations between law enforcement and the community need to be improved. - The community needs to invest more in the local public schools. - There isn't enough funding for social services in the county. - People in the community face discrimination from local service providers. - City and county leaders need to work together.	- Infant Mortality - Child Mortality - Life Expectancy - Premature Age-Adjusted Mortality - Premature Death - Stroke Mortality - 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 - Homicide Rate - Firearm Fatalities Rate - Juvenile Arrest Rate - Some College - High School Completion - Disconnected Youth - Unemployment - Children in Single-Parent Households - Social Associations - Residential Segregation (Black/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 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.	- Infant Mortality - Child Mortality - Life Expectancy - Premature Age-Adjusted Mortality - Premature Death - Stroke Mortality - Chronic Lower Respiratory Disease Mortality - Diabetes Mortality - Heart Disease Mortality - Hypertension Mortality - Cancer Mortality - Liver Disease Mortality - Kidney Disease Mortality - Influenza and Pneumonia Mortality - Poor Mental Health Days - Frequent Mental Distress - Poor or Fair Health - Asthma ED Rates - Asthma ED Rates for Children - Primary Care Shortage Area - Dental Care Shortage Area - Mental Health Care Shortage Area - Medically Underserved Area - Mammography Screening - Dentists - Mental Health Providers - Psychiatry Providers - Specialty Care Providers - Primary Care Providers - Preventable Hospitalization - Uninsured Population under 64

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	Indicator	Benchmark Comparison Indicating Poor Performance
Infant Mortality	Higher	Frequent Mental Distress	Higher
Child Mortality	Higher	Poor Physical Health Days	Higher
Life Expectancy	Lower	Frequent Physical Distress	Higher
Premature Age-Adjusted Mortality	Higher	Poor or Fair Health	Higher
Premature Death	Higher	Colorectal Cancer Prevalence	Higher
Stroke Mortality	Higher	Breast Cancer Prevalence	Higher
Chronic Lower Respiratory Disease Mortality	Higher	Lung Cancer Prevalence	Higher
Diabetes Mortality	Higher	Prostate Cancer Prevalence	Higher
Heart Disease Mortality	Higher	Asthma ED Rates	Higher
Hypertension Mortality	Higher	Asthma ED Rates for Children	Higher
Cancer Mortality	Higher	Excessive Drinking	Higher
Liver Disease Mortality	Higher	Drug Induced Death	Higher
Kidney Disease Mortality	Higher	Adult Obesity	Higher
Suicide Mortality	Higher	Physical Inactivity	Higher
Unintentional Injuries Mortality	Higher	Limited Access to Healthy Foods	Higher
Alzheimer's Disease Mortality	Higher	Food Environment Index	Lower
Influenza and Pneumonia Mortality	Higher	Access to Exercise Opportunities	Lower
Diabetes Prevalence	Higher	Chlamydia Incidence	Higher
Low Birthweight	Higher	Teen Birth Rate	Higher
HIV Prevalence	Higher	Adult Smoking	Higher
Disability	Higher	Primary Care Shortage Area	Present
Poor Mental Health Days	Higher	Dental Care Shortage Area	Present
		Mental Health Care Shortage Area	Present

Indicator	Benchmark Comparison Indicating Poor Performance
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
Homicide Rate	Higher
Firearm Fatalities 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 (Black/White)	Higher
Children Eligible for Free Lunch	Higher
Children in Poverty	Higher
Median Household Income	Lower

Indicator	Benchmark Comparison Indicating Poor Performance
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
Access to Public Transit	Lower
Pollution Burden Percent	Higher
Air Pollution - Particulate Matter	Higher
Drinking Water Violations	Present
Drought Frequency	Higher
Projected Difference in Extreme Heat Days	Higher
Projected Difference in Extreme Precipitation Days	Higher
Wildfire Probability	Higher

Identification of preliminary secondary significant health needs was then based on the percentage of all secondary indicators associated with a given PHN that were identified as performing poorly within the HSA. Identification of preliminary significant health needs interview and focus group health needs were similarly based on the percentage of events in which themes associated with each given PHN were mentioned as priority health needs. Finally, preliminary survey significant health need identification was based on the percentage of survey respondents selecting a particular health need as one of the top health needs in the HSA.

For this report, a PHN was selected as a preliminary quantitative significant health need if 60% of the associated quantitative indicators were identified as performing poorly; as a preliminary qualitative significant health need if it was identified by 50% or more of the primary sources as performing poorly; and as a preliminary community service provider survey significant health need if it was identified by at least 40% of survey respondents. Finally, a PHN was selected as a significant health need if it was included as a preliminary significant health need in two of any three of these categories.

Health Need Prioritization

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

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

These three measures were then re-scaled so that the SHN with the maximum value for each measure equaled one and all other SHNs had values appropriately proportional to the maximum value. The re-scaled 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

Table 27: Resources available to meet health needs.

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

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

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
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
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.sacounty.net/PUB/Pages/Black-Infant-Health-Program/SP-Black-Infant-Health-Program					X						X		
Boys and Girls Clubs of Greater Sacramento	95824	bgcsac.org	X	X				X	X					X	
Breathe California of Sacramento Region	95814	sacbreathe.org			X				X			X	X		
Brother To Brother	95838	brother2brothermentoring.org		X					X						
Building Healthy Communities	95820	sacbhcc.org						X	X					X	

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
C.O.R.E. Medical Clinic	95816	www.coremedicalclinic.com		X	X		X								
California Bridge Program	94607	bridgetotreatment.org/ addiction-treatment/ ca-bridge/		X			X								
California Children's Services – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/ Pages/California-Childrens- Services/SP-California- Childrens-Services								X			X		
California Emergency Foodlink	95828	www.foodlink.org	X												
California Endowment Building Health Communities	Whole County	www.calendow.org			X			X				X			X
California Health Collaborative-STAAND-Gold County Rural Regional Project	93711	healthcollaborative.org/ staand-gold-country-ru- ral-regional-project		X	X		X			X					
California Innovative Career Academy	95838	www.cicacademy.org	X						X						
California Mental Health Services Authority (CalMHSA)	95815	www.calmhsa.org		X	X	X									
California Youth Connection	95814	calyouthconn.org	X						X						
Camp ReCreation	95662	www.camprecreation.org							X					X	
Cal Voices	95825	www.calvoices.org							X						

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
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 for Community Health and Well Being Inc (partnered with Peach Tree Health)	95822	pickpeach.org			X		X			X					
Center Joint Unified School District	95843	www.centerusd.org	X	X										X	
Central Downtown Food Basket	98811	www.cdfb.org	X											X	
Chest Clinic/ Tuberculosis Control – Sacramento County Public Health	Whole county	dhs.sacounty.net/PUB/Pages/Communicable-Disease-Control/GI-TB-Control								X			X		
Child Abuse Prevention Center	95660	www.thecapcenter.org						X	X						

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Child Health & Disability Prevention – Sacramento County Public Health	Whole county	dhs.sacounty.gov/PUB/CHDP/Pages/CHDP-Home.aspx			X										
Children's Receiving Home of Sacramento	95821	www.crhkids.org	X	X	X									X	
Christy Cares Outreach	95758	christycaresoutreach.org	X					X							
Citrus Heights Homeless Assistance Resource Team (HART)	95610	citrusheightshart.org	X						X						
City Church of Sacramento	95817	citychurchsac.org	X						X						
City of Sacramento Community Gardens	Whole 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 HealthWorks (formerly Sac Covered)	95811	cohewo.org			X	X	X								
Community Link (Community Services Planning Council)	95826	communitylinkcr.org		X					X						

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Community Resources Project/WIC	95838	www.communityresource-project.org	X				X							X	
Consumnes Community Services District (CSD)-Elk Grove Parks and Recreation	95624	www.yourcsd.com/170/About						X	X			X			
Cordova Lane Center – FCUSD	95670	www.fcusd.org/educational-services/programs-and-services/test-page-1	X	X											
Cordova Recreation and Park District	95670	crpd.com	X	X					X					X	
Cottage Housing, Inc.	95811	cottagehousing.org	X						X						
Crime Victims Assistance Network (iCAN)	95811	www.ican-foundation.org		X				X							
Crisis Nursery Program – Sac Children's Home	95821	www.kidshome.org/what-we-do/crisis-nursery-program/		X	X			X	X						
Cristo Rey High School	95826	www.crhss.org						X	X						
Del Oro Caregiver Resource Center	95610	www.deloro.org		X					X	X			X		
Del Paso Union Baptist Church	95838	www.facebook.com/union-baptistchurchsac?mibextid=ZbWKwL						X	X						
Dignity Health	95819, 95630, 95608, 95823	www.dignityhealth.org			X		X			X			X	X	

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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		
Effie Yeaw Nature Center	95608	www.effieyeawnature.org							X					X	
El Dorado Community Health Center	95667	www.edcchc.org		X	X										X
El Hogar Community Services Inc	95811, 95834	www.elhogarinc.org	X	X				X	X						
Elica Health Centers	95825	www.elicahealth.org		X	X		X		X				X		X
Elk Grove City Council	95758	www.elkgrovecity.org/home						X	X						
Elk Grove Fire Department	95624	www.yourcsd.com/968/Fire						X	X						
Elk Grove Food Bank	95624	elkgrovefoodbank.org	X						X						
Elk Grove Food Bank (Point Pleasant United Methodist Church)	95757	elkgrovefoodbank.org/supporters	X					X	X						

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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/pages/contact-us							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						
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						
Fruitridge Community Collaborative	95820	www.fruitridgecc.org	X											X	
Galt Joint Union School District	95632	www.galt.k12.ca.us												X	

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Gardenland Natomas Neighborhood Association (GNNA)	95835	www.gnna.info							X						
Gender Health Center	95817	www.genderhealthcenter.org	X	X	X		X	X	X				X		
Girls on the Run Greater Sacramento	95819	www.gotrsac.org							X					X	
Golden Rule Services	95823	sacgrs.org			X				X	X			X		
Goodwill – Sacramento Valley & Northern Nevada	95826	www.goodwillsacto.org	X						X						
Greater Sacramento Urban League	95838	www.gsul.org	X						X						
Greater Sacramento Valley and Nevada Arthritis Foundation	95815	www.arthritis.org							X				X	X	
Harm Reduction Services (HRS)	95817	hrssac.org		X	X		X						X		
HART Carmichael	95609	carmichaelhart.org	X	X			X				X				
HART Citrus Heights	95610	citrusheightshart.org/resources/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		

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Health Education Council	95831	healtheducouncil.org						X	X					X	
Health Rights Hotline	95814	www.kff.org/other/the-sacramento-health-rights-hotline	X				X								
Health Tech Academy – Valley High School	95838	sites.google.com/view/valley-health-tech-academy/home	X												
Heartland Child and Family Services	95838, 95821	doingwhateverittakes.org		X			X								
Helping Hands St. Vincent de Paul Food Bank	95816	www.svdsp-sacramento.org/get-help	X						X						
Helping Hearts Foundation Inc.	95827	www.helping-hearts.org	X					X							
Heritage Oaks Hospital	95841	heritageoakshospital.com		X											
Highlands Community Charter- Adult Education School	95838	www.hccts.org	X	X	X			X						X	
HIV/STD Prevention Program	95828, 95660, 95816, 95820, 95825, 95811, 95823, 95817, 95814	dhs.saccounty.net/PUB/SexualHealthPromotionUnit/Pages/GI-HIV-STD-Prevention-Program.aspx			X					X			X		
HIV/STD Surveillance – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/SexualHealthPromotionUnit/Pages/GI-STD-Control.aspx											X		

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Hope Cooperative (aka TLCS, Inc.)	95825	hopecoop.org/	X	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/location/sacramento-ca	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.cityofsacramento.gov/ypce/community-centers/johnston-center	X	X					X				X	X	
Jubilate Evangelistic Ministries (JEM)	95834	jubilate.com						X	X						
Junior League of Sacramento	95825	www.jlsac.org							X						

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Kaiser Permanente Sacramento Medical Center	95825	healthy.kaiserpermanente.org/northern-california/facilities/sacramento-medical-center-100330			X		X			X			X	X	
Kaiser Permanente South Sacramento Medical Center	95823	healthy.kaiserpermanente.org/northern-california/facilities/south-sacramento-medical-center-100320		X	X		X			X			X	X	
Keaton's Child Cancer Allaince	95661	childcancer.org							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												

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Life Matters	95842	www.lifemattersinc.org	X						X						
Lighthouse of Hopeful Hearts	95189	www.lighthouseofhopeful-hearts.org	X												
Lilliput Children's Services	95610, 95820	www.lilliput.org	X						X						
LINC Housing	95838	www.linchousing.org	X						X						
Loaves and Fishes	95811	sacloaves.org	X	X	X			X	X				X		
Lutheran Social Services	95824	www.lssnorcal.org	X						X						
Mack Road Partnership	95823	mackroadpartnership.com	X		X			X			X			X	
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		

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Mercy Foundation	95670	supportmercyfoundation.org/home	X		X			X							
Mercy General Hospital (Dignity Health)	95819	www.dignityhealth.org/sacramento/locations/mercy-general-hospital			X		X			X			X	X	
Mercy Hospital of Folsom (Dignity Health)	95630	www.dignityhealth.org/sacramento/locations/mercy-hospital-of-folsom			X		X			X			X	X	
Mercy Housing	95816, 95838, 95833, 95820, 95811	www.mercyhousing.org	X												
Mercy San Juan Medical Center (Dignity Health)	95608	www.dignityhealth.org/sacramento/locations/mercy-san-juan-medical-center		X	X		X			X			X	X	
Methodist Hospital of Sacramento (Dignity Health)	95823	www.dignityhealth.org/sacramento/locations/methodist-hospital-of-sacramento			X		X			X			X	X	
Mexican Consulate General in Sacramento	95834	consulmex.sre.gob.mx/sacramento	X					X							
Molina Healthcare	95838, 95823	www.molinahealthcare.com			X		X								
Mutual Assistance Network	95838, 95821, 95815	www.mutualassistance.org	X	X					X				X	X	
My Sister's House	95818	www.my-sisters-house.org	X	X	X			X	X						
National Alliance on Mental Illness Sacramento (NAMI)	95827	namisacramento.org		X			X		X						

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
National Multiple Sclerosis Society	95834	www.nationalmssociety.org											X		
Natomas Unified School District	95834	natomasunified.org	X	X										X	
NCADD Sacramento	95825	www.ncaddsac.org, www.ncadd.org		X											
Neighborhood Wellness Foundation	95838	neighborhoodwellness.org		X					X			X			
NeighborWorks Sacramento	95817	nwsacramento.org	X												
Neil Orchard Senior Activities Center	95827	crpd.com/parks/neil-or-chard-senior-activities-center							X					X	
New Testament Baptist Church	95660	ntbc.church	X					X	X					X	
Next Move (SAEH)	95817	www.nextmovesacramento.org	X		X			X	X						
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		
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							

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
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	onecommunityhealth.com		X	X									X	X
Opening Doors	95825	www.openingdoorsinc.org	X	X				X	X						
Oral Health Program – Sacramento County Public Health	Whole county	dhs.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	pickpeach.org		X	X										X

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
People Reaching Out (PRO) Youth and Families (see Pro Youth Families)	95841	proyouthandfamilies.org		X					X						
Pioneer Congregational United Church of Christ	95816	pioneerucc.org	X						X						
Planned Parenthood B Street Health Center	95816	www.plannedparenthood.org/health-center/california/sacramento/95816/b-street-health-center-2200-90130?utm_campaign=b-street-health-center&utm_medium=organic&utm_source=local-listing			X		X			X			X		
Planned Parenthood Capitol Plaza Health Center	95814	www.plannedparenthood.org/health-center/california/sacramento/95814/capitol-plaza-health-center-2199-90130?utm_campaign=-capitol-plaza-health-center&utm_medium=organic&utm_source=local-listing			X		X			X			X		
Planned Parenthood Fruitridge Health Center	95820	www.plannedparenthood.org/health-center/california/sacramento/95820/fruitridge-health-center-2198-90130?utm_campaign=fruitridge-health-center&utm_medium=organic&utm_source=local-listing			X		X			X			X		

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
Planned Parenthood North Highlands Health Center	95660	www.plannedparenthood.org/health-center/california/north-highlands/95660/north-highlands-health-center-2201-90130?utm_campaign=north-highlands-health-center&utm_medium=organic&utm_source=local-listing			X		X			X			X		
Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.)	95763	partyprogram.com						X	X				X		
PRIDE Industries	95660, 95826, 95834	www.prideindustries.com	X												
Project TEACH	95826	www.scoe.net/divisions/ed_services/project_teach/	X					X							
Pro Youth and Families (formerly People Reaching Out)	95841	proyouthandfamilies.org		X					X						
Public Health Division – Sacramento County Department of Health and Human Services	Whole 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		

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Public Health Laboratory – Sacramento County Public Health	Whole county	dhs.saccounty.net/PUB/Laboratory/Pages/Laboratory-Home.aspx											X		
radKIDS Childrens's Safety Education	27617	www.radkids.org						X	X						
Rebuilding Together - Sacramento	95826	rebuildingtogethersacramento.org						X	X						
River City Food Bank	95816, 95821	rivercityfoodbank.org	X						X					X	
River Delta Unified School District	94571	www.rdusd.org							X					X	
River Oak Center for Children	95841	www.riveroak.org		X					X						
River Oak Family Resource Center	95820	www.riveroak.org/programs/		X					X				X	X	
Roberts Family Development Center	95815	www.robertsfdc.org	X						X					X	
Robertson Community Center	95838	www.cityofsacramento.gov/ypce/community-centers/robertson-center							X					X	
Robla School District	95838	www.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.gov/PUB/SexualHealthPromotionUnit/Pages/RyanWhiteProgram/HIV%20Care%20Services%20Program.aspx		X	X		X			X			X		

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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/campus-life/dental-clinic													X
Sacramento City Unified School District	95824	www.scusd.edu	X	X	X										
Sacramento County Dental Health Program	Whole county	dhs.sacounty.net/PUB/OralHealth/Pages/Oral-Health.aspx													X
Sacramento County Department of Health and Human Services	Whole county	dhs.sacounty.net/Pages/DHS-Home.aspx		X	X			X				X	X	X	
Sacramento County Department of Human Assistance	Whole county	ha.sacounty.net/Pages/default.aspx	X												

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

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Sacramento Habitat for Humanity	95811	habitatgreatersac.org	X						X						
Sacramento Homeless Union	95825	www.sacramentohomelessunion.org		X											
Sacramento Housing Alliance	95814	sachousingalliance.org	X						X						
Sacramento Housing and Redevelopment Agency (SHRA)	95814	www.shra.org	X												
Sacramento Junior Giants	95811	www.cityofwestsacramento.org/government/departments/parks-recreation/youth-and-teens/youth-and-teen-sports/jr-giants							X					X	
Sacramento Kindness Campaign	95864	www.sackindnesscampaign.org	X					X	X		X				
Sacramento LGBT Community Center	95811	saccenter.org	X				X	X	X						
Sacramento Life Center (SLC)	95825	saclife.org			X				X	X			X		
Sacramento Native American Health Center, Inc.	95811	www.snahc.org		X	X			X		X			X	X	
Sacramento Police Foundation	95822	sacpolicefoundation.org/wordpress							X						
Sacramento Region Community Foundation	95825	www.sacregcf.org							X			X		X	

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Sacramento Regional Coalition to End Homelessness	95833	www.srceh.org	X												
Sacramento Regional Family Justice Center	95826	www.sacramentofjc.org						X							
Sacramento Steps Forward	95833	sacramentostepsforward.org	X						X						
Sacramento Tree Foundation	95815	www.sactree.com							X			X			
Sacramento Unified School District	95824	scusd.edu	X	X				X						X	
Sacramento Violence Intervention Program (SVIP) (WellSpace Health)	95828	www.wellspacehealth.org/services/behavioral-health-prevention/sac-violence-intervention-program					X	X	X						
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.staysafer.org		X			X								

Name	Primary ZIP Code	Website	Access to Basic Needs	Access to Mental Health	Access to Quality Primary Care	Healthy Equity	System Navigation	Safe and Violence-Free Env.	Community Connections	Access to Specialty Care	Access to Functional Needs	Healthy Physical Env.	Injury & Disease Prevention	Active Living & Healthy Eating	Access to Dental Care
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.cityofsacramento.gov/ypce/community-centers/sam-bonnie-pannell-center							X					X	
San Juan Unified School District	95608	www.sanjuan.edu	X	X				X						X	X
San Juan Unified School District (FACE) Department	95608	www.sanjuan.edu/resources/family-education-engagement						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	
Sheriff Community Impact Program	95825	sacyouthconnect.org/agency-details/82d228ff-475d-ef3d-7688-4211219501a7		X				X						X	
Shifa Community Clinic	95818	www.shifaclinic.org		X	X									X	X
Shiloh Baptist Church	95817	www.shilohbaptist-church-sacramento.org	X						X						
Shingle Springs Tribal TANF Program	95825	www.shinglespringsranche-ria.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	

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Sierra Vista Hospital	95823	sierravistahospital.com		X											
Slavic Assistance Center	95825	www.slaviccenter.us	X												
Society for the Blind	95811	societyfortheblind.org							X	X			X		
Soil Born Farms	95670	soilborn.org/our-story	X					X	X					X	
South County Services	95632	www.southcountyservice.com	X								X				
South Natomas Community Center	95833	www.cityofsacramento.gov/ypce/community-centers/south-natomas-center							X					X	
South Sacramento Interfaith Partnership Food Closet	95822	www.ssipfoodcloset.org	X												
Southeast Asian Assistance Center	95822	sclc.org		X					X						
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	gscceg.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	

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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.sharenm.org/su-familia-national-hispanic-family-health-helpline			X										
Sunburst Projects	95825	sunburstprojects.org		X					X	X			X		
Sutter Center for Psychiatry	95826	www.sutterhealth.org/find-location/facility/sutter-center-for-psychiatry		X			X								
Sutter Health in collaboration with Wellspace Health Street Nurse Program	Whole 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.terranovacounseling.org		X											
The Cup With Love Project	95758	www.cupwithlove.org							X						
The Gardens – A Family Care Community Center	95822	thegardensfamily.org	X	X					X				X		
The Mental Health Association	95825	www.mhac.org		X											
The Salvation Army	95814, 95670, 95817	www.salvationarmyusa.org	X		X			X	X						

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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	twinlakesfoodbank.org	X						X						
Twin Rivers Unified School District	95660	www.twinriversusd.org	X	X										X	
U.S. Department of Veterans Affairs – Sacramento Vet Center	95825	www.va.gov/directory/guide/facility.asp?ID=521	X	X											
UC Davis Medical Center	95817	health.ucdavis.edu/medicalcenter		X	X		X			X			X		

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

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WellSpace Health	95632, 95823, 95841, 95828, 95621, 95827, 95834, 95817, 95660, 95811, 95820, 95630, 95821, 95814, 95826, 95610	www.wellspacehealth.org		X	X		X	X		X			X		X
WellSpace Health Residential Treatment Center	95815	www.wellspace-health.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.windyouthservices.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	
YWCA	95811	www.ywcacccc.org/sacramento	X	X					X				X		

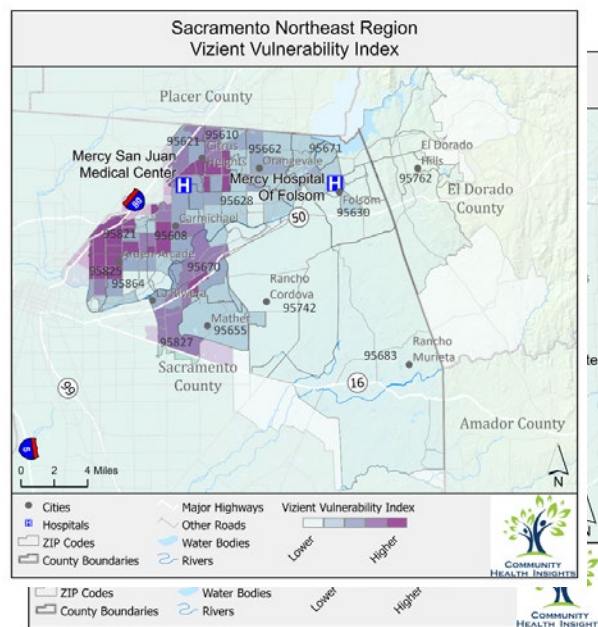
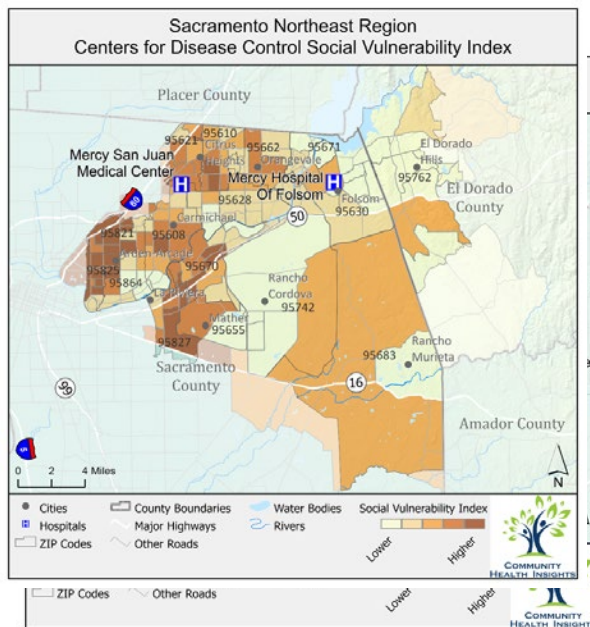
Limits and Information Gaps

Study limitations for this CHNA included obtaining secondary quantitative data specific to population subgroups and assuring 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.

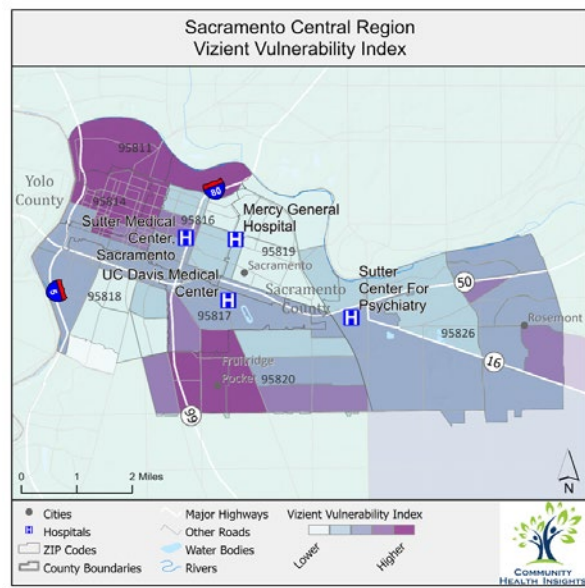
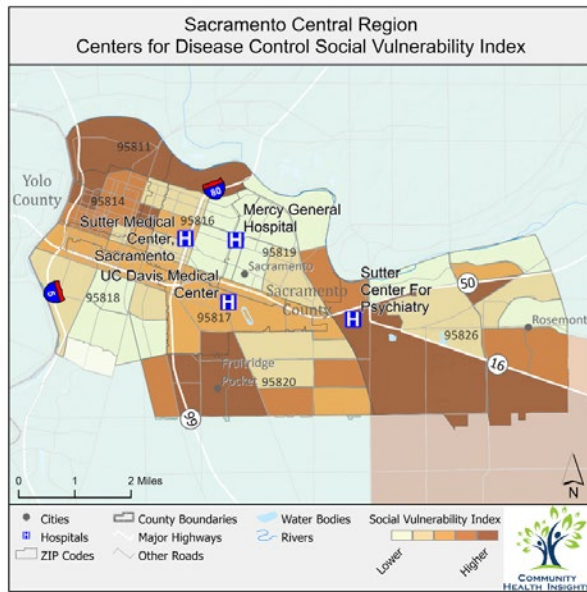
Finally, though this CHNA was conducted with an equity focus, data that point to differences among population subgroups that are more “upstream” focused are not as available as those data that detail the resulting health disparities. Having a clearer picture of early-in-life opportunity differences experienced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

Social Vulnerability and Vizient Vulnerability Indices

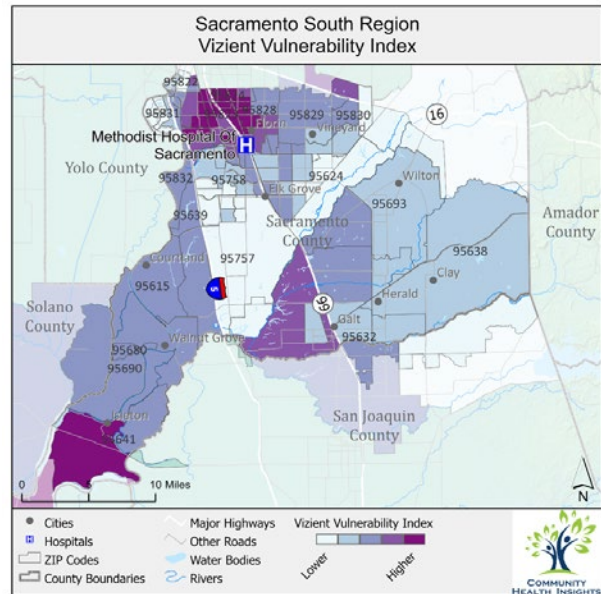
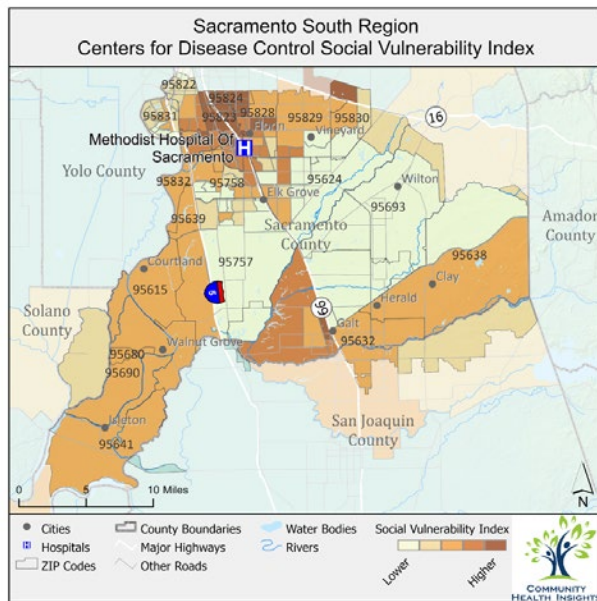
Appendix A: The Social Vulnerability and Vizient Vulnerability Indices for the Northeast Region



Appendix C: The Social Vulnerability and Vizient Vulnerability Indices for the Central Region



Appendix D: The Social Vulnerability and Viziient Vulnerability Indices for the South Region





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UC Davis Medical Center

2315 Stockton Blvd.
Sacramento, CA 95817

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