2019 Community Health Needs Assessment

Kaiser Foundation Hospital: South Sacramento

License number: 030000228

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

September 16, 2019

KAISER PERMANENTE®

Kaiser Permanente Northern California Region Community Benefit

CHNA Report for KFH-South Sacramento

Contents

I. Introduction/background

A. About Kaiser Permanente (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable

- A focus on preventing illness and disease as much as on caring for the sick

- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in nine states and the District of Columbia. Our mission is to provide high quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Health

For more than 70 years, Kaiser Permanente has been dedicated to providing high quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;

- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and

- Advancing the future of community health by innovating with technology and social solutions.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Community Health Needs Assessment (CHNA) Report

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at https://www.kp.org/chna.

D. Kaiser Permanente's approach to Community Health Needs Assessment

Kaiser Permanente has conducted CHNAs for many years, often as part of long standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs include the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of 130 publicly available indicators to understand health through a framework that includes social and economic factors, health behaviors, physical environment, clinical care, and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constitutes a health need in their community. Once all the community health needs were identified, they were prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH-South Sacramento will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, https://www.kp.org/chna.

II. Community served

A. Kaiser Permanente's definition of community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and description of community served

i. Map
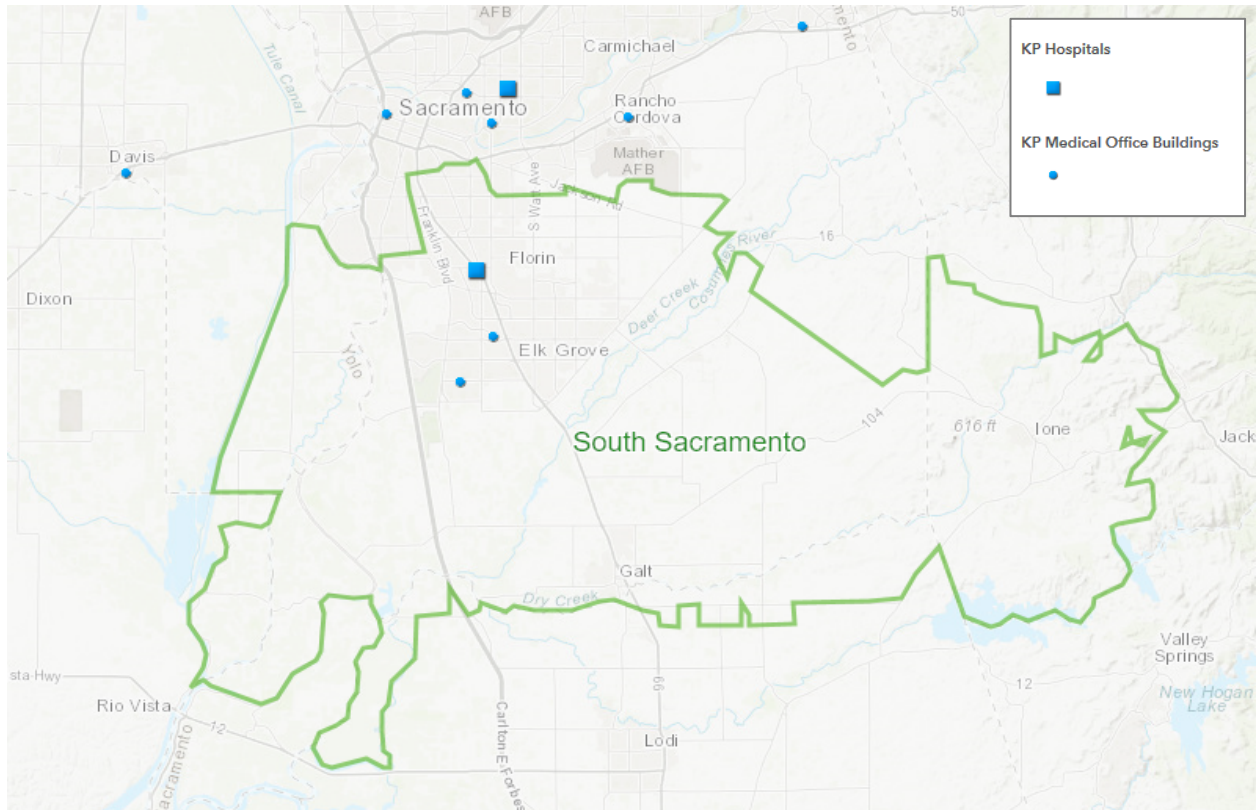
KFH-South Sacramento Service Area

ii. Geographic description of the community served

The KFH-South Sacramento service area comprises a large part of Sacramento County, including the cities of Sacramento, Elk Grove, and Galt, and a portion of Amador County.

iii. Demographic profile of the community served

Demographic profile: KFH-South Sacramento

Race/ethnicity		Socioeconomic Data	
Total Population	474,613	Living in poverty (<100% federal poverty level)	19.2%
Asian	23.9%	Children in poverty	26.6%
Black	12.5%	Unemployment	3.8%
Native American/Alaska Native	0.8%	Uninsured population	10.7%
Pacific Islander/Native Hawaiian	1.7%	Adults with no high school diploma	18.8%
Some other race	8.0%		
Multiple races	7.7%		
White	45.3%		
Hispanic/Latino	26.9%		

III. Who was involved in the assessment?

A. Identity of hospitals and other partner organizations that collaborated on the assessment

KFH-South Sacramento coordinated 2019 CHNA efforts with several regional hospital systems–Dignity Health, Sutter Health, and the University of California, Davis Medical Center. These three health systems worked collectively through a contract with Community Health Insights (CHI) to conduct their CHNAs. Monthly joint meetings between Kaiser Permanente and the other health systems provided opportunities to share strategies and coordinate efforts. In particular, Harder+Company Community Research, the consultant for the KFH-South Sacramento CHNA process, and CHI partnered on the development of qualitative data collection protocols and data collection workload, and shared transcripts from respective data collection activities. This strategy allowed for parallel CHNA processes and the integration of extensive amounts of qualitative data into their respective CHNA reports while avoiding overtaxing the community with multiple data collection efforts. It also ensured coordination and communication between hospitals with overlapping service areas. The collaboration strategy still allowed for unique CHNA needs to arise given differences in hospital service areas, and for each hospital to use data collection and analysis methods that best aligned with their internal protocol. In addition to coordinating efforts with the other regional hospital systems, Sacramento County Public Health staff participated in the monthly joint hospital meetings to provide insight into the community health needs from a public health perspective. To further incorporate the regional public health expertise, KFH-South Sacramento exchanged data with Sacramento County Public Health, Kaiser provided qualitative data findings from the CHNA process with Sacramento County Public Health and received quantitative data collected by Public Health.

B. Identity and qualifications of consultants used to conduct the assessment

Harder+Company Community Research (Harder+Company) is a social research and planning firm with offices in San Francisco, Sacramento, Los Angeles, and San Diego. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Through high-quality, culturally-responsive evaluation, planning, and consulting services, Harder+Company helps organizations translate data into meaningful action. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. The firm's staff offer deep experience assisting hospitals, health departments, and other health agencies on a variety of efforts—including conducting needs assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data for program development and implementation. Harder+Company offers considerable expertise in broad community participation, which is essential to both health care reform and the CHNA process in particular. Harder+Company is the consultant on several CHNAs throughout the state, including other Kaiser Foundation Hospital service areas in Roseville, Sacramento, San Bernardino, San Rafael, Santa Rosa, Vacaville, and Vallejo.

IV. Process and methods used to conduct the CHNA

A. Secondary data

i. Sources and dates of secondary data used in the assessment

KFH-South Sacramento used the Kaiser Permanente CHNA Data Platform (http://www.chna.org/kp) to review 130 indicators from publicly available data sources. KFH-South Sacramento also used additional data sources beyond those included in the CHNA Data Platform. For details on specific sources and dates of the data used, please see Appendix A. Secondary Data Sources and Dates.

ii. Methodology for collection, interpretation, and analysis of secondary data

Kaiser Permanente's CHNA Data Platform is a web-based resource provided to our communities as a way to support community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks.

As described in section IV.A.i above, KFH-South Sacramento also leveraged additional data sources beyond those included in the CHNA Data Platform.

CHNA partners (e.g., county health departments, service providers, and other stakeholders) provided additional data (e.g., frequency tables, reports, etc.) to inform both the identification and prioritization of health needs across the service area (see Appendix A. Secondary Data

Sources and Dates for a list of additional data sources). This data provided additional context and, in some cases, more up-to-date statistics to the indicators included in the CHNA Data Platform. The Harder+Company team did not conduct additional analysis on secondary data shared by CHNA partners as the data was already disaggregated across several variables including region, race/ethnicity, and age. Each health need profile includes a reference section with a detailed list of all secondary data sources used in that profile to inform the prioritization of health needs (see Appendix C. Health Need Profiles).

B. Community input

i. Description of who was consulted

Community input was provided by a broad range of community members through key informant interviews, group interviews, and focus groups. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from health departments, school districts, local non-profits, and other regional public and private organizations as well as community leaders, clients of local service providers, and other individuals representing medically underserved, low-income, and sub-populations that face unique barriers to health (e.g., race/ethnic minority populations, individuals experiencing homelessness). For a complete list of communities and organizations who provided input, see Appendix B. Community Input Tracking Form.

ii. Methodology for collection and interpretation

In an effort to include a wide range of community voices from individuals with diverse perspectives and experiences and those who work with or represent underserved populations and geographic communities within the KFH-South Sacramento service area, Harder+Company staff used several methods to identify communities for qualitative data collection activities. First, Harder+Company staff reviewed the participant lists from previous CHNA reports in the same service area. Second, they examined reports published by local organizations and agencies (e.g., county and city plans, community-based organizations) to identify additional high-need communities. Finally, staff researched local news stories to identify emerging health needs and social conditions affecting community health that may not yet be indicated in secondary data. Importantly, the inclusion of service providers (through key informants and provider group interviews) and community members (through focus groups) allowed for the identification of health needs from the perspectives of service delivery groups and beneficiaries. (For a complete list of participating organizations, see Appendix B. Community Input Tracking Form.)

Harder+Company collaborated with Community Health Insights (the consulting firm working with the other regional hospitals) on the development of the interview and focus group protocols, which the Kaiser Permanente CHNA team reviewed. Protocols were designed to inquire about health needs in the community, as well as a broad range of social determinants of health (i.e., social, economic, and environmental), behavioral, and clinical care factors. Some of the identified factors represented barriers to care while others identified solutions or resources to

improve community health. Participants also described any new or emerging health issues and to prioritize the top health concerns in their community.

Harder+Company also coordinated with Community Health Insights on qualitative data collection. The two consulting firms divided the data collection activities so that Community Health Insights primarily conducted the key informant interviews, Harder+Company conducted the group interviews, and focus groups were evenly divided between the two firms. All data collection activities occurred in-person. When respondents granted permission, interviews were recorded and transcribed for all interviews and shared across consultants.

All qualitative data were coded and analyzed using ATLAS.ti software (GmbH, Berlin, version 7.5.18). A codebook with robust definitions was developed to code transcripts for information related to each potential health need, as well as to identify comments related to subpopulations or geographic regions disproportionately affected; barriers to care; existing assets or resources; and community-recommended healthcare solutions. At the onset of analysis, three interview transcripts (one from each type of data collection) were coded by all nine Harder+Company team members to ensure inter-coder reliability and minimize bias. Following the inter-coder reliability check, the codebook was finalized to eliminate redundancies and capture all emerging health issues and associated factors. All transcripts were analyzed according to the finalized codebook to identify health issues mentioned by interview respondents.

In comparison to secondary (i.e., quantitative) data sources, primary qualitative (i.e., community input) data was essential for identifying needs that have emerged since the previous CHNA. Health need identification used qualitative data based on the number of interviewees or groups who referenced each health need as a concern, regardless of the number of mentions within each transcript.

For any primary data collection activities conducted in Spanish, bilingual staff from the Harder+Company team facilitated and took notes. All recordings (if granted permission) were then transcribed, but not translated into English. Bilingual staff coded these transcripts and translated any key findings or representative quotes needed for the health need profiles.

C. Written comments

KP provided the public an opportunity to submit written comments on the facility's previous CHNA Report through CHNA-communications@kp.org. This email will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, KFH-South Sacramento had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

D. Data limitations and information gaps

The KP CHNA data platform includes 130 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

The limitations discussed above have implications for the identification and prioritization of community health needs. Where only countywide data was available or data was unable to be disaggregated, values represent averages across many communities and may not reflect the unique needs of subpopulations. As is standard, the state average is used as a benchmark when available, with health indicators that fall below the state average were flagged as potential health needs. However, whether a hospital service area (HSA) indicator is on par with or better than the state average does not necessarily mean that ideal health outcomes or service quality exists.

Harder+Company also gathered extensive qualitative data across the HSA to complement the quantitative data. Qualitative data is ideal for capturing rich descriptions of lived experiences, but it cannot be treated as representative of any population or community. Despite efforts to speak to a broad range of service providers and community members, several limitations to the qualitative data remain. First, although experts in their fields, some service providers expressed hesitation about speaking beyond their expertise areas, limiting their contribution to overall health needs and social determinants. Second, although likely reflective of workforce demographics, people of color were underrepresented in the service providers who engaged in data collection activities, which may limit perspectives captured. Third, in large part, community-based organizations helped to recruit community members for focus groups. This strategy is necessary for making contact with community members and for securing interview spaces that make participants feel safe. However, it inherently excludes disconnected individuals (i.e., those not engaged in services). To address this, Harder+Company made efforts to collect data at several community events where individuals gather without directly receiving services. Finally, although, focus groups were conducted focus groups in English and Spanish, future CHNA processes should consider strategies to include data collection in additional languages that are prevalent in the service area.

V. Identification and prioritization of the community's health needs

A. Identifying community health needs

i. Definition of "health need"

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are

identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii. Criteria and analytical methods used to identify the community health needs

Extensive secondary quantitative data (from the Kaiser CHNA Data Portal and other publically available data), as well as primary qualitative data collected from key informant interviews, provider group interviews, and focus groups with community members, were synthesized and analyzed to identify the community health needs.

For the quantitative data, the Harder+Company team identified potential health needs by creating a matrix of health issues and associated secondary data. The Kaiser CHNA Data Platform groups 130 specific health indicators into 14 health need categories (i.e., composites of individual indicators). The health needs are not mutually exclusive, as indicators can appear in more than one need. Individual indicator values are categorized as relatively better, worse, or similar to established benchmark data, in most cases, the California state average estimate. Indicators identified as on average worse than the benchmark were flagged as potential health needs. In addition, regardless of comparison to the benchmark, any indicator with data reflecting racial or ethnic disparities was also marked as a potential health need.

For the qualitative data, the Harder+Company team read and coded transcripts from all primary data collection activities (i.e., key informant interviews, focus groups, and provider group interviews, see Section IV B ii for details). Part of the analysis included grouping individual qualitative themes (e.g., green spaces, safe spaces, food security, obesity, diabetes) into health need categories (e.g., healthy eating and active living) similar to those identified in the Kaiser CHNA Data Platform. Health need categories that were identified in the majority of data collection activities (i.e., the majority of key informant interviews, the majority of group interviews, *and* the majority of focus groups) were considered as potential health needs.

The final process to determine whether each health issue qualified as a CHNA health need drew upon both secondary and primary data, as follows:

1. A health need category was identified as **high need based on secondary data** from the Kaiser CHNA Data Platform if it met *any* of the following conditions:

   - *Overall severity:* at least one indicator Z-score within the health need was much worse or worse than benchmark.

   - *Disparities:* at least one indicator Z-score within the health need was much worse or worse than benchmark for any defined racial/ethnic group.

   - *External benchmark:* indicator value worse than an external goal (e.g., state average, county data, and Healthy People 2020).

2. A health need category was identified as **high need based on primary data** if it was identified as a theme in a majority of key informant interviews, group interview, *and* focus groups.

3. Classification of primary and secondary data was combined into the final health need category using the following criteria:

- **Yes**: high need indicated in *both* secondary and across *all types* of primary data. Kaiser Permanente and CHNA partners then confirmed these health needs.
- **Maybe**: high need indicated only in secondary data and/or some primary data. These health issues were further discussed with Kaiser Permanente and CHNA partners to determine final status.
  - If a health need was mentioned overwhelmingly in primary data but did not meet the high need criteria for secondary data, the Harder+Company team conducted an additional search for secondary data sources that indicated disparities (e.g., geographic, race/ethnicity, and age) to ensure compliance with both primary and secondary criteria.
  - In some cases, multiple indices were merged into one health need if there were cross-cutting secondary indicators or themes from the qualitative data.
- **No**: high need indicated in only one or fewer sources.

B. Process and criteria used for prioritization of health needs

For each identified community health need, Harder+Company developed a three- to four-page written profile. These health need profiles summarized primary and secondary data, including statistics on sub-indicators, quantitative and qualitative data on regional and demographic disparities, commentary and themes from primary data, contextual information on main drivers and community assets, and suggested solutions. Profiles for all of the identified health needs are included in Appendix C. Health Need Profiles.

Harder+Company then facilitated an in-person prioritization meeting in late 2018 with regional CHNA partners and stakeholders (including service providers and health department representatives) to prioritize the health needs. The meeting began with a brief presentation of each health need profile, highlighting major themes and disparities, followed by small-group discussions of the health needs, including the consideration of the following agreed-upon criteria for prioritization:

- **Severity:** Severity of need demonstrated in data and interviews. Potential to cause death or extreme/lasting harm. Data significantly varies from state benchmarks. Magnitude/scale of the need, where magnitude refers to the number of people affected.
- **Clear Disparities or Inequities:** Health need disproportionately impacts specific geographic, age, or racial/ethnic subpopulations.
- **Impact:** The ability to create positive change around this issue, including potential for prevention, addressing existing health problems, mobilizing community resources, and the ability to affect several health issues simultaneously.

During the small-group discussions, meeting participants referred to the health need profiles as their main source of information while also sharing their individual knowledge and work in that subject area, including additional secondary data.

After small-group discussions, meeting participants discussed key insights for each health need with the larger group and then voted to determine the final ranked list of health needs. Participants voted either individually or as a voting bloc if there were multiple stakeholders from the same organization. Participants ranked the health needs three times, once for each prioritization criteria (i.e., severity, disparities, impact), on a scale from 1-7 (*1=lowest priority*; *7=highest priority*). Ranking required that no two health needs were scored the same within each criterion. Appendix D. Prioritization Scoring provides the specific breakdown of scores used for ranking and any weighting considerations across the three criteria. Harder+Company tallied the votes after the prioritization meeting.

C. Prioritized description of all the community needs identified through the CHNA

Summaries of the health needs for the service area follow. The order of the health needs reflects the final prioritization of needs identified by the process described above (see Section V. B. Process and criteria used for prioritization of health needs). For more detailed descriptions of each of the health needs, including additional data, quotes, and themes, refer to Appendix C. Health Need Profiles.

1. **Mental and Behavioral Health:** Mental and behavioral health are foundations for healthy living, and encompass rates of mental illness, rates of challenging behaviors (e.g., school suspensions), substance abuse, access to social and emotional support, and access to providers for preventive care and treatment. In extreme cases, mental health is associated with homelessness. The South Sacramento service area scores on par with the California state average on many indicators related to mental and behavioral health, including substance use (e.g., excessive drinking, smoking, and opioid prescription drug claims). However, the service area has lower access to mental health providers than the Northern California region (324 and 353 providers per 100,000 population, respectively).[1] The service area also has higher rates of school suspensions, an indicator of mental and behavioral health, than the state (12 percent compared to 6 percent).[2] In addition, racial/ethnic disparities exist within Sacramento County; the suspension rates are highest among Black/African American male students (20 percent), with even higher rates among Black/African American youth with the following experiences: foster care (33 percent), homelessness (26 percent), disabilities (25 percent), and low-income (22 percent).The South Sacramento Service Area also has fewer mental health providers (319) per 100,000 residents than Northern California overall (353).[3] In addition, on average, the HSA has fewer mental health providers than Northern California, with the lowest number of mental health providers available in Amador and San Joaquin Counties.[4] Local stakeholders identified several challenges to meeting their mental and behavioral health needs: too few mental health providers, lack of culturally responsive service providers, community mistrust, and financial constraints.

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[1] Area Health Resource File. (2016). Retrieved from https://datawarehouse.hrsa.gov/topics/ahrf.aspx
[2] California Department of Education. (2016-2017). Retrieved from https://www.cde.ca.gov/ds/
[3] Area Health Resource File. (2016). Retrieved from https://datawarehouse.hrsa.gov/topics/ahrf.aspx
[4] Area Health Resource File. (2016). Retrieved from http://kp-chna.ip3app.org/project/view/5c115a0f047ccf002660ea28#

Public health experts who participated in the prioritization meeting also discussed that opioid deaths are the leading cause of injury-related deaths in the region (61 deaths in 2017), and the high rates of opioid prescriptions in children under the age of 5 (rate 10.6 per 1,000 residents).[5]

2. **Economic Security:** Economic security means having the financial resources, public supports, career and educational opportunities, and housing accommodations necessary to live your fullest life. The South Sacramento service area scores worse than the California state average on many indicators measuring economic security. The service area has a higher percent of residents experiencing food insecurity (17 percent)[6] and receiving Supplemental Nutrition Assistance Program benefits (SNAP) (14 percent),[7] than California on average (13 percent and 9 percent respectively). Significant disparities remain across the region both by race/ethnicity and geography. For example, Black/African American households (22 percent) are more likely to receive SNAP benefits than White households (8 percent) in the South Sacramento service area.[8] Geographic disparities were found in housing problems, which include lacking complete kitchens and plumbing facilities, overcrowding, or housing costs that represent over 30 percent of monthly income, with highest rates in South Sacramento city and the area northwest and west of Galt.[9] In addition, local stakeholders identified the following barriers to economic security: a lack of awareness of local systems and supports, affordable housing, and consistent funding for services; the presence of long waitlists for services; and a lack of resolving root causes of problems. These barriers disproportionately affect low-income individuals and people of color.

3. **Women and Children's Well-Being:** Women and children's well-being reflects not only health outcomes, but also access to services, such as reproductive health, pre- and post-natal medical care, childcare, and education. On average, within the South Sacramento service area, women and children are faring worse than the state benchmarks. For example, the South Sacramento service area has higher rates of breast cancer among women, and higher rates of hospitalizations due to both domestic violence and adolescent mental health issues than the state overall. Disparities within the region also exist, with women of color experiencing higher rates of low birth weight, infant mortality, teen pregnancies, and smoking during pregnancy. For instance, in Sacramento County per 1,000 population, Black/African American (23) and Hispanic/Latina (18) teenage women (ages 15-18) are more likely than White (10) and Asian (7) teens to have a child.[10] In Sacramento County, Black/African American infants are more likely to be born with a low birth weight (11 percent) than Hispanic/Latino/a and

[5] California Department of Public Health (2017). Retrieved from https://discovery.cdph.ca.gov/CDIC/ODdash/
[6] Feeding America. (2014). Retrieved from http://map.feedingamerica.org/
[7] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/
[8] Ibid.
[9] Consolidated Planning CHAS Data. (2011-2015). Retrieved from https://www.huduser.gov/portal/datasets/cp.html
[10] Community Status Report Sacramento County. (2014). Retrieved from http://www.dhs.saccounty.net/PUB/Documents/Epidemiology/RT-HealthStatusReport2014.pdf

White infants (both 6 percent).[11] In addition, infants of color have higher rates of mortality (7.1 per 1,000 births) than White infants (4.7 per 1,000 births) in the South Sacramento service area[12] (although infant mortality rates have decreased by 45 percent for African Americans in Sacramento County in recent years).[13] Further, within the South Sacramento service area, there are prevalent geographic disparities regarding rates of preschool enrollment. For example, lowest rates of preschool enrollment were found in parts of Amador (north of Ione), Sacramento (surrounding Fruitridge Road, Mack Road, and Valley Hi, and the northwest and southeast portions of Elk Grove), and San Joaquin (southeast of Galt) counties.[14] Local stakeholders identified lack of affordable childcare, housing, and services; untreated trauma; and cultural stigma as barriers to women and children's well-being.

4. **Violence and Injury:** Direct and indirect exposure to violence and injury, such as domestic and community violence, have significant effects on well-being and health. On average, residents of the South Sacramento service area have higher rates of violence compared to the California state average, including higher rates of domestic violence hospitalizations, suicide deaths, and violent crimes. For example, per 100,000 population, the South Sacramento service area has higher rates of violent crimes reported (518) than the California average (403).[15] Although already higher than the state average, disparities exist within these indicators as well, such that San Joaquin County had higher violent crimes exposure than other counties in the service area.[16] Local stakeholders also identified several additional factors contributing to the effects of violence and injury, including over-policing of communities of color and low-income areas, lack of access to mental health and education services, mistrust and fear of institutions, and lack of affordable housing.

5. **Access to Care:** Access to quality health care includes affordable health insurance and utilization of preventive care, with the ultimate goal of reducing the risk of unnecessary disability and premature death. Importantly, it is also one of the key drivers in achieving health equity. The South Sacramento service area scores better than the California state average on some of the indicators measuring health access, such as a lower percentage of uninsured individuals, and a higher percentage of Medicare recipients reporting recent primary care visits. However, there are higher rates of breast and lung cancer in the area, and significant disparities remain within indicators in which the area exceeded state averages. For example, Native American and Alaskan Native (18 percent), White (16 percent), Hispanic/Latino/a (15 percent), and Native Hawaiian and Pacific Islander (14 percent) adults are more likely than Black/African American (12 percent), multi-racial

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[11] Sacramento County Birth Fact Sheet. (2016). Retrieved from http://www.dhs.saccounty.net/PUB/Documents/Epidemiology/RT-BirthFactSheet2016.pdf
[12] National Vital Statistics System. (2008-2014). Retrieved from https://www.cdc.gov/nchs/nvss/index.htm
[13] First 5 Sacramento Reduction of African American Perinatal and Infant Deaths. (2018). Retrieved from http://www.first5sacramento.net/Results/Documents/3-yr_RAACD_EvalReport.PDF
[14] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/
[15] FBI Uniform Crime Reports. (2012-2014). Retrieved from https://www.fbi.gov/services/cjis/ucr
[16] Ibid.

(8 percent), and Asian (6 percent) individuals to be uninsured.[17] Further, Black/African American residents are more likely than White residents to experience a preventable hospital event (51 versus 31 out of 1,000 residents).[18] High rates of uninsured populations were found in South Sacramento city and the area surrounding Galt.[19] In addition, local stakeholders identified that lack of knowledge, affordable medical care, stigma and fear of accessing resources, and trust in the system inhibit the ability of individuals to navigate existing systems of care, and these barriers disproportionately affect low-income individuals and people of color.

6. **Healthy Eating and Active Living (HEAL):** Healthy eating and active living (HEAL) relates to the ability of residents to positively shape their health outcomes through a focus on nutrition and exercise. Many factors outside of individuals' control also shape these behaviors, such as access to safe parks and affordable vegetables. Further, HEAL impacts the rates of many chronic conditions like cardiovascular disease (CVD), stroke, and cancer. The South Sacramento service area scores worse than the California state average on many of the indicators measuring HEAL. For example, residents are more likely to experience hospitalization for stroke, have less access to affordable and nutritious food, and experience more food insecurity. Significant disparities exist by race, ethnicity, and geography, specifically related to youth obesity, inactivity, and receipt of SNAP benefits. For instance, although the South Sacramento service area is just below the state average for the percentage of youth experiencing obesity (18 percent versus 20 percent),[20] Native Hawaiian and Pacific Islander (27 percent), Native American and Alaskan Native (25 percent), Hispanic/Latino/a (24 percent), and Black/African American (22 percent) youth all exceed the state average.[21] Compared to other counties in the HSA, Sacramento County had the lowest access to healthy food stores, specifically west of Highway I-5, with pockets within and north of Elk Grove, and north and northwest of Galt.[22] Local stakeholders identified lack of safe and green spaces for physical activity, affordable healthy food and culturally sensitive education surrounding food, time to access necessary resources, trust in providers, and knowledge about how to navigate systems as barriers to HEAL.

7. **Environmental Health:** Environmental health indicators include respiratory hazards, tree canopy, and access to public transportation, as well as related health outcomes such as asthma and lung cancer. On average, the South Sacramento Service Area performs worse than benchmarks on many factors related to environmental health, including having a worse Respiratory Hazard Index score (i.e., more respiratory hazards), lower tree canopy cover, and higher rates of lung cancer incidence. For example, the South Sacramento service area performs worse on the Respiratory Hazard

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[17] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/
[18] Dartmouth Atlas of Healthcare. (2014). Retrieved from https://www.dartmouthatlas.org/
[19] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/
[20] National Survey of Children's Health. (2016). Retrieved from http://childhealthdata.org/learn-about-the-nsch/NSCH
[21] Ibid.
[22] USDA - Food Access Research Atlas. (2014). Retrieved from https://www.ers.usda.gov/data-products/food-access-research-atlas

Index[23] and higher rates of lung cancer (56 vs. 45 per 100,000 population)[24] compared to the state. In addition, geographic disparities exist with highest respiratory hazard index scores present in northern parts of the service area from Broadway to Mack Road. However, scores were also high for the entire western portion of the service area (i.e., west of Colony Road). Local stakeholders also identified climate change and rise of extreme temperatures and lack of access to clean and safe green spaces as barriers associated with environmental health.

D. Community resources potentially available to respond to the identified health needs

The service area for KFH-South Sacramento contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment. Examples of resources available to respond to each community-identified health need, as found in qualitative data, are indicated in each health need brief found in Appendix C. Health Need Profiles. In addition, a list of community-based organizations and agencies that participated in the CHNA process can be found in Appendix B. Community Input Tracking Form. For a more comprehensive list of community assets and resources, please call 2-1-1 OR 800-273-6222, or reference https://www.211ca.org/ and enter the topic and/or city of interest.

VI. KFH-South Sacramento 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH-South Sacramento's 2016 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH-South Sacramento's Implementation Strategy Report, including the health needs identified in the facility's 2016 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit (https://www.kp.org/chna). For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH-South Sacramento in the 2016 Implementation Strategy Report:

1. Access to Care
2. Healthy Eating and Active Living (HEAL)
3. Behavioral Health
4. Community and Family Safety

KFH-South Sacramento is monitoring and evaluating progress to date on its 2016 Implementation Strategies for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the

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[23] EPA National Air Toxics Assessment. (2011). Retrieved from https://www.epa.gov/national-air-toxics-assessment
[24] State Cancer Profiles. (2010-2014). Retrieved from https://statecancerprofiles.cancer.gov/

number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH-South Sacramento tracks outcomes, including behavior and health outcomes, as appropriate and where available.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. KP's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1) how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

As of the documentation of this CHNA Report in March 2019, KFH-South Sacramento had evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. While not reflected in this report, KFH-South Sacramento will continue to monitor impact for strategies implemented in 2019.

B. 2016 Implementation Strategy evaluation of impact overview

In the 2016 IS process, all KFH hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2017 and 2018, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

KFH programs: From 2017-2018, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

- Medicaid: Medicaid is a federal and state health coverage program for families and individuals with low-incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.

- Medical Financial Assistance: The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.

- Charitable Health Coverage: Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.

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- Workforce Training: Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.

- Research: Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes

Grantmaking: For 70 years, Kaiser Permanente has shown its commitment to improving community health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2017-2018, KFH-South Sacramento awarded 300 grants amounting to a total of $7,450,191.10 in service of 2016 health needs. Additionally, KFH Northern California Region has funded significant contributions to the East Bay Community Foundation in the interest of funding effective long-term, strategic community benefit initiatives within the KFH-South Sacramento service area. During 2017-2018, a portion of money managed by this foundation was used to award 4 grants totaling $394,852.20 in service of 2016 health needs.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities, and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH-South Sacramento leveraged significant organizational assets in service of 2016 Implementation Strategies and health needs. Examples of in-kind resources are included in the section of the report below.

Collaborations and partnerships: Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2017-2018, KFH-South Sacramento engaged in several partnerships and collaborations in service of 2016 Implementation Strategies and health needs. Examples of collaborations and partnerships are included in the section of the report below.

C. 2016 Implementation Strategy evaluation of impact by health need

KFH-South Sacramento Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
Access to Care	*During 2017 and 2018, KFH-South Sacramento awarded 73 grants totaling $4,733,318.27 that address Access to Care in the KFH-South Sacramento service area*	<u>KP Medicaid and Charity Care:</u> In 2017 and 2018 KP served 37,191 and 32,533 Medi-Cal members respectively totaling $83,930,176.95 worth of care. KP also provided a total of $14,794,941.44 of Medical Financial Assistance (MFA) to 7,762 individuals in 2017 and 5,135 individuals in 2018.
		<u>211:</u> Yolo County Health Department received a $50,000 grant (evenly split between 4 KFH hospital service areas) to support 211's efforts to connect community members with County services, community-based resources and information through a 24 hour call center, web lookup and text alerts. To date, 211 has received 2,432 calls, with the majority related to emergency shelter and housing assistance. Callers were connected to resources and 546 direct referrals were made to service providers across the region.
		<u>PHASE:</u> Over the course of three years (2017-2019), Elica Health Centers (Elica) is the recipient of a $150K grant (evenly split between 3 KFH hospital service areas) to support the successful use of PHASE among clinic sites. Strategies include using PHASE as a vehicle for organizational practice transformation. Elica is reaching almost 2,500 patients through PHASE. 61% of their patients with diabetes have their blood pressure controlled.
		<u>Case management</u>: WellSpace Health was awarded a $99,000 grant for its T3 (Triage, Transport, Treatment) South Sacramento program, which identified 45 new frequent emergency department utilizers and engaged them in appropriate primary and preventive care as an alternate to excessive ED use. And 41 clients who were helped as a result of 2017 funding are still actively receiving case management services. Transportation was provided 195 times to medical/mental health appointments and other community services. The case manager worked to connect all patients with a medical home, resulting in 107 medical appointments and 23 mental health appointments, and a decrease in non-emergency room use. All 45 clients were connected to temporary housing and nine clients successfully obtained permanent housing.
		<u>Access to coverage</u>: Sacramento Covered received $50,000 (split with KFH-Sacramento) for its access to care project that helps underserved Sacramento County communities, including those with limited English proficiency, access and utilize health care services by ensuring they are enrolled in and maintain their health coverage, coordinate primary care and specialty care services, and mitigate specific barriers to care through health education and referrals to social non-medical services. Sacramento Covered screened 1,108 unduplicated individuals for health coverage and provided 2,063 total health navigation services. This included 334 new health coverage enrollments, 361 health coverage renewals, 1,023 health coverage maintenance services, 71 individuals scheduled for primary care appointments, and 105 referred to non-medical services.
Healthy Eating, Active Living	*During 2017 and 2018, KFH-South Sacramento awarded 42 grants totaling $634,974.81 that address Healthy*	<u>CalFresh:</u> Sacramento Food Bank & Family Services (SFBFS) received a $95,000 grant (split with KFH-Sacramento) to increase enrollment in and use of CalFresh, by convening stakeholders, training partner agencies, and targeting outreach in zip codes with low CalFresh participation. To date, SFBFS has trained three new partners to help with outreach and application assistance. SFBFS has screened 211 individuals and submitted 173 CalFresh applications, of which 75 were approved.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
	Eating Active Living in the KFH-South Sacramento service area	<u>Parks</u>: Health Education Council (HEC) received a $75,000 grant to revitalize Nielsen Park by implementing community identified improvements designed to increase safety and provide opportunities for physical activity and recreation. Over 100 residents provided recommendations to the City of Sacramento regarding park structural improvements. Renovations are currently underway to the play structures, picnic areas and water fountains. Utilization of the park is expected to increase by 50 percent after the renovations are completed.
		<u>Walking program</u>: Health Education Council (HEC) was awarded a $55,240 grant (evenly split between 3 KFH hospital service areas) for Walk with Friends (WWF), which was designed to increase neighborhood cohesion through healthy eating and active living. HEC expanded this community walking and produce distribution program to seven sites (four schools and three community parks) in the Sacramento Region and is serving more than 3,350 actively participating households. Each week, WWF brings adults together to stretch, walk, and talk with other community members. HEC also developed formal agreements with the Sacramento and Yolo county food banks, which provided more than 50,596 pounds of fresh fruits and vegetables to participants overall.
Mental & Behavioral Health	*During 2017 and 2018, KFH-South Sacramento awarded 46 grants totaling $803,639.90 that address Mental and Behavioral Health in the KFH-South Sacramento service area*	<u>Stigma</u>: Elk Grove Unified School District received a $90,000 grant to provide LGBTQ students in Elk Grove and South Sacramento with mental health and stigma reduction programming. This effort is designed to create a more equitable and inclusive learning environment that responds to the unique needs of LGBTQ students, resulting in a reduction in stigma and improved mental health and wellness supports for LGBTQ students.
		<u>Resilience</u>: Sacramento City Unified School District received a $98,000 grant to continue developing a trauma-informed school environment at John Still School by providing mental health screenings and services for students, workshops for students and teachers, and adopting a model of restorative practices schoolwide. To date, 44 students have received counseling, 120 students participated in in-class workshops on stress management, and 280 students participated in a schoolwide social emotional learning intervention.
		<u>Connection to services</u>: Sacramento City Unified School District (SCUSD) received $50,000 to support Connect Center, which provides a single, easily identifiable point of access and assistance to address the social, emotional, and health needs of all students and families, as well as ongoing training on student health and wellness to parents, families, and SCUSD staff. Outcomes include 156 referrals made for health insurance enrollment; 40 for health navigation; 384 for case management/support services; and 475 for mental health, support groups, crisis, alcohol and drug counseling services. Nine health insurance outreach events were conducted at schools and community health fairs, and through Health Action Team meetings. Overall, substantial increases were seen in student and family access to social/emotional and mental health care services, health coverage and navigation, and health education, in addition to awareness of issues affecting student health and wellness.

Need	Summary of impact	Top 3-5 Examples of most impactful efforts.
		Mental health programs for homeless youth: WIND Youth Services was awarded a $30,000 grant (split with KFH-Sacramento) for its Connections Program for homeless youth. During the grant term, 145 youth were immediately connected to WIND's mental health program. They received weekly case management support, including mental health and behavioral health services. Outcomes included that 88% of youth reported increased capacity to manage mental/behavioral health systems, 94% reported feeling safer, and 96% reported feeling less alone.
Community & Family Safety	*During 2017 and 2018, KFH-South Sacramento awarded 45 grants totaling $855,485.05 that address Community and Family Safety in the KFH-South Sacramento service area*	Violence Prevention: WellSpace Health received a $200,000 grant (split with KFH-Sacramento) to implement the Sacramento Violence Intervention Program (SVIP). Youth ages 15-26 who are admitted to Kaiser Permanente's South Sacramento Trauma Center with injuries related to violence receive case management and linkage to services. The goal of SVIP is to reduce the number of re-injuries due to violence. To date, SVIP has mentored and provided after-care services for over 75 patients and families affected by violence.
		Firearms: Over four years (2017-2021), Safe Passages received a $400,000 grant (split with KFH-Sacramento) to implement the Advance Peace Sacramento project to reduce firearm assaults in three Sacramento California communities by providing resources to firearm offenders. The expected outcome includes a 50% reduction in firearm assault over five years. To date, 75 fellows have been enrolled in the Peacemaker Fellowship, which provides fellows with support to develop a life plan and work towards educational, professional, and personal goals.
		Neighborhood programs: ReIMAGINE Mack Road Partnership received $75,000 for its ReVITALIZE Community Project to improve health and well-being through vibrant, neighborhood-focused programs that bring hope and positive change to the Valley-Mack community. This grant reached 18,900 people. Sacramento Summer Night Lights provided alternative outdoor activities that included entertainment, group play, poem and narrative writing, dance, positive interactions with law enforcement, organized sports, music, and arts and crafts for 11,019 participants. In addition, meals were served to 1,840 adults and 4,983 children from low-income neighborhoods. And the Mack Road-Valley Hi Community Center provided a safe place and afterschool activities for 5,160 children and youth. The Market-Match-Program provided fresh, reduced-cost produce at farmers market for CalFresh families, matching $1.736 for those with EBT. An average of $478.27 of produce was sold at each market for a total of 5,061 lbs. of produce. According to surveys, 88% of shoppers were satisfied with the market and 77% increased their consumption of fresh food.
		Intimate partner violence: WEAVE was awarded a $40,000 grant to provide legal aid and safe shelter to victims of intimate partner violence (IPV). Of the 276 victims who received 17,177 bed nights, 123 were children and 153 were adults. In addition, WEAVE provided support, safety planning, and referrals to 13,410 callers via its 24/7 support and information line. WEAVE operates two confidential shelters for victims of IPV. Safehouse is located on WEAVE's residential campus. And Open House consists of five one-bedroom apartments where residents access supportive services through WEAVE's Midtown Counseling Center; a client services representative is also onsite in the evening and through the night.

VII. Appendices
    A. Secondary Data Sources and Dates
        i. Secondary sources from the KP CHNA Data Platform
        ii. Additional sources
    B. Community Input Tracking Form
    C. Health Need Profiles
    D. Prioritization Scoring

Appendix A. Secondary Data Sources and Dates

i. Secondary sources from the KP CHNA Data Platform

	Source	Dates
1.	American Community Survey	2012-2016
2.	American Housing Survey	2011-2013
3.	Area Health Resource File	2006-2016
4.	Behavioral Risk Factor Surveillance System	2006-2015
5.	Bureau of Labor Statistics	2016
6.	California Department of Education	2014-2017
7.	California EpiCenter	2013-2014
8.	California Health Interview Survey	2014-2016
9.	Center for Applied Research and Environmental Systems	2012-2015
10.	Centers for Medicare and Medicaid Services	2015
11.	Climate Impact Lab	2016
12.	County Business Patterns	2015
13.	County Health Rankings	2012-2014
14.	Dartmouth Atlas of Health Care	2012-2014
15.	Decennial Census	2010
16.	EPA National Air Toxics Assessment	2011
17.	EPA Smart Location Database	2011-2013
18.	Fatality Analysis Reporting System	2011-2015
19.	FBI Uniform Crime Reports	2012-14
20.	FCC Fixed Broadband Deployment Data	2016
21.	Feeding America	2014
22.	FITNESSGRAM® Physical Fitness Testing	2016-2017
23.	Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24.	Health Resources and Services Administration	2016
25.	Institute for Health Metrics and Evaluation	2014
26.	Interactive Atlas of Heart Disease and Stroke	2012-2014
27.	Mapping Medicare Disparities Tool	2015
28.	National Center for Chronic Disease Prevention and Health Promotion	2013
29.	National Center for Education Statistics-Common Core of Data	2015-2016
30.	National Center for Education Statistics-EDFacts	2014-2015
31.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32.	National Environmental Public Health Tracking Network	2014
33.	National Flood Hazard Layer	2011
34.	National Land Cover Database 2011	2011
35.	National Survey of Children's Health	2016
36.	National Vital Statistics System	2004-2015
37.	Nielsen Demographic Data (PopFacts)	2014
38.	North America Land Data Assimilation System	2006-2013
39.	Opportunity Nation	2017
40.	Safe Drinking Water Information System	2015
41.	State Cancer Profiles	2010-2014
42.	US Drought Monitor	2012-2014
43.	USDA - Food Access Research Atlas	2014

ii. Additional sources

	Source	Dates
1.	American Community Survey	2011-2015
2.	Consolidated Planning CHAS Data	2011-2015
3.	First 5 Sacramento Reduction of African American Perinatal and Infant Deaths	2018
4.	Homelessness in Sacramento County: Results from the 2017 Point-in-Time Count	2017
5.	Sacramento County Birth Fact Sheet	2016
6.	Sacramento County Community Health Status Report	2014
7.	Sacramento County Public Health	2015-2018
8.	The Five Critical Facts Series	2018

Appendix B. Community Input Tracking Form

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
Organizations						
1	Key Informant Interview	Sacramento Steps Forward (Client Outreach Staff)	5	Low-income; medically underserved; racial or ethnic minorities	Service Provider	6/7/18
2	Key Informant Interview	Legal Services of Northern California (Deputy Director)	1	Low-income; racial or ethnic minorities	Service Provider	6/13/18
3	Key Informant Interview	WellSpace Health (CEO)	1	Low-income; medically underserved; racial or ethnic minorities	Service Provider	6/18/18
4	Key Informant Interview	Sacramento Covered (Executive Director; Director of Behavioral Services; Director of Programs)	3	All residents of Sacramento County	Service Provider	6/20/18
5	Key Informant Interview	Sacramento County Public Health (Public Health Officer)	1	All residents of Sacramento County	Service Provider	6/26/18
6	Key Informant Interview	Mutual Assistance Network (Executive Director)	1	Low-income; medically underserved; racial or ethnic minorities	Service Provider	6/27/18
7	Key Informant Interview	South County Services (Executive Director)	1	Low-income	Service Provider	9/11/18
8	Group Interview	City of Sacramento (Service Provider) Health Education Council (Executive Director; Community Health Leader; and 2 Program Managers)	8	Low-income; medically underserved; racial or ethnic minorities	Service Providers	7/02/18

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
		VG Consulting (Executive Director)				
		WellSpace Health, Sacramento Violence Intervention Program (Violence Intervention Specialist)				
9	Group Interview	WellSpace Health, Sacramento Violence Intervention Program(Staff: Therapist; Program Manager; Volunteer and Steering Committee Member; and 2 Violence Intervention Specialists)	5	Low-income; medically underserved; racial or ethnic minorities	Service Providers	7/06/18
10	Group Interview	Learn for Life Marconi Learning Academy (Counselor; Student Relations and Site Utility) Sacramento City Unified School District (Director of Student Support and Health Services) San Juan Unified School District (Program Manager; Student Support Services; and Program Specialist Health Care Services)	7	Low-income; medically underserved; racial or ethnic minorities	Service Providers	7/12/18
11	Group Interview	City of Sacramento (Program Manager) Downtown Sacramento Partnership (Executive Director) Franklin Property-Based Business Improvement District (Executive Director)	6	Low-income; medically underserved; racial or ethnic minorities	Service Providers	7/16/18

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
		Midtown Associates (Executive Director) Roseville area Chamber of Commerce (Executive Director) Sacramento Hispanic Chamber (Executive Director)				
12	Group Interview	Kaiser South Sacramento (2 Program Managers) Kaiser Roseville (Executive Director; and Chief Nurse)	4	Kaiser members; South Sacramento residents; trauma patients	Service Providers	7/19/2018
13	Group Interview	All participants were Steering Committee Members of Resilient Sacramento and represent the following organizations: Breaking The Cycles.com (Speaker and Consultant) California Behavioral Health Planning Council (Volunteer Council Member) Creative Behavior Systems (Executive Director) Kaleidoschool (Executive Director) Mutual Assistance Network (Program Manager) ACEs Connection (Community Facilitator)	7	Low-income; medically underserved; racial or ethnic minorities	Service Providers	7/19/18

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
14	Group Interview	Anti-Recidivism Coalition (Director; Administrator; Program Manager; and Member)	4	Low-income; racial or ethnic minorities	3 Service Providers and 1 Community Member	7/19/18
15	Group Interview	Women's Empowerment (Executive Director; Program Manager; Direct Service Provider; Social Worker; and 4 Clients)	8	Low-income; medically underserved; racial or ethnic minorities	4 Service Providers and 4 Community Members	10/18/18

Community residents

	Data collection method	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
16	Focus group	Sacramento Summer Night Lights adult participants (Mack Road community members)	15	Low-income; racial or ethnic minorities	Community Members	8/17/2018
17	Focus group	Sacramento Summer Night Lights youth participants (Mack Road community members)	8	Low-income; racial or ethnic minorities	Community Members	8/17/2018
18	Focus group	La Familia Counseling Center (Spanish-speaking clients from South Sacramento and North Highlands)	6	Racial or ethnic minorities	Community Members	9/6/18
19	Focus group	Lao Family Community Development Center Seniors (Seniors within the Mien community)	19	Racial or ethnic minorities	Community Members	9/14/18
20	Focus group	South County Services (Low-income Isleton community members)	15	Low-income; racial or ethnic minorities	Community Members	9/19/18
21	Focus group	Sacramento ACT (Sacramento faith leaders and community members)	5	Racial or ethnic minorities	Community Members	9/24/18
22	Focus group	My Sister's House (Domestic violence survivors)	12	Low-income; racial or ethnic minorities	Community Members	9/26/18

23	Focus group	Sacramento Native American Health Center (Native American community members)	5	Low-income; medically underserved; racial or ethnic minorities	Community Members	10/22/18
24	Focus group	Sacramento Food Bank and Family Health Services (Individuals and families experiencing food Insecurity)	5	Low-income; medically underserved; racial or ethnic minorities	Community Members	11/2/18
25	Focus group	Sacramento LGBT Community Center (LGBT community members)	9	Medically underserved; racial or ethnic minority	Community Members	11/8/18

*Focus Group and Group Interview participants completed an optional survey. These data were used to capture the representation of the four target groups during data collection events:

Health department representative: One or more participant indicated they identify as a leader, representative, or member of any of a health department or the health care sector

Low-income: One or more participant indicated they received government assistance and/or their family earned less than $30,000, or worked with a low-income community

Medically underserved: One or more participants indicated they either had "No Insurance" or identified as from traditionally medically underserved communities (e.g., LGBTQ, homeless), or worked with a medically underserved community

Minority: One or more participant indicated their race/ethnicity as non-White, or that they worked with a minority community

Appendix C. Health Need Profiles

Health need profiles include primary data (i.e. qualitative findings from focus groups, key informant interviews, and group interviews) and secondary data (regional statistics), and were developed prior to the prioritization meeting. The profiles do not reflect additional knowledge shared by individual stakeholders during that meeting. Additionally, statistics presented in the health need profiles were not analyzed for statistical significance and should be interpreted in conjunction with qualitative findings.

Kaiser Foundation Hospital – South Sacramento Service Area
Community Health Needs Assessment
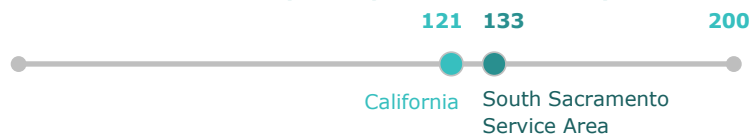
Access to Care

Access to quality health care includes affordable health insurance, utilization of preventive care, and ultimately reduced risk of unnecessary disability and premature death. Importantly, it is also one of the key drivers in achieving health equity. The Kaiser Permanente South Sacramento Service Area scores better than the California state average on some of the indicators measuring health access, such as a lower percentage of uninsured individuals, and a higher percentage of Medicare recipients reporting recent primary care visits. However, there are higher rates of breast and lung cancer in the area, and significant disparities remain within indicators in which the area exceeded state averages. For example, people of color are at greater risk of being uninsured and for going to the hospital for preventative causes. In addition, lack of knowledge, affordable medical care, stigma and fear of accessing resources, and trust in the system inhibit the ability of individuals to navigate existing systems of care, and these barriers disproportionally affect low-income individuals and people of color.

Key Data

Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

Breast cancer incidence (rate is per 100,000 females)[1]

121 — California
133 — South Sacramento Service Area
200

Cancer deaths (rate is per 100,000 population)[2]

147 — California
164 — South Sacramento Service Area
200

First trimester prenatal care[3]

78% — Healthy People 2020
83% — Sacramento County
100%
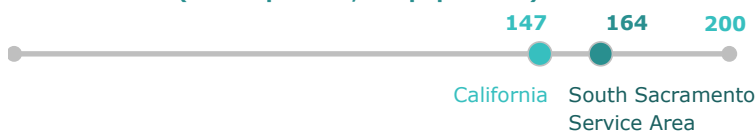
Percentage of Medicaid/public insurance enrollment[4]

22% — California
29% — South Sacramento Service Area
100%

Community Identified Barriers

- High cost of medical services and medication
- Lack of insurance coverage
- Lack of trust
- Fear of accessing resources
- Lack of transportation
- Stigma in accessing services
- Lack of knowledge of systems

> "I've been on Medi-Cal for five years before I found out I could get mental health treatment. It's really just like knowing that those services are available.
> - Service provider

> A lot of low-income people face a specific set of challenges. Domestic violence, drug addiction, other things. If you have these problems, seeking help can sometimes put you at risk.
> - Service provider

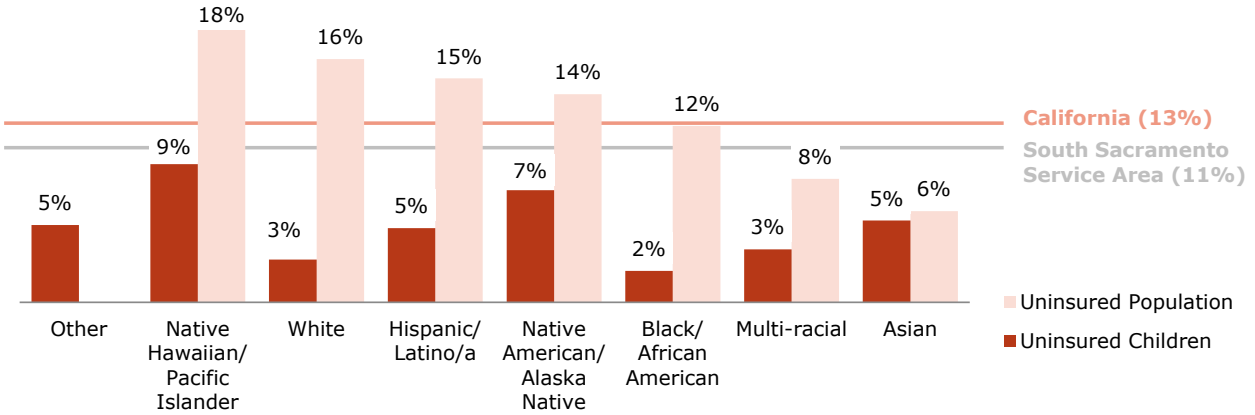## Populations with Greatest Risk

Uninsured population and children in South Sacramento Service Area[5]

Other — Uninsured Children 5%
Native Hawaiian/ Pacific Islander — Uninsured Children 9%, Uninsured Population 18%
White — Uninsured Children 3%, Uninsured Population 16%
Hispanic/ Latino/a — Uninsured Children 5%, Uninsured Population 15%
Native American/ Alaska Native — Uninsured Children 7%, Uninsured Population 14%
Black/ African American — Uninsured Children 2%, Uninsured Population 12%
Multi-racial — Uninsured Children 3%, Uninsured Population 8%
Asian — Uninsured Children 5%, Uninsured Population 6%

California (13%)
South Sacramento Service Area (11%)

Uninsured Population
Uninsured Children

Sacramento County first trimester prenatal care[6]

Asian/ Pacific Islander 84%
White 83%
Hispanic/ Latina 83%
Multi-racial 83%
Black/ African American 81%
Native American/ Alaska Native 73%

Sacramento County (83%)
Healthy People 2020 Goal (80%)
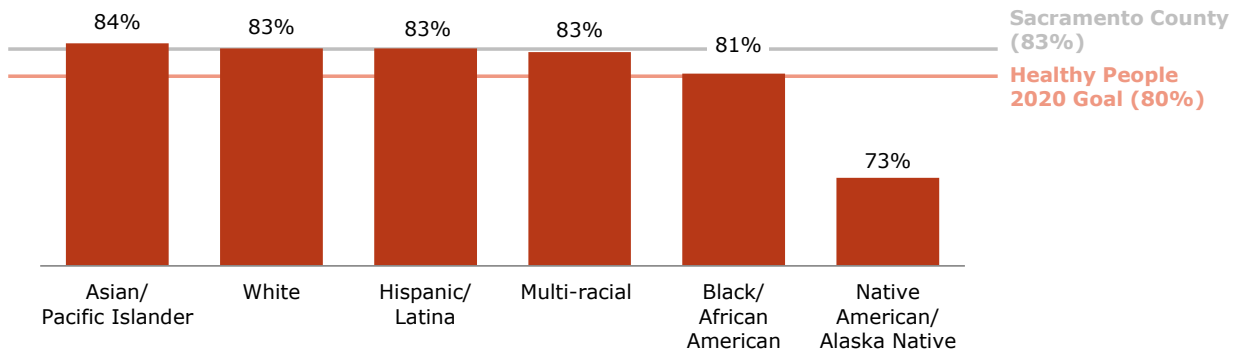
Rates of preventive care and preventable hospital events in South Sacramento Service Area
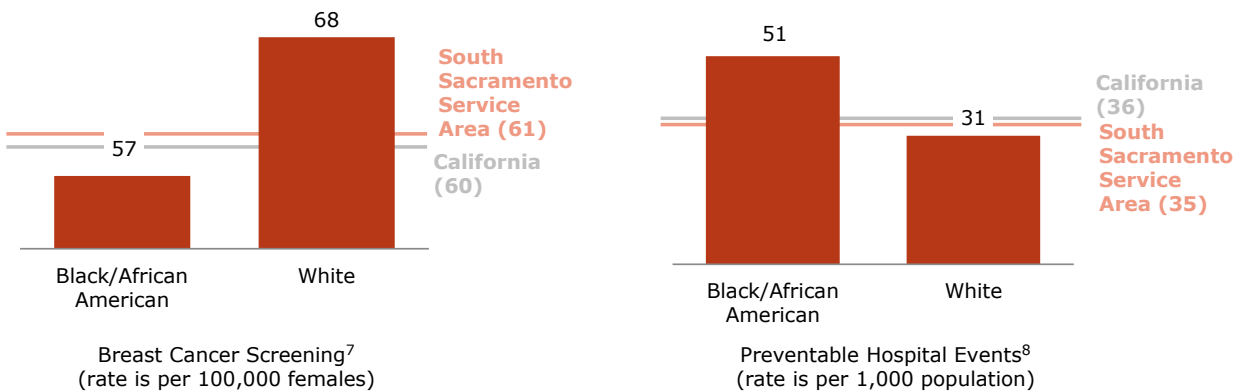
Black/African American 57
White 68

South Sacramento Service Area (61)
California (60)

Breast Cancer Screening[7]
(rate is per 100,000 females)

Black/African American 51
White 31

California (36)
South Sacramento Service Area (35)

Preventable Hospital Events[8]
(rate is per 1,000 population)

Geographic Areas with Greatest Risk

Common barriers for accessing care varied by geographic communities. Pink areas indicate approximate locations of highest need within the hospital service area.

High rates of uninsured populations[9] were found in South Sacramento city and the area surrounding Galt.

Not shown on map:
In addition to the areas mentioned above, **high rates of uninsured children**[10] were found near Rancho Seco Recreational Area and Rio Vista, and in the areas surrounding Elk Grove.

Emerging Needs

South Sacramento Service Area residents and providers reported the following emerging community needs:

- Fear of accessing resources, like medical care, among undocumented community members
- Insurance barriers for community members with preexisting conditions
- Rising mental health issues

"People don't access health care, so they don't go seek preventative care. More and more, the society in general is becoming unhealthy, which then leads to seeking acute care.
- Service provider

I also think that there's a fair number of Latinos in this community who have tremendous anxiety given sort of the social political climate, that limits use of health services."
- Service provider

Assets and Ideas

Examples of Existing Community Assets

The South Sacramento Service Area has many strengths. The following are assets identified by residents and providers.

Access to health services in multiple languages

Access to multiple hospitals

Community organizations that offer holistic care

Strong school-based health services

Wellness programs funded by Kaiser Permanente

Ideas from Focus Groups and Interview Participants

South Sacramento Service Area residents and providers shared their ideas for how best to meet the needs in the community.

- Integrate fragmented channels of care (e.g., primary, dental, mental health, substance abuse, social services)

- Offer more holistic health care where providers are sensitive to the overall needs of the patient and understand diverse life experiences

- Increase place-based health delivery, such as mobile health clinics and home-based care

- Confront stigma around accessing mental health care services

- Increase awareness about undiagnosed mental health

- Use mentorship programs to increase knowledge of systems

- Use schools as community hubs

- Improve partnerships between community organizations

References

[1] State Cancer Profiles. (2010-2014). Retrieved from http://statecancerprofiles.cancer.gov/
[2] National Vital Statistics System. (2011-2015). Retrieved from https://www.cdc.gov/nchs/nvss/index.htm
[3] Sacramento County Community Health Status Report. (2014). Retrieved from http://www.dhs.saccounty.net/PUB/Documents/Epidemiology/RT-HealthStatusReport2014.pdf
[4] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/
[5] Ibid.
[6] Dartmouth Atlas of Health Care. (2014). Retrieved from http://www.dartmouthatlas.org/
[7] Ibid.
[8] Ibid.
[9] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/
[10] Ibid.

Kaiser Foundation Hospital – South Sacramento Service Area
Community Health Needs Assessment

Economic Security

Economic security means having the financial resources, public supports, career and educational opportunities, and housing necessary to be able to live your fullest life. The Kaiser Permanente South Sacramento Service Area scores worse than the California state average on many of the indicators measuring economic security, including a higher percentage of adults without a high school diploma, and more children and adults living below the federal poverty line. Significant disparities remain across the region by race/ethnicity and geographically. For example, people of color are more likely to surpass the state average on each of these indicators, and the extent to which food insecurity, unemployment, and housing problems are prevalent varies by geographic region. In addition, through interviews and focus groups with local stakeholders, a lack of awareness of local systems and supports, affordable housing, lack of consistent funding for services, long waitlists for services, and a lack of resolving root causes of problems all emerged as common barriers to economic security — and these barriers disproportionally affect low-income individuals and people of color.

Key Data

Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

Households receiving Supplemental Nutrition Assistance Program (SNAP)[1]

9% 14%   100%

California   South Sacramento Service Area

Individuals experiencing food insecurity[2]

13% 17%   100%

California   South Sacramento Service Area

Medicaid/public insurance enrollment[3]

22%   29%   100%

California   South Sacramento Service Area

Number of banking institutions (rate is per 10,000 population)[4]

1   3   10

South Sacramento   California
Service Area

Community Identified Barriers

- Lack of consistent funding for some nonprofits that serve the community

- Lack of solutions that address root causes, as well as the immediate need

- Lack of knowledge of how to access needed resources

- Lack of affordable housing options

- Long waitlists for services

> " One of the biggest problems that we deal with coming home is you have a record, which is already a burden within itself, but then you go out into the world, into the community and you're frowned upon. You can't get a job like everybody else.
> - Focus Group participant

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Populations with Greatest Risk by Race and Ethnicity
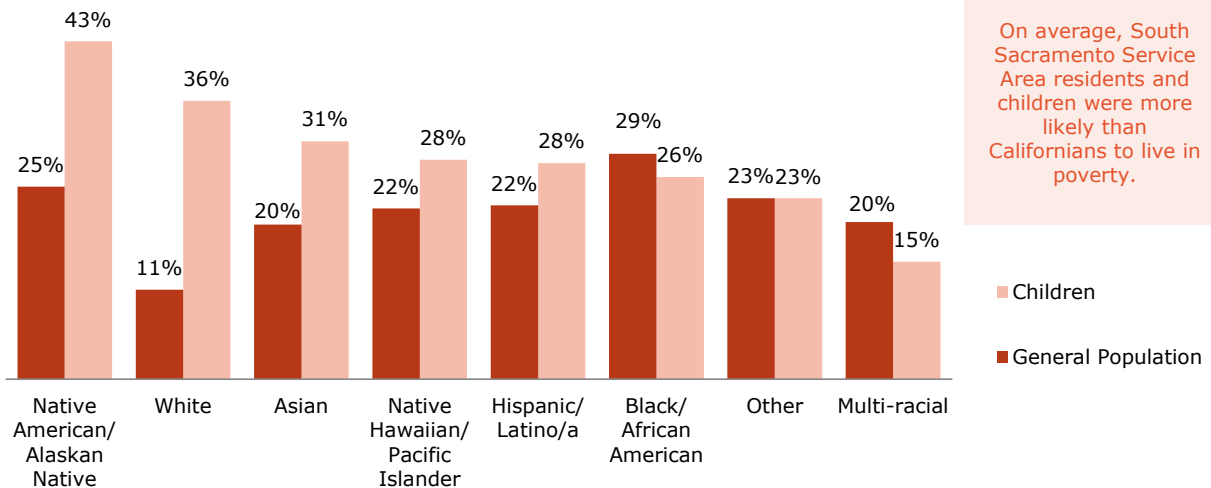
Adults with no high school diploma[5]

Other	Hispanic/Latino/a	Native American/Alaska Native	Native Hawaiian/Pacific Islander	Asian	Multi-racial	Black/African American	White
38%	34%	32%	25%	25%	16%	12%	7%

South Sacramento Service Area (19%)

California (18%)
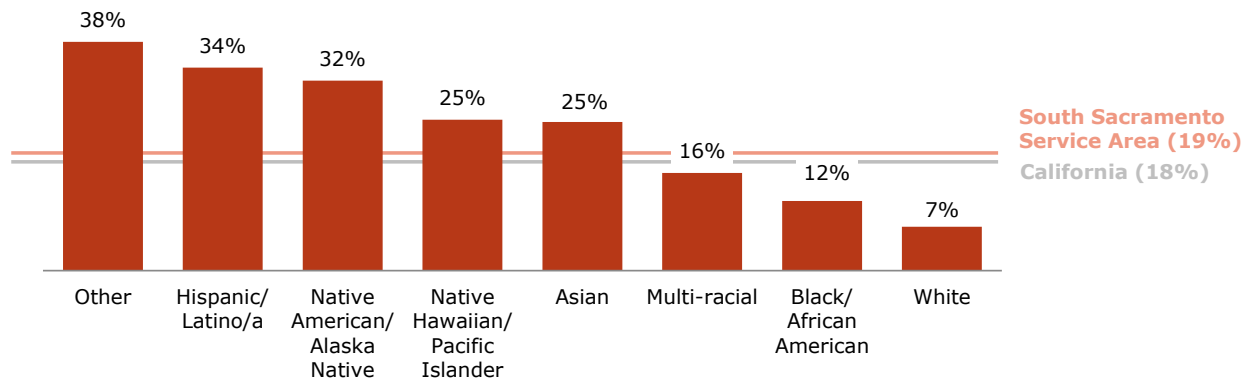
Population and children living below the Federal Poverty Line (FPL)[6]

On average, South Sacramento Service Area residents and children were more likely than Californians to live in poverty.

	Native American/Alaskan Native	White	Asian	Native Hawaiian/Pacific Islander	Hispanic/Latino/a	Black/African American	Other	Multi-racial
General Population	25%	11%	20%	22%	22%	29%	23%	20%
Children	43%	36%	31%	28%	28%	26%	23%	15%

■ Children

■ General Population

Receipt of Supplemental Nutrition Assistance Program (SNAP) benefits[7]

22% of Black/African American households in South Sacramento Service Area received SNAP benefits

whereas

8% of White households in South Sacramento Service Area received SNAP benefits

"There is income inequality for Latinos in Sacramento. They don't have a problem getting a job, it's about the wages that they get. In the African American community, what we're seeing and experiencing in Sacramento is this anti-blackness that keeps them from even getting a job.
- Service provider"

Geographic Areas with Greatest Risk

Common barriers to economic security varied by geographic communities. Pink areas indicate approximate locations of highest need within the hospital service area (HSA).

High rates of housing problems,[8] which include lacking complete kitchens and plumbing facilities, overcrowding, or housing costs represent over 30% of monthly income, were present in South Sacramento city and the area northwest and west of Galt.

The portions of San Joaquin and Yolo Counties within the HSA had the highest rates of **unemployment**[9] for this service area.

Map labels: SACRAMENTO, YOLO, Sacramento, AMADOR, Elk Grove, Galt, SOLANO, SAN JOAQUIN

Emerging Needs

South Sacramento Service Area residents and providers reported the following emerging community needs:

- Rise of homelessness in the community
- Rise in cost of housing
- Lack of access to affordable housing for transitional youth, homeless people, etc.
- Overall rise in the cost of living

"You're working three jobs but you still can't afford to pay your rent. How can you even think about purchasing anything if you can't even afford a one-bedroom? Not being able to be balanced and take care of your health, you know, and your life."
- Service provider

In recent years, Sacramento County has experienced an increase in homeless individuals and families, with an estimated 30 percent more homeless individuals each night in 2017, compared to 2015.

Thirty-one percent of individuals were chronically homeless, and thus more likely to have mental health conditions, such as PTSD, than others in the homeless community.[10]

Examples of Existing Community Assets

The South Sacramento Service Area has many strengths. The following are assets identified by residents and providers.

Strong community connections between organizations

Local community food banks

Community programs that serve children and their families during off-school cycle

Ideas from Focus Groups and Interview Participants

South Sacramento Service Area residents and providers shared their ideas for how best to meet the needs in the community.

- Increase investment in the community to build up the community economy
- Improve access to fresh and affordable healthy foods through place-based delivery services such as food vans
- Increase knowledge of existing resources in the community
- Create programs that help cover costs for those who cannot afford care
- Increase access to resources in multiple languages
- Improve and expand access to transportation

References

[1] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/
[2] Feeding America. (2014). Retrieved from http://map.feedingamerica.org/
[3] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/
[4] County Business Patterns (CBP). (2016). Retrieved from https://www.census.gov/programs-surveys/cbp/data/datasets.html
[5] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/
[6] Ibid.
[7] Ibid.
[8] Consolidated Planning CHAS Data. (2011-2015). Retrieved from https://www.huduser.gov/portal/datasets/cp.html
[9] Bureau of Labor Statistics. (2017). Retrieved from https://www.bls.gov/
[10] Homelessness in Sacramento County: Results from the 2017 Point-in-Time Count. (2017). Retrieved from http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf

Kaiser Foundation Hospital – South Sacramento Service Area
Community Health Needs Assessment

Environmental Health

Environmental health indicators include respiratory hazards, tree canopy, and access to public transportation, as well as related health outcomes such as asthma and lung cancer. On average, the South Sacramento Service Area performs worse than benchmarks on many factors related to environmental health, including having a worse Respiratory Hazard Index score (i.e., more respiratory hazards), lower tree canopy cover, and higher rates of lung cancer incidence. In addition, geographic disparities exist across indicators. Local stakeholders also identified climate change and rise of extreme temperatures and lack of access to clean and safe green spaces as barriers associated with environmental health.
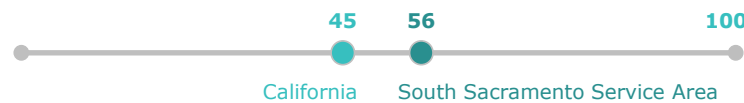
Key Data

Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.
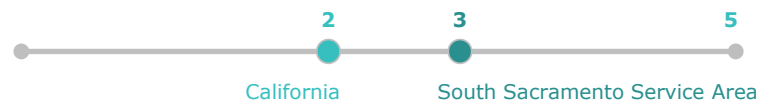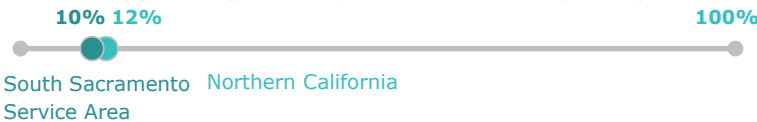
Housing in flood vulnerable areas[1]

4% 9%   100%

California   South Sacramento Service Area

Lung cancer incidence (rate is per 100,000 population)[2]

45   56   100

California   South Sacramento Service Area

Respiratory hazard index: Scores greater than 1 indicates increased risk of health effects[3]

2   3   5

California   South Sacramento Service Area

Tree canopy cover (percentage of land covered by trees)[4]

10% 12%   100%

South Sacramento   Northern California
Service Area

Community Identified Barriers

- Climate change and rise of extreme temperatures
- Lack of access to affordable transportation
- Lack of walkability
- Lack of investments in caring for the community and neighborhoods

> We talk about the walkability factor. The problem is walking because it's too hot. When you have a kid or whatever, the problem is that a half-mile easily feels like a mile during the summertime.
> - Service provider

Updated March 2019

Geographic Areas with Greatest Risk

Common factors related to environmental health varied by geographic communities. Pink areas indicate approximate locations of highest need within the hospital service area (HSA).

Highest respiratory hazard index[5] scores were present in northern parts of the HSA from Broadway to Mack Road. However, scores were also high for the entire HSA west of Colony Road.

Not shown on map:
Highest rates of asthma prevalence[6] were in the San Joaquin County portion of the HSA.

Emerging Needs

South Sacramento Service Area residents and providers reported the following emerging community needs:

- Increase in drastic temperatures, including heatwaves
- Increase in homelessness and insufficient resources to support with hygiene, which results in unsanitary streets

"We had to work with the homeless, in terms of looking at the sanitation issues that result from that, which impact not just the homeless population, but also other people around."
- Service provider

Ideas from Focus Groups and Interview Participants

South Sacramento Service Area residents and providers reported having strong community initiatives to tackle challenges with the built environment. They also shared their ideas for how best to meet the needs in the community.

- Improve and expand access to public transportation
- Increase knowledge on the damage of secondhand smoke
- Increase access to safe and clean green spaces

References

[1] National Land Cover Database. (2011). Retrieved from https://www.mrlc.gov/nlcd2011.php
[2] State Cancer Profiles. (2010-2014). Retrieved from https://statecancerprofiles.cancer.gov/
[3] EPA National Air Toxics Assessment. (2011). Retrieved from https://www.epa.gov/national-air-toxics-assessment
[4] National Land Cover Database. (2011). Retrieved from https://www.mrlc.gov/nlcd2011.php
[5] Centers for Medicare and Medicaid Services. (2015). Retrieved from https://www.cms.gov/
[6] EPA National Air Toxics Assessment. (2011). Retrieved from https://www.epa.gov/national-air-toxics-assessment

Healthy Eating and Active Living

Healthy eating and active living (HEAL) relate to the ability of residents to positively shape their health outcomes through a focus on nutrition and exercise. These behaviors, however, are impacted by many factors that are outside of individuals' control, such as access to safe parks and affordable vegetables. Further, HEAL impacts the rates of many chronic conditions like cardiovascular disease (CVD) and stroke. The Kaiser Permanente South Sacramento Service Area scores worse than the California state average on many of the indicators measuring HEAL, such that residents are more likely to be hospitalized for stoke, have less access to affordable and nutritious food, and experience more food insecurity. Significant disparities exist by race, ethnicity, and geography, specifically related to youth obesity, inactivity, and receipt of Supplemental Nutrition Assistance Program (SNAP) benefits. Local stakeholders identified the lack of safe and green spaces for physical activity, lack of affordable healthy food and culturally sensitive education surrounding food, lack of time to access necessary resources, lack of trust in providers, and lack of knowledge about how to navigate systems as barriers to HEAL.

Key Data

Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

Adult obesity[1]

22% California — 26% South Sacramento Service Area — 100%

Food insecurity[2]

13% California — 17% South Sacramento Service Area — 100%

Food Environment Index: 0 indicating a worse score of affordability and nutritious food accessibility[3]

7 South Sacramento Service Area — 8 California — 10

Youth obesity[4]

18% South Sacramento Service Area — 20% California — 100%
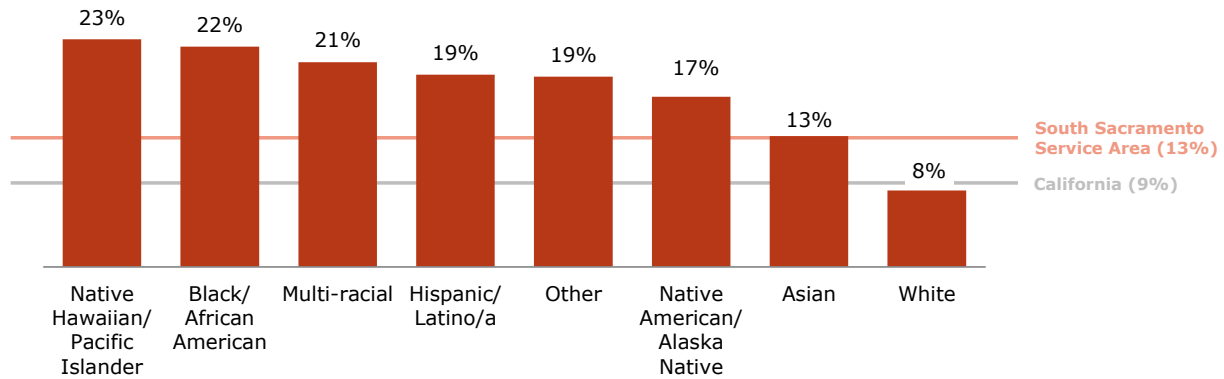
Community Identified Barriers

- Lack of time to access necessary resources
- Lack of affordable and healthy food
- Lack of knowledge of systems
- Lack of culturally sensitive community education on healthy eating
- Lack of safe spaces for physical activity
- Lack of access to green spaces
- Lack of community trust in service providers

> " I think as a community...Kaiser does a lot. [They] do a lot of diabetes programs and other stuff that try to keep people healthy. But not everyone has access to that. Communities are probably getting sicker and sicker, faster and faster."
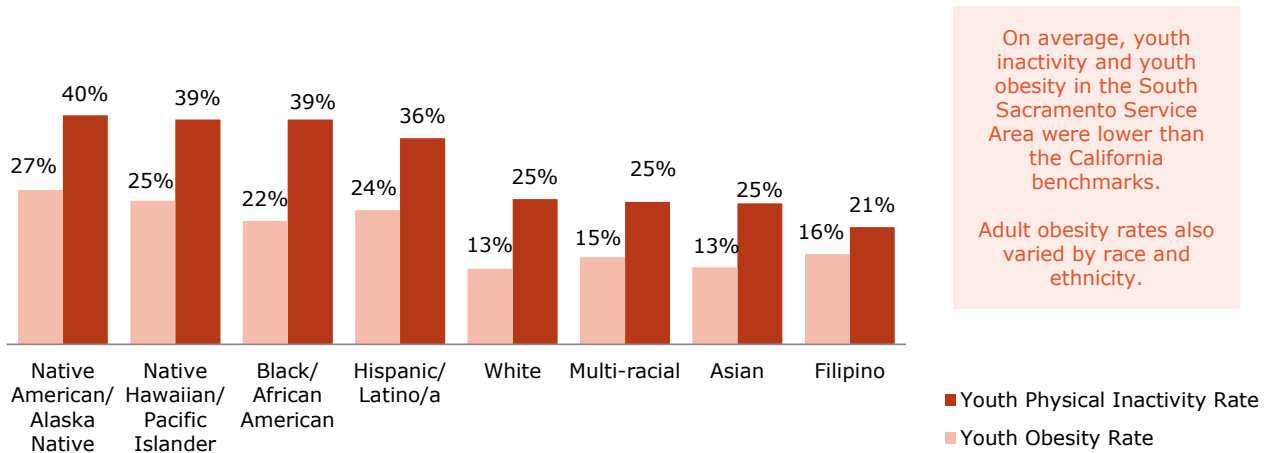> - Group Interview participant

Populations with Greatest Risk

Receipt of Supplemental Nutritional Assistance Program (SNAP) benefits[5]

Native Hawaiian/Pacific Islander	23%
Black/African American	22%
Multi-racial	21%
Hispanic/Latino/a	19%
Other	19%
Native American/Alaska Native	17%
Asian	13%
White	8%

South Sacramento Service Area (13%)
California (9%)

Youth obesity and inactivity rates[6]

	Youth Obesity Rate	Youth Physical Inactivity Rate
Native American/Alaska Native	27%	40%
Native Hawaiian/Pacific Islander	25%	39%
Black/African American	22%	39%
Hispanic/Latino/a	24%	36%
White	13%	25%
Multi-racial	15%	25%
Asian	13%	25%
Filipino	16%	21%

■ Youth Physical Inactivity Rate
■ Youth Obesity Rate

On average, youth inactivity and youth obesity in the South Sacramento Service Area were lower than the California benchmarks.

Adult obesity rates also varied by race and ethnicity.

Diabetes Management in the South Sacramento Service Area[7]
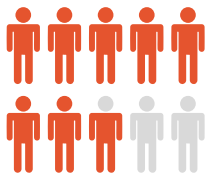
78% of Black/African American individuals with diabetes had their blood sugar levels monitored by a health care professional in the past year
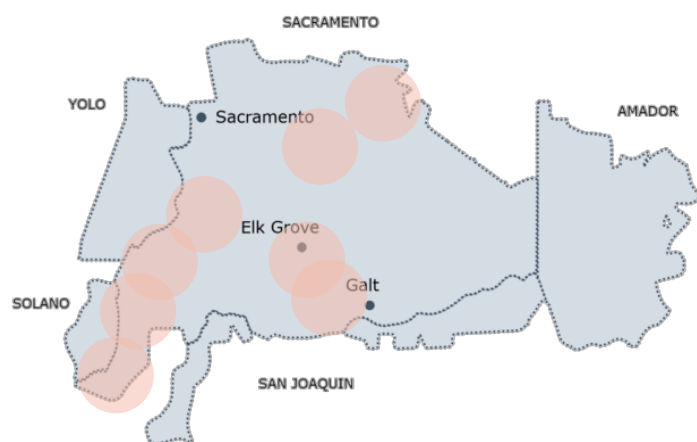
whereas

82% of White individuals with diabetes had their blood sugar levels monitored by a health care professional in the past year

"Healthy foods are expensive. Kids can go to McDonald's and get a dollar burger, or pay $5 for a pound of grapes. What are they going to choose?
- Service provider

Geographic Areas with Greatest Risk

Common barriers to healthy eating and active living varied by geographic communities. Pink areas indicate approximate locations of highest need within the hospital service area (HSA).

Compared to other counties in the HSA, Sacramento County had the **lowest access to healthy food stores**,[8] specifically west of the I-5, with pockets within and north of Elk Grove, and north and northwest of Galt.

Not shown on map:
Sacramento and San Joaquin had the highest rates of **violent crimes**,[9] which many community members identified as a barrier to engaging in physical activity.

Emerging Needs

South Sacramento Service Area residents and providers reported the following emerging community needs:

- Lack of sustainability of grant funded programs and initiatives that support healthy eating and active living

- Increase in obesity prevalence in the community

- Rise in homelessness also means that a large part of the population have an added barrier to access to healthy foods

- Lack of safe walkable environments

"I think it is the built environment. It's no accident that low-income communities have built environment barriers that keep folks from being out in their neighborhoods and being active."
- Service provider

Examples of Existing Community Assets

The South Sacramento Service Area has many strengths. The following are assets identified by residents and providers.

Wellness programs funded by Kaiser Permanente

Local community food bank

Community summer programs for children and their families

Ideas from Focus Groups and Interview Participants

South Sacramento Service Area residents and providers shared their ideas for how best to meet the needs in the community.

- Provide knowledge of existing resources to community members in various languages

- Use schools as community hubs that connect families to needed resources, such as CalFresh

- Provide health fairs on a regular basis with screenings for cholesterol and diabetes, for example

- Increase access to healthy affordable foods

- Increase community education on healthy eating practices

- Increase access to safe and clean green spaces

- Improve and expand access to affordable transportation

References

[1] National Center of Chronic Disease Prevention and Health Promotion. (2013). Retrieved from https://www.cdc.gov/nccdphp/dnpao/index.html

[2] Food Environment Atlas (USDA) and Map the Meal Gap (Feeding America). (2014). Retrieved from http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank/health-factors/health-behaviors/diet-exercise/food-environment-index

[3] Feeding America. (2014). Retrieved from http://map.feedingamerica.org/

[4] National Survey of Children's Health. (2016). Retrieved from http://childhealthdata.org/learn-about-the-nsch/NSCH

[5] American Community Survey. (2012-2016). Retrieved from https://www.census.gov/programs-surveys/acs/

[6] National Survey of Children's Health. (2016). Retrieved from http://childhealthdata.org/learn-about-the-nsch/NSCH

[7] Dartmouth Atlas of Healthcare. (2014). Retrieved from https://www.dartmouthatlas.org/

[8] USDA - Food Access Research Atlas. (2014). Retrieved from https://www.ers.usda.gov/data-products/food-access-research-atlas

[9] FBI Uniform Crime Reports. (2012-2014). Retrieved from http://www.fbi.gov/about-us/cjis/ucr/ucr
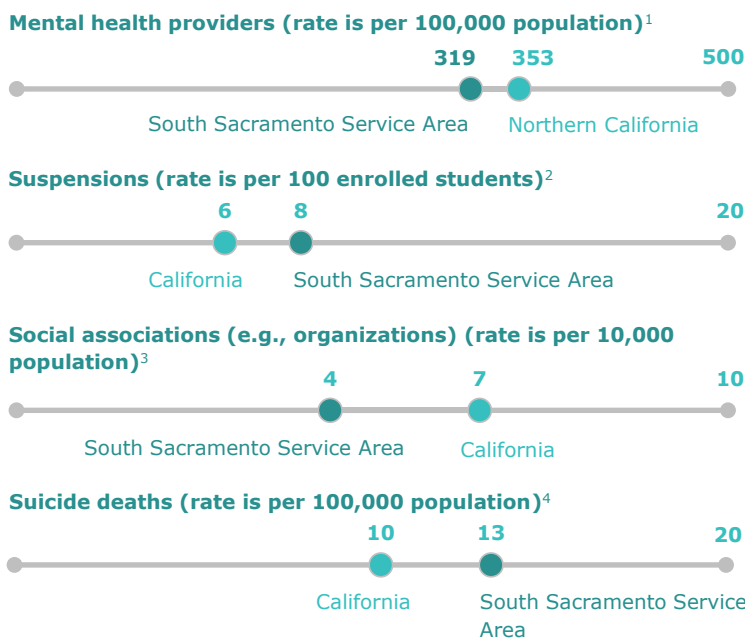
Mental and Behavioral Health

Mental and behavioral health are foundations for healthy living, and encompass rates of mental illness, rates of challenging behaviors (e.g., school suspensions), substance abuse, access to social and emotional support, and access to providers for preventive care and treatment. In extreme cases, mental health is associated with homelessness. The Kaiser Permanente South Sacramento Service Area scores on par with the California state average on many indicators related to mental and behavioral health, including substance use – excessive drinking, smoking, and opioid prescription drug claims. However, the region also has higher rates of school suspensions and reduced access to mental health providers compared to the state and region, respectively. In addition, racial/ethnic and geographic disparities exist related to these indicators. Local stakeholders also identified too few mental health providers, lack of culturally responsive service providers, community mistrust, and financial challenges as barriers to meeting their mental and behavioral health needs.

Key Data

Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.

Mental health providers (rate is per 100,000 population)[1]

319 — South Sacramento Service Area
353 — Northern California
500

Suspensions (rate is per 100 enrolled students)[2]

6 — California
8 — South Sacramento Service Area
20

Social associations (e.g., organizations) (rate is per 10,000 population)[3]

4 — South Sacramento Service Area
7 — California
10

Suicide deaths (rate is per 100,000 population)[4]

10 — California
13 — South Sacramento Service Area
20

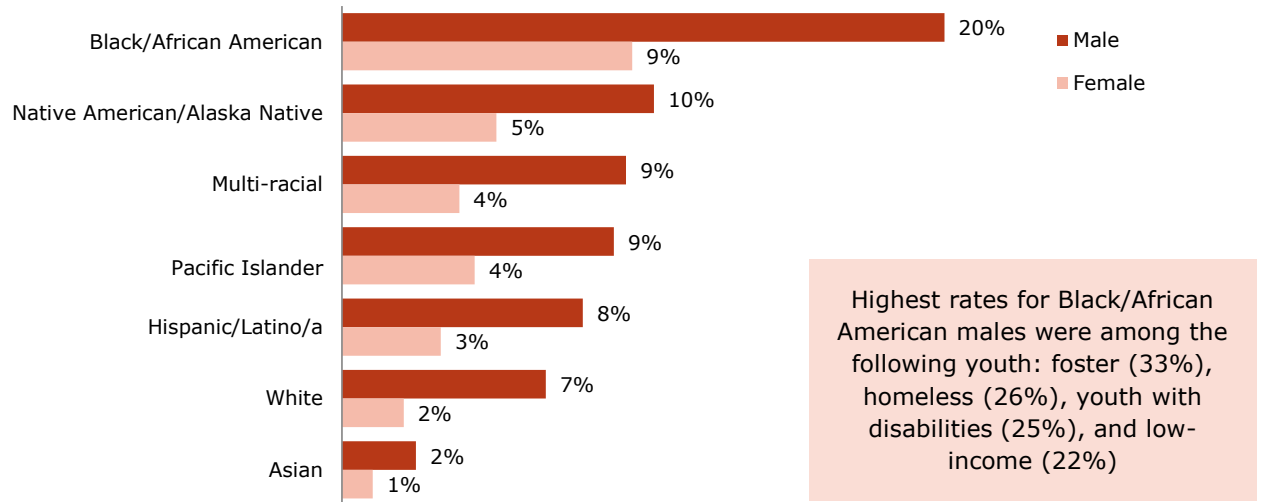### Community Identified Barriers

- Stigma to seek mental health services
- Fear of reaching out for services
- Community mistrust
- Lack of affordable services
- Lack of mental health providers
- Lack of culturally sensitive service providers
- Competing priorities with other basic needs

> "All the stressors are sort of ramped up. I can teach you all the coping skills in the world, but if you don't have resources, there's only so much that deep breathing is going to do for you.
> - Service provider

Updated March 2019

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Populations with Greatest Risk

School suspension rates in Sacramento County[5]

- Black/African American — Male 20%, Female 9%
- Native American/Alaska Native — Male 10%, Female 5%
- Multi-racial — Male 9%, Female 4%
- Pacific Islander — Male 9%, Female 4%
- Hispanic/Latino/a — Male 8%, Female 3%
- White — Male 7%, Female 2%
- Asian — Male 2%, Female 1%

Highest rates for Black/African American males were among the following youth: foster (33%), homeless (26%), youth with disabilities (25%), and low-income (22%)

"What they have found is that some of the policies that have been put in place, for example, zero tolerance to children misbehaving, have had unfortunate consequences. I think you may have heard the report where they said Sacramento County has higher rates of expulsion. These are not high school children. These are people in elementary and kindergarten and there's a disparate proportion of minorities, especially African Americans, in that group."
- Service provider

Suicide rates in Sacramento County (rate is per 100,000 population)[6]
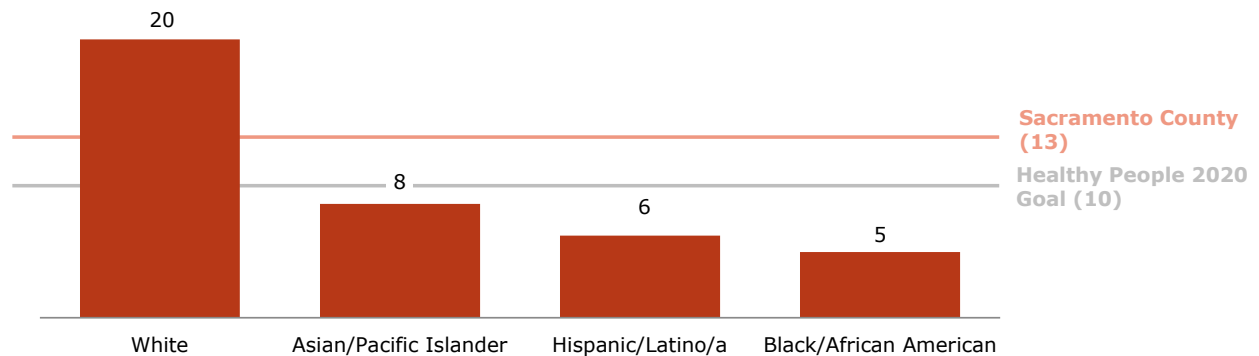
- White — 20
- Asian/Pacific Islander — 8
- Hispanic/Latino/a — 6
- Black/African American — 5

Sacramento County (13)

Healthy People 2020 Goal (10)

Geographic Areas with Greatest Risk

Common barriers to mental and behavioral health varied by geographic communities. Pink areas indicate approximate locations of highest need within the hospital service area (HSA).

On average, the HSA has fewer mental health providers than Northern California, with the **lowest number of mental health providers**[7] available in Amador and San Joaquin Counties.

Not shown on map:
Sacramento had the **highest suspension rates**[8] in the state of California. Elk Grove Unified was among the districts with the highest suspension rates for black males in the state of California.

Emerging Needs

South Sacramento Service Area residents and providers reported the following emerging community needs:

- Housing costs increasing, causing additional daily stressors
- Police violence and related deaths, contribute to community mistrust and fear
- Increase in homelessness, and higher risk for formerly incarcerated people
- Community mistrust and fear among the undocumented population in accessing services

" You can't just be yourself among the police. If you're just being yourself, they'll still come up to you and interrogate you for no reason. With that stress on you every day, it just physically wears out your eyes.
- Focus Group participant

There's definitely a hurt in the community right now [related to police violence and related deaths]. When there's no justice the community is harmed. "
- Service provider

In recent years, Sacramento County has experienced an increase in homeless individuals and families, with an estimated 30 percent more homeless individuals each night in 2017, compared to 2015.

Thirty-one percent of individuals were chronically homeless, and thus more likely to have mental health conditions, such as PTSD, than others in the homeless community.[9]

Assets and Ideas

Examples of Existing Community Assets

The South Sacramento Service Area has many strengths. The following are assets identified by residents and providers.

Educational programs for youth on bullying, drug, and alcohol prevention

Strong community resources for counseling, housing, shelter and parenting resources

Community resources for women and survivors of domestic violence

School based counseling services

Ideas from Focus Groups and Interview Participants

South Sacramento Service Area residents and providers shared their ideas for how best to meet the needs in the community.

- Develop mental health facilities that house and care for individuals with severe mental illnesses

- Provide resources and information to help community members increase their knowledge of systems in multiple languages

- Train providers on respecting and understanding of diverse life experiences and holistic care

- Create collaborations between hospitals, medical providers, and other service providers in the community

- Train educators and school-based staff on trauma-informed practices

References

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[8] The Five Critical Facts Series. (2018). Retrieved from https://cceal.org/wp-content/uploads/2018/06/sacramento.pdf
[9] Homelessness in Sacramento County: Results from the 2017 Point-in-Time Count. (2017). Retrieved from http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf

Violence and Injury

Direct and indirect exposure to violence and injury, such as domestic and community violence, have significant effects on well-being and health. On average, residents of the Kaiser Permanente South Sacramento Service Area have higher rates of violence exposure compared to the California state average, including higher rates of domestic violence hospitalizations, suicide deaths, and violent crimes. Although already higher than the state average, disparities exist within these indicators as well, such that some communities have higher rates of domestic violence hospitalizations and violent crimes exposure than others. Local stakeholders also identified several additional factors contributing to the effects of violence and injury, including over-policing of communities of color and low-income areas, lack of access to mental health and education services, mistrust and fear of institutions, and lack of affordable housing.
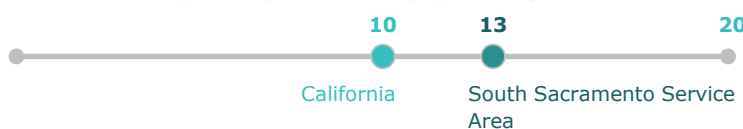
Key Data

Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.
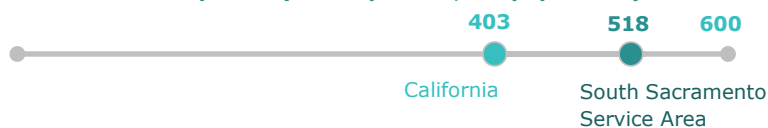
Domestic violence hospitalizations (rate is per 100,000 females)[1]

5	8	20
California	South Sacramento Service Area	

Suicide deaths (rate is per 100,000 population)[2]

10	13	20
California	South Sacramento Service Area	

Violent crimes reported (rate is per 100,000 population)[3]

403	518	600
California	South Sacramento Service Area	

Community Identified Barriers

- Over-policing of communities of color and low-income areas
- Lack of access to mental health services
- Mistrust and fear of institutions, especially among people of color and undocumented community members
- Lack of affordable housing
- Lack of resources to support women of color and vulnerable youth who want to succeed at an education

> "You can't just be yourself among the police. If you're just being yourself, they'll still come up to you and talk to you. Interrogate you for no reason. With that stress on you every day, it just physically wears out your eyes."
> - Focus Group participant

Updated March 2019

Populations with Greatest Risk by Race and Ethnicity

Motor vehicle crash deaths (rate is per 100,000 population)[4]

On average, South Sacramento service area residents had similar rates of motor vehicle crash deaths to the California state average (9)

10

for Black/African American, Hispanic/Latino/a, and White individuals

6

for Asian individuals

Suicide deaths (rate is per 100,000 population)[5]

19 The suicide rate for White individuals is **19** per 100,000 population

whereas

6 The average suicide rate for minorities is **6** per 100,000 population

Geographic Areas with Greatest Risk

Common factors associated with violence and injury varied by geographic communities. Pink areas indicate approximate locations of highest need within the hospital service area (HSA).

Of the counties within the HSA, San Joaquin County had the **highest rate of violent crimes**,[6] followed by Sacramento County.

Not shown on map:
The **highest number of non-fatal emergency department visits for domestic violence**[7] occurred in Sacramento County.

Emerging Needs

"Since 2015, we've had four police involved shootings of African-American men — with zero accountability. And so it's a historical issue, but right now it's literally in your face. Sacramento can no longer hide from it."
- Focus Group participant

South Sacramento Service Area residents and providers reported the following emerging community needs:

- Police violence and related deaths have increased, causing community fear and mistrust

- Violence and crime in the community

- Increase in violence related to mental health conditions and lack of resources and treatment for them

Examples of Existing Community Assets

The South Sacramento Service Area has many strengths.
The following are assets identified by residents and providers.

Access to hospitals with a trauma center

Resources for women and survivors of domestic violence

> One of the other things that we found when we're looking at gun violence, especially for African Americans, for the youth, their rate is much higher than for any other age group, especially for males.
> - Service provider

Ideas from Focus Groups and Interview Participants

South Sacramento Service Area residents and providers shared their ideas for how best to meet the needs in the community.

- Improve law enforcement training to be more culturally sensitive and reduce biases

- Educate the community about existing trauma and healthy ways to manage it

- Increase awareness and educate the community about sexual violence, domestic violence, and human trafficking

- Increase knowledge of medical providers on how to best service abuse victims and survivors

- Increase community awareness and service provider knowledge on adverse childhood experiences

References

[1] California EpiCenter. (2013-2014). Retrieved from http://epicenter.cdph.ca.gov/
[2] National Vital Statistics System. (2011-2015). Retrieved from https://www.cdc.gov/nchs/nvss/index.htm
[3] FBI Uniform Crime Reports. (2012-2014). Retrieved from https://www.fbi.gov/services/cjis/ucr
[4] National Vital Statistics System. (2011-2015). Retrieved from https://www.cdc.gov/nchs/nvss/index.htm
[5] Ibid.
[6] FBI Uniform Crime Reports. (2012-2014). Retrieved from https://www.fbi.gov/services/cjis/ucr
[7] California EpiCenter. (2013-2014). Retrieved from http://epicenter.cdph.ca.gov/

Kaiser Foundation Hospital – South Sacramento Service Area
Community Health Needs Assessment

Women and Children's Well-Being

Women and children's well-being reflects not only health outcomes, but also access to services, such as reproductive health, pre- and post-natal medical care, child care, and education. On average, within the Kaiser Permanent Sacramento Service Area, women and children are faring worse than the state benchmarks. For example, there are higher rates of breast cancer among women, and higher rates of hospitalizations due to domestic violence and adolescent mental health issues. Disparities within the regional also exist, with higher rates of low-birth rates infant mortality, teen pregnancies, and smoking during pregnancies for women of color. Further, within the Service Area, geographic disparities are prevalent regarding rates of preschool enrollment and single parent households. Local stakeholders identified lack of affordable child care, housing, and services; untreated trauma; and cultural stigma as barriers to women and children's well-being.

Key Data

Indicators

Data presented below represent how the service area performs relative to the identified benchmark. Indicators performing *better* than the benchmark may still reflect a health need since the benchmark may also be low, indicating a widespread need for improvement, or disparities may exist within the indicator, reflected in the following sections.
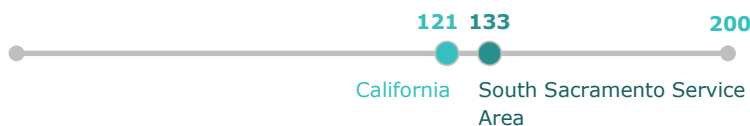
Domestic violence hospitalizations (rate is per 100,000 population)[1]

5 8   100

California South Sacramento Service Area

Hospitalizations for mental health issues in youth ages 15-19 (rate is per 1,000 youth ages 15-19)[2]

10   13   20

California   Sacramento County

Rate of breast cancer incidence (rate is per 100,000 females)[3]

121 133   200

California   South Sacramento Service Area

Teen (ages 15-19) birth rates (rate is per 1,000 youth ages 15-19)[4]

26   29   40

Sacramento County   California
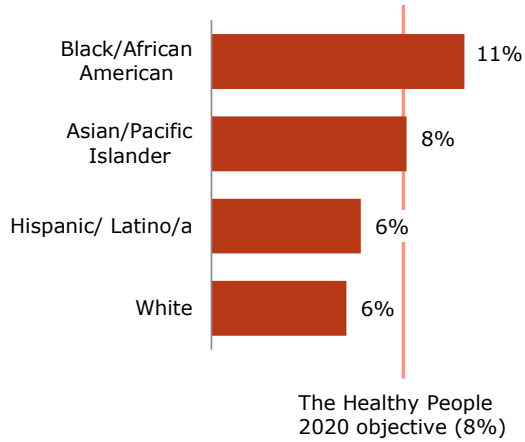
Community Identified Barriers

- Cultural stigma about reaching out for needed services
- Lack of affordable services
- Insurance barriers
- Lack of knowledge of systems
- Lack of health education
- Untreated trauma
- Long waitlists for services
- Lack of accessible and affordable transportation
- Lack of affordable child care and housing for families

> When you have a single parent, that parent doesn't have enough time to do what the kids need and pay attention to their wants. They're at work busting, trying to just feed them, just to get them to school on time. They're rarely home. When that kid gets a lack of attention, they have to find attention elsewhere. That can lead to gang violence and to so many different things.
> - Focus Group youth participant

Updated March 2019

Populations with Greatest Risk by Race and Ethnicity

Infant low-birth weight in Sacramento County[5]

Black/African American	11%
Asian/Pacific Islander	8%
Hispanic/ Latino/a	6%
White	6%

The Healthy People 2020 objective (8%)

Infant deaths (rate is per 1,000 births)[6]

7.1 The mortality rate for minority infants is **7.1** per 1,000 births in the South Sacramento Service Area*

whereas

4.7 The infant mortality rate for White infants is **4.7** per 1,000 births in the South Sacramento Service Area

* Infant mortality rate for Black/African Americans in Sacramento County decreased 45% from 2013 to 2016.[7]

Teen birth rates (per 1,000 females ages 15-18) in Sacramento County[8]

23 Birth rate for Black/African American teens

18 Birth rate for Hispanic/Latina teens
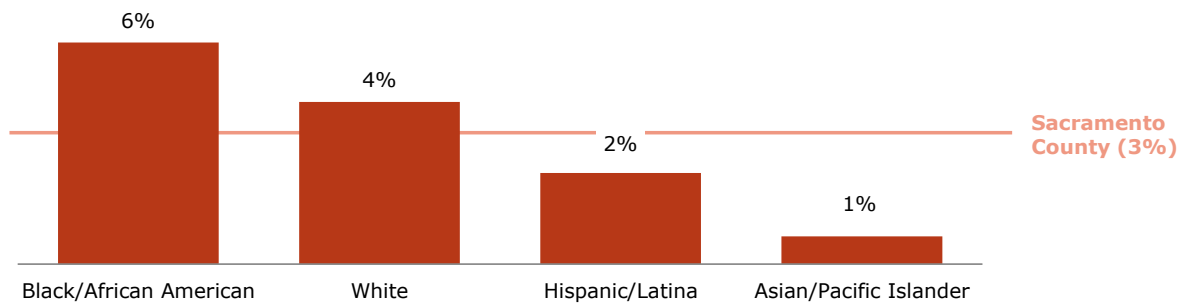
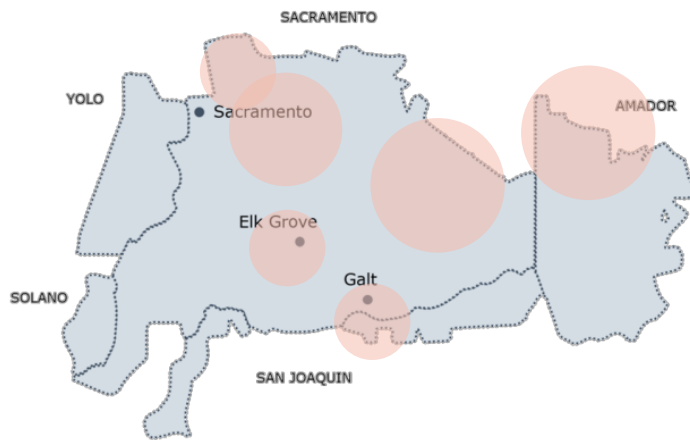**10** Birth rate for White teens

7 Birth rate for Asian teens

Tobacco use during pregnancy in Sacramento County[9]

Black/African American	White	Hispanic/Latina	Asian/Pacific Islander
6%	4%	2%	1%

Sacramento County (3%)

Geographic Areas with Greatest Risk

Common barriers to women and children's well-being varied by geographic communities. Pink areas indicate approximate locations of highest need within the hospital service area.

Lowest rates of preschool enrollment[10] were found in parts of Amador (north of Ione), Sacramento (surrounding Fruitridge Road, Mack Road, and Valley Hi, and the northwest and southeast portions of Elk Grove), and San Joaquin (southeast of Galt) Counties.

Emerging Needs

South Sacramento Service Area residents and providers reported the following emerging community needs:

- Increase in Autism Spectrum Disorder diagnoses
- Fear of reaching out for needed services among the undocumented population
- Increase in stress and trauma passed down from parent to child

"The kids are taking it all in. They're looking for grownups to take care of it and it's not necessarily happening in the right way. That's why I was talking about mental health more.
- Service provider

LGBTQ youth are at greater risk for ending up in foster care or experiencing homelessness. And there are also problems with human trafficking. So we're seeing quite a bit of students who are actively trafficked in our communities."
- Service provider

In recent years, Sacramento County has experienced an increase in homeless individuals and families, with an estimated 30 percent more homeless individuals each night in 2017, compared to 2015.

Thirty-one percent of individuals were chronically homeless, and thus more likely to have mental health conditions, such as PTSD, than others in the homeless community.[11]

Assets and Ideas

Examples of Existing Community Assets

South Sacramento has many strengths. The following are assets identified by residents and providers.

Access to bilingual services

Strong community initiatives to improve child wellbeing

Programs and activities for children and youth

Free Kaiser Permanente breast cancer screenings for members

Ideas from Focus Groups and Interview Participants

South Sacramento residents and providers shared their ideas for how best to meet the needs in the community.

- Invest in schools more and use them as resource centers for young children and their families
- Increase community education on health issues including, healthy eating, smoking cessation, etc.
- Increase number of bilingual and bicultural service providers
- Create more youth centered programs in the community

References

[1] California EpiCenter. (2013-2014). Retrieved from http://epicenter.cdph.ca.gov/
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[11] Homelessness in Sacramento County: Results from the 2017 Point-in-Time Count. (2017). Retrieved from http://www.saccounty.net/Homelessness/Documents/2017_SacPIT_Final.pdf

Appendix D. Prioritization Scoring

2019 HEALTH NEEDS PRIORITIZATION SCORES: BREAKDOWN BY CRITERIA

Health Need	Rank 1= Highest Priority	Composite Weighted Score	Weighted Scores of Prioritization Criteria Used by Group		
			Severity	Disparities	Impact
Mental and Behavioral Health	1	393.5	136.5	178	79
Economic Security	2	370.5	136.5	180	54
Women and Children's Well-Being	3	346.5	115.5	156	75
Violence and Injury	4	340	105	176	59
Access to Care	5	288	105	122	61
Healthy Eating and Active Living	6	194	75	62	57
Environmental Health	7	175.5	79.5	70	26

Prioritization Criteria Definitions

Criteria	Definition	Weight used for scoring
Disparities	Health need disproportionately impacts specific geographic, age, or racial/ethnic subpopulations.	2
Severity	Severity of need demonstrated in data and interviews. Potential to cause death or extreme/lasting harm. Data significantly varies from state benchmarks. *(Also considers the magnitude/scale of the need. The magnitude refers to the number of people affected by the health need.)*	1.5
Impact	The ability to create positive change around this issue including – potential for prevention, addressing existing health problems, mobilizing community resources, and the ability to affect several health issues simultaneously.	1