# 2022 Community Health Needs Assessment

## Kaiser Permanente Roseville Medical Center

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

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# Kaiser Permanente Roseville Medical Center 2022 Community Health Needs Assessment

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# Kaiser Permanente Roseville Medical Center 2022 Community Health Needs Assessment

## Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Roseville Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Roseville Medical Center has identified the following significant health needs, in priority order:

1. Access to care
2. Housing
3. Mental & behavioral health
4. Income & employment
5. Climate & environment
6. Community safety

To address those needs, Kaiser Permanente Roseville Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at https://www.kp.org/chna.

# Introduction/background

## About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group 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.

Kaiser Permanente regions and CHNA service areas
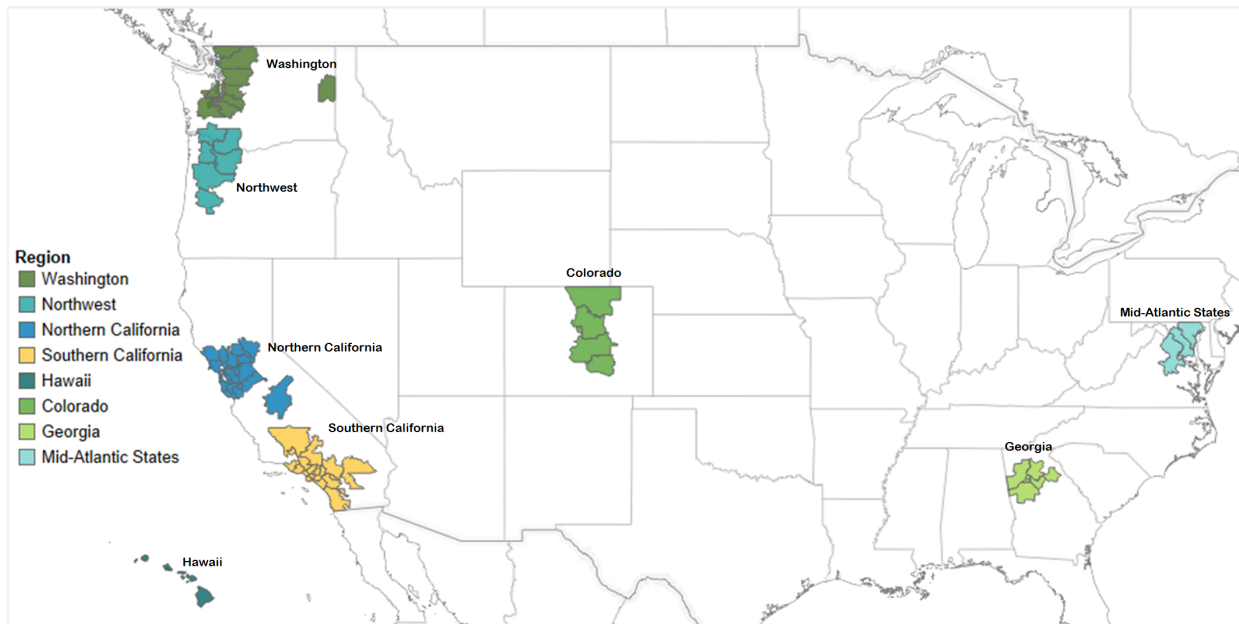
## About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

## Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

The Kaiser Permanente Roseville Medical Center 2022 CHNA report and three-year IS are available publicly at https://www.kp.org/chna. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

# Community served

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

## Roseville service area

🅷 Kaiser Permanente hospital     🔵 Kaiser Permanente medical offices
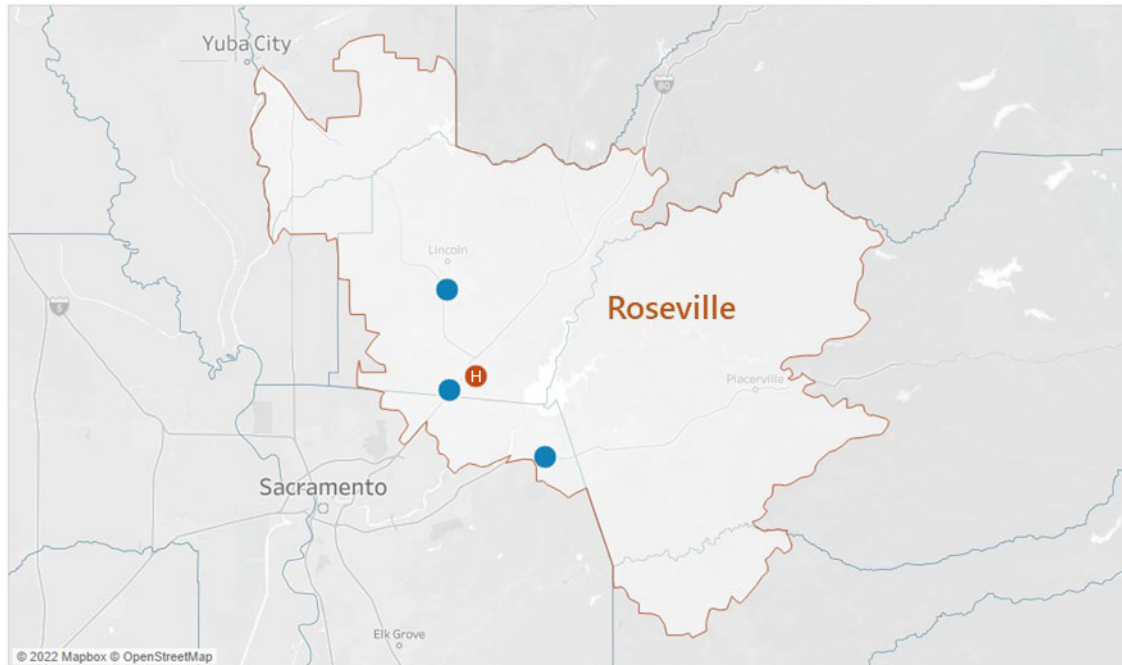
## Roseville service area demographic profile

| | |
|---|---|
| Total population: | 879,889 |
| American Indian/Alaska Native | 0.6% |
| Asian | 8.1% |
| Black | 3.0% |
| Hispanic | 15.6% |
| Multiracial | 4.3% |
| Native Hawaiian/other Pacific Islander | 0.3% |
| Other race/ethnicity | 0.2% |
| White | 67.9% |
| Under age 18 | 23.0% |
| Age 65 and over | 17.2% |

## Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

## Neighborhood disparities in the Roseville service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.
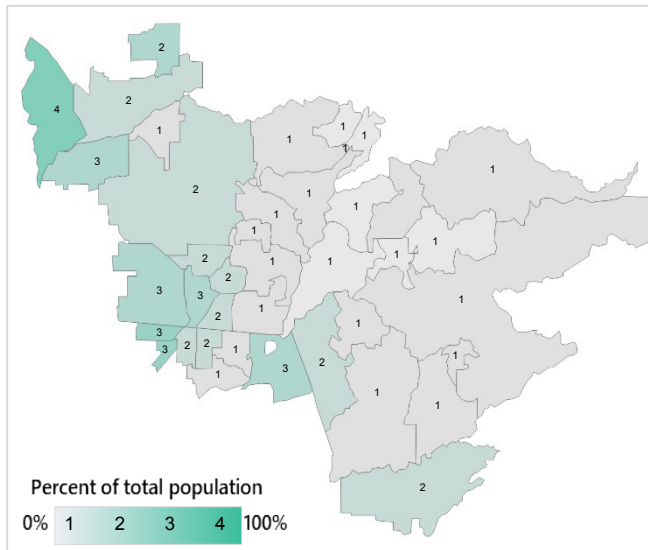
The map on the left shows the NDI for ZIP codes in the Roseville service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

## ROSEVILLE SERVICE AREA

Neighborhood Deprivation Index
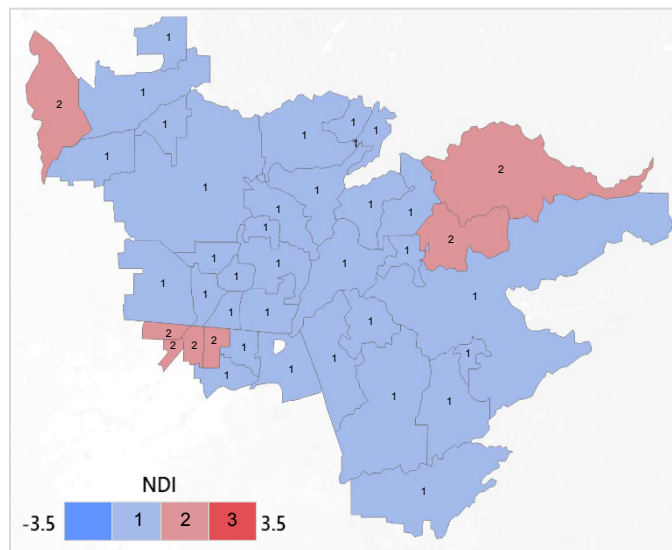
People of color

# Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. 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.

## Hospitals and other partners that collaborated on the CHNA

### Hospitals
Dignity Health, Sutter Health, UC Davis Health

### Consultants who were involved in completing the CHNA
Harder+Company Community Research (Harder+Company) is a nationally recognized leader in high quality evaluation for learning and action with a team of over 45 researchers throughout California, reflecting the major regions of the state. 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 the CHNA processes the firm is supporting in the following Kaiser Foundation Hospital service areas: Downey, Fontana and Ontario, Los Angeles, Redwood City, Roseville, Sacramento, San Diego, San Francisco, San Rafael, Santa Rosa, South Bay, South Sacramento, South San Francisco, Vacaville, Vallejo, West Los Angeles Additionally, Community Health Insights served as the lead consultant for the collaborating hospitals.

## Methods used to identify and prioritize needs
### Secondary data
Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

### Community input
In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that

most impact the health of the community, Kaiser Permanente Fresno Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs.  For a complete profile of community input, see Appendix B.

## Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Roseville Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Roseville Medical Center staff.

## Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Roseville Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, https://www.kp.org/chna.

# Identification and prioritization of the community's health needs

## Process for identifying community needs in the Roseville service area

Before beginning the prioritization process, Kaiser Permanente Roseville Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of the pandemic on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20% worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Roseville Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the six significant health needs.

## Description of prioritized significant health needs in the Roseville service area.

**1. Access to care:** Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. In the Roseville service area, 12 percent of adults in Placer County reported delaying or having difficulty accessing health care that they felt they needed. Furthermore, access to regular care varies by population: 90 percent of white, 79 percent of Latinx/o/a, and 67 percent of Black residents have a usual source of health care. Interviewed community leaders shared the lack of culturally responsive providers and those focused on the specific care needs of communities of color, non-English speakers, and LGBTQ+ individuals. They also identified strategies to address access to care such as investing in local community clinics that provide culturally responsive services for low- income residents.

**2. Housing:** Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Latinx/o/a renters in particular are more likely to live in cost-burdened households and face housing instability. In the Roseville service area, the overall housing affordability index is 113.8 compared to 154.5 nationwide, meaning it costs more for a typical resident in the Roseville area to purchase a home than it does in other areas. Additionally, there are disparities related to housing - only 58 percent of Native American, 55 percent of Latinx/o/a, and 52 percent of Black residents in Placer County are homeowners, compared to 79 percent of Asian residents and 74 percent of white residents. Interviewed community leaders shared that the housing crisis is getting worse, and they are seeing an increasing number of people with housing-related needs, noting that the community is fearful of upcoming evictions after the expiration of the eviction moratorium. They also identified strategies to address housing such as investing in affordable housing options, destigmatizing homelessness, and addressing the root causes of the housing crisis.

**3. Mental & behavioral health:** Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Latinx/o/a Americans. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In the Roseville service area, the rates of suicide deaths are higher than the state average (13.5 compared to 10.5), and rates for deaths of despair are similarly worse than the state (38.6 compared to 34.3). Additionally, there are disparities related to mental and behavioral health such as disproportionate rates of child abuse reports for Native American, Latinx/o/a, and Black children, which is reflective of differential access to social services and supports. Interviewed community leaders spoke about the need to support the mental health of service providers, noting how the COVID-19 pandemic has made it harder to recruit qualified behavioral health specialists. They also identified strategies to address mental and behavioral health such as collaborating with local community-based organizations who have pre-established, strong relationships with the community.

**4. Income & employment:** Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time. People with steady employment are less likely to have an income below poverty level and more likely to be healthy. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age. In the Roseville service area, the unemployment rate of 14 percent is slightly higher than the national rate of 13 percent. Further, there are significant racial disparities, with 73 percent of Asian residents in Placer County and 71 percent of white residents earning a living wage, yet only 55 percent of Latinx/o/a residents earn a living wage. Interviewed community leaders highlighted subpopulations that have been particularly impacted by economic circumstances. For example, women of color face undue financial burden while facing discrimination and greater needs for childcare and family support services. They also identified strategies to address income issues such as creating career pathways, financial literacy training, educating employers about medical leave, and viewing food security as an income supplement.

**5. Climate & environment:** There is a wide consensus that human-caused emissions of carbon dioxide and other greenhouse gases are the main driver of the climate impacts we're now witnessing. Long-term exposure to fine particulate matter from vehicles and wildfires compromises children's immune systems and increases their risk of asthma. Communities of color are disproportionately affected by environmental risks, including air pollution in both urban and rural environments. In the Roseville service area, the community is exposed to higher levels of PM2.5 concentration in comparison to the levels of the nation and state of California (12 µg/m3 compared to 7.8 and 11.8 µg/m3 respectively). Additionally, there are disparities related to climate and environment: air pollution disproportionately impacts low-income and Black, Indigenous, and people of color who often live in high-traffic industrial areas that lack air quality monitors. Interviewed community leaders shared that the health impacts of wildfire smoke are a top concern for the Roseville service area, especially for residents who spend long hours working outside. They also identified strategies to address climate and environment such as car share programs and supporting organizations that promote tree planting.

**6. Community safety**: The level of risk of violence and injury in a community affects the ability of its residents to prosper and thrive. People can be victims of violence, witness violence or property crimes, or hear about crime and violence from others. Community safety also reflects injuries caused by accidents — unintentional injuries are the leading cause of death for children, youth, and younger adults and account for nearly 30 percent of emergency department visits. In the Roseville service area, rates of injury deaths are worse than the state of California with 61.4

incidents occurring per 100,000 population compared to the state rate of 50.3. Interviewed community leaders explicitly noted that they do not feel safe with current law enforcement practices and say alternatives are needed. These shared experiences align with the data available for Placer County. In Placer County, Black residents are over 4 times as likely to be injured in law enforcement incidents compared to white, Pacific Islander, and Native American residents. Community leaders also identified strategies to improve safety such as providing alternatives to law enforcement and expanding the use of peers and trusted messengers when providing services to community residents.

## Health need profiles

Detailed descriptions of the significant health needs in the Roseville service area follow.

# Health need profile: Access to care

![Kaiser Permanente logo]

Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Across most measures of access to care, the Roseville service area is doing better than state of California and national averages. For example, only 4 percent of the population is uninsured, compared to 8 percent statewide and 9 percent nationally. Disparities exist within the population with 7 percent of Latinx/o/a, 4 percent Asian, 4 percent Black American, and 4 percent white residents being uninsured (RaceCounts.org). Even though coverage rates are relatively high, there may be residents eligible for Medi-Cal who aren't enrolled (see map on the next page). There is also a high level of medical and dental providers in the Roseville service area. There are 96.8 primary care physicians per 100,000 population in Placer County compared with an average of 79.8 statewide. There are 87.9 dentists per 100,000 population in Placer County which is comparable to the statewide average of 87.0. This rate is better than the national average of 71.0.

Despite high levels of insurance coverage and providers, 12 percent of adults in Placer County reported delaying or having difficulty accessing health care that they felt they needed. Furthermore, access to regular care varies by race. For example, 90 percent of white, 79 percent of Latinx/o/a, and 67 percent of Black residents have a usual source of health care (RaceCounts.Org).

Even with coverage, there can be challenges to accessing care: Although shortages do not exist in terms of the number of primary care or dental health providers in the Roseville service area compared to the state overall, many interviewed community leaders shared that accessing specialty care in the county can be an issue with many residents having to travel to other counties for services. Some individuals are also unaware of how to navigate the system of care. For example, many don't know how much coverage their insurance offers. Transportation is also an ongoing issue for residents of this service area, especially those located in more rural areas.

Interviewed community leaders also talked about the lack of culturally responsive providers and those focused on the specific care needs of communities of color, non-English speakers, and LGBTQ+ individuals. This leads to mistrust in providers and a general fear of accessing services in the community.

Even though people think you can get a Spanish-speaking doctor in a clinic, and therefore they have access to care, a lot of our families still don't know how to navigate the system. We teach them, and yet they continue to have barriers... They may understand what that doctor is saying in terms of Spanish and everything else, but they still don't have transportation to the doctor.

– Nonprofit leader

The relatively low COVID-19 vaccination rates in Placer County may, in part, reflect this mistrust. As of January 2022, only 64 percent of the area's residents had been vaccinated, compared with the California average of 72 percent (Placer.ca.gov).

There are many strategies that can be used to reduce the gaps in access to care for Roseville residents. Interviewed community leaders agreed that there is a need to integrate services and bring services to accessible locations. A proposed strategy included investing in the school infrastructure, family resource and referral centers, and mobile clinics to provide services. Interviewed community leaders also suggested having clinics that can provide multiple services and lab tests. By increasing the accessibility of services, interviewed community leaders hope that providers can shift from a focus on intervention to a focus on prevention.
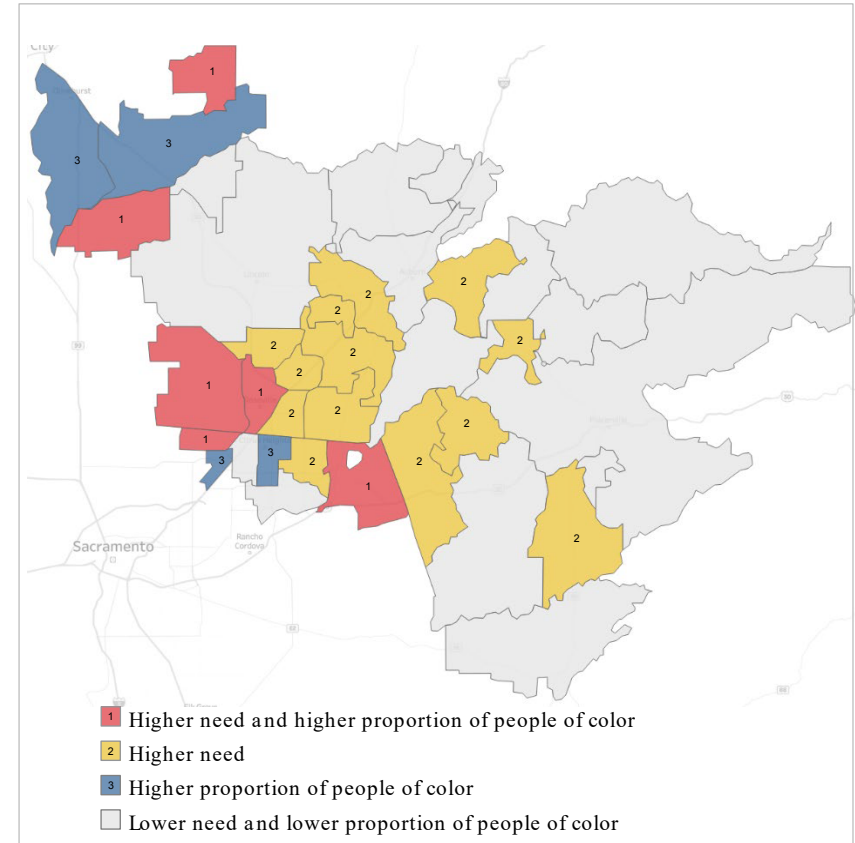
Community leaders consistently emphasized resources such as local community clinics who provide culturally responsive services for low-income residents. The care offered in these settings is well received and trusted by many members of the community. Some providers also suggested increasing the number of bilingual and bicultural staff as well as increasing access to interpretation and translation. Interviewed community leaders also emphasized the importance of connecting providers who are supporting the community though similar efforts.

*I think if services shifted more towards prevention, it would be more like community work…We have a couple of mobile response teams and I think something along those lines of a mobile response or a mobile bringing things out to the community instead of having the community come to us.*

*— Nonprofit provider*

## MEDICAID ENROLLMENT, ROSEVILLE SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with a relatively higher proportion of the population who are people of color and lower Medicaid enrollment rates in the Roseville service area.



1 Higher need and higher proportion of people of color
2 Higher need
3 Higher proportion of people of color
☐ Lower need and lower proportion of people of color

*Source: Kaiser Permanente Community Health Data Platform*

# Health need profile: Housing

**Having a safe place to call home is essential for the health of individuals and families.**

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the national eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time, and even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

California has some of the highest cost real estate in the country, particularly in the Capitol area. Housing in the Roseville service area specifically has become prohibitively expensive, especially for communities of color and households with low incomes. On some measures of housing affordability, the Roseville service area performs favorably to the state and nation. The home ownership rate in the Roseville service area is 70 percent compared to 55 percent in California and 64 percent nationwide. Similarly, the rate of overcrowded housing, defined as the portion of units with more than one occupant per room, is 3 percent, which is better than the state rate of 8 percent and but similar to the national rate.

The overall housing affordability index is 113.8 for the Roseville service area compared to 154.5 nationwide, meaning it costs more for a typical resident in the Roseville area to purchase a home than it does in other areas. One-fifth of residents (20 percent) spend more than 30 percent of their income on housing in the Roseville service area, compared to 17 percent nationally. An additional 15 percent of individuals pay more than 50 percent of their income on housing, compared to 14 percent nationwide. Although the median rental cost is similar to state averages ($1,587 compared to $1,689), residents need to spend 21 percent of their income to afford a home mortgage.

There are several racial disparities related to housing (see maps on the next page). While 79.3 percent of Asian residents and 74 percent of white residents in Placer County are homeowners, only 58 percent of Native American, 55 percent of Latino, and 52 percent of Black residents are homeowners (RaceCounts.Org). Racist and biased practices in mortgage lending such as redlining, restrictive covenants, FHA Mortgages and GI Bills favoring white residents, steering policies by realtors, and Fair Housing Laws have historically made it difficult for Black, Indigenous, and people of color to own homes in the region. Black and Latino loan applicants are more than twice as likely to get a subprime loan than Asian applicants (2.2 and 2.1 per 100,000 applications compared to 0.8). White residents fare in the middle on this measure at a rate of 1.6. Native American and Latino households also have the highest foreclosure rate at 4.4 out of 10,000 (RaceCounts.Org).

One thing I didn't say about housing, which I talked about the affordability aspect of it and so forth, but even for so many populations, who are now living in dense housing environments, which we know help to exacerbate the spread of COVID, particularly in populations who are of color and poorer, that housing piece remains a big issue.

– Public health leader

The public health experts and nonprofit leaders consulted for this assessment asserted that housing is a basic human need required for positive health outcomes, but that the community is fearful of upcoming evictions after the expiration of the moratorium. Community leaders also shared that the housing crisis is getting worse and that they are seeing an increasing number of people with housing related needs. They mentioned that, due to discrimination, LGBTQ+ youth are being displaced from their homes and put at risk for exploitation and trafficking. Finally, key informants pointed to the increased dangers to families of color due to overcrowded housing conditions during COVID.

Fortunately, the Roseville service area has many assets to address housing needs such as: the homeless continuum of care, emergency housing vouchers, and whole person care. Community leaders recommended several strategies to address this health need including investing in affordable housing, destigmatizing homelessness, and addressing its root causes.

Housing is a concern throughout the state. We're particularly badly and far behind with respect to affordable housing. We're doing all right with single family, more expensive housing, higher-income housing; but really, really bad on workforce housing, and that's throughout the county. Most noticeable in Roseville, just because of this, the size of the population.

–Early childhood leader

## SEVERE HOUSING COST BURDEN, ROSEVILLE SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with Black population greater than 10% and the highest percent of income needed for housing in the service area.
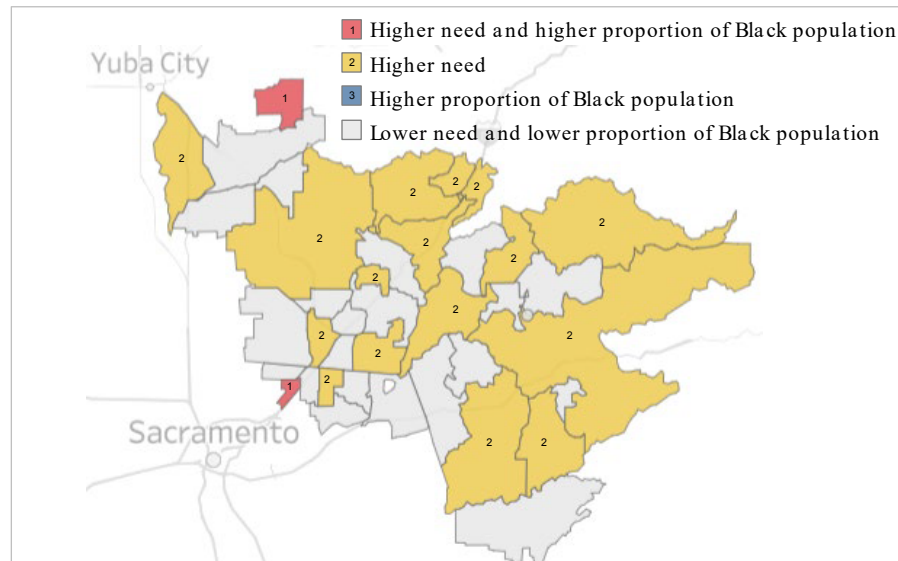


*Source: Kaiser Permanente Community Health Data*

## HOME OWNERSHIP RATE, ROSEVILLE SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with Hispanic population greater than 25% and the lowest home ownership rates in the service area.
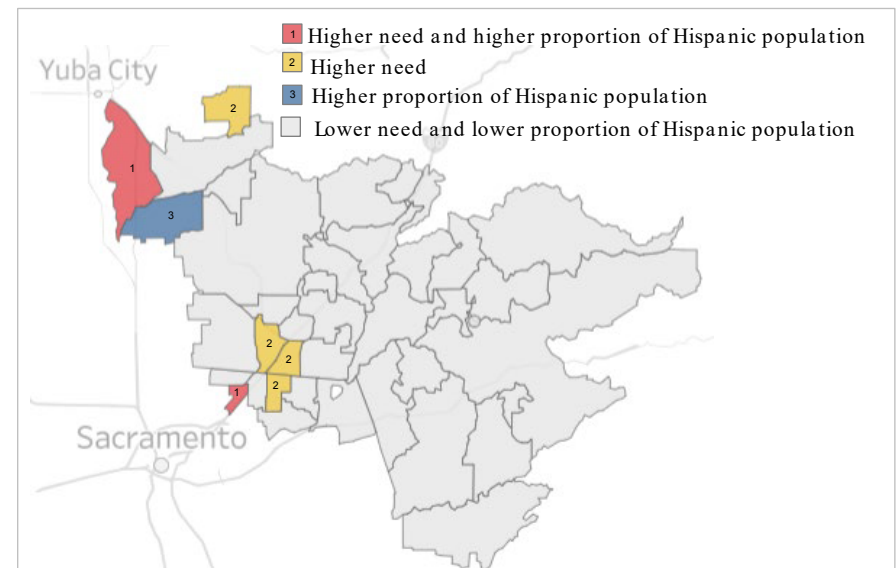


*Source: Kaiser Permanente Community Health Data*

# Health need profile: Mental & behavioral health

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Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Across most standard indicators of mental and behavioral health, the Roseville service area performs better than the national averages. For example, the Roseville service area has a higher ratio of mental health providers (328.3 per 100,000 population) compared to the national average (247), and for the average reported number of poor mental health days per month, the Roseville service area has lower rates (3.8) compared to the national average (4).

Although the mental health data for the Roseville service area are generally comparable to or better than national averages, several measures are performing worse than the state of California. To illustrate, the rates of suicide deaths in Roseville are higher than the state average (13.5 compared to 10.5), and rates for deaths of despair are similarly performing worse than the state (38.6 compared to 34.3).

Interviewed community leaders noted the long-term mental health impacts of trauma and discrimination on their immigrant and community members of color who live in the Roseville service area. They spoke about how they're seeing disproportionate amounts of child abuse reports for Native American, Latinx/o/a, and Black children, which is reflective of disparities in the health care system. Interviewed community leaders elevated domestic violence as a concern for the Roseville service area and highlighted the need for culturally relevant preventative services that can meet the needs of the communities most affected.

Additionally, interviewed community leaders elevated their concern for the declining mental health of LGBTQ+ students in the Roseville service area, noting the ongoing discrimination against the community in conservative areas. The data support this concern, as a higher portion of students who identify as LGBT+ considered attempting suicide (44 percent) compared to their straight counterparts (12 percent) (Kidsdata.org) (see figure on the next page).

We're seeing youth that have been displaced from their homes, and the LGBT population [is at an especially high] risk for exploitation, trafficking.

– Nonprofit leader

The COVID-19 pandemic has also exacerbated the mental and behavioral health crisis in the Roseville service area. Interviewed community leaders discussed the specific mental health challenges that young people and students now face as a result of pandemic-related restrictions and school closures, including increased suicide attempts/deaths, increased sex trafficking, and under-reported child abuse and domestic violence.

The mental and behavioral health of adults and seniors has also been impacted by the pandemic, particularly for parents who balance jobs with their child's distance learning, frontline workers who risk their own safety and health, and seniors who are stressed and isolated from their loved ones. Interviewed community leaders also spoke about the need to support the mental health of health care/service providers, noting how the pandemic has made it harder to recruit qualified behavioral health specialists. Burn out also continues to affect health care providers, prompting many to leave the workforce.

Despite the challenges, interviewed community leaders are inspired by the work of Roseville's community-based organizations that continue to provide mental health supports for the community. Many believe that collaborating with these community-based organizations who have strong relationships with the community is key to improving mental health.

PERCENT OF STUDENTS WHO REPORTED SUICIDAL IDEATION, BY SEXUAL ORIENTATION, PLACER COUNTY, 2017-2019
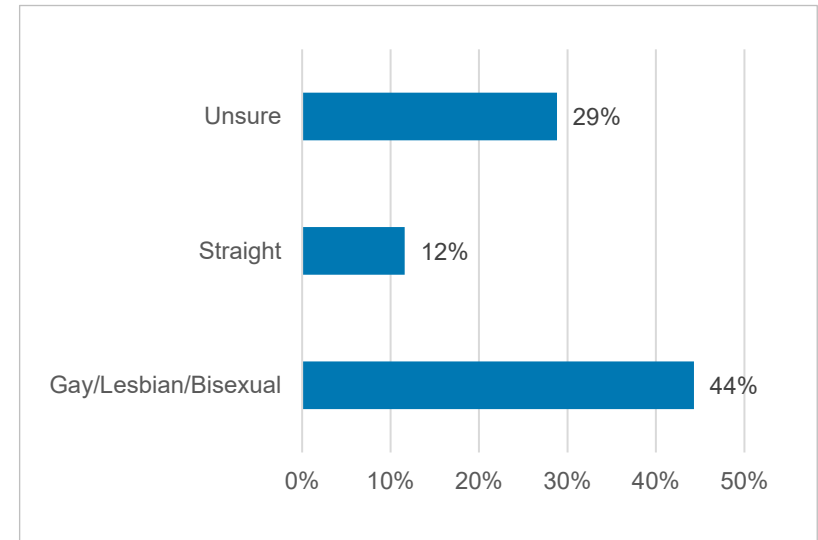


*Source: Kidsdata.org*
*Estimated percentage of public school students in grades 9, 11, and non-traditional programs who said "yes," they seriously considered attempting suicide in the previous year.*

That isolation as well was a breeding ground for ... I guess, this touches on both women and children's issues, domestic violence and child abuse and neglect. So, we've got untreated, undiagnosed trauma that we're going to be dealing with for a long haul.

– Nonprofit leader

# Health need profile: Income & employment

**Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.**

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with low incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

On several measures of economic prosperity, the Roseville service area performs favorably relative to state of California and national benchmarks. For instance, 90 percent of residents have access to high speed internet, relative to only 82 percent nationally. Similarly, the median household income of $91,172 is higher than the state median of $82,053.

However, there remains substantial room for improvement. While the portion of children in Roseville living in poverty is lower than the state average of 17 percent, 1 in 10 children (10 percent) still live below the federal poverty line. Further, Roseville scores a 40.6 on the U.S. Department of Housing and Urban Development's job proximity index, which is 15 percent lower than the national average. Roseville's unemployment rate of 14 percent is slightly higher than the national rate of 13 percent. Further, there are significant racial disparities in the portion of residents earning a living wage, with 73 percent of Asian residents in Placer County meeting this criterion compared to 71 percent of white residents and only 55 percent of Latinx/o/a residents (RaceCounts.Org).

Importantly, there are significant geographic disparities in the economic circumstance facing Roseville residents (see map on the next page). Most Latinx/o/a residents live in the parts of the service area closest to Sacramento and Yuba cities where in some census tracts the median income is closer to $50,000 (55 percent of the service area median).

The COVID-19 pandemic exacerbated many issues related to income and employment. For example, there have been many demands for rental assistance; and while stimulus funds helped alleviate some of the economic toll, that support soon expired. Finally, there has been a marked increase in food insecurity and reliance on food banks or food stamps.

I'll say briefly that we know with the massive unemployment that's been an effect of COVID, that the largest populations that are now finding themselves unemployed are women, and even more so, minority women. So, you've got this tension between if you had health care, you may have just lost it. If you had some kind of partial services, you're now unemployed, and so you're dealing with that. And particularly, women of color are facing even more childcare, family care responsibilities than previously.

– Business sector leader

Interviewed community leaders were particularly concerned about the inequities that are so notable for economic opportunity. While many in the Roseville service area are still doing well for themselves, others are on the brink of financial ruin or have already fallen over the cliff.

Interviews also highlighted subpopulations that have been particularly impacted by economic circumstances. For example, women of color face undue financial burden while facing discrimination and greater needs for childcare and family support services.

Service providers, in particular, noted that there are still skills gaps that lead to ongoing unemployment in rural areas that have less access to a robust job market. However, these are difficult to mitigate since residents can't take time off work to advance their career training.

Fortunately, the Roseville service area also offers many unique assets which can be harnessed to address economic security concerns. For example, UniteUs and other databases allow organizations to share information on those most impacted. Further, many CBOs already target their investments to communities with a high portion of working poor residents.
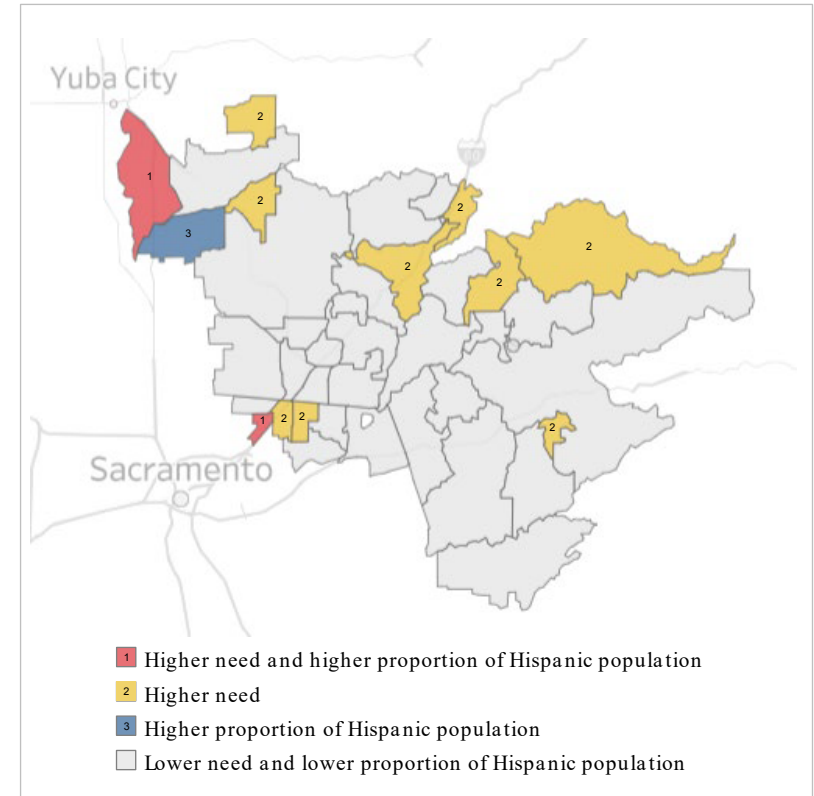
Some other economic development strategies that community leaders shared include creating career pathways and financial literacy training, educating employers about the need to take time off for health reasons, and viewing food security as an income supplement.

MEDIAN INCOME, ROSEVILLE SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with Hispanic population greater than 10% and the highest poverty rates in the service area.



1 Higher need and higher proportion of Hispanic population
2 Higher need
3 Higher proportion of Hispanic population
☐ Lower need and lower proportion of Hispanic population

*Source: Kaiser Permanente Community Health Data Platform*

In the community what we've seen also is some people doing just fine, and other people just falling off the cliff so disparities have really expanded. So that's a concern, I think also that a lot of the workforce system partners are trying to address. And the irony is that we still have skills gaps in job openings, so how do we help people get connected or get the skills they need to get into those jobs.

– Civic engagement leader

# Health need profile: Climate & environment

In 2021, more than 200 leading medical journals jointly declared a warming planet as the greatest threat to global public health.

There is a wide consensus that human-caused emissions of carbon dioxide and other greenhouse gases are the main driver of the climate impacts we're now witnessing.

Nearly all parts of the U.S. have experienced the effects of a changing climate, including flooding and power outages caused by hurricanes, record-breaking heat waves, and dangerous air quality as a result of wildfire smoke. As average temperatures rise, disease-carrying insects are moving further northward. Extreme heat and drought have affected agricultural production in places like California's Central Valley.

Long-term exposure to fine particulate matter from vehicles and wildfires compromises children's immune systems and increases their risk of asthma. Communities of color are disproportionately affected by environmental risks, including air pollution in both urban and rural environments. Black residents of cities are more likely to live in heat islands that lack tree canopy and green space, while some Indigenous communities are losing tribal lands to coastal flooding.

As climate change continues to accelerate, the effects of a warming planet pose several challenges to maintaining a healthy society, including water shortages and wildfires. Further, the framework of environmental justice teaches us that damage caused by weather-related disasters and environmental exposures are felt unequally across the public. It is often working-class communities and people of color who bear the brunt of environmental risk, whether through geographic proximity to disaster zones or through a higher likelihood of occupational hazards.

In addition to the long-term environmental impacts of a warming climate, residents of the Roseville service area are already impacted by the negative health outcomes associated with climate change. Most notably, the Roseville service area has higher levels of PM2.5 concentration than the levels of the nation and state (12 μg/m3 compared to 7.8 and 11.8 μg/m3 respectively). High concentrations of pollutants such as PM2.5 directly contribute to the development of asthma and other health complications.

While the rate of asthma hospitalizations for children ages 0-17 is lower in Placer County (4.1) than that of California (8.3), Interviewed community leaders noted that asthma is a major problem that needs more attention in the Roseville service area (RaceCounts.org). Low-income communities of color are disproportionately burdened by poor air quality, as interviewed community leaders noted that these communities often live in high-traffic industrial areas that lack air quality monitors. Climate change will likely exacerbate this issue, given that wildfires are increasing in severity and contribute significantly to the accumulation of toxins in the Sacramento Valley.

Despite the challenges, the Roseville service area performs favorably compared to the nation and state on several key indicators including the risk of coastal and river flooding and overall risk of heat wave exposure, all of which are low.

Often our families live in … a lot of poverty-stricken areas, our families are breathing in unhealthy air. There is no air quality monitors, and nobody's doing anything about the asthma in the area.

– Nonprofit leader

Given the connection between environment and health, interviewed community leaders hoped that strategies can be improved to mitigate climate-related harms. For example, interviewed community leaders noted that the health impacts of wildfire smoke are a top concern for the Roseville service area, especially for residents who spend long hours working outside. Yet strategies to address this problem, such as distributing free N95 masks, were not effectively reaching those who are most in need. Further, while Roseville has more tree canopy cover compared to the national average, interviewed community leaders still elevated the need to plant more trees to alleviate the emerging negative health impacts of the increasingly hot weather.

Interviewed community leaders also provided several strategies for tackling climate change and limiting exposure risks. They recommended establishing a community advisory body to guide decision making with representatives from impacted neighborhoods, and highlighted the good work done by the health department in spreading awareness about lead-contaminated dishware popular in Afghan households.

Finally, interviewed community leaders listed several community assets that could help improve the climate and environment. Among them were research universities, car share programs, and organizations that promote tree planting.

> Shade. I know that sounds like low-hanging fruit, but you drive through some of our neighborhoods and it's hot. It's not walkable.
>
> **– School sector leader**

## AIR POLLUTION LEVELS, ROSEVILLE SERVICE AREA, 2018

Areas in red (1) are ZIP codes with people of color greater than 50% of the population and high air pollution (PM2.5) levels in the Roseville service area.



Legend:
- 1 Higher need and higher proportion of people of color
- 2 Higher need
- 3 Higher proportion of people of color
-   Lower need and lower proportion of people of color
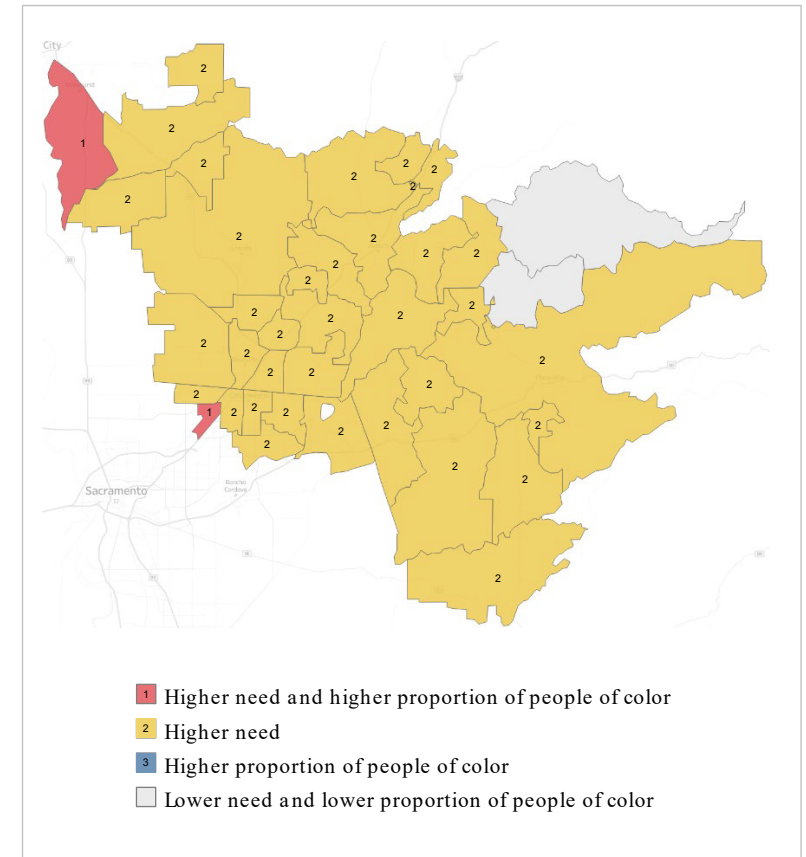
*Source: Kaiser Permanente Community Health Data Platform*

# Health need profile: Community safety

**The level of risk of violence and injury in a community affects the ability of its residents to prosper and thrive.**

People can be victims of violence, witness violence or property crimes, or hear about crime and violence from others. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes. Within families, intimate partner violence (IPV) and child maltreatment frequently occur together, each with adverse health effects. One in four American women reports IPV during her lifetime.

Communities that have been systematically marginalized experience higher rates of violence, including deaths and injuries from firearms. Chronic stress from living in unsafe neighborhoods can have long term health effects, and fear of violence can keep people indoors and isolated. In addition, the physical and mental health of youth of color — particularly males — is disproportionately affected by juvenile arrests and incarceration related to local policing practices.

Community safety also reflects injuries caused by accidents — unintentional injuries are the leading cause of death for children, youth, and younger adults and account for nearly 30 percent of emergency department visits.

In the Roseville service area, rates of injury deaths are worse than the state of California with 61.4 incidents occurring per 100,000 population compared to the state rate of 50.3 (see map on the next page). However, the Roseville service area has a comparable rate of motor vehicle accidents compared to the state and is performing better than the state on rates of violent crimes and pedestrian accident deaths.

In light of the COVID-19 pandemic, one of the largest concerns included the increased prevalence of domestic violence and child abuse incidents. Interviewed community leaders shared that despite a decrease in reports to Child Protective Services, cases of child abuse were highly prevalent during the stay-at-home order with an increase in adults experiencing unemployment or working from home. Similarly, as children were enrolled in "online learning", teachers and other trusted adults were not as able to identify and subsequently report incidents of child abuse.

A worrying increase in the prevalence of hate crime incidents was reported by local interviewed community leaders as the pandemic exacerbated political tensions and elevated the prevalence of racism in communities. In the Roseville service area, Asian and Pacific Islander residents were the victims of targeted attacks and ongoing discrimination. A barrier for residents accessing services is fear of interacting with the very systems that often are the source of racism and discrimination. There is also a growing concern in the area related to police brutality and uneven policing practices that disproportionately target Black communities. Interviewed community leaders explicitly noted that they do not feel safe with current law enforcement practices and alternatives are needed. These anecdotal experiences align with the data available for Placer County. In Placer County, Black residents are over 4 times as likely to be injured in law enforcement incidents compared to white civilians, and Black residents are incarcerated at 3 times the rate of white counterparts (RaceCounts.Org 2022). This, coupled with the ongoing and public nature of nationwide incidents of police brutality against Black people, impacts the mental health and well-being of Black community members.

We see a lot of communities that have experienced racism, all kinds of 'isms' and have been marginalized traditionally not availing themselves of services and resources because they are afraid of the criminal legal system, and they're afraid exposing themselves and their kids to people who might call law enforcement or get them otherwise connected into […], which can include doctors and health care providers.

– Nonprofit leader

Interviewed community leaders consistently emphasized the impact of structural racism and intergenerational trauma on health and the importance of addressing the social determinants that affect the health and safety of communities. Strategies shared by interviewed community leaders for addressing community safety include increasing domestic violence and trauma trainings, providing alternatives to law enforcement, and expanding the use of peers and trusted messengers when providing services to community residents.
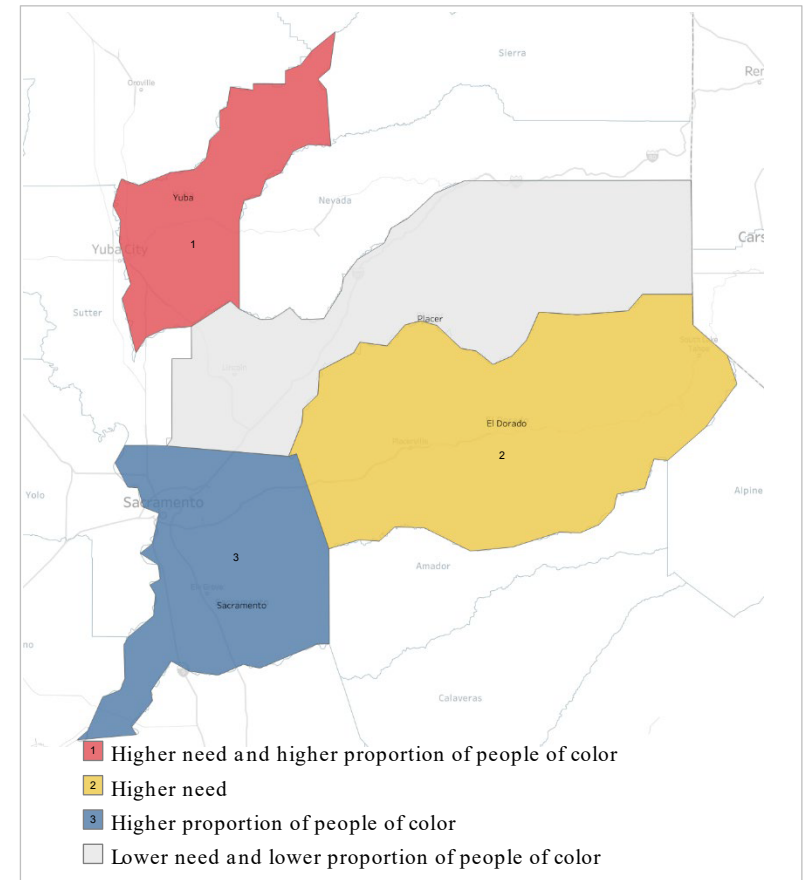
The Roseville service area has numerous assets at its disposal to improve community safety. Interviewed community leaders shared the existence of the Placer Collaborative Network, and the Campaign for community Wellness. These organizations serve as example models for keeping the community informed. They also recommend using schools as a place to connect families to these needed resources and continuing the use of data to identify and address systemic gaps.

I'm thinking about where families are most frequently and it seems like school is a number one place. So, having healthcare collaborate with schools, I think would be really beneficial as well.

– Nonprofit leader

### INJURY DEATHS, ROSEVILLE SERVICE AREA, 2020

Areas in red (1) represent areas with people of color greater than 45% of the population and the rate of injury deaths worse than the national average.



1  Higher need and higher proportion of people of color
2  Higher need
3  Higher proportion of people of color
   Lower need and lower proportion of people of color

*Source: Kaiser Permanente Community Health Data Platform*

## Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Roseville service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

# Kaiser Permanente Roseville Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Roseville Medical Center's 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at https://www.kp.org/chna.

## Kaiser Permanente Roseville Medical Center 2019 Implementation Strategy priority health needs

1. Access to Care
2. Economic Security
3. Healthy Eating Active Living
4. Mental and Behavioral Health

## 2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Roseville Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Roseville Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

Additionally, the Kaiser Permanente 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. During 2020-2021 a portion of money managed by this foundation was used to award 11 grants totaling $928,905 in service of 2019 IS health needs in the Roseville service area.

One example of a key accomplishment in response to our 2019 IS includes implementing strategies to increase access to care in the community. The Roseville service area provided a $100,000 grant to the Latino Leadership Council, to support the CREER En Tu Salud (Believe in your Health) program. The program supported enrollment in health insurance and safety net navigation programs for low-income individuals and families without access to care. With the support of community navigators (promotores), families were able to receive support with health system navigation and care coordination.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people's health. For example, in 2020 Kaiser Permanente provided grants totaling $6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. In April of 2021, the Roseville service area awarded the Latino Leadership Council with a $80,000 grant to promote vaccine education and outreach for 842 Placer and Sacramento County residents, supporting interpretation and appointment navigation needs. Kaiser Permanente funding allowed the agency to conduct outreach, provide education, and facilitate vaccine access among Latinx/o/a and Indigenous populations (American Indian/Alaska Native/Native Hawaiian/Pacific Islander) in east Sacramento and western Placer Counties, which resulted in an additional 788 vaccine doses provided through three community-based clinics.

## Kaiser Permanente Roseville Medical Center 2019 IS priority health needs and strategies

### Access to Care

Care and coverage: Kaiser Permanente Roseville Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, and medical financial assistance.

|  | Individuals served | | Amount | |
| --- | --- | --- | --- | --- |
|  | 2020 | 2021 | 2020 | 2021 |
| Medicaid, CHIP and other government-sponsored programs | 28,044 | 31,682 | $25,370,994 | $10,349,427 |
| Charitable Health Coverage | 186 | 170 | N/A | $436 |
| Medical Financial Assistance | 10,426 | 7,411 | $15,266,906 | $9,926,673 |
| Total care & coverage | 38,656 | 39,263 | $40,637,900 | $20,276,536 |

**Other access to care strategies:** During 2020-2021, 26 grants were awarded to community organizations, for a total investment of $862,728 to address access to care in the Roseville service area.

*Examples and outcomes of most impactful other strategies*

Health Education Council Vaccine Outreach program

> Health Education Council was awarded $90,000 and served 3,263 community participants to increase COVID-19 vaccine outreach and education to the Latinx/o/a community. The program successfully vaccinated 3,200 residents in the Sacramento and Placer County communities between April and September of 2021.

Latino Leadership Council

> Latino Leadership Council was awarded $100,000 to provide access to the health care safety net to low-income uninsured Latino adults, most of whom are Spanish speaking and undocumented. The program will serve 1,000 participants though the provision of health screenings and information.

Placer County Social Health Referrals

> Placer County Health and Human Services was awarded $100,000 over two years to continue 211 service in the region and to support expansion of the Thrive Local/Unite Us community network in the county. The program expects to impact 20,000 individuals by providing improved information and referrals for residents—especially seniors, people living in poverty, and geographically-isolated communities and by helping to recruit CBOs and collaboratives for inclusion in the Unite Us Network.

## Economic security

During 2020-2021,14 grants were awarded to community organizations, for a total investment of $255,346 to address economic security in the Roseville service area.

*Examples and outcomes of most impactful strategies*

Initiative for a Competitive Inner City

> Inner City Capital Connections Program was awarded $180,000 to promote inclusive prosperity by supporting business owners in under-resourced communities to build capacity for sustainable growth in revenue, profitability, and employment in California. The program is expected to reach 150 under-resourced entrepreneurs and attend the executive education training seminars, webinars, and networking events and receive ongoing virtual coaching, free of cost and tailored to the participants' needs.

PRIDE Industries job training

> PRIDE Industries was awarded $25,000 to provide training and resources for individuals with disabilities and other barriers to pursue careers as Environmental Technicians or Floor Care Technicians. The program will increase employment readiness for 25 participants.

3Strands

> 3Strands Global Foundation was awarded $25,000 to create a pipeline to employment and education for survivors of human trafficking and at-risk individuals in the greater Sacramento region. The program will assist 80 participants by connecting them to employment resources.

## Healthy Eating Active Living

During 2020-2021,16 grants were awarded to community organizations, for a total investment of $438,447 to address healthy eating and active living opportunities in the Roseville service area.

*Examples and outcomes of most impactful strategies*

### Seniors First meal and grocery distribution

Seniors First was awarded $25,000 to provide free meals and groceries to low-income seniors in Placer County. The program plans to increase access to healthy food for 260 seniors.

### Sierra College food distribution

Sierra College Foundation was awarded $25,000 to address food insecurity and other basic needs issues among low-income Sierra College students by offering regular distributions of food while promoting CalFresh enrollment information. The program will serve 400 eligible students.

### Placer Food Bank

Placer Food Bank was awarded $150,000 to increase CalFresh participation among families with K-12 students by expanding partnerships with county organizations. The program will reach 25,000 families through outreach efforts to increase access to healthy food.

## Mental and Behavioral Health

During 2020-2021, 20 grants were awarded to community organizations, for a total investment of $474,281 to address mental and behavioral health in the Roseville service area.

*Examples and outcomes of most impactful strategies*

### Roseville Joint Union High School District

Roseville Joint Union High School District was awarded $25,000 to provide high quality and trauma-informed mental health care and increase the robust training program for Wellness staff. The program will serve 2,125 students, with a specific focus on high-risk student populations including those experiencing homelessness, foster care, or probation, those speaking English as a second language, and students from low socioeconomic status families.

### Placer County Office of Education

Placer County Office of Education was awarded $25,000 to provide coaching and training for applying trauma-informed practices within the social, emotional, and behavioral support systems at Rocklin Unified School District and Loomis Union School District. The program will support 1,574 students in completing assessments and action plans around trauma-Informed practices and cultural responsiveness.

# Appendix

A. Secondary data sources

B. Community input

C. Community resources

## Appendix A: Secondary data sources

### Kaiser Permanente Community Health Data Platform

| | Source | Dates |
|---|---|---|
| 1. | American Community Survey | 2015 - 2019 |
| 2. | Behavioral Risk Factor Surveillance System | 2020 |
| 3. | CDC, Interactive Atlas of Heart Disease and Stroke | 2016 - 2018 |
| 4. | Center for Medicare & Medicaid Services | 2018 |
| 5. | CMS National Provider Identification | 2019 |
| 6. | Dept of Education ED Facts & state data sources | Varies |
| 7. | EPA National Air Toxics Assessment | 2014 |
| 8. | EPA Smart Location Mapping | 2013 |
| 9. | Esri Business Analyst | 2020 |
| 10. | Esri Demographics | 2020 |
| 11. | FBI Uniform Crime Reports | 2014 - 2018 |
| 12. | Feeding America | 2018 |
| 13. | FEMA National Risk Index | 2020 |
| 14. | Harvard University Project (UCDA) | 2018 |
| 15. | HRSA Area Resource File | 2019 |
| 16. | HUD Policy Development and Research | 2020 |
| 17. | National Center for Chronic Disease Prevention and Health Promotion | 2018 |
| 18. | National Center for Education Statistics | 2017 - 2018 |
| 19. | National Center for Health Statistics | 2018 |
| 20. | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention | 2018 |
| 21. | NCHS National Vital Statistics System | 2015 - 2019 |
| 22. | NCHS US Small-area Life Expectancy Estimates Project | 2010 - 2015 |
| 23. | NCI State Cancer Profiles | 2013 - 2017 |
| 24. | NCI United States Cancer Statistics | 2013 - 2017 |
| 25. | NHTSA Fatality Analysis Reporting System | 2014 - 2018 |
| 26. | US Geological Survey; National Land Cover Database | 2016 |
| 27. | USDA Food Environment Atlas | 2016 |

## Additional secondary data sources

| Source | Dates |
|---|---|
| 1. Kidsdata.org, Population Reference Bureau | 2017 - 2019 |
| 2. Advancement Project California; Racecounts.org | 2017 |

## Appendix B. Community input

| | Data collection method | Affiliation | Number | Perspectives represented | Role | Date |
|---|---|---|---|---|---|---|
| 1 | Key Informant Interview | Latino Leadership Council | 1 | Latinx/o/a, undocumented, medically underserved, low-income | Leader | 8/3/2021 |
| 2 | Key Informant Interview | Chapa-De Indian Health | 1 | Low-income, Indigenous community, medically underserved | Leader | 8/20/2021 |
| 3 | Key Informant Interview | Ethnic Chambers of Commerce (Hispanic, Russian/Slavic, Rainbow, Metro) | 3 | Latinx/o/a, Russian/Slavic, LGBTQ+, economic development | Leader | 8/25/2021 |
| 4 | Key Informant Interview | First 5 Placer | 1 | Children and families, low income, communities of color | Leader | 9/3/2021 |
| 5 | Key Informant Interview | Health Education Council | 1 | Low-income, medically underserved, communities of color | Representative | 8/24/2021 |
| 6 | Focus Group | Homeless Resource Council of the Sierras; Gathering Inn Placer; Roseville Housing Authority | 3 | Low-income, unhoused population, communities of color | Leader | 8/12/2021 |
| 7 | Key Informant Interview | KidsFirst | 1 | Children and families, low-income, communities of color | Leader | 8/6/2021 |
| 8 | Key Informant Interview | KP's Thriving Schools initiative (EGUSD, SJUSD, SCUSD) | 1 | Youth, education stakeholders | Representatives | 8/17/2021 |
| 9 | Key informant interview | LGBT Center | 1 | LGBTQ+ community, youth | Leader | 8/17/2021 |
| 10 | Key informant interview | Liberty Towers Church | 1 | Youth, Faith-based community | Leader | 8/12/2021 |

| | Data collection method | Affiliation | Number | Perspectives represented | Role | Date |
|---|---|---|---|---|---|---|
| 11 | Key informant interview | NorCal Mental Health America | 1 | Mental health, communities of color | Leader | 7/29/2021 |
| 12 | Key informant interview | Placer People of Faith Together | 1 | Faith community advocacy | Leader | 8/4/2021 |
| 13 | Key informant interview | Placer Public Health Department | 1 | Public health | Leader | 8/2/2021 |
| 14 | Key informant interview | Public Health Advocates/My Brother's Keeper - Healthy Development Strategic Committee | 1 | Public Health advocacy, communities of color, trauma-informed perspective | Leader, Member | 9/3/2021 |
| 15 | Key informant interview | Seniors First | 1 | Seniors, medically-underserved, low-income population | Leader | 9/1/2021 |
| 16 | Key informant interview | Sierra health Foundation/ Build Black Coalition/ Black Child Legacy | 1 | Community health | Leader, Member | 8/13/2021 |
| 17 | Key informant interview | WEAVE, Inc. | 1 | Domestic violence, women, communities of color | Leader | 8/12/2021 |
| 18 | Key informant interview | World Relief Sacramento | 1 | Refugee community, communities of color | Leader | 8/11/2021 |

Note: additional community input in the form of interviews and focus groups was collected by Community Health Insights (CHI) on behalf of Dignity Health, Sutter Health, and UC Davis Health and shared with Harder+Company Community Research as part of a regional CHNA collaboration.

## Appendix C. Community resources

| Identified need | Resource provider name | Summary description |
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| Access to care | Sierra Health Foundation | Sierra Health Foundation is driving a process with Senator Richard Pan to expand access and improve quality of MediCal Managed Care plans in Sacramento County through the new Health Authority. The foundation also provides grant funding to reduce access barriers to quality health care for low-income individuals. |
| Access to care, Mental & behavioral health, Income & employment | 211, Unite Us and other connections between hospitals and services | 211 is the most comprehensive source of information about local resources and services. People can call 211 and be connected with local experts who will connect them to resources. Unite Us similarly works to create an end-to-end solution for social care. |
| Access to care, Income & employment | SNAP and CalFresh | CalFresh is for people with lower incomes who meet federal income eligibility rules and would like additional funds for healthy and nutritious food. CalFresh Healthy Living (SNAP-Ed) also educates Californians about good nutrition on a budget. |
| Access to care, Mental & behavioral health | Sacramento Native American Health Center (SNAHC) | The health center is committed to enhancing quality of live by providing a culturally competent, holistic, and patient-centered continuum of care for the entire community. SNAHC has over 40 community partners to provide referrals and access to other programs. |
| Access to care, Housing, Mental & behavioral health | Sacramento Covered | Sacramento Covered is the leading agency for benefits enrollment and street-level engagement with unsheltered individuals with complex health needs.  The agency will focus their benefits enrollment and health system navigation services on the immigrants & refugee community, individuals with low-moderate socio-economic status, and other under/uninsured populations. |
| Access to care, Mental & behavioral health, Community safety | Placer County ACEs Network of Care | Coordinated by the Placer & Nevada County Medical Society, the ACEs Network of Care seeks to strengthen health care providers' and community partners' ability to prevent and mitigate the impacts of adverse childhood experiences. |
| Mental & behavioral health, Housing | Hope Cooperative | The Hope Cooperative provides mental health and supportive housing services for people with mental health challenges in Sacramento County. They strive to foster |

| Identified need | Resource provider name | Summary description |
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| | | independence and empower those who struggle with psychiatric disabilities, substance use disorders, and those experiencing homelessness. |
| Housing | Sacramento and Placer County Continuums of Care (CoC) | Broad based representation of housing/homelessness CBOs, coordinated by Sacramento Steps Forward and the Homelessness Resources Council of the Sierras, make strategy decisions linked to allocations of federal HUD dollars to support sheltering and system-level improvements around housing placements for people experiencing homelessness. |
| Housing | Community Solutions/Built for Zero Campaign | Built for Zero is a collaborative of more than 90 cities and counties that have committed to measurably ending homelessness. They collect data with the intention of changing how local homeless response systems work to have a greater impact on those who struggle with housing. |
| Community safety | Advance Peace | Advance Peace aims to improve the health and wellbeing of those most affected by gun violence, with the goal of ending the gun violence crisis that affects the Greater Sacramento community and other urban neighborhoods. |
| Climate & environment | Air Resources Board | CA State's leading center for assessing the environmental impacts of motor vehicles and other mobile equipment. Their goal is to reduce air pollution in the populations most affected. |
| Climate & environment, Income & employment | Local food procurement systems | Organizations have partnered to put forward a 2021 Sacramento Region Food System Action Plan to identify best practices and recommendations to advance the region's food system. Their work helps boost the local economy while supporting a more healthy and resilient community. |