

2022 Community Health Needs Assessment



Kaiser Permanente Sacramento Medical Center

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Kaiser Permanente Sacramento Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente Sacramento 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 Sacramento 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 Sacramento Medical Center has identified the following significant health needs, in priority order:

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

To address those needs, Kaiser Permanente Sacramento 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>.

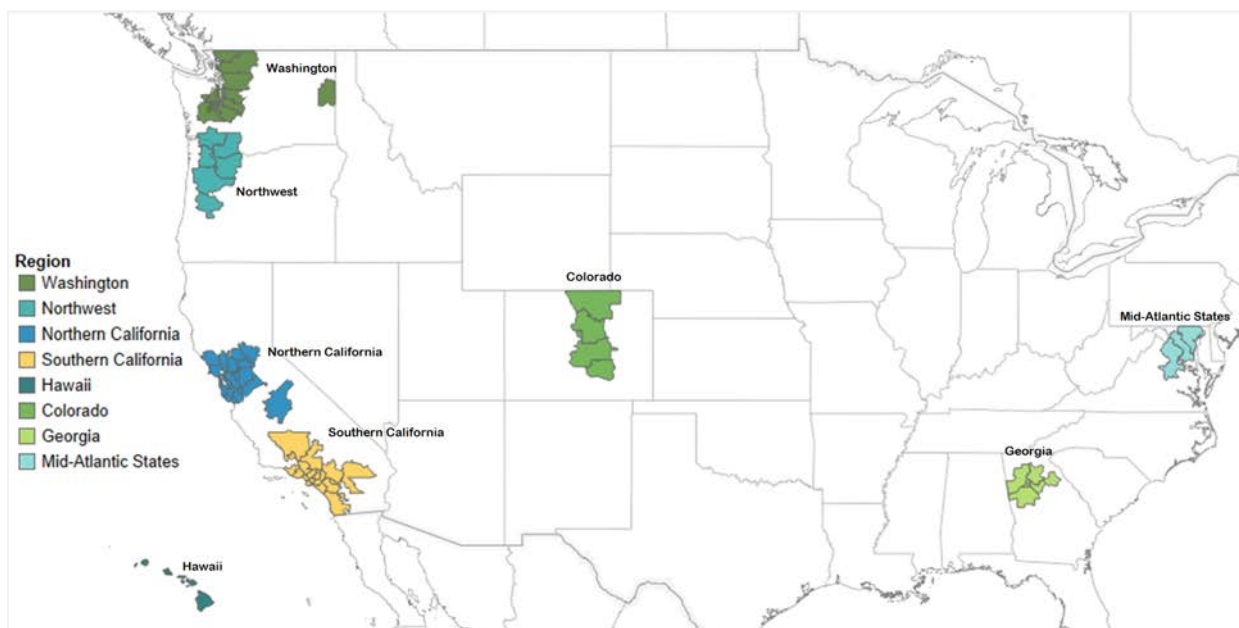
Introduction/background

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.

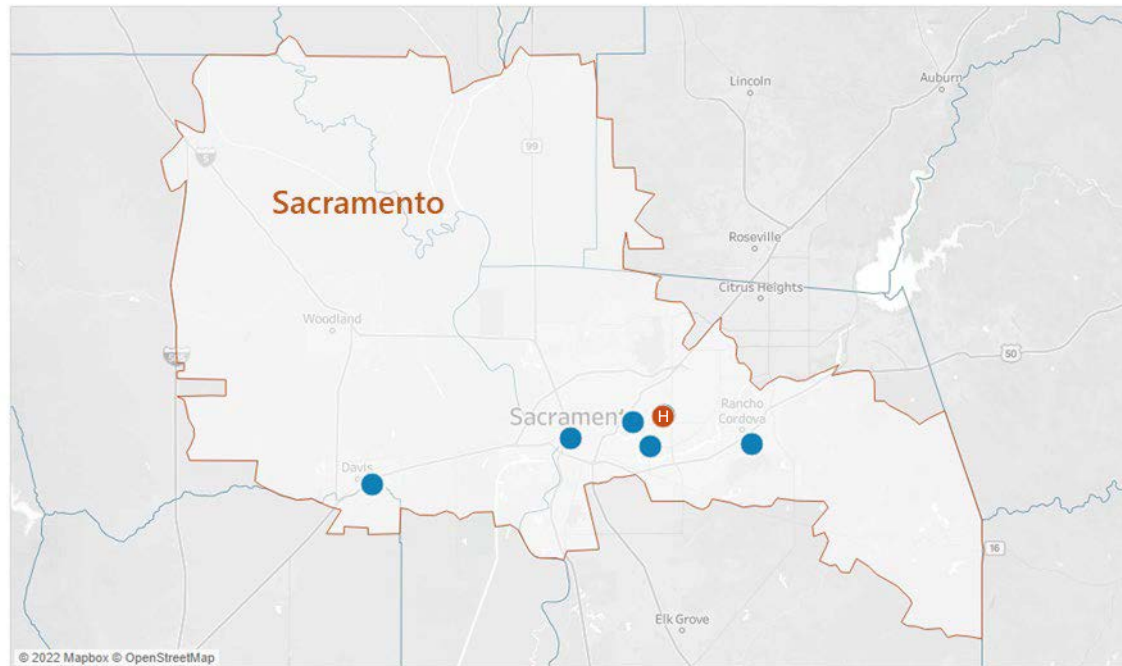
The Kaiser Permanente Sacramento Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

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

Sacramento service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



Sacramento service area demographic profile

Total population:	937,139
American Indian/Alaska Native	0.5%
Asian	14.3%
Black	8.6%
Hispanic	25.4%
Multiracial	5.2%
Native Hawaiian/other Pacific Islander	0.9%
Other race/ethnicity	0.2%
White	44.9%
Under age 18	22.0%
Age 65 and over	13.9%

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, the COVID-19 pandemic 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.

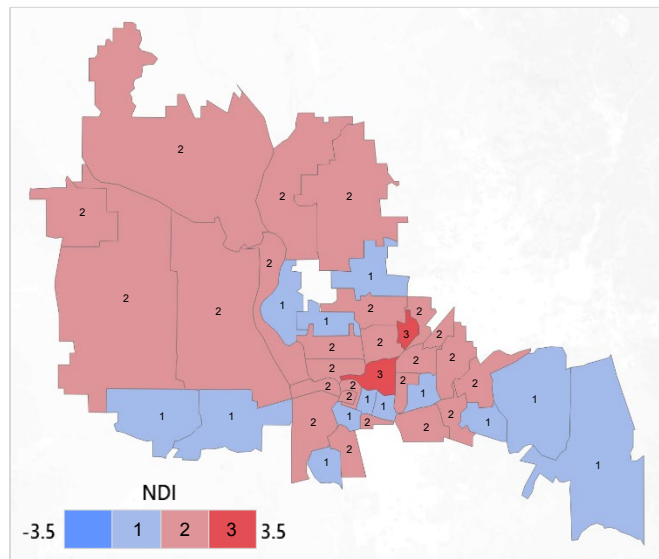
Neighborhood disparities in the Sacramento service area

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.

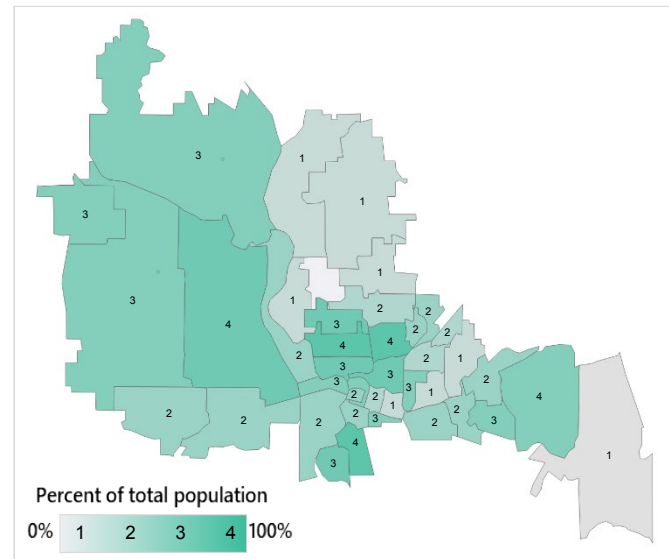
The map on the left shows the NDI for ZIP codes in the Sacramento service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

SACRAMENTO 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 Sacramento 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 Sacramento 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 Sacramento 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 Sacramento service area

Before beginning the prioritization process, Kaiser Permanente Sacramento 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 Sacramento 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 Sacramento service area

1. 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 Sacramento service area, rates of violent crimes are relatively high with an average rate of 469.9 incidents per 100,000 population compared to the state average of 418.1. There is also a growing concern in the area related to police brutality and uneven policing practices that disproportionately target Black communities. For example, in Sacramento County, Black youth are 5.8 times more likely to be arrested for status offenses than white youth. Interviewed community leaders consistently emphasized the impact of structural racism and intergenerational trauma on health and the importance of addressing the social determinants of health that affect the safety of communities. Strategies shared by community leaders for addressing community safety included screening regularly for domestic violence, creating curriculum-based education programs that help to break the cycle of violence, and expanding the use of peers and trusted messengers when providing services to community residents.

2. 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 Sacramento service area, 14 percent of adults reported delaying or having difficulty accessing health care that they felt they needed. Furthermore, access to regular care varies by population: 89 percent of white, 85 percent of Asian, 85 percent of Black/African American, and 80 percent of Latinx/o/a residents have a usual source of health care. Interviewed community leaders shared that the lack of adequate translation and interpretation services continue to be an issue for residents whose primary language is not English. They also identified strategies to address access to care issues such as adapting services to be trauma-informed and culturally responsive.

3. 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 Sacramento service area, 18 percent spend more than 30 percent of their income on housing, compared to 17 percent nationally. An additional 20 percent of individuals pay more than 50 percent of their income on housing, compared to 14 percent nationwide.

Additionally, there are disparities related to housing issues such as, while 64 percent of white residents in Sacramento County are homeowners, only 47 percent of Native American, 46 percent of Latinx/o/a, and 33 percent of Black residents are homeowners. Interviewed community leaders shared that many immigrant families earn wages that are too low to afford rent and have unstable job prospects that make property ownership unlikely, in addition to the COVID-19 pandemic exacerbating the rate of homelessness in the area. They also identified strategies to address housing needs such as coordination between business associations, local governments, housing authorities, managed care organizations, and continuum of care providers.

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 Sacramento service area, the median household income of \$68,808 leaves many unable to afford a home or pay medical bills. Further, there are significant racial disparities in per capita income, with Black residents in the county earning \$15,000 less than white residents, and Latinx/o/a residents earning \$20,000 less. Interviewed community leaders consistently emphasized that the same communities of color that have been historically impacted by redlining and poor job prospects are further disadvantaged during the COVID-19 pandemic. They also identified strategies to address income and employment issues including better promotion and awareness of existing income supplement and food programs, since many sources of help are already available but underutilized.

5. 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 Sacramento service area, the rates of suicide deaths are higher than the state average (12.5 compared to 10.5), and rates for deaths of despair are similarly performing worse than the state (38.7 compared to 34.3). Additionally, there are disparities related to mental and behavioral health issues, such as disproportionate rates of LGBTQ+ students in Sacramento County (85 percent) considering attempting suicide. Interviewed community leaders shared that the mental/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. They also identified strategies to address mental and behavioral health needs such as developing career pathways for students to enter the mental health field and help meet the increasing need, while also promoting an influx of practitioners who are a part of, and can relate to, communities most in need.

6. 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 Sacramento service area, the respiratory hazard risk is 40 percent worse than the state of California. Additionally, there are disparities such as the northwest part of the service area, which has a majority of Latinx/o/a residents, having 30 times the drought risk compared to the national average. Interviewed community leaders shared the concern that particulate matter from wildfires might exacerbate lung health, especially among farmworkers. They also identified strategies to address climate and environment needs such as research universities, car share programs, and organizations that promote tree planting.

Health need profiles

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

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.

Community safety - including access to safe spaces, freedom from domestic and community violence, and a positive law enforcement presence - has significant effects on health and well-being. Conversely, violence-related trauma in particular has long-lasting impacts on health. In the Sacramento service area, rates of violent crimes are relatively high with an average rate of 469.9 incidents per 100,000 population compared to the state average of 418.1 per 100,000. Additionally, the rate of pedestrian accident deaths stands at 3.0 deaths per 100,000 population, higher than national average of 1.5 deaths per 100,000 (see map on the next page).

Community safety in the Sacramento service area is a concern for interviewed community leaders, particularly considering the COVID-19 pandemic. Interviewed community leaders noted a worrying increase in domestic violence since the start of the pandemic and reflected on the unintended impacts job loss, increase in substance abuse prevalence, and the shift that remote work has had on individuals abused by their partners. They expressed that victims of domestic violence also fear leaving their current living environments to risk homelessness or food insecurity for themselves, as well as for their children in some cases. This increase in domestic violence incidents has particularly impacted women, children, and LGBTQ+ youth.

Crime is an ongoing concern for local interviewed community leaders as economic insecurity exacerbated by the pandemic causes desperation among people already struggling to meet their basic needs. Amidst the backdrop of this desperation, interviewed community leaders noted an increase in homelessness and shared that homeless encampments can be a site for theft and violence with limited legal recourse for victims of these incidents.

There is also a growing concern in the area related to police brutality and uneven policing practices that disproportionately target Black communities. In Sacramento County, Black youth are 11.7 times more likely to be arrested for status offenses than white youth, Black civilians are over 5 times as likely to be injured in law enforcement incidents than Asian American and Pacific Islander and Latinx/o/a residents, and Black residents are incarcerated at 3.4 times the rate of Latinx/o/a residents, and 3.9 times the rate of white and Asian American and Pacific Islander residents (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 in the Sacramento service area.

People being trapped and isolated with an abusive partner, they're still unraveling those relationships and trying to heal from, in some cases, a year and a half of trauma.

– Nonprofit leader

Interviewed community leaders consistently emphasized the impact of structural racism and intergenerational trauma on health, as well as the importance of addressing the social determinants of health that affect the safety of communities. Strategies shared by interviewed community leaders for addressing community safety included screening regularly for domestic violence, creating curriculum-based education programs that help to break the cycle of violence, and expanding the use of peers and trusted messengers when providing services to community residents.

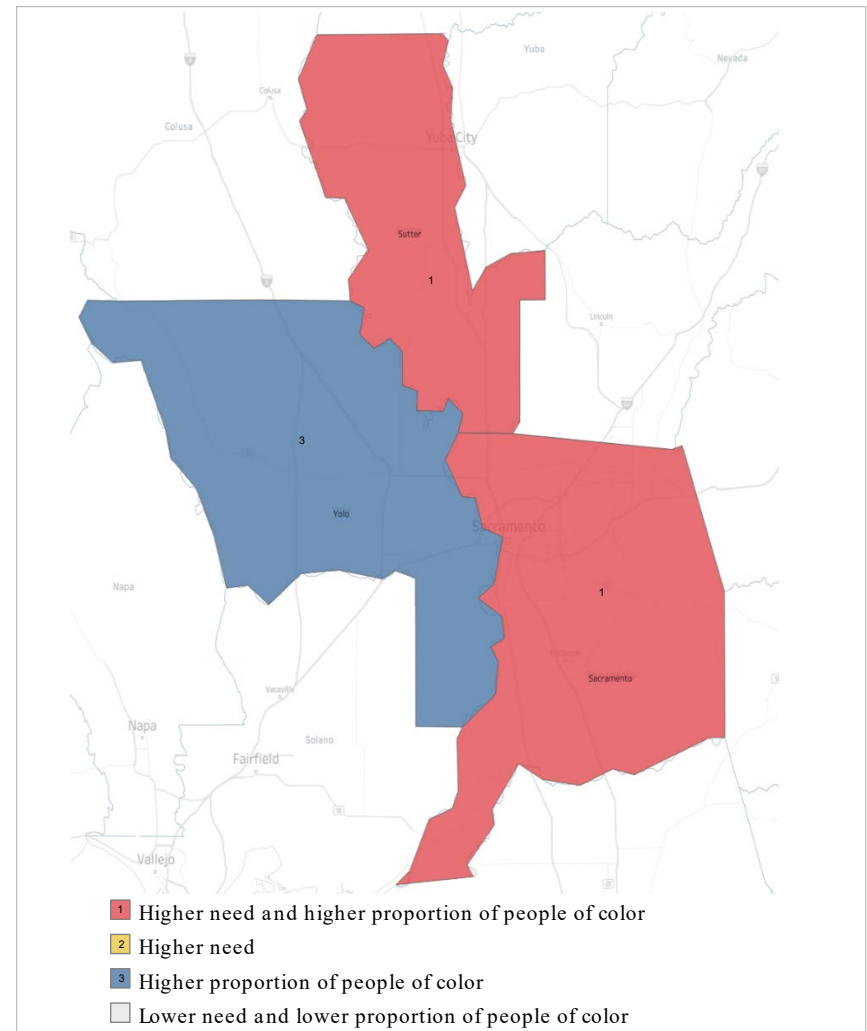
The Sacramento service area has numerous assets at its disposal to improve community safety. Interviewed community leaders shared that there are several areas piloting alternative response approaches to crisis intervention including the use of mental health providers as first responders. Other helpful resources include partnerships with 211, the prevalence of clinicians with expansive experience in trauma informed work, as well as community organizations with expertise in psychoeducational training.

I think that going into those communities and working to build trust by showing up and listening ... would go a long way in ensuring that people access health care and do those preventative things too ... [We focus on] how a multi-sector collaboration can prevent domestic violence. So, ... there's a lot of preventative work and encouraging people to get the health care they need that could be done, but they need more trusted messengers that are actually embedded out in the community if they're going to do that.

– Nonprofit leader

VIOLENT CRIME RATE, SACRAMENTO SERVICE AREA, 2015-2019

Areas in red (1) represent areas with **people of color greater than 50%** and a **violent crime rate** that is worse than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: 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.

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 nearly all access to care measures, the Sacramento service area is doing better than state of California or national averages with no measures scoring 20 percent worse than the state or national averages. For example, only 5 percent of the population is uninsured, compared to 8 percent statewide and 9 percent nationally. However, disparities exist within the population with 10 percent of Pacific Islander, 9 percent of Latinx/o/a, 4 percent Asian, 4 percent Black, and 4 percent white residents being uninsured (RaceCounts.Org 2022) (see map on the next page).

There is also a high level of medical and dental providers in the service area. There are 93.8 primary care physicians per 100,000 population in Sacramento County compared with an average of 79.8 statewide. There are 75.1 dentists per 100,000 population in Sacramento County which is slightly worse than the statewide average of 87.0 however, it is better than the national average of 71.0.

Despite high levels of insurance coverage and providers, 14 percent of adults in Sacramento reported delaying or having difficulty accessing health care that they felt they needed. Furthermore, access to regular care varies by population in Sacramento County: 89 percent of white, 85 percent of Asian, 85 percent of Black, and 81 percent of Latinx/o/a residents have a usual source of health care (RaceCounts.Org 2022).

Even with coverage, there can be challenges accessing care. Although shortages do not exist in terms of the number of primary care or dental health providers in the Sacramento service area compared to the state overall, technological barriers including limited internet access have proven to be barriers to accessing telemedicine during COVID-19. Additionally, the lack of adequate translation and interpretation services continue to be an issue for residents whose primary language is not English. Interviewed community leaders also talked about the lack of culturally responsive providers and those focused on the specific care needs of communities of color, LGBTQ+ individuals, and a lack of understanding of the intersectionality of multiple identities. This leads to mistrust in providers and services in the community.

If you do not have the language skills, if there's not [an] interpreter on hand or an interpreter of your gender if you prefer to have a female interpreter, you're just not going to get the care. If you're seeing a foreigner as your treatment provider, you might not feel as comfortable as someone from your own culture who you're like, I know these are trustworthy people.

– Refugee nonprofit leader

The relatively low COVID-19 vaccination rates in the Sacramento service area may in part reflect this mistrust. As of January 2022, only 69 percent of the area’s residents had been vaccinated, compared with the California average of 72 percent (Saccounty.gov 2022). There are also significant disparities by race ethnicity.

Interviewed community leaders agreed that there is a need to adapt services to be trauma informed and culturally responsive. A proposed strategy included creating counseling and therapy that is specifically geared towards women and children in a less clinical setting. Some providers also suggested partnering with Native American, LGBTQ+, and other centers to offer population specific care for community members. Additionally, they emphasized the importance of improving transportation and promoting safe and walkable routes to increase access to care.

Interviewed 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. Additionally, interviewees elevated the impact of existing collaboration amongst health organizations, which understand the emerging health needs in the community as well as the disparities that exist.

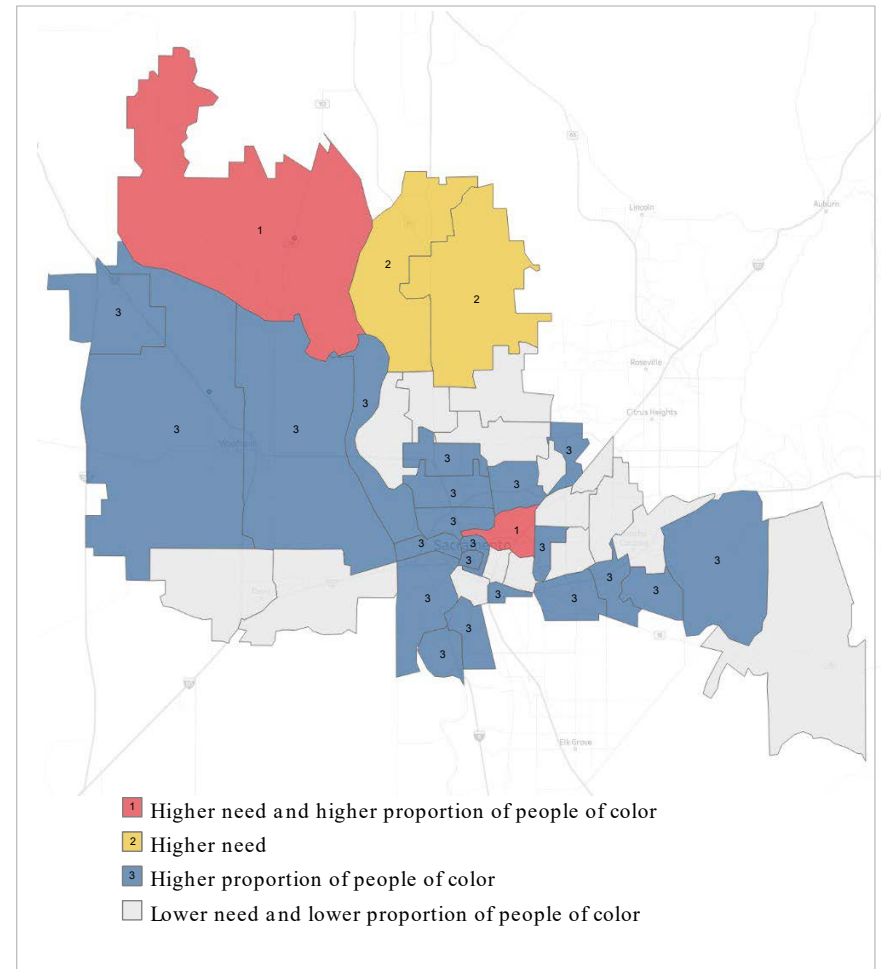
There is great opportunity to support existing efforts in the community to increase access to care. Community leaders emphasized the importance of delivering services through trusted messengers that understand the importance of whole-person care. They recommend working with leaders in multiple sectors to create an integrated health care system.

We work with a lot of different sectors... health care, local cities, local governments, we work with schools and school districts, we work with housing entities, and ultimately, everybody has health as a priority. And I think aligning what each entity's goals are, in service of elevating community health, is an important strategy to support as well. Because sometimes the things you don't think are going to be beneficial to a community's health, really are beneficial to community's health.

– Nonprofit leader

PERCENT UNINSURED, SACRAMENTO SERVICE AREA, 2015-2019

Areas in red (1) are ZIP codes with people of color greater than 50% of the population and the highest uninsured rates in the service area.



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 Sacramento service area specifically has become prohibitively expensive, especially for communities of color and households with low incomes.

The overall housing affordability index is 104 for the Sacramento Service area compared to 155 nationwide, meaning it costs more for a typical resident in the Sacramento area to purchase a home than it does in other areas. Nearly a fifth of residents (19 percent) spend more than 30 percent of their income on housing in the Sacramento service area, compared to 17 percent nationally. An additional 18 percent of individuals pay more than 50 percent of their income on housing, compared to 14 percent of residents nationwide. Although the median rental cost is similar to state averages (\$1,305 compared to \$1,689), residents need to spend 25 percent of their income to afford a home mortgage, and there are racial disparities in housing cost burden (see map on the next page).

Further, the home ownership rate in the Sacramento service area is 50 percent compared to 55 percent in California and 64 percent nationwide. The rate of overcrowded housing, defined as the portion of units with more than one occupant per room, is 5 percent. This is less than the state rate of 8 percent but higher than the national rate of 3 percent.

There are several racial disparities related to housing. While 64 percent of white residents in Sacramento County are homeowners, only 47 percent of Native American, 46 percent of Latinx/o/a, and 33 percent of Black residents are homeowners (RaceCounts.Org 2022) (see map on the next page). Racist and biased practices in mortgage lending such as Redlining, Restrictive Covenants, FHA Mortgages For Whites Only, GI Bills Favoring Whites, 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 Latinx/o/a loan applicants are twice as likely to get a subprime loan than white or Asian applicants (4.4 and 5 per 100,000 applications compared to 1.7 and 2.4). Black and Latinx/o/a households also have the highest foreclosure rate at 9.4 and 8.7 out of 10,000 (RaceCounts.Org 2022).

I'd say maybe the biggest factors in housing are one, can we get a price point that a refugee who's working a minimum wage job? Because usually when you come here you start out working your way up, who can afford housing here?

– Nonprofit leader

Interviewed community leaders shared their concern about Black residents' housing prospects noting their disproportionate access to housing support resources, indicative of higher need. They also noted that many immigrant families have wages too low to afford rent and unstable job prospects that make property ownership unlikely. COVID-19 has also exacerbated the rate of homelessness in the area. The pandemic has been particularly hard on older adults, many of whom were already worried about their ability to age safely in place.

Fortunately, the Sacramento service area has many assets to address housing needs such as: business associations, local governments, housing authorities, managed care organizations, and continuum of care providers. Interviewed community leaders recommended several strategies to address this health need including longer term grants than the current crisis mitigation efforts and improving the connective infrastructure between housing resources.

As people are getting older, their medical conditions are more complex, they need a higher level of care to remain independently housed. And we just don't have the resources or the facilities or the services attached that provide that higher level of care. So, I know the hospitals are struggling. And then we, I think, in our permanent supportive housing, as people continue to age, there's a transition that may need to take place. It's a struggle for us to be able to find that higher level of care for independent living.

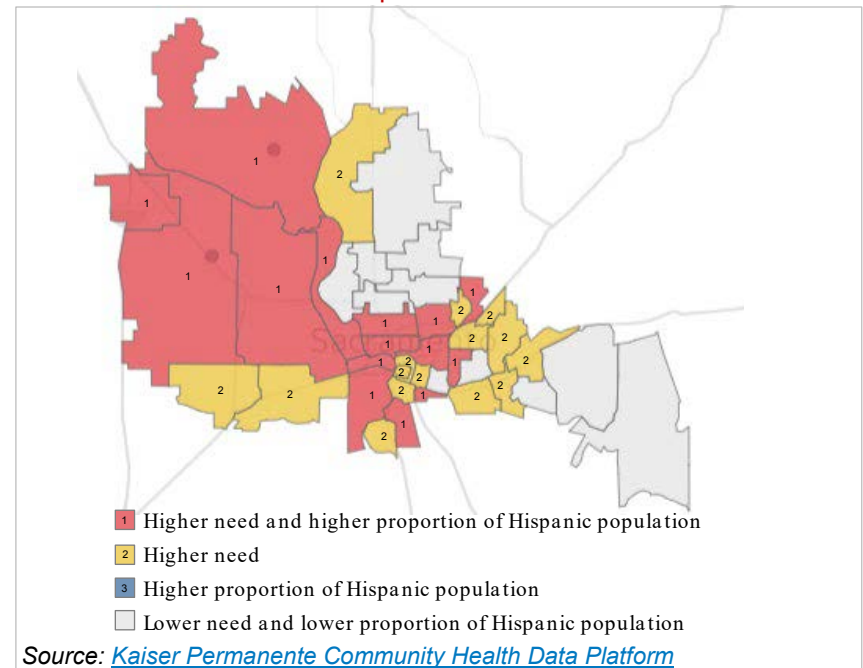
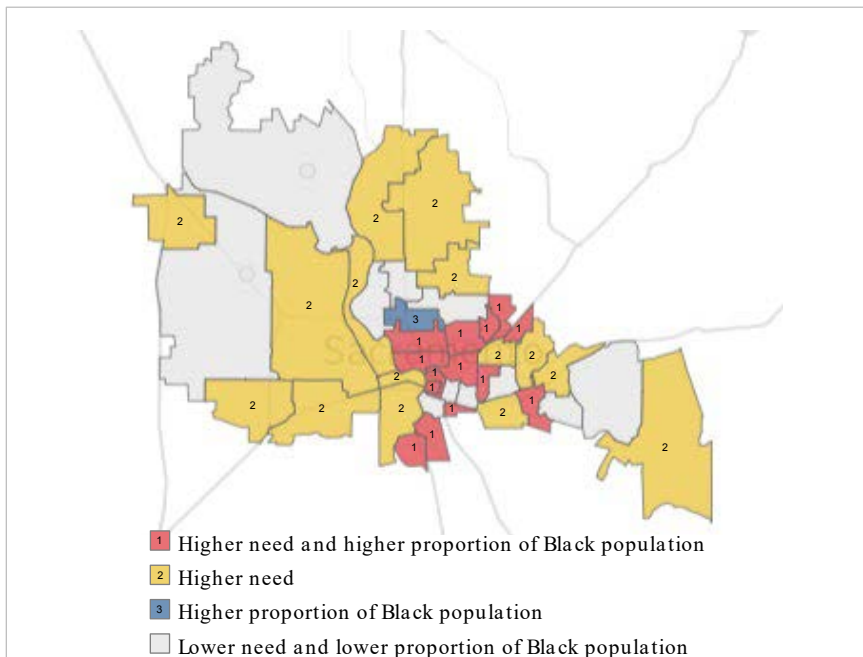
– Nonprofit leader

SEVERE HOUSING COST BURDEN, SACRAMENTO 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.

HOME OWNERSHIP RATE, SACRAMENTO 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 Platform](#)

Source: [Kaiser Permanente Community Health Data Platform](#)

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 lower 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 Sacramento service area performs favorably relative to state of California and national benchmarks. For instance, 88 percent of residents have access to high-speed internet, relative to only 83 percent nationally. Similarly, the Sacramento service area scores a 62.7 on U.S. Department of Housing and Urban Development's job proximity index, which is 33 percent higher than the national average.

However, there remains substantial room for improvement. Compared to a state average of 17 percent, 20 percent of children in the Sacramento service area live in poverty, and nearly half of children (49 percent) are eligible for free and reduced-price lunch, which is worse than the state average (44 percent). The median household income of \$68,808 leaves many unable to afford a home or pay medical bills. Further, there are significant racial disparities in per capita income, with Black residents in the county earning nearly \$16,000 less than white residents, and Latinx/o/a residents earning \$20,000 less (RaceCounts.Org 2022).

Importantly, there are significant geographic disparities in the economic circumstance facing residents in the Sacramento service area. Most Black residents live in the central part of the city, where in some census tracts the percent of households at or below the federal poverty line reaches a staggering 45 percent (see map on the next page).

Further, due to the COVID-19 pandemic, illness and social policies limiting which business and services were open to the public negatively impacted employment and wages — especially for those in the service sector. Many families were unable to pay rent or medical bills, lost wealth, and accrued household debt.

Childcare has come up a lot during COVID, the lack of affordable childcare. Again, affordable childcare is attached to that federal income guideline. For the folks that are making ... Some people are making maybe just \$2 over the federal income guideline and which disqualifies them from either having a child's daycare fully paid for, or sometimes they'll go into this whole sliding scale thing, which is still expensive for the family.

— Direct service provider

Interviewed community leaders consistently emphasized that the same communities of color that have been historically impacted by redlining and poor job prospects are further disadvantaged during the COVID-19 pandemic. Interviewees also shared concerns about the end of federal pandemic stimulus benefits such as the moratorium on evictions and the pause on student loan repayments. Finally, they mentioned that some poor, working families still make too much money to qualify for the state and local assistance they desperately need.

Interviewed community leaders also offered strategies for improving the economic situation in the county. In particular, they advocated for paid internship programs for students to create pathways to lucrative, local jobs. Interviewees also wanted to see better promotion and awareness of existing income supplement and food programs, since many sources of help are already available but underutilized. Finally, interviewees desired more social policies that directly invest in the communities most impacted by the pandemic.

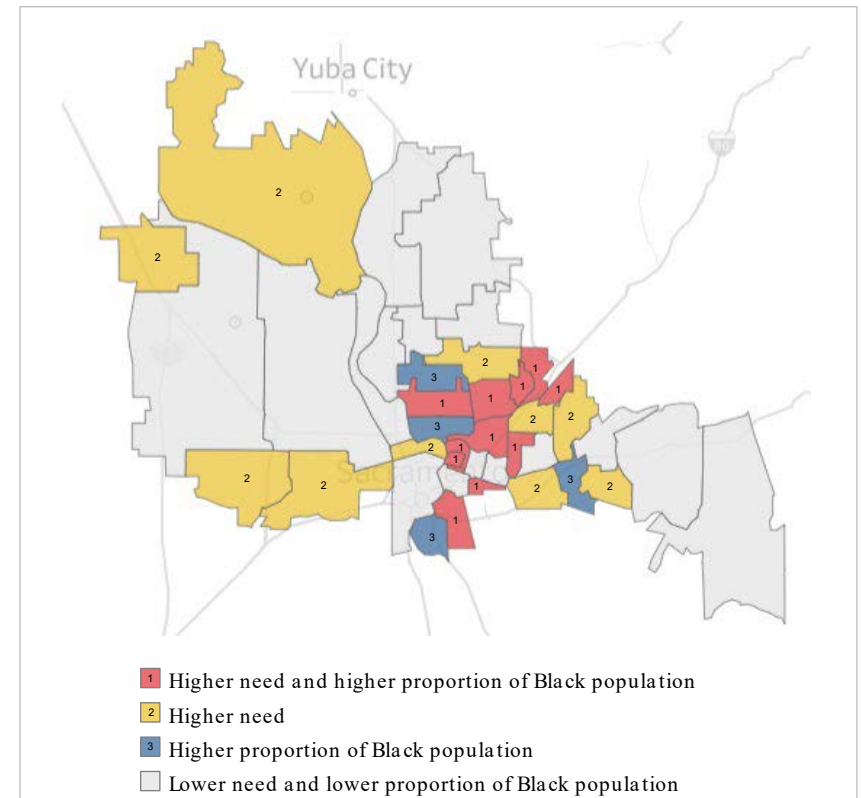
The Sacramento service area also has assets at its disposal to improve the economic prospects of residents. In particular, interviewed community leaders listed incubators for Black, Indigenous, and people of color entrepreneurs, food procurement programs, and referrals from hospitals to community benefit organizations.

Financial literacy is a joke because ... their economic security is check to check. So, you can't plan what the next step in your life is because you don't know if you still have a job next week and what you're going to do.

– Nonprofit leader

INCOME BELOW POVERTY, SACRAMENTO SERVICE AREA, 2015-2019

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



Source: [Kaiser Permanente Community Health Data Platform](#)

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 measures of mental and behavioral health, the Sacramento service area performs better than the national averages. For example, the Sacramento service area has a higher ratio of mental health providers (369.2 per 100,000 population) compared to the national average (247.0), and in terms of suicide deaths, the Sacramento service area has lower rates (12.5) compared to the national average (13.5).

Although the mental health data for the Sacramento 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 Sacramento are higher than the state average (12.5 compared to 10.5), and rates for deaths of despair are similarly performing worse than the state (38.7 compared to 34.3).

Interviewed community leaders noted the long-term mental health impacts of trauma and discrimination on their immigrant communities and people of color who live in the Sacramento service area. They spoke about how a lack of bilingual and bicultural staff creates a significant barrier for immigrants and refugees who try to access mental health services, especially for those on Medi-Cal. Interviewed community leaders also elevated the need to address the impacts of structural racism that have led to a distrust of mental health providers.

Additionally, interviewed community leaders elevated their concern for the declining mental health of LGBTQ+ students in the Sacramento service area, noting the ongoing discrimination against the community in conservative areas. Access to affirming mental health care is also of particular concern for the LGBTQ+ community in the Sacramento service area, as a higher portion of students who identify as gay/lesbian/bisexual considered attempting suicide (48 percent) compared to their straight counterparts (15 percent) (Kidsdata.org 2022) (see chart on the next page of student reported suicidal ideation).

When it comes to mental and behavioral health, we still have a lot of challenges with our families experiencing racism ... so that impacts their mental health, of course. That impacts their self-esteem ... [and] their physical health, they internalize that trauma, and they become worse for it physically.

– Nonprofit leader

The COVID-19 pandemic has also exacerbated the mental and behavioral health crisis in the Sacramento 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 of the connection between economic security and mental health, noting that "you cannot make good strategic decisions if you are in a place of fear and scarcity."

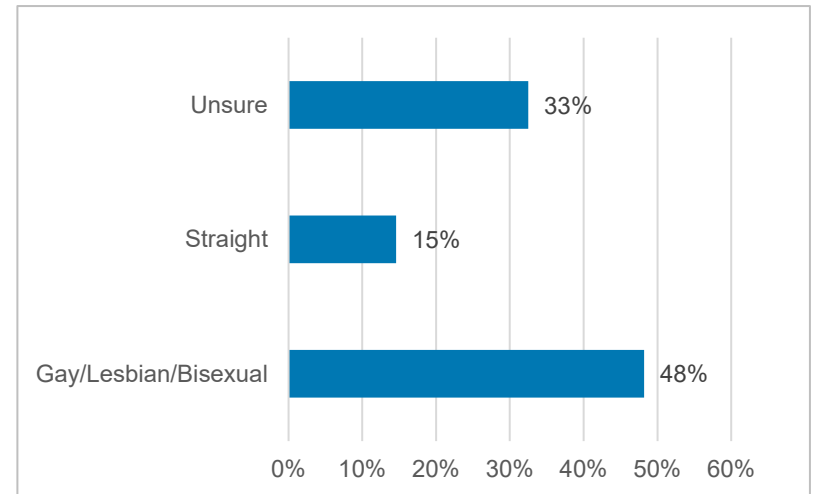
Despite the challenges, interviewed community leaders are inspired by the work of Sacramento's community-based organizations that continue to provide mental health supports for the community. Many believe that collaborating with these community-based organizations who have strong relationships with the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

Interviewed community leaders believed that developing career pathways for students to enter the mental health field can help meet the increasing need, while also promoting an influx of practitioners who are a part of and can relate to communities most in need.

The stress on our families because of all of the pandemic-related issues have just exacerbated ... anxiety and depression like we've never seen. And in our practitioners as well. No one is safe.

– Nonprofit leader

PERCENT OF STUDENTS WHO REPORTED SUICIDAL IDEATION, BY SEXUAL ORIENTATION, SACRAMENTO 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.

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.

Related to climate impacts, the Federal Emergency Management Agency (FEMA) rates the Sacramento service area as more than double both state of California and national likelihoods of experiencing a deficient water supply. This risk is unevenly distributed as some parts of downtown Sacramento, where nearly 70 percent of residents are white scoring below the national benchmark, while the northwest part of the service area, which is majority Latinx/o/a, has 30 times the drought risk (see map on the next page).

The Sacramento service area also has insufficient tree canopy coverage, which is only 75 percent the state average. Tree canopy helps with carbon capture and reduces the risk of heat wave exposure.

In terms of environmental exposures, respiratory hazard risk is 40 percent worse than the state. This indicates the non-cancer respiratory risk for adverse health effects over a lifetime. Further, air pollution, as measured by the concentration of particulate matter per cubic meter, is 19 percent worse than the national average.

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

There has been a lot of research lately on do you live in a neighborhood with a lot of trees or not? They have a [protective] island effect, especially with the climate change and the impacts of heat on health. There've been events where people die through heat, so there are disparities in that neighborhoods don't have the same amenities with parks and green spaces.

– Housing sector leader

According to interviewed community leaders, the public is facing quite a few climate risks and hazards. They described heat exposure due to an insufficient tree canopy coverage. Interviewees also worried that particulate matter from wildfires might exacerbate lung health, especially among farmworkers. Further, there was concern in some communities about asthma caused by smog in industrial areas.

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.

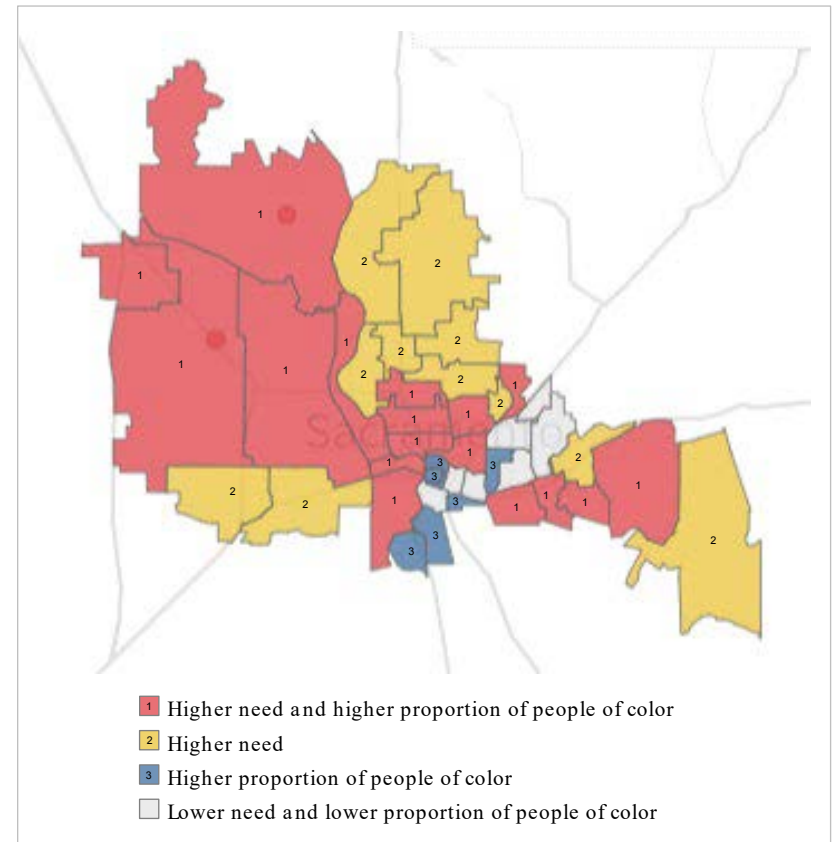
Finally, interviewed community leaders listed several community assets that could help improve the climate and environment. Among them were research universities, car share programs, and organizations that promote tree planting.

Last year with the fires, you know the impact on air quality, we don't know what the long-term impact will be with things like, particulate matter. That doesn't matter where you live. The people that are forced to work outside, farm workers, others. I think the environmental health issues are going to worsen.

– Civic engagement leader

DROUGHT RISK, SACRAMENTO SERVICE AREA, 2021

Areas in red (1) are ZIP codes with the population of people of color greater than 50% of the population and the highest drought risk in the service area.



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 Sacramento 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 Sacramento 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 Sacramento 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 Sacramento Medical Center 2019 Implementation Strategy priority health needs

1. Mental and Behavioral Health
2. Economic Security
3. Access to Care
4. Community and Family Safety

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 Sacramento 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 Sacramento 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 14 grants totaling \$1,167,878 in service of 2019 IS health needs in the Sacramento service area.

One example of a key accomplishment in response to our 2019 IS includes our ACES/Trauma strategy to address mental and behavioral health needs in the community. The Sacramento service area provided a grant to the Anti-Recidivism Coalition (ARC) to support the continuation of their comprehensive mental health program. With additional funding, they were able to expand their counseling services and trauma-informed programs aimed to improve the mental health and wellbeing of formerly incarcerated Sacramento residents. Kaiser Permanente funding helped start the ARC mental health program back in 2018 and ongoing grants help sustain the initiative, providing a critical resource for men and women re-entering society from incarceration.

As the health and economic toll of the COVID-19 pandemic 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 Kaiser Permanente Sacramento service area awarded the Health Education Council (HEC) with a \$90,000 grant to promote vaccine education and outreach for Sacramento County residents. The efforts of this grant primarily focused on leveraging "trusted messengers" from the community, such as Spanish-speaking doctors and the Mexican Consul General, to address vaccine hesitancy in the Latinx/o/a community. The grant also provided funding for HEC to lower barriers to vaccine access by providing navigators to help with the online appointment process and translating on-site at community-based vaccine clinics.

Kaiser Permanente Sacramento Medical Center 2019 IS priority health needs and strategies

Mental and Behavioral Health

During 2020-2021, 23 grants were awarded to community organizations, for a total investment of \$310,652 to address mental and behavioral health in the Sacramento service area.

Examples and outcomes of most impactful strategies

[Anti-Recidivism Coalition](#)

Anti-Recidivism Coalition was awarded \$25,000 in 2021. The program is expected to serve 300 formerly incarcerated community participants by using evidence-based programming and providing wraparound services. The program seeks to address complex trauma of participants and support participants' emotional wellness and life goals.

[Alzheimer's Disease and Related Disorders Association](#)

Alzheimer's Disease and Related Disorders Association, Inc was awarded \$25,000 in 2021. The program is expected to serve 200 participants through public awareness and education programs aimed to reach the Latinx/o/a and Asian Pacific Islander populations in Sacramento County.

Economic Security

During 2020-2021, 45 grants were awarded to community organizations for a total investment of \$3,475,703 to address economic security in the Sacramento service area.

Examples and outcomes of most impactful strategies

Volunteers of America

Volunteers of America-Northern California/Northern Nevada was awarded \$95,000 to provide funding to employ a full-time case manager to handle veteran cases and wraparound services. The program is expected to serve 30 chronically unhoused veterans by providing connection to community resources and a long-term pathway into stable housing.

Juma Ventures youth employment program

Juma Ventures was awarded \$25,000 to deliver a continuum of services focused on helping youth overcome barriers to permanent employment, build financial capability, and launch into career and education pathways. The program is expected to serve 120 youth by supporting career pathways and training.

Yolo County emergency aid

Short Term Emergency Aid Committee was awarded \$25,000 to prevent homelessness in Yolo County by keeping families housed during a short-term financial emergency. The program is expected to provide rental assistance to 77 families.

Women's Empowerment employment support

Women's Empowerment was awarded \$25,000 to work with women experiencing homelessness in Sacramento to ensure they have a wide range of tools to secure a stable job that leads to a livable wage and provides a healthy home for their families during the pandemic and its aftermath. The program is expected to serve 530 participants by connecting them to educational or employment opportunities.

Access to Care

Care and coverage: Kaiser Permanente Sacramento 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	49,037	54,725	\$62,954,565	\$35,192,960
Charitable Health Coverage	122	112	N/A	\$417
Medical Financial Assistance	10,340	6,688	\$13,627,825	\$7,038,021
Total care & coverage	59,499	61,525	\$76,627,390	\$42,231,398

Other access to care strategies: During 2020-2021, 42 grants were awarded to community organizations, for a total investment of \$1,333,510 to address access to care in the Sacramento service area.

Examples and outcomes of most impactful other strategies

Health Education Council

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 service area between April and September of 2021.

Yolo Health Aging Alliance

Yolo Healthy Aging Alliance was awarded \$25,000 to support resource connection for older adults or persons with a disability. The program is expected to serve 220 older adults by increasing the use of the Unite-Us referral system.

Community Link Capital care coordination services

Community Link Capital Region was awarded \$150,000 to leverage 211 Sacramento community engagement/outreach and safety-net care coordination services. The program is expected to reach 590 individuals over the course of 24 months by organizing 6 community engagement sessions to expand the Thrive Local network of service providers to better address social and health needs. The grant will also provide additional capacity for 211 Sacramento to provide direct navigation services to individuals seeking connections to community-based providers to address their social health needs.

Community and Family Safety

During 2020-2021, 15 grants were awarded to community organizations, for a total investment of \$491,751 to address community and family safety in the Sacramento service area.

Examples and outcomes of most impactful strategies

Child Abuse Prevention Council child abuse prevention

The Child Abuse Prevention Council of Sacramento was awarded \$25,000 to educate multiple community sectors in the Sacramento region on the prevention of child abuse and neglect. The program is expected to reach 1,000 members of community organizations through the dissemination of messages and toolkits.

Sacramento Children's Home family crisis support

Sacramento Children's Home was awarded \$25,000 to prevent child abuse and other forms of family violence by reducing risk factors and providing families with the support they need during all forms of crisis. The program is expected to support 4,731 children who need a safe stay.

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	Anti-Recidivism Coalition	1	Low-income, Criminal Justice, Black/African American Community	Leader	8/4/2021
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	Health Education Council	1	Low-income, medically underserved, communities of color	Representative	8/24/2021
5	Key informant interview	Hope Cooperative	1	Low income, Unhoused population, Communities of color	Leader	8/12/2021
6	Key Informant Interview	KP's Thriving Schools initiative (EGUSD, SJUSD, SCUSD)	1	Youth, Education	Representatives	8/17/2021
7	Key informant interview	Lao Family Community Development Center	1	Southeast Asian Community	Leader	8/18/2021
8	Key informant interview	LGBT Center	1	LGBTQ+ community, Youth	Leader	8/17/2021
9	Key informant interview	Liberty Towers Church	1	Youth, Faith Based community	Leader	8/12/2021
10	Key informant interview	My Sister's House	1	Asian Pacific Islander community, Domestic violence, Women	Leader	8/13/2021
11	Key informant interview	NAMI (National Alliance on Mental Illness)	1	Mental health, communities of color	Leader	8/2/2021
12	Key informant interview	NorCal Mental Health America	1	Mental health, communities of color	Leader	7/29/2021

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
13	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
14	Key informant interview	Sacramento Public Health Department	1	Public health	Leader	6/16/2021
15	Key informant interview	Sacramento ACT	1	Faith community advocacy	Leader	8/24/2021
16	Key informant interview	Sacramento Housing Alliance	1	Housing advocacy	Leader	8/3/2021
17	Key informant interview	Sacramento Steps Forward	1	Unhoused population, communities of color	Leader	8/10/2021
18	Key informant interview	Sierra health foundation/ Build Black Coalition/ Black Child Legacy	1	Community health	Leader, Member	8/13/2021
19	Key informant interview	Valley vision	1	Climate and environmental health	Leader	8/3/2021
20	Key informant interview	WEAVE, Inc.	1	Domestic violence, women, communities of color	Leader	8/12/2021
21	Key informant interview	World Relief Sacramento	1	Refugee community, communities of color	Leader	8/11/2021
22	Key Informant Interview	Yolo public Health Department	1	Public health	Leader	6/8/2021
23	Key informant interview	Yolo County Children's Alliance	1	Youth and schools	Leader	8/3/2021

Note: additional community input in the form of interviews and focus groups was collected by Community Health Insights 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
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, 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, Housing	CalAIM – New MediCal 1115 Waiver	CalAIM is a Medicaid payment reform that will help address many of the complex challenges facing California’s most vulnerable residents, such as homelessness, insufficient behavioral health care access, children with complex medical conditions, the growing number of justice-involved populations who have significant clinical needs, and the growing aging population. Reimbursable services will now include housing, transition and sustaining services, recuperative care, respite, home and community-based wrap around services for beneficiaries to transition or reside safely in their home or community, and sobering centers.
Access to care, Community safety, Mental & behavioral health	Black Child Legacy Campaign	A community driven movement established by the Steering Committee on Reduction of African American Child Deaths, which is working to reduce deaths of African American children in Sacramento County.
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 immigrant & refugee community, individuals with low-moderate socio-economic status, and other under/uninsured populations.
Housing	Sacramento County Continuum of Care (CoC)	Broad based representation of housing/homelessness CBOs, coordinated by Sacramento Steps Forward – make strategy decisions linked to allocations of federal HUD dollars to support sheltering and system-level improvements around housing placements for PEH.
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	Police Departments partnering with mental health providers	The Sacramento Police Department has created a Mental Health Unit to address the increasing number of mental health issues. The goal is to connect people with the needed mental health services and reduce repeat 911 calls.

Identified need	Resource provider name	Summary description
Mental & behavioral health, Access to care	WellSpace Health, suicide prevention and trauma trainings	WellSpace Health provides care and support to individuals and families throughout the Sacramento region. They provide a full range of medical care, including mental and behavioral health services for underserved populations.
Mental & behavioral health, Access to care	Sacramento Native American Health Center (SNAHC)	The health center is committed to enhancing quality of life 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.
Climate & environment	Air Resources Board	California'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.