

2022 Community Health Needs Assessment



Kaiser Permanente South Sacramento Medical Center

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

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Kaiser Permanente South Sacramento Medical Center 2022 Community Health Needs Assessment

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

1. Access to care
2. Community safety
3. Income & employment
4. Mental & behavioral health
5. Housing
6. Family & social support

To address those needs, Kaiser Permanente South 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>.

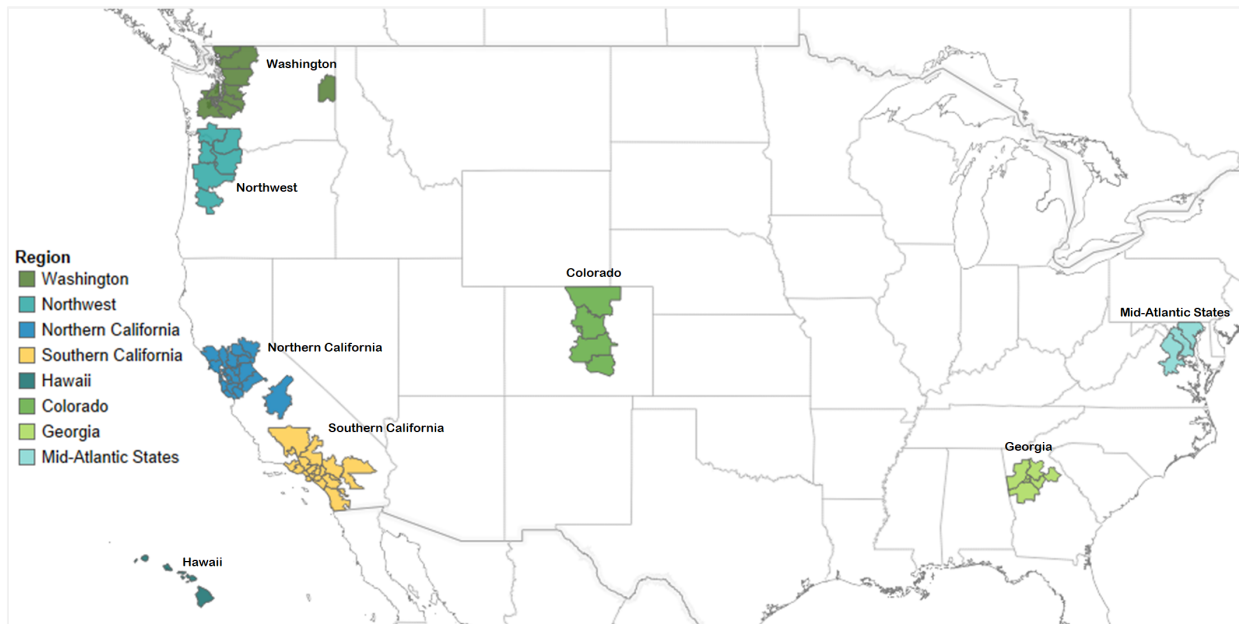
Introduction/background

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.

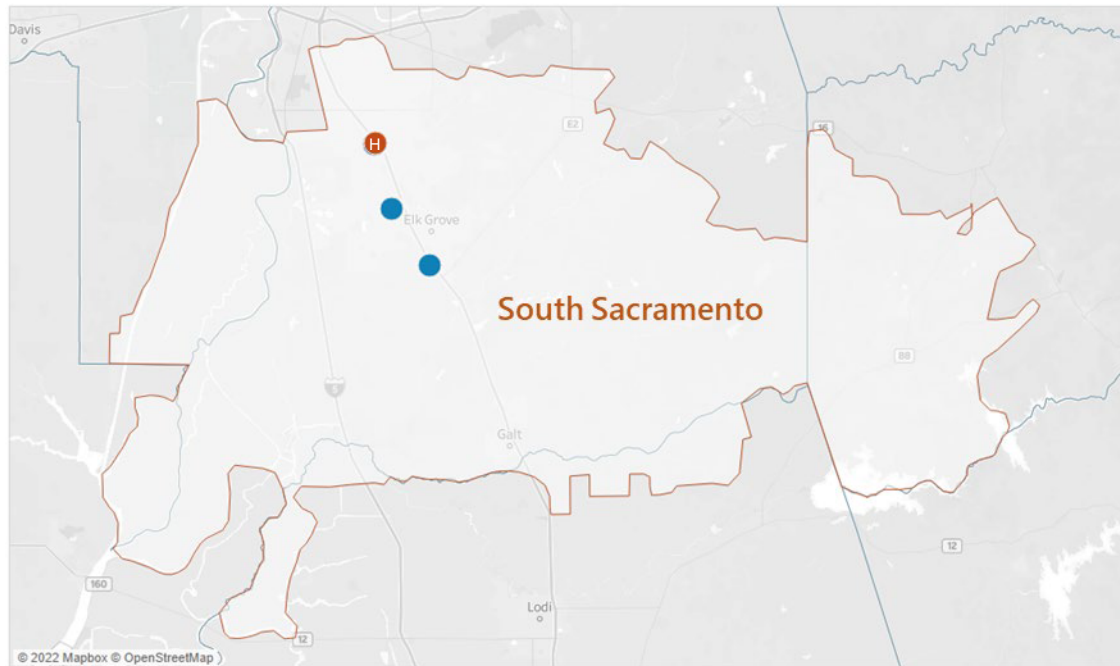
The Kaiser Permanente South Sacramento Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente South 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.

South Sacramento service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



South Sacramento service area demographic profile

Total population:	495,223
American Indian/Alaska Native	0.4%
Asian	24.6%
Black	11.6%
Hispanic	28.8%
Multiracial	5.2%
Native Hawaiian/other Pacific Islander	1.6%
Other race/ethnicity	0.2%
White	27.6%
Under age 18	25.8%
Age 65 and over	12.5%

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.

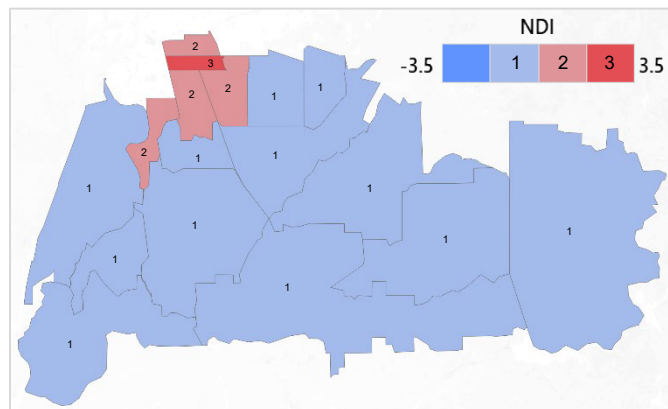
Neighborhood disparities in the South Sacramento service area

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.

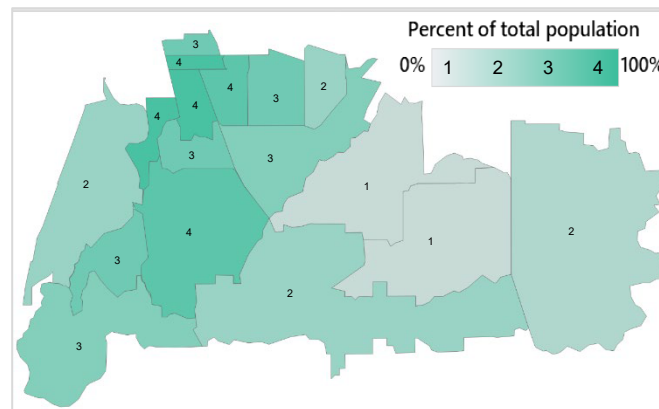
The map on the left shows the NDI for ZIP codes in the South Sacramento service area. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

SOUTH 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, and 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 South 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 South 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 South 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 South Sacramento service area

Before beginning the prioritization process, Kaiser Permanente South 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 South 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 South Sacramento 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 South Sacramento service area, 14 percent of adults in the County 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, and 80 percent of Latinx/o/a residents have a usual source of health care. Interviewed community leaders shared that there is a lack of culturally responsive providers and those focused on the specific needs of communities of color, undocumented individuals, formerly incarcerated, and LGBTQ+ individuals. They also identified strategies to address access to care such as investing in local community clinics who provide culturally responsive services for low-income residents.

2. 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 South Sacramento service area, rates of violent crimes are relatively high with an average rate of 499.0 incidents per 100,000 population compared to the state of California 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. They also identified strategies to address community safety including; screening regularly for domestic violence, investing in recreational community programs for youth, 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.

3. 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 South Sacramento service area, the median household income of \$72,560 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 Sacramento County earning \$15,000 less than white residents, and Latinx/o/a residents earning a full \$20,000 less. Interviewed community leaders emphasized the relationship between economic security and other social determinants of health. For example, health outcomes and economic outcomes can become interconnected in a vicious cycle of seeking medical care, missing work, accruing bills, and then forgoing necessary preventative treatments due to economic deprivation, which lowers future health outcomes. They also identified strategies for increasing income like investing in career pathways with accompanying living stipends and providing financial literacy classes.

4. 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 South Sacramento service area, the rates of suicide deaths are higher than the state average (13.4 compared to 10.5), and rates for poor mental health days are similarly performing worse than that of the state (4.0 compared to 3.7). Additionally, there are disparities related to mental and behavioral health issues such as a lack of accessible mental health care clinics in the South Sacramento service area. Interviewed community leaders shared that the Asian American community struggles with the stigma of accepting mental health as an issue. They also identified strategies to address mental and behavioral health needs, such as providing mentorship and career pathways for young students.

5. 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 South Sacramento service area, the overall housing affordability index is 15.6 compared to 154.5 nationwide, meaning it costs more for a typical resident in the South Sacramento service area to purchase a home than it does in other areas. Additionally, there are disparities related to housing issues. For example, 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), and also have the highest foreclosure rate at 9.4 and 8.7 out of 10,000. 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. They also identified strategies to address housing needs, such as motel vouchers, subsidized housing linkages, and homeless management information systems.

6. Family & social support: People are healthier when they have supportive relationships with family, friends, and neighbors, as well as opportunities to participate with others in community life. Seven percent of people living in Kaiser Permanente communities do not speak English very well and are linguistically isolated. This can affect their ability to access health and social services and respond to warnings about community emergencies such as wildfires. In the South Sacramento service area, the percentage of population over 75 with a disability is higher than the

national average (55 percent compared to 49 percent) as is the percentage with limited English proficiency (10 percent compared to 5 percent). Additionally, there are disparities related to family and social Support, such as individuals with limited English proficiency who struggle to find practitioners who are bilingual and bicultural. Interviewed community leaders shared that many from underserved communities of color lack awareness that social support programs are available. They also identified strategies to address family and social support needs such as providing mentorship from somebody who is a part of the community and can build trust through shared experience.

Health need profiles

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

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 South Sacramento service area performs better than state of California or national averages. For example, only 6 percent of the population is uninsured, compared to 8 percent statewide and 9 percent nationally. However, disparities exist within Sacramento County, and 10 percent of Pacific Islander, 9 percent of Latinx/o/a, 4 percent of Asian, 4 percent of Black, and 4 percent of white residents remain uninsured (RaceCounts.Org 2022) (see map on the next page).

Additionally, a comparatively high number of medical and dental providers serve in the South Sacramento service area. There are 85.4 primary care physicians per 100,000 population in Sacramento County, compared with an average of 79.8 physicians per 100,000 across the state. There are 78.0 dentists per 100,000 population in Sacramento County, which is slightly worse than the statewide average of 87.0 per 100,000. However, this rate is better than the national average of 71.0 per 100,000.

Despite high levels of insurance coverage and providers, 14 percent of adults in Sacramento County 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 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 South Sacramento service area compared to the state overall, technological barriers including limited internet access, and digital literacy have proven to be barriers to accessing telemedicine during the COVID-19 pandemic. Additionally, the lack of adequate translation and interpretation services continues to remain an issue for residents whose primary language is not English.

Interviewed community leaders also talked about the lack of culturally responsive providers, focusing on the specific care needs of communities of color and individuals from undocumented, formerly incarcerated, and LGBTQ+ communities. Many of these individuals possess a mistrust of the government and/or the medical field due to historical injustices, leading to mistrust in providers and a general fear of accessing services in the community.

My community also is very skeptical of the health [services] and the medical field in general. And for good reason, the medical field in general, hasn't always [provided] minority people and people of color and formerly incarcerated people [with] access to good medical care while [they were] incarcerated.

– Nonprofit leader

The relatively low COVID-19 vaccination rates in the South Sacramento service area may partially reflect this mistrust. As of January 2022, only 69 percent of the South Sacramento service area's residents had been vaccinated, compared with the California average of 72 percent (Saccounty.gov 2022). Significant disparities by race and ethnicity continue to persist as well.

Interviewed community leaders agreed that there is a need to integrate services and bring services to accessible locations. One proposed strategy included bringing services to schools, libraries, food banks, and parks. To advance this and other efforts, they recommended investing in community organizations that are trusted by and doing the work in their communities. They also emphasized the importance of trust between grantmakers and community organizations.

Interviewed community leaders consistently emphasized resources such as local community clinics who provide culturally responsive services for residents who are low-income. Care offered in these settings remains well received and trusted by many members of the community. Some providers also mentioned connecting organizations that are doing similar work to create better linkages for continuous care. Additionally, they suggested training clinicians to recognize signs of other health needs in order to increase referrals for patients' other needed services.

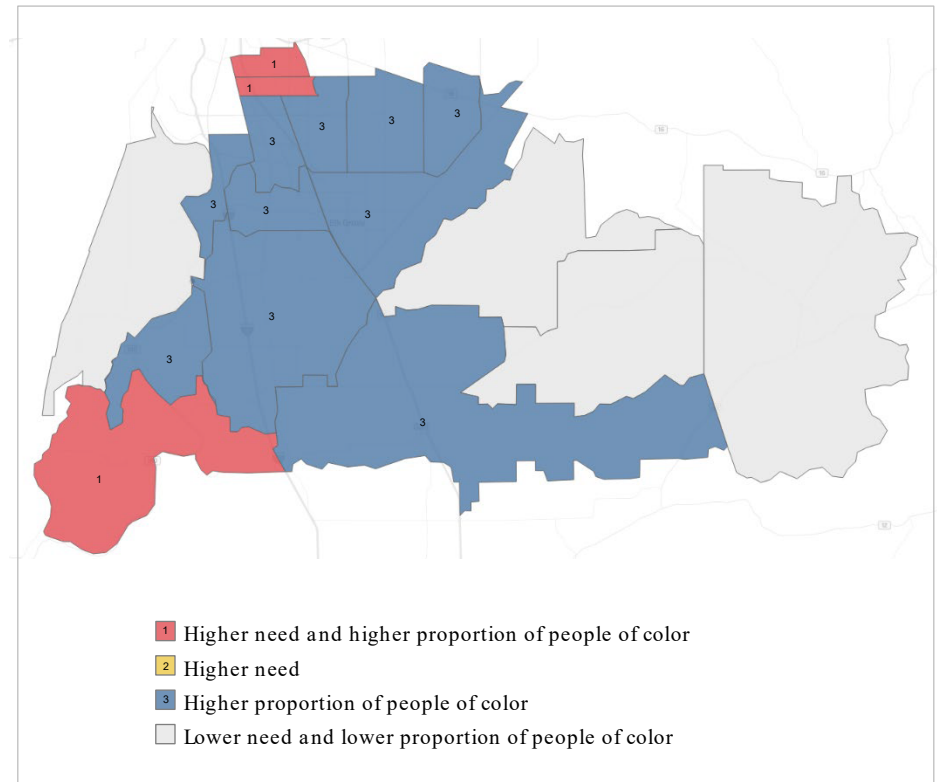
There is an opportunity to support existing efforts in the community to increase access to care. Interviewed community leaders emphasized the unique position that local hospitals are in to support and build up infrastructure of existing local efforts in the community.

I think that the hospitals are really uniquely positioned to use their leverage and their power to engage in community decision-making, like city council meetings, board supervisor meetings, and policies that they're passing. I think that they're also uniquely positioned to build up the infrastructure of those smaller efforts and organizations.

– Nonprofit leader

PERCENT UNINSURED, SOUTH SACRAMENTO SERVICE AREA, 2015-2019

Areas shaded 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: 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 South Sacramento service area, rates of violent crimes are relatively high with an average rate of 499.4 incidents per 100,000 population compared to the state of California average of 418.1 per 100,000 (see map on the next page). Additionally, the rate of pedestrian accident deaths is 3 deaths per 100,000 population, which is higher than the national average of 1.5 deaths per 100,000.

Community safety in the South Sacramento service area is a concern for interviewed community leaders, particularly in light of the COVID-19 pandemic. Interviewed community leaders noted a worrying increase in domestic violence since the start of the pandemic, reflecting on the unintended impacts that job loss and an increase in substance abuse prevalence has had on individuals abused by their partners. Confined living spaces during the COVID-19 pandemic have also led to an increased violence risk. These incidents have particularly impacted women, children, and LGBTQ+ youth, who are at higher risk of abuse and exploitation.

Crime is an ongoing concern for local interviewed community leaders, as the pandemic exacerbated incidents of hate crime and violence. They described the prevalence of hate crimes against the Asian American and Pacific Islander community, mentioning an increase in these incidents as a result of political ideologies and ongoing racism in the community. Interviewed community leaders shared that Asian American and Pacific Islander community members have experienced discrimination and refusal of necessary services, including housing.

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 Sacramento County. 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.

The people we serve since we do serve a lot of people who are skewing higher on things like diabetes and some chronic health conditions that can be exacerbated by trauma and violence. That certainly continues to be an issue.

– 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 affecting community health and safety. Strategies shared by interviewed community leaders for addressing community safety included regular domestic violence screenings, investing in youth recreational community programs, increasing domestic violence and trauma trainings, providing law enforcement alternatives, and expanding the use of peers/trusted messengers when providing services to community residents.

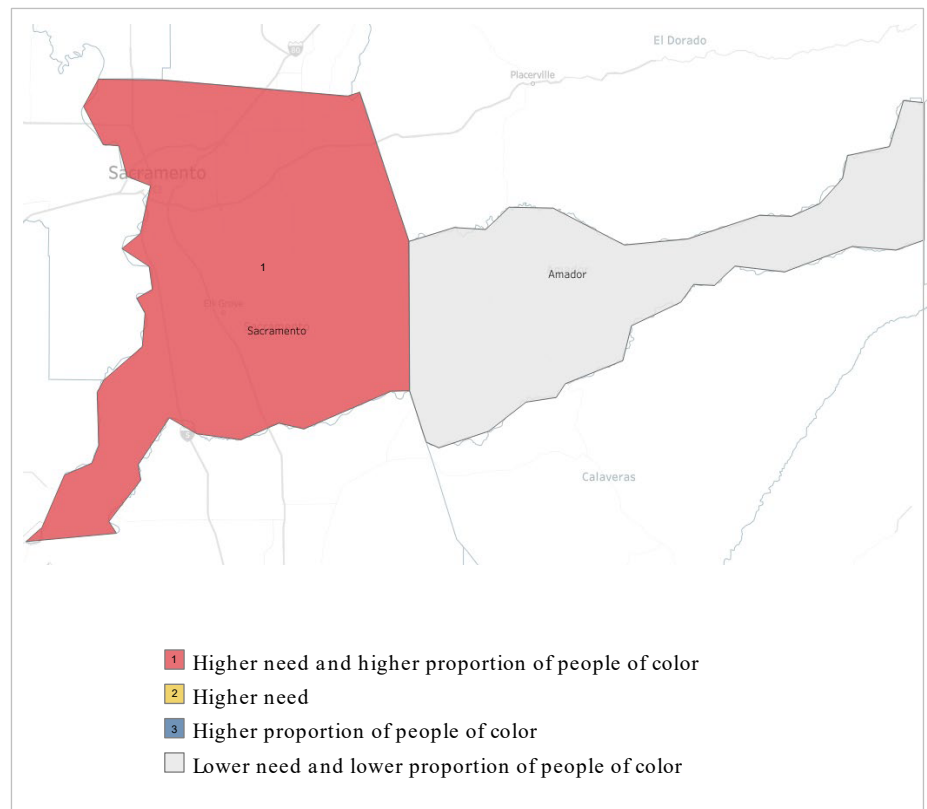
The South Sacramento service area has numerous assets at its disposal to improve community safety. Interviewed community leaders shared that there are several community sports programs that support social connection for youth, as well as current efforts to provide alternative responses to law enforcement. Other helpful resources include community programs that support the reduction of racism and community violence such as the Black Child Legacy Campaign, Department of Community Response, Hope Cooperative, and Advance Peace among others.

Public safety is not safe. And I think that's something that has become very clear to leadership in our communities ... It becomes very politicized, and we've been involved in some of those efforts here in Sacramento County. We're part of a mobile crisis response that is an alternative to 911. So, we're doing our part in that regard as well, but we see this as a growing, growing concern.

– Nonprofit leader

VIOLENT CRIME RATE, SOUTH SACRAMENTO SERVICE AREA 2015-2019

Areas shaded 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: 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, Black, Hispanic, and American Indians 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 South Sacramento service area performs favorably relative to state of California and national benchmarks. For instance, 87 percent of residents in the South Sacramento service area have access to high-speed internet, relative to only 83 percent nationally. Only 2 percent of young people in the South Sacramento service area are not in school, which is comparable to the state average.

However, there remains substantial room for improvement. The South Sacramento service area scores a 26.9 on U.S. Department of Housing and Urban Development's job proximity index, which is only 56 percent the state average. Further, 19 percent of children in the South Sacramento service area live in poverty compared to a state average of 16 percent; likewise, 50 percent of children are eligible for free and reduced-price lunch, which is worse than the state rate (44 percent). The median household income of \$72,560 leaves many unable to afford a home or pay medical bills. Further, significant racial disparities in per capita income persist, with Black residents in Sacramento County earning nearly \$16,000 less than white residents, and Latinx/o/a residents earning \$20,000 less than white residents (RaceCounts.Org 2022) (see map on the next page).

Importantly, there are significant geographic disparities in the economic circumstance facing residents in the South Sacramento service area. Most Black residents live closer to central Sacramento, where in some census tracts the percent of households at or below the federal poverty line reaches as high as 29 percent.

Interviewed community leaders shared that the COVID-19 pandemic was particularly difficult for Black families, many of whom work in the service sector, which bore the brunt of job losses and COVID-19-related infections.

[Providers] say we'll pay for your truck driving school for three months, we'll pay the \$3,000 for your truck driving school. And then our families are like, Oh, thank you so much. That's such a big help. But I can't go to truck driving school because I still have to survive for three months. I'll go to training every day and I'm not going to be able to pay rent.

– Direct service provider

Interviewed community leaders also emphasized the relationship between economic security and other social determinants of health. For example, both health and economic outcomes can become interconnected in a vicious cycle of seeking medical care, missing work, accruing bills, and then forgoing necessary preventative treatments due to economic deprivation, which lowers future health outcomes.

Similarly, the COVID-19 pandemic drastically exacerbated issues related to healthy eating and active living. For example, those living in food deserts found it even more difficult to access nutritious food due to supply chain issues and escalating prices which made choosing health consumption costly. Job losses and stagnant wages from risk-averse company policies during uncertain economic times made many more families reliant on food banks or food stamps to purchase groceries.

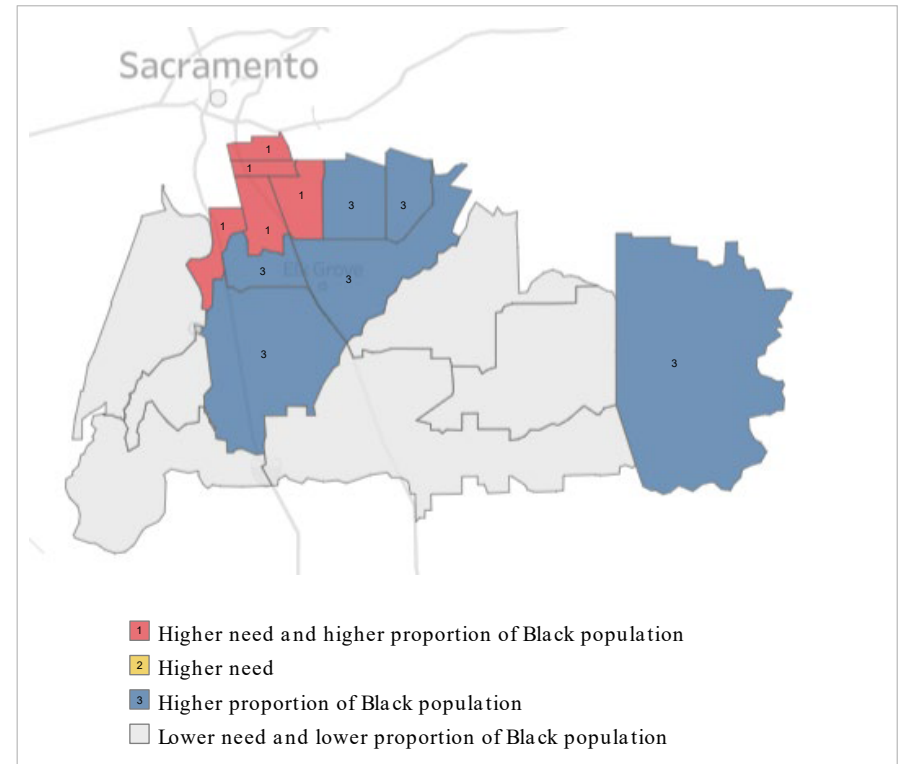
Fortunately, the South Sacramento service area offers many assets that can address income and employment such as quality schools, peer mental health programs, and WISE U. Interviewed community leaders also suggested strategies for increasing income like investing in career pathways with accompanying living stipends and providing financial literacy classes.

We know that the food insecurity metrics shot up way hugely. People that have never experienced food insecurity are now food insecure, related to economic income challenges. That affects the ability to eat healthy when you are financially stressed, of course. It's all connected. Already people do live in what they call food deserts, but if you don't have ... if you have a car you can drive to a store and get food. So, maybe the issue isn't that so much as its economic capability.

– Nonprofit leader

INCOME BELOW POVERTY, SOUTH SACRAMENTO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with Black population greater than 5% and the highest poverty rates in the service area.



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

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.

– Religious leader and service provider

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 South Sacramento service area performs better than national averages. For example, the South Sacramento service area has a higher ratio of mental health providers (368.9 per 100,000 population) compared to the national average (247), and in terms of deaths of despair, the South Sacramento service area has lower rates (39.6) compared to the national average (43.8).

Although the mental health data for the South Sacramento service area remains 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 the South Sacramento service area are higher than the state average (13.4 compared to 10.5 respectively), and rates for poor mental health days are similarly performing worse than that of the state (4.0 compared to 3.7 respectively).

Interviewed community leaders noted the long-term mental health impacts of trauma and discrimination on their immigrant communities and communities of color who live in the South Sacramento service area. They spoke about the need to address the impacts of structural racism, which leads to increased stress for communities of color as well as lack of trust with mental health providers. One interviewed community leader also noted that “the BIPOC population struggles with accepting mental health as an issue” and that more work needs to focus on “getting rid of [the] stigma that exists in those communities.”

While the data show the South Sacramento service area performs better than the national average, interviewed community leaders still noted that lack of access to mental health care is a significant barrier in their community. For example, one person spoke about the “pockets in South Sacramento that are missing... any sort of a clinic or anything nearby that people can access easily”, citing a lack of both transportation and clinics to meet the need. Access to affirming mental health care is also of particular concern for the LGBTQ+ community in the South Sacramento service area, as a higher portion of students who identify as gay/lesbian/bisexual considered attempting suicide (48.2 percent) compared to their straight counterparts (15 percent) (Kidsdata.org 2022) (see chart on the next page).

Growing up in rough communities, having parents that had their own challenges and that rubbed off on you. Those are things that we can't really choose ... even trauma as a kid, a lot of those things happen to us and we need support healing from those things and learning how to deal with those things when they come up now.

– Nonprofit leader

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

The mental and behavioral health of adults and seniors has also been impacted by the COVID-19 pandemic, particularly for parents balancing jobs with their child's distance learning, frontline workers risking 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."

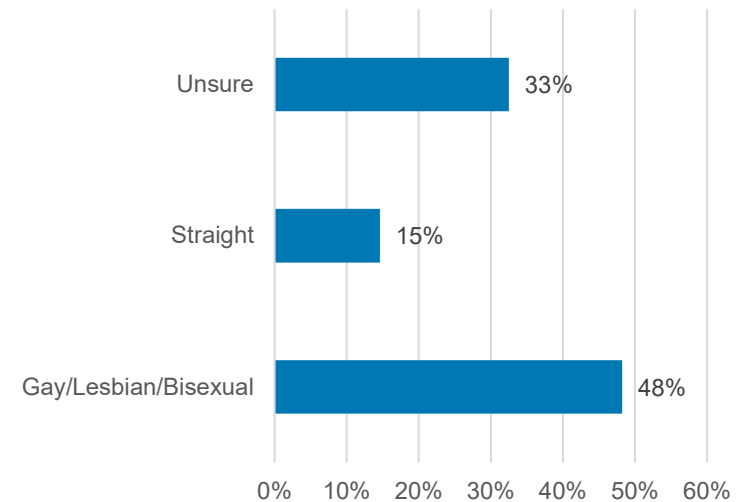
Despite the challenges, interviewed community leaders are inspired by the work of the South Sacramento service area's community-based organizations that continue to provide mental and behavioral health supports for the community. Many believe that collaborating with these community-based organizations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

Interviewed community leaders suggest that developing career pathways and providing mentorship for young students can play a key role in preventing negative health outcomes. Additionally, they spoke of the need to increase outreach to raise awareness of social support programs.

I don't know whether it would happen at school or maybe more of this information will be distributed at food banks or libraries or wherever people go. But I think that if the families knew about these different resources that were available, that they would go looking for them in the right places.

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

The overall housing affordability index is 125.6 for the South Sacramento service area compared to 154.5 nationwide, meaning it costs more for a typical resident in the South Sacramento area to purchase a home than it does in other areas. A fifth of residents (20 percent) spend more than 30 percent of their income on housing in the South Sacramento service area, compared to 17 percent of residents 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 (\$1,450 compared to \$1,689), residents need to spend 20 percent of their income to afford a home mortgage, and there are racial disparities in housing cost burden (see map on the next page).

The home ownership rate in the South Sacramento service area is 64 percent compared to 55 percent in California and 64 percent nationwide. However, the rate of overcrowded housing, defined as the portion of units with more than one occupant per room, is 6 percent, which 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 restricted to white residents, GI bills favoring white residents, steering policies by realtors, and fair housing laws have historically made it difficult for 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 per 100,000 applications). Black and Latinx/o/a households also have the highest foreclosure rate at 9.4 and 8.7 out of 10,000, respectively (RaceCounts.Org 2022).

Well housing, the eviction tsunami that's likely to happen if we don't do better around rental assistance and the development of affordable housing for folks. Clearly a health issue, particularly for those who disproportionately experienced poor health outcomes. Because they are poorer, they are more likely to be people of color, and they are likely to be much more insecure in their housing than someone who is in a much more privileged economic situation.

– Nonprofit leader

Interviewed community leaders noted that many immigrant families have wages too low to afford rent, with unstable job prospects that make property ownership unlikely. They also raised concerns about Black residents' housing prospects, noting a disproportionate access to housing support resources indicating a higher need. Many residents have been unable to pay rent during the pandemic and are living in fear of eviction.

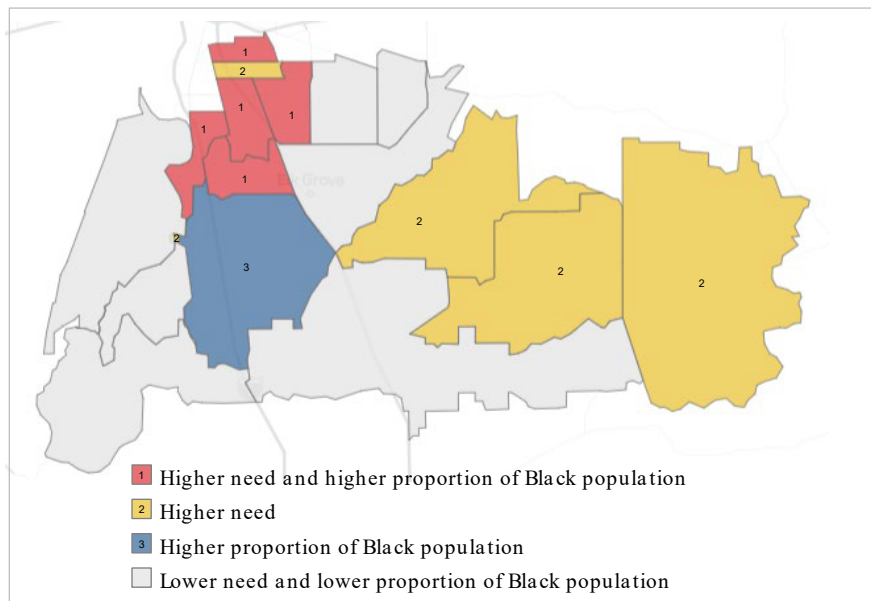
Fortunately, the South Sacramento service area has many assets to address housing needs including motel vouchers, subsidized housing linkages, and homeless management information systems. Interviewed community members recommended several strategies to address this health need such as getting creative about investments by investing in affordable housing complexes and coordinated entry programs, providing mentorship opportunities, and providing alternatives to law enforcement responding to unhoused community members.

Definitely the Black population [has higher need]. When you look at the fact that they make up 10 to 11 percent of our population in our county depending on the year, and they're pinging in at 30 percent in my housing programs.

– Housing sector leader

SEVERE HOUSING COST BURDEN, SOUTH SACRAMENTO SERVICE AREA, 2015-2019

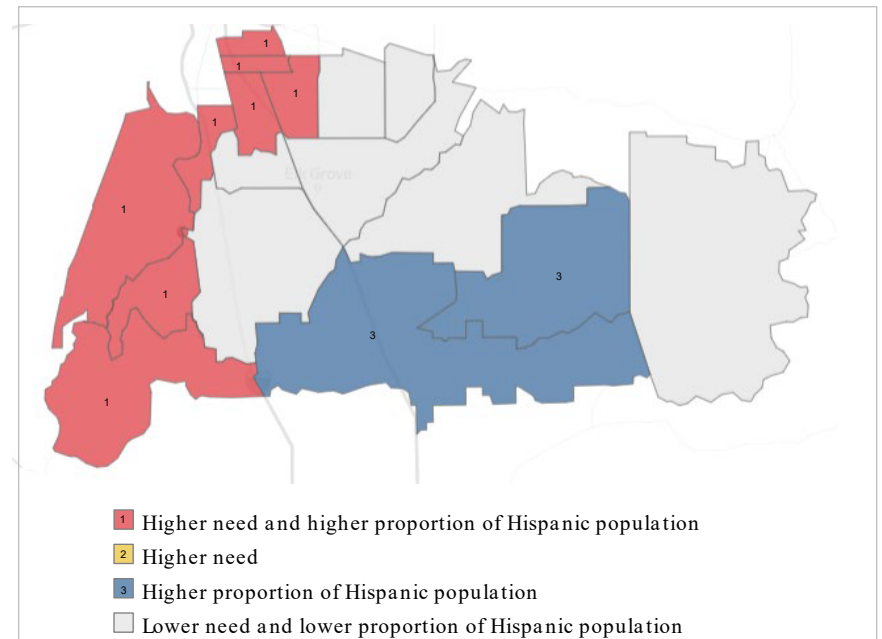
Areas shaded red (1) are ZIP codes with the Black population greater than 10% and the highest percent of income needed for housing in the service area.



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

HOME OWNERSHIP RATE, SOUTH SACRAMENTO SERVICE AREA, 2015-2019

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



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

Health need profile: Family & social support



People are healthier when they have supportive relationships with family, friends, and neighbors, as well as opportunities to participate with others in community life.

Residents of “close-knit” neighborhoods are more likely to receive support and work together on common goals, while those in less connected neighborhoods are more likely to experience poor mental health.

Seven percent of people living in Kaiser Permanente communities — and over a quarter of residents of many areas of southern California — do not speak English very well and are linguistically isolated. This can affect their ability to access health and social services and respond to warnings about community emergencies such as wildfires.

Stay-at-home orders related to the COVID-19 pandemic means that in the past two years Americans of all ages have experienced unprecedented social isolation — in effect causing an epidemic of loneliness.

The stress resulting from social isolation has led to higher levels of substance use as a coping strategy. There were 75,000 opioid overdose deaths in the U.S. between April 2020 and April 2021; social isolation and using alone are major risk factors for opioid overdose.

Connections to family and social supports are not only essential to individuals’ overall health and wellbeing, but they can also play an important role in preventing negative health outcomes. For a few measures of family and social support, the South Sacramento service area performs better than or on par with national averages. For example, metrics for children living in single-parent households and population 65 and older living alone are comparable to the national averages (33 percent and 2 percent compared to 34 percent and 2 percent respectively). However, the South Sacramento service area performs worse than the national average in terms of the percentage of population over 75 with a disability (55 percent compared to 49 percent) and the percentage with limited English proficiency (10 percent compared to 5 percent) (see map on the next page).

Communities of color and immigrant communities in the South Sacramento service area remain of particular concern, as the impacts of structural racism and hate crimes tend to increase one’s sense of loneliness and isolation. These communities often face additional burdens when trying to access care. Interviewed community leaders spoke about how communities of color tend to lack trust in the health care system, and how individuals with limited English proficiency struggle to find practitioners who are bilingual and bicultural. The additional burdens that these communities face can compound the negative health impacts that accompany a lack of social supports, and therefore exacerbate the inequities that already exist in the health care system.

Interviewed community leaders also spoke about the connection between economic security and social supports, highlighting how youth from low-income families and communities of color often can’t afford to participate in social supports like sports and music clubs that “keep young people from a lot of trouble.” Further, interviewed community leaders noted that their communities often lack awareness that these programs are available, elevating an opportunity for targeted outreach to expand the availability of these supports for the South Sacramento community.

I think that [social supports] are offered, but for the people that really need it, a lot of times they don't have the resources to participate. They don't have the money to pay for it. I don't see it being offered at a free cost all the time. And so they're offered, but like I said, even when I was growing up, I couldn't access everything that I wanted to just based upon our situations at the time.

– Social services nonprofit leader

Many interviewed community leaders spoke about how the COVID-19 pandemic has led to increased stress and burnout in the South Sacramento service area. The connection between economic security and family and social support has become even more clear as the COVID-19 pandemic unfolds, as people “either have too much work, or they don’t have enough work,” and even people “that are okay [financially] are totally burned out by the stress of remote work, or taking care of the children while you’re trying to work.” In other words, the added stress surrounding the uncertainty of one’s paycheck, in addition to the burnout associated with increased working hours, can take a toll on one’s ability to connect with and support others.

Interviewed community leaders raised specific concerns surrounding young people in the South Sacramento service area, noting that it will likely be years before the full effects of the COVID-19 pandemic on youths are realized. Remote learning is likely to have significant impacts on students’ health, as the school shutdowns severed the connections that students had to many school-related support systems and programs. This concern remains most relevant for students who lack a safe home environment – not only does this create a barrier to learning, but it can also keep young people in abusive situations, hidden from the sight of school staff who would otherwise monitor their wellbeing.

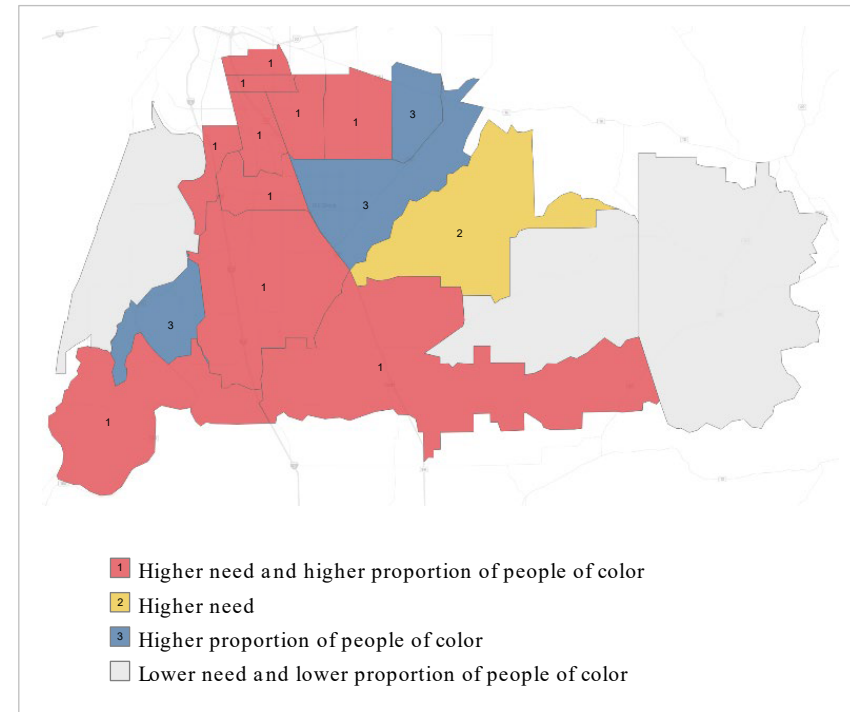
South Sacramento community leaders noted the importance of continuing to invest in the community-based organizations that already work to provide key social supports. Interviewed community leaders emphasized the effectiveness of mentorship and career pathways for young people of color. Specifically, supports should come from somebody who is a part of the community and can build trust through shared experience.

Being a young person of color, it’s a hard population to engage in. A lot of times it takes somebody that can relate to what you are going through ... somebody that looks like you to trust, to build that relationship, to be able to relate, to be able to understand and really help out.

– Social services nonprofit leader

LIMITED ENGLISH PROFICIENCY, SOUTH SACRAMENTO SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with **people of color greater than 50%** of the population and **high rates of limited English proficiency** in the South Sacramento 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 South 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 South 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 South 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 South 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 South 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 South 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 13 grants totaling \$1,049,131 in service of 2019 IS health needs in the South 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 South Sacramento service area offered a grant to WEAVE Inc, a longstanding partner focused on supporting Black and Latinx/o/a families who have experienced domestic violence. With these additional funds WEAVE is able to improve protective factors for approximately 100 families thereby mitigating trauma, building resilience, and helping to interrupt inter-generational cycles of violence.

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 South Sacramento service area awarded the La Familia Counseling Center with a \$75,000 grant to promote vaccine education and outreach to over 30,000 Sacramento County residents, particularly communities of color in under-vaccinated zip codes. The efforts of this grant primarily supported language-specific outreach, education, and vaccination efforts of 20 community-based organizations who were working together to serve the diverse residents of South Sacramento. Kaiser Permanente funding was leveraged to support the vaccination of 17,500 community members through 22 vaccine clinics.

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

Mental and Behavioral Health

During 2020-2021, 27 grants were awarded to community organizations, for a total investment of \$484,281 to address mental and behavioral health in the South Sacramento service area.

Examples and outcomes of most impactful strategies

Youth Forward

Youth Forward was awarded \$25,000 to implement a youth-led mental wellbeing initiative on at least 2 high school campuses in Sacramento with a focus on providing supports to youth of color and LGBTQ+ youth. The program is expected to serve 300 youth by increasing their awareness of mental wellness practices.

Elk Grove Unified School District

Elk Grove Unified School District was awarded \$100,000 to support to schools to implement Thriving Schools initiatives, tools, and resources. The program is expected to serve 2,100 LGBTQ+, unhoused, newcomer, and other students who encounter additional barriers to school and life success.

Economic Security

During 2020-2021, 39 grants were awarded to community organizations, for a total investment of \$3,311,054 to address economic security in the South Sacramento service area.

Examples and outcomes of most impactful strategies

Sacramento Steps Forward

Sacramento Steps Forward was awarded \$25,000 to continue partnering with health systems, providers, and funders to reduce veteran and chronic unhoused. The program is expected to serve 5,570 residents and support reduction of homelessness by supporting quality data, case conferencing, and external communication to community stakeholders about the importance of an integrated, county-wide approach to ending homelessness.

Breakthrough Sacramento

Community Initiatives, fiscal sponsor of Breakthrough Sacramento, was awarded \$25,000 to address the academic achievement gap experienced by under-resourced youth living in priority neighborhoods and attending Title 1 schools. The program is expected to support 400 students in their academic careers.

Los Rios Colleges Foundation job skills

Los Rios Colleges Foundation was awarded \$150,000 over 2 years to respond to local workforce and skills gaps in the construction sector. The program is expected to support 223 youth in the Sacramento area in gaining the necessary education and skills for construction-related careers.

Access to Care

Care and coverage: Kaiser Permanente South 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	36,867	40,275	\$51,339,961	\$27,106,801
Charitable Health Coverage	85	67	N/A	\$277
Medical Financial Assistance	8,493	5,337	\$11,150,059	\$5,781,174
Total care & coverage	45,445	45,679	\$62,490,020	\$32,888,252

Other access to care strategies: During 2020-2021, 31 grants were awarded to community organizations, for a total investment of \$944,230 to address access to care in the South 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 area.

Sacramento Covered

Healthy Community Forum for the Greater Sacramento Region doing business as the Sacramento Covered received \$133,000 to increase enrollment in coverage programs for low-income individuals/families without coverage. The program seeks to support 1,200 individuals with benefit enrollment services and health navigation assistance.

Community Link Capital care coordination

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 in the community.

Community and Family Safety

During 2020-2021, 20 grants were awarded to community organizations, for a total investment of \$726,668 to address community and family safety in the South Sacramento service area.

Examples and outcomes of most impactful strategies

ReIMAGINE program

ReIMAGINE Mack Road Foundation was awarded \$100,000 to improve community and family safety for at-risk, low-income, children/youth-of-color and their families living in the Valley-Mack neighborhood of South Sacramento. The program is expected to serve 8,000 youth by providing services to ensure children/youth have access to a physically and emotionally protective community environment.

Abuse Prevention Council of Sacramento child abuse prevention

Abuse Prevention Council of Sacramento was awarded \$25,000 to support a targeted public education campaign to promote understanding that preventing child abuse is everyone's responsibility. The program is expected to reach 1,000 individuals in business, schools, and faith-based organizations by promoting protective factors and raising awareness to prevent adverse childhood experiences and child abuse in the South Sacramento region.

WEAVE INC domestic violence program

WEAVE INC. was awarded \$100,000 to implement the evidence-based Celebrating Families program with parents and children who have experienced domestic violence to enhance parent-child relationships, mitigate trauma, build resilience, and stop the inter-generational cycle of violence. The program is expected to serve 100 families who have experienced domestic violence.

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	Anti-Recidivism Coalition	1	Low-income, Criminal Justice, Black/African American Community	Leader	8/4/2021
2	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
3	Key Informant Interview	Health Education Council	1	Low-income, medically underserved, communities of color	Representative	8/24/2021
4	Key informant interview	Hope Cooperative	1	Low income, Unhoused population, Communities of color	Leader	8/12/2021
5	Key Informant Interview	KP's Thriving Schools initiative (EGUSD, SJUSD, SCUSD)	1	Youth, Education	Representatives	8/17/2021
6	Key informant interview	Lao Family Community Development Center	1	SouthEast Asian Community	Leader	8/18/2021
7	Key informant interview	LGBT Center	1	LGBTQ+ community, Youth	Leader	8/17/2021
8	Key informant interview	My Sister's House	1	Asian Pacific Islander community, Domestic violence, Women	Leader	8/13/2021
9	Key informant interview	NAMI (National Alliance on Mental Illness)	1	Mental health, communities of color	Leader	8/2/2021
10	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
11	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
12	Key informant interview	Sacramento Public Health Department	1	Public Health	Leader	6/16/2021
13	Key informant interview	Sacramento ACT	1	Faith Community advocacy	Leader	8/24/2021
14	Key informant interview	Sacramento Housing Alliance	1	Housing advocacy	Leader	8/3/2021
15	Key informant interview	Sacramento Steps Forward	1	Unhoused population, communities of color	Leader	8/10/2021
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	Valley vision	1	Climate and environmental health	Leader	8/3/2021
18	Key informant interview	WEAVE, Inc.	1	Domestic Violence, women, communities of color	Leader	8/12/2021

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, 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, 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.
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.
Community safety, Mental/behavioral health, Family & social support	Juvenile Justice Diversion and Treatment program	This is a mental health service program for youth and their families to provide intensive in-home services that address the total needs of the child and their family who are experiencing significant emotional and psychological problems that interfere with the child's wellbeing.
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.

Identified need	Resource provider name	Summary description
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.
Community safety, 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 independence and empower those who struggle with psychiatric disabilities, substance use disorders, and those experiencing homelessness.
Family & social support, 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.
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.