Dignity Health

Dignity Health – Sacramento County

Mercy Hospital of Folsom
Mercy San Juan Medical Center
Mercy General Hospital
Methodist Hospital of Sacramento

2019 Community Health Needs Assessment – Main Report

Acknowledgements

We are deeply grateful to all those who contributed to this community health needs assessment. Many dedicated healthcare practitioners, community health experts, and members of social-service organizations working with the most vulnerable members of the Sacramento County community gave their expertise and insights to help guide and inform the findings of this assessment. Further, many community residents volunteered their time to provide valuable information as well. We also appreciate the collaborative spirit of the consultants at Harder+Company and their willingness to share the information they gathered while conducting a health assessment in the Sacramento area for Kaiser Permanente. Last, we especially acknowledge the sponsors of this assessment, Dignity Health, Sutter Health, and UC Davis Medical Center, who, using the results of these CHNAs, continuously work to improve the health of the communities they serve. To everyone who supported this important work, we extend our deepest, heartfelt gratitude.

Community Health Insights (www.communityhealthinsights.com) conducted the health assessment. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Northern California. This joint report was authored by:

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COMMUNITY HEALTH INSIGHTS

Table of Contents – Main Report

Report Summary **5**
Introduction and Purpose **7**
Organization of this Report **7**
Method Overview **8**
Conceptual and Process Models 8
Public Comments from Previously Conducted CHNAs 8
Data Used in the CHNA 8
Data Analysis 9
Health Need Identification and Prioritization 9
Sacramento County – The Community Served **9**
Findings – Sacramento County **10**
Prioritized Significant Health Needs – Sacramento County 10
Populations Experiencing Health Disparities 14
Regions of Sacramento County **15**
Community Health Vulnerability Index 16
Communities of Concern 17
Findings for Each Region 17
Prioritized Significant Health Needs by Region 17
Northwest Region 18
Description of the Community Served 18
Community Health Vulnerability Index 19
Communities of Concern 20
Themes from Primary Data 20
Northeast Region 21
Description of the Community Served 21
Community Health Vulnerability Index 22
Communities of Concern 23
Themes from Primary Data 23
Central Region 24
Description of the Community Served 24
Community Health Vulnerability Index 25
Communities of Concern 25
Themes from Primary Data 26
South Region 27
Description of the Community Served 27
Community Health Vulnerability Index 28
Communities of Concern 28
Themes from Primary Data 29
Resources Potentially Available to Meet the Significant Health Needs **30**
Impact/Evaluation of Actions Taken by Hospitals since 2016 CHNA **30**
Conclusion **40**

Data and Technical Section of the report can be found online at https://www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment.

List of Tables

Table 1: Community Health Vulnerability Index Indicators 17
Table 2: Prioritized Significant Health Needs by Region 18
Table 3: Population Characteristics for the Northwest Region ZIP Codes 19
Table 4: Identified Communities of Concern for the Northwest Region 20
Table 5: Themes from Primary Data Collection, Northwest Region 20
Table 6: Population Characteristics for the Northeast Region ZIP Codes 22
Table 7: Identified Communities of Concern for the Northeast Region 23
Table 8: Themes from Primary Data, Northeast Region 23
Table 9: Population Characteristics for Central Region ZIP Codes 25
Table 10: Identified Communities of Concern for the Central Region 26
Table 11: Themes from Primary Data, Central Region 26
Table 12: Population Characteristics for South Region ZIP Codes 27
Table 13: Identified Communities of Concern for the South Region 29
Table 14: Themes from Primary Data, South Region 29
Table 15: Resources Potentially Available to Meet Significant Health Needs in Priority Order for Sacramento County 30

List of Figures

Figure 1: Populations experiencing disparities across all regions 15
Figure 2: Sacramento County map with designated regions 16
Figure 3: Northwest Region map 18
Figure 4: Community Health Vulnerability Index for the Northwest Region 19
Figure 5: Communities of Concern for the Northwest Region 20
Figure 6: Northeast Region map 21
Figure 7: Community Health Vulnerability Index for the Northeast Region 22
Figure 8: Communities of Concern for the Northeast Region 23
Figure 9: Map of the Central Region 24
Figure 10: Community Health Vulnerability Index for the Central Region 25
Figure 11: Communities of Concern for the Central Region 26
Figure 12: Map of the South Region 27
Figure 13: Community Health Vulnerability Index for the South Region 28
Figure 14: Communities of Concern for the South Region 28

Report Summary

Purpose

The purpose of this community health needs assessment (CHNA) was to identify and prioritize significant health needs of the greater Sacramento area community. The priorities identified in this report help guide nonprofit hospitals' community health improvement programs and community benefit activities as well as their collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act (and in California, Senate Bill 697) that nonprofit hospitals conduct a community health needs assessment at least once every three years. The CHNA was conducted by Community Health Insights (www.communityhealthinsights.com) and was a collaboration between Dignity Health, Sutter Health, and UC Davis Health System. Multiple other community partners collaborated to conduct the CHNA.

Dignity Health Commitment and Mission Statement

The hospitals' dedication to engagement with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with our mission. Dignity Health is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Community Definition

The definition of the community served included most portions of Sacramento County, and a small portion of western El Dorado County, California. Regarded as a highly diverse community, Sacramento County covers 994 square miles and is home to approximately 1.5 million residents. The CHNA uses this definition of the community served, as this is the primary geographic area served by the seven nonprofit hospitals that collaborated on this CHNA.

Assessment Process and Methods

The data used to conduct the CHNA were identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model.[1] This model of population health includes many factors that impact and account for individual health and well-being. Further, to guide the overall process of conducting the assessment, a defined set of data-collection and analytic stages were developed. These included the collection and analysis of both primary (qualitative) and secondary (quantitative) data. Qualitative data included interviews with 121 community health experts, members of the county's department of public health, social-service providers that represented medically underserved populations, and medical personnel in one-on-one and group interviews as well as one town hall meeting. Further, 154 community residents participated in 15 focus groups across the county.

Focusing on social determinants of health to identify and organize secondary data, datasets included measures to describe mortality and morbidity and social and economic factors such as income, educational attainment, and employment. Measures also included indicators to describe health behaviors, clinical care (both quality and access), and the physical environment.

Process and Criteria to Identify and Prioritize Significant Health Needs

Primary and secondary data were analyzed to identify and prioritize significant health needs. This began by identifying 10 potential health needs (PHNs). These PHNs were those identified in previously

[1] See: http://www.countyhealthrankings.org/

conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the area. After these were identified, PHNs were prioritized based on rankings provided by primary data sources. Data were also analyzed to detect emerging health needs beyond those 10 PHNs identified in previous CHNAs.

List of Prioritized Significant Health Needs

The following significant health needs were identified and are listed below in prioritized order. Two of the health needs, numbers four and nine, are health needs that have not been previously identified in earlier CHNAs.

1. Access to quality primary healthcare services
2. Access to mental/behavioral/substance-abuse services
3. Access to basic needs such as housing, jobs, and food
4. System navigation
5. Injury and disease prevention and management
6. Safe and violence-free environment
7. Access to active living and healthy eating
8. Access to meeting functional needs (transportation and physical mobility)
9. Cultural competency
10. Access to specialty and extended care

Resources Potentially Available to Meet the Significant Health Needs

In all, 665 resources were identified in the Sacramento County area that were potentially available to meet the identified significant health needs. The identification method included starting with the list of resources from the 2016 CHNAs, verifying that each resource still existed, and then adding newly identified resources into the 2019 CHNA report.

Conclusion

This CHNA report details the health needs of the Sacramento County community as a part of a collaborative partnership between Dignity Health, Sutter Health, and the UC Davis Health System. It provides an overall health and social examination of Sacramento County and the needs of community members living in parts of the area experiencing health disparities. The CHNA provides a comprehensive profile to guide decision-making for the implementation of community health improvement efforts. This report also serves as an example of a successful collaboration between local healthcare systems to provide meaningful insights to support improved health in the community they serve.

Report Adoption, Availability, and Comments

The Dignity Health Community Board for Sacramento County voted, approved and adopted the Community Health Needs Assessment for Mercy Hospital of Folsom, Mercy General Hospital, Mercy San Juan Medical Center and Methodist Hospital of Sacramento on June 27th, 2019.

This main report and the data and technical section is widely available to the public on the hospital's web site (https://www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment), and a paper copy is available for inspection upon request at Dignity Health, Community Health and Outreach Department, 3400 Data Drive, Rancho Cordova, CA 95670.

Written comments on this report can be submitted by email to DignityHealthGSSA_CHNA@dignityhealth.org.

Introduction and Purpose

Both state and federal laws require that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years to identify and prioritize the significant health needs of the communities they serve. The results of the CHNA guide the development of implementation plans aimed at addressing identified health needs. Federal regulations define a *health need* accordingly: "health needs include requisites for the improvement or maintenance of health status in both the community at large and in particular parts of the community (such as particular neighborhoods or populations experiencing health disparities)" (p. 78963).[2]

This report documents the processes, methods, and findings of a CHNA conducted on behalf of the nonprofit hospitals listed below. Collectively, these nonprofit hospitals serve Sacramento County, California, located in the north-central part of the state. The CHNA was conducted over a period of 10 months, beginning in March 2018 and concluding in December 2018. This CHNA report meets requirements of the Patient Protection and Affordable Care Act (and in California, of Senate Bill 697) that nonprofit hospitals conduct a CHNA at least once every three years.

<table>
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</table>

Community Health Insights (www.communityhealthinsights.com) conducted the CHNA on the behalf of the nonprofit hospitals. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and wellbeing of communities across Northern California. Community Health Insights has conducted multiple CHNAs over the previous decade. To collect and share primary data, Community Health Insights worked in collaboration with Harder+Company, a consulting firm working on the behalf of Kaiser Permanente to conduct a CHNA in the Sacramento region.

Organization of this Report

This report follows federal guidelines on how to document a CHNA. First, an overview of the methods used to conduct the CHNA are described, including a description of how data were collected and analyzed. This includes the process of soliciting input from persons representing the broad interests of the community. Second, the community served by the participating nonprofits hospitals is described. Third,

[2] *Federal Register,* Vol. 79, No. 250, (Wednesday, December 31, 2014). Department of the Treasury, Internal Revenue Service.

findings of the CHNA are detailed, including the prioritized listing of significant health needs that were identified. Fourth, resources potentially available to meet the needs are identified and described, and that is followed by a summary of the impact of actions taken to address significant health needs identified in the previous CHNA, which was conducted in 2016. A detailed methodology section titled "Dignity Health – Sacramento County 2019 Community Health Needs Assessment – Data and Technical Section" includes an in-depth description of the methods used for collection and analysis of data and compiling the results to identify and prioritize significant health needs. This section can be found online at https://www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment.

Method Overview

Conceptual and Process Models

The data used to conduct the CHNA were identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings model.[3] This model of population health includes many factors that impact and account for individual health and well-being. Further, to guide the overall process of conducting the assessment, a defined set of data collection and analytic stages were developed.

Public Comments from Previously Conducted CHNAs

Regulations require that nonprofit hospitals include written comments from the public on their previously conducted CHNAs and most recently adopted implementation strategies. The 2016 CHNA was made public for Dignity Health hospitals in Sacramento County. The community was invited to provide written comments on the CHNA reports and Implementation Strategies both within the documents and on the web site where they are widely available to the public. The email address of DignityHealthGSSA_CHNA@dignityhealth.org was created to ensure comments were received and responded to. No written comments have been received.

Data Used in the CHNA

Data collected and analyzed included both primary and secondary data. Primary data included interviews with 121 community health experts, social-service organizations, and medical personnel in one-on-one and group interviews as well as one town hall meeting. Further, 154 community residents participated in 15 focus groups across the county.

Secondary data included four datasets selected for use in the various stages of the analysis. A combination of mortality and socioeconomic datasets collected at sub-county levels were used to identify the portions of Sacramento County with greater concentrations of disadvantaged populations and poor health outcomes. A set of county-level indicators was collected from various sources to help identify and prioritize significant health needs. A set of socioeconomic indicators was also collected to help describe the overall social conditions within the service area. Health outcome indicators included measures of both mortality (length of life) and morbidity (quality of life). Health factor indicators included measures of 1) health behaviors, such as diet and exercise, tobacco, alcohol, and drug use; 2) clinical care, including access and quality of care; 3) social and economic factors such as race/ethnicity, income, educational attainment, employment, and neighborhood safety; and 4) physical environment measures, such as air and water quality, transit and mobility resources, and housing affordability. In all, 84 different health outcome and health factor indicators were collected for the CHNA.

[3] See http://www.countyhealthrankings.org/

Data Analysis

Health Need Identification and Prioritization

Primary and secondary data were analyzed to identify and prioritize the significant health needs in the service area. This began by identifying 10 potential health needs (PHNs). These PHNs were those identified in the previously conducted CHNAs. Data were analyzed to discover which, if any, of the PHNs were present in the area. These were then called significant health needs (SHNs)

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

First, the total percentage of all primary data sources that mentioned themes associated with a significant health need at any point was calculated. This number was taken to represent how broadly a given significant health need was recognized within the community. Next, the percentage of times a theme associated with a significant health was mentioned as one of the top three health needs in the community was calculated. Since primary data sources were asked to prioritize health needs in this question, this number was taken to represent the intensity of the need.

These measures were next rescaled so that the SHN with the maximum value for each measure equaled one, the minimum equaled zero, and all other SHNs had values appropriately proportional to the maximum and minimum values. The rescaled values were then summed to create a combined SHN prioritization index. SHNs were ranked in descending order based on this index value so that the SHN with the highest value was identified as the highest priority health need, the SHN with the second highest value was identified as the second highest priority health need, and so on.

Sacramento County – The Community Served

Sacramento County was the designated area served by the participating hospitals for the 2019 CHNA. This definition of the community served was used because this is the primary geographic area served by the seven nonprofit hospitals that collaborated on this CHNA.

Sacramento County was incorporated in 1850, and much of its rich history was influenced by the discovery of gold in the area in 1848. The county is home to California's capital city, Sacramento. The county includes seven incorporated cities, with the City of Sacramento being the largest. Covering a geographic area of 994 square miles and home to approximately 1.5 million residents, Sacramento County sits at the northern portion of California's Central Valley, situated along the Interstate 5 corridor. The area consists of both urban and rural communities and includes the Sacramento–San Joaquin Delta that connects the Sacramento River to the San Francisco Bay through some 700 miles of winding waterways. Sacramento is often described as a diverse community, and a recent report ranked the city the fourth most racially and ethnically diverse large city in the US.[4]

Sacramento County has over 30 cities, census-designated places, and unincorporated communities that include neighborhoods with rich heritages such as Oak Park, known as Sacramento's first suburb, to

[4] McCann, A. (May 3, 2018). *2018's Most Diverse Cities in the U.S.* Washington DC: WalletHub. (Retrieved: https://wallethub.com/edu/most-diverse-cities/12690/#methodology).

newer communities such as the City of Rancho Cordova, incorporated in 2003. Sacramento County ranks as California's 31st-most overall healthy county among the 58 in the state.[5] The area is served by a number of healthcare organizations, including those that collaborated in this assessment.

In this CHNA, two additional ZIP Codes from El Dorado County, a neighboring county east of Sacramento, were included to capture the portion of the community served by Mercy Hospital of Folsom, located near the border of these two counties. With some exceptions, findings described in this report are organized both at the county level and, as detailed later in this report, by designated regions within the county.

Findings – Sacramento County

Prioritized Significant Health Needs – Sacramento County

Analysis of primary and secondary data was conducted to identify significant health needs for Sacramento County. These are listed below in prioritized order. After identifying each health need, they were prioritized based on rankings provided by community health experts, social-service organizations, medical personnel, and community members. Those secondary data indicators used in the CHNA that performed poorly when compared to state benchmarks are listed in the table below each of the significant health needs. Further, qualitative themes that emerged during analysis are provided in the table. Two health needs, numbers four and nine, are health needs that have not been identified in earlier conducted CHNAs.

1. Access to Quality Primary Care Health Services

Primary care resources include community clinics, pediatricians, family practice physicians, internists, nurse practitioners, pharmacists, telephone advice nurses, and other similar resources. Primary care services are typically the first point of contact when an individual seeks healthcare. These services are the front line in the prevention and treatment of common diseases and injuries in a community.

Quantitative Indicators		Qualitative Themes
• Life Expectancy • Cancer Mortality • Child Mortality • CLD Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Influenza Pneumonia Mortality • Stroke Mortality	• Cancer Female Breast • Cancer Colon and Rectum • Diabetes Prevalence • Low Birthweight • Cancer Lung and Bronchus • Cancer Prostate • HPSA Primary Care • HPSA Medically Underserved Area • Preventable Hosp. Stays	• More chronic conditions appearing in community • Health insurance costly • Out-of-pocket costs too expensive • Medications too expensive • Longer clinic hours needed • Excessive wait times to get appointments • Not enough clinics and providers • Providers spending too little time with patients during visits • Need more mobile health clinics

2. Access to Mental, Behavioral, and Substance-Abuse Services

Individual health and well-being are inseparable from individual mental and emotional outlook. Coping with daily life stressors is challenging for many people, especially when other social, familial, and economic challenges occur. Adequate access to mental, behavioral, and substance-abuse services is an essential ingredient for a healthy community where residents can obtain additional support when needed.

[5] See: http://www.countyhealthrankings.org/app/california/2018/

Quantitative Indicators	Qualitative Themes
• Life Expectancy • Suicide Mortality • Poor Mental Health Days • Poor Physical Health Days • Drug Overdose Deaths • Excessive Drinking	• Anxiety and depression perceived to be prolific in the community • Methamphetamine usage problematic and growing • Chronic stress of meeting basic needs a root cause of many mental health issues • Stigma of seeking/using mental health services as a barrier • More services needed to address issues rooted in Adverse Childhood Experiences • Residents experiencing a shortage of mental, behavioral, and substance abuse services in the region • Mental health treatment facilities not capable of treating medical problems • Infrastructure for mental health services severely lacking • More services needed for homeless individuals and families • Overwhelming mental health issues faced by the newly homeless • Mental health services too costly • Many in community suffering from PTSD with limited treatment options • Community members unable to recognize mental health issues, don't know how to treat • Growing role of social media in mental health issues for youth

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

Access to affordable and clean housing, stable employment, quality education, and adequate food are vital for good health. Research shows that the social determinants of health, such as quality housing, adequate employment and income, food security, education, and social support systems, influence individual health as much as health behaviors and access to clinical care.[6] Without access to meeting these basic needs, individuals cannot experience a full and healthy life.

Quantitative Indicators	Qualitative Themes
• Life Expectancy • Infant Mortality • Age-Adjusted Mortality • Child Mortality • Premature Age-Adjusted Mortality • Years of Potential Life Lost • Low Birthweight • HPSA Medically Underserved Area • High School Graduation • Children with Single Parents • Children in Poverty • Median Household Income • Limited Access to Healthy Food	• Affordable housing significant issue in region • Rent controls needed • More low-income housing needed • High cost to move in (first/last month's rent) barrier for many to secure housing • Multiple families living together due to high housing costs • The "working poor" note an inability to make ends meet • Lack of employment opportunities for many in the area • New immigrants struggling to find employment • Trade-offs between meeting basic needs and seeking healthcare services • No recognition of the link between health and housing • Need policy solutions to housing crisis • Landlord discrimination toward individuals with housing vouchers • Minimum wage not a living wage

4. System Navigation

System navigation refers to an individual's ability to traverse the fragmented social-services and healthcare systems in order to receive the necessary benefits and supports to improve health outcomes.

[6] See: http://www.countyhealthrankings.org/learn-others/research-articles#Rankingsrationale

Research has demonstrated that navigating the complex U.S. healthcare system is a barrier for many that results in health disparities.[7] Further, navigating through the complexities of accessing social services provided by multiple governmental agencies also provides an obstacle for many that have limited resources such as transportation access, English proficiency, and the like.

Quantitative Indicators	Qualitative Themes
• No quantitative indicators used in analysis for this health need	• People unsure where to start in trying to improve health • Filling out multiple forms overwhelming to those new to the healthcare system • Automated phone systems stressful and difficult to navigate for those unfamiliar with the healthcare system • Many unaware what services they are eligible for • Limited understanding of how to utilize newly acquired insurance • Needing insurance to approve medical services confusing • Many needing advocates to navigate the health and human services systems • Medical terminology confusing to many • Need navigators that can connect families to services • Healthcare systems fragmented and difficult to navigate • Silos between city and county services as barriers • Healthcare language complex and overwhelming to some

5. Injury and Disease Prevention and Management

Knowledge is important for individual health and well-being, and efforts aimed at injury and disease prevention are powerful vehicles to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of injury and infectious disease control (e.g., STI prevention and influenza shots), and intensive strategies in the management of chronic diseases (e.g., diabetes, hypertension, obesity, and heart disease) are important for community health improvement.

Quantitative Indicators		Qualitative Themes
• Infant Mortality • Child Mortality • Chronic Lung Disease Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Influenza Pneumonia Mortality • Stroke Mortality • Suicide Mortality • Unintentional Injury Mortality	• Diabetes Prevalence • Low Birth Weight • Drug Overdose Deaths • Excessive Drinking • Adult Obesity • Physical Inactivity • STI Chlamydia Rate • Teen Birth Rate • Adult Smokers • Motor Vehicle Crash Deaths	• More funding needed for preventive care • Education to keep people healthy, developing independence • Health and nutrition education needed to combat diabetes • Health system treatment focused, not prevention oriented

6. Safe and Violence-Free Environment

Feeling safe in one's home and community are fundamental to overall health. Next to having basic needs met (e.g., food, shelter, and clothing) is having physical safety. Feeling unsafe affects the way people act and react to everyday life occurrences. Further, research has demonstrated that individuals exposed to

[7] Natale-Pereira, A. et. al (2011). *The Role of Patient Navigators in Eliminating Health Disparities*. US National Library of Medicine, National Institutes of Health, 117:15, 3543-3552.

violence in their homes, the community, and schools are more likely to experience depression and anxiety and demonstrate more aggressive, violent behavior.[8]

Quantitative Indicators	Qualitative Themes
• Life Expectancy • Poor Mental Health Days • Homicides • Motor Vehicle Crash Deaths • Violent Crimes	• Violence in schools an issue • Drug-related activities making communities unsafe • Crime and resulting fear for personal safety compounded for homeless population • Stephon Clark shooting impact on community's sense of safety • Social media portrayal of violence • Domestic violence an issue • Sex trafficking increasing, targeting homeless and foster youth • Gun violence highest among African American youth • Political environment contributing to safety concerns of community members

7. Active Living and Healthy Eating

Physical activity and eating a healthy diet are important for one's overall health and well-being. Frequent physical activity is vital for prevention of disease and maintenance of a strong and healthy heart and mind. When access to healthy foods is challenging for community residents, many turn to unhealthy foods that are convenient, affordable, and readily available. Communities experiencing social vulnerability and poor health outcomes are often overloaded with fast food and other establishments where unhealthy food is sold.

Quantitative Indicators	Qualitative Themes
• Cancer Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Stroke Mortality • Cancer Female Breast • Cancer Colon and Rectum • Diabetes Prevalence • Cancer Prostate • Limited Access to Healthy Food • Physical Inactivity • Adult Obesity	• Healthy food unaffordable • Food deserts prolific in low-income communities • Unhealthy food choices leading to many chronic diseases • Needing more nutrition education in community • Obesity continuing to rise • People unaware of how to prepare/cook healthy, fresh foods

8. Access and Functional Needs – Transportation and Physical Disability

Functional needs include indicators related to transportation and disability. Having access to transportation services to support individual mobility is a necessity of daily life. Without transportation, individuals struggle to meet their basic needs, including those needs that promote and support a healthy life. The number of people with a disability is also an important indicator for community health and must be examined to ensure that all community members have access to necessities for a high quality of life.

Quantitative Indicators	Qualitative Themes
• Percentage with disability	• Public transportation increasing travel time to get services • Distances to some services an obstacle for those using public transit • Operating hours of public transit creating barriers to accessing services • Cost of public transportation a barrier

[8] Lynn-Whaley, J., & Sugarmann, J. (July 2017). *The Relationship Between Community Violence and Trauma*. Los Angeles: Violence Policy Center.

Quantitative Indicators	Qualitative Themes
	• Public transportation use a challenge for non-English-speaking residents • Public transit system needs further expansion across all areas of community

9. Cultural Competence

Cultural competence refers to the ability of those in health and human services, including healthcare, social services, and law enforcement, to deliver services that meet an individual's social, cultural, and language needs. The lack of cultural competence in health and human services has been identified as a common barrier to accessing services, including healthcare, as individuals are reluctant to put themselves in situations where they may have limited communication capacity, experience discrimination, or face a lack of appreciation for their cultural norms.

Quantitative Indicators	Qualitative Themes
• No quantitative indicators used in analysis for this health need	• Language barriers when trying to access healthcare and when navigating the system • Undocumented residents fearing deportation • Homophobia and racism in the healthcare system creating barriers • County workers treating minorities with disrespect

10. Access to Specialty and Extended Care

Extended care services, which include specialty care, are care provided in a particular branch of medicine and focused on the treatment of a particular disease. Primary and specialty care go hand in hand, and without access to specialists, such as endocrinologists, cardiologists, and gastroenterologists, community residents are often left to manage chronic diseases, including diabetes and high blood pressure, on their own. In addition to specialty care, extended care refers to care extending beyond primary care services that is needed in the community to support overall physical health and wellness, such as skilled-nursing facilities, hospice care, and in-home healthcare.

Quantitative Indicators	Qualitative Themes
• Life Expectancy • Cancer Mortality • CLD Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Stroke Mortality • Diabetes Prevalence • Cancer Lung and Bronchus • Preventable Hosp. Stays	• Difficulty in getting appointments with specialists • Long wait times to see a specialist • Need more skilled-nursing facilities • Lack of custodial beds in nursing homes • Cost of specialty drugs a barrier • Some specialty and extended care services not covered by insurance • Cost of copays for some specialty services a barrier

Populations Experiencing Health Disparities

Health disparities are differences in health status among different groups within a population. Groups can be defined by a number of characteristics including (but not limited to) race, ethnicity, immigrant status, disability, age, gender, sexual orientation, income, and geographic location. An important part of the CHNA was to identify specific groups in the Sacramento area that were experiencing health disparities.

The figure below describes populations identified through qualitative data analysis that were indicated as experiencing health disparities. Interview participants were asked: "What specific groups of community

members experience health issues the most?" Responses were analyzed by counting the total number of times all key informants and focus group participants mentioned a particular group as one experiencing disparities. Figure 1 displays the results of this analysis.

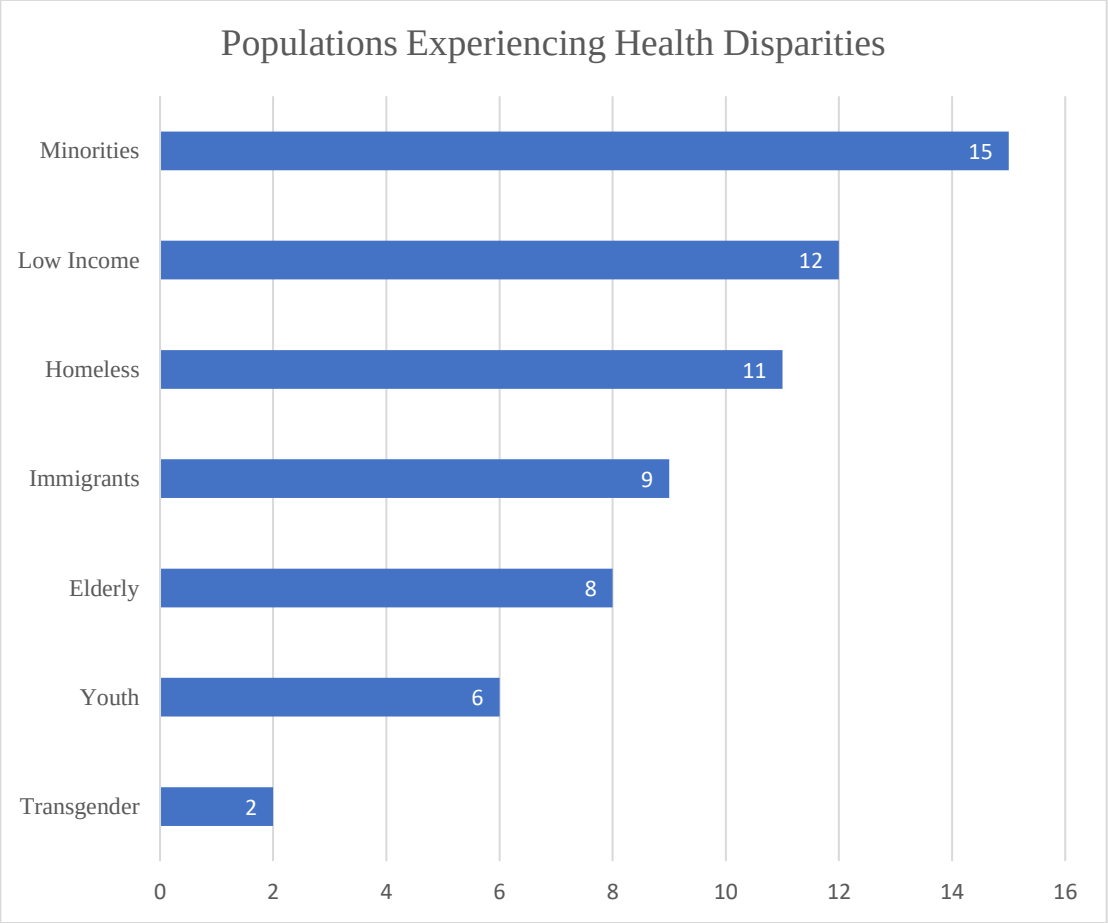

Figure 1: Populations experiencing disparities across all regions

Regions of Sacramento County

Sacramento County is a diverse county comprised of many communities, each with unique attributes and characteristics that influence community health. In an effort to capture these unique attributes for this CHNA, the county was subdivided into four distinct regions to allow for more detailed data collection and analysis. These regions are displayed in Figure 2. Primary data collection included interviews with community health experts and community residents that lived and worked in the communities within these regions, thus providing a richer and more robust understanding of each community's unique features. When available, secondary data were collected and analyzed within each region as well.

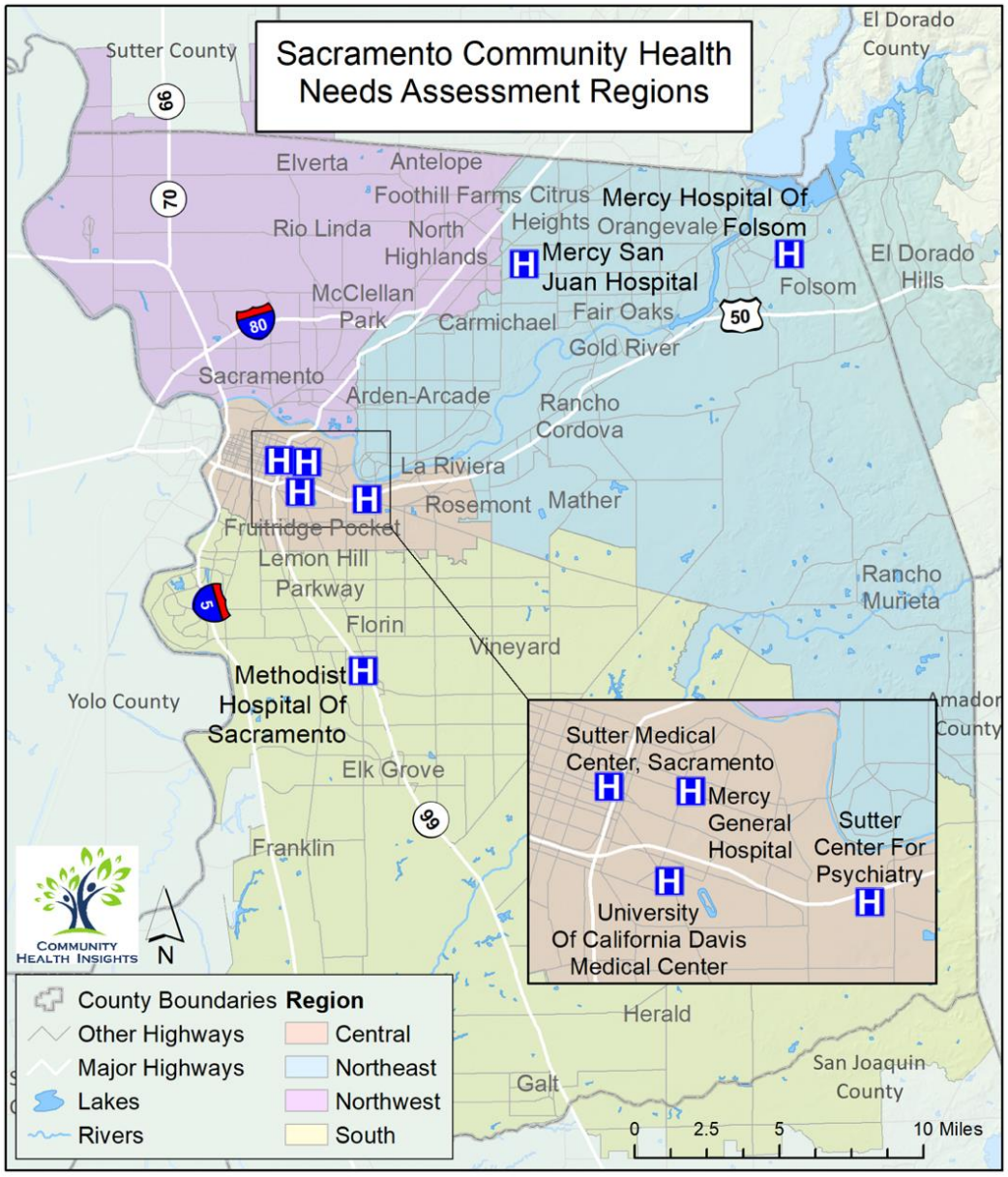

Figure 2: Sacramento County map with designated regions

The following sections give more detailed information and findings that are unique to each region. To begin, a prioritized list of significant health needs unique to each region is displayed. Next, descriptions of each community are presented, followed by sociodemographic information for each ZIP Code in the region. These are followed by displays of three informative findings of the CHNA: 1) the Community Health Vulnerability Index, 2) Communities of Concern within each region, and 3) themes from primary data analysis that help describe health needs unique to the region.

Community Health Vulnerability Index

The Community Health Vulnerability Index (CHVI) is a composite index used to help explain the distribution of health disparities within a geographic area. Like the *Community Needs Index* or CNI[9] on

[9] Barsi, E. and Roth, R. (2005) The Community Needs Index. *Health Progress*, Vol. 86, No. 4, pp. 32–38.

which it was based, the CHVI combines multiple sociodemographic indicators to help identify those locations experiencing health disparities. Higher CHVI values indicate a greater concentration of groups that are more likely to experience health-related disparities. CHVI indicators are noted in Table 1. CHVI maps are provided for each region. In these maps, darker-shaded census tracts are those with the higher CHVI values and represent portions of the community that are most likely experiencing disparities.

Table 1: Community Health Vulnerability Index Indicators

Percentage Minority (Hispanic or Nonwhite)	Percentage Families with Children in Poverty
Percentage 5 Years or Older Who Speak Limited English	Percentage Households 65 Years or Older Living in Poverty
Percentage 25 or Older without a High School Diploma	Percentage Single-Female-Headed Households Living in Poverty
Percentage Unemployed	Percentage Renters
Percentage Uninsured	

Communities of Concern

Communities of Concern are geographic areas (defined by ZIP Codes) within a region that have the greatest concentration of poor health outcomes and are home to more medically underserved, low-income, and diverse populations at greater risk for poorer health. Communities of Concern are important to the overall CHNA methodology because they allow for a focus on those portions of the region likely experiencing the greatest health disparities.

Communities of Concern were identified through a combination of primary and secondary data. ZIP Codes within each region were examined to determine if: 1) they were previously identified as a Community of Concern (in the 2016 CHNA), 2) they intersected a census tract that had a high CHVI value (indicated higher vulnerability), and 3) they had high mortality rates compared to others in the region. This secondary data analysis was combined with primary data to identify the 2019 CHNA Communities of Concern for each region.

Findings for Each Region

Prioritized Significant Health Needs by Region

While a goal of the assessment was to identify the health needs of Sacramento County as a whole, it was also important to identify and prioritize health needs for the multiple communities within the county. To accomplish this, data were collected and analyzed at two levels. Health need identification and prioritization for the county overall was based on all qualitative data collected across the county. However, health need identification and prioritization for each region was based on qualitative data collected only within that particular region. This resulted in differences between the health needs identified and prioritization for the entire county, and those identified and prioritized for each region, as these findings were based on a different set of community voices.

Whereas 10 significant health needs were identified for the county as a whole, only nine significant health needs were identified for three of the four regions. For the Central Region, only eight significant health needs were identified. After each region's health needs were identified, they were also prioritized for each region based on an analysis of primary data sources that mentioned the health need as a priority. The findings are displayed in Table 2. The health needs are listed in the first column, and the prioritization of that particular need, if applicable, is listed in the column for each region.

Table 2: Prioritized Significant Health Needs by Region

Significant Health Need	Northwest	Northeast	Central	South
Access to Quality Primary Care Health Services	1	1	1	1
Access to Mental/Behavioral/ Substance-Abuse Services	2	2	2	2
Access to Basic Needs Such as Housing, Jobs, and Food	3	3	3	3
System Navigation	4	5	4	4
Injury and Disease Prevention and Management	8	4	Did not find for this region	9
Safe and Violence-Free Environment	9	6	6	5
Active Living and Healthy Eating	5	9	7	7
Access and Functional Needs	6	8	8	8
Cultural Competency	7	7	5	6
Access to Specialty and Extended Care	Did not find this health need for any of the regions			

Northwest Region

Description of the Community Served

The Northwest Region is comprised of 13 ZIP Codes and includes those communities depicted in Figure 3. The area is home to approximately 325,000 residents. Table 3 displays population characteristics for each ZIP Code. Data are compared to the state and county rates, and ZIP Codes that negatively varied or performed poorly when compared to the county benchmark are highlighted.

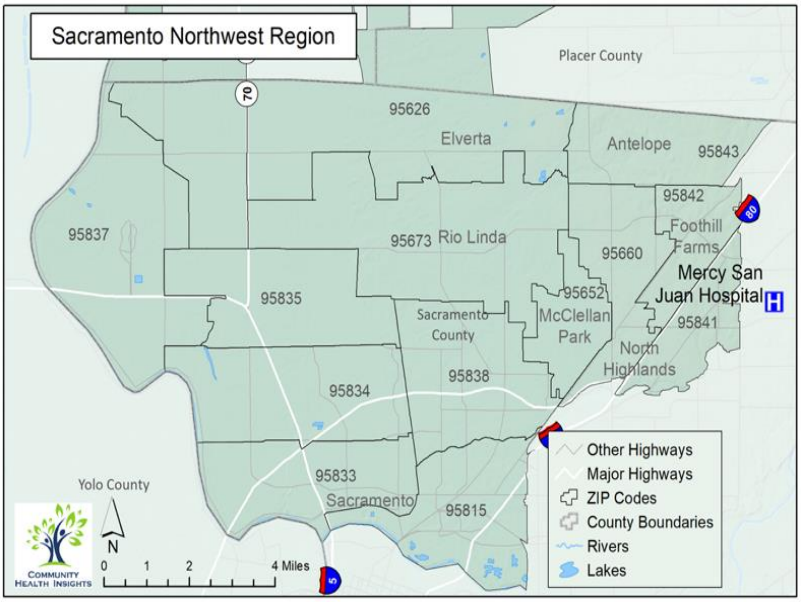

Figure 3: Northwest Region map

Table 3: Population Characteristics for the Northwest Region ZIP Codes

ZIP Code	Total Population	% Minority	Median Age	Median Income	% Poverty	% Unemployed	% Uninsured	% No HS Graduation	% Living in High Housing Costs	% with Disability
95626	5,871	21.6	40.9	$56,667	10.8	5.5	12.6	11.9	33.6	12.7
95652	966	28.1	32.2	$26,098	62.6	22.2	5.2	14.3	56.4	31.5
95660	34,303	53.9	31.8	$39,677	26.5	10.2	13.8	18.9	45.9	14.2
95673	15,140	36.8	38.3	$54,560	19.4	8.0	11.0	17.8	41.3	14.8
95815	25,206	69.0	33.0	$29,870	38.4	17.9	16.5	28.9	55.3	14.9
95833	40,029	69.6	31.4	$58,008	18.7	10.5	10.3	14.1	37.6	9.2
95834	26,560	71.7	31.7	$53,728	19.0	8.7	11.5	11.7	42.4	8.0
95835	38,847	65.6	35.9	$83,150	7.6	6.3	9.4	8.0	37.1	7.0
95837	340	18.2	46.7	$111,786	1.2	1.8	5.0	2.6	20.4	6.5
95838	37,286	74.5	28.9	$40,815	29.5	12.1	15.1	26.8	50.2	11.8
95841	19,890	39.8	34.5	$40,693	25.0	8.5	12.4	10.2	46.5	14.6
95842	32,184	46.8	32.7	$44,462	25.4	10.3	14.5	14.3	44.5	12.3
95843	47,666	42.8	32.1	$66,178	14.2	8.6	11.9	8.7	40.7	9.8
Sacramento	1,479,300	53.6	35.7	$57,509	17.9	10.2	10.4	13.2	39.7	12.7
California	38,654,206	61.6	36.0	$63,783	15.8	8.7	12.6	17.9	42.9	10.6

(Source: 2012–2016 American Community Survey 5-year estimates; U.S. Census Bureau)

Community Health Vulnerability Index

Figure 4 displays the CHVI for the Northwest Region. As described earlier, darker-shaded census tracts are those with higher CHVI scores indicating communities most likely experience health disparities.

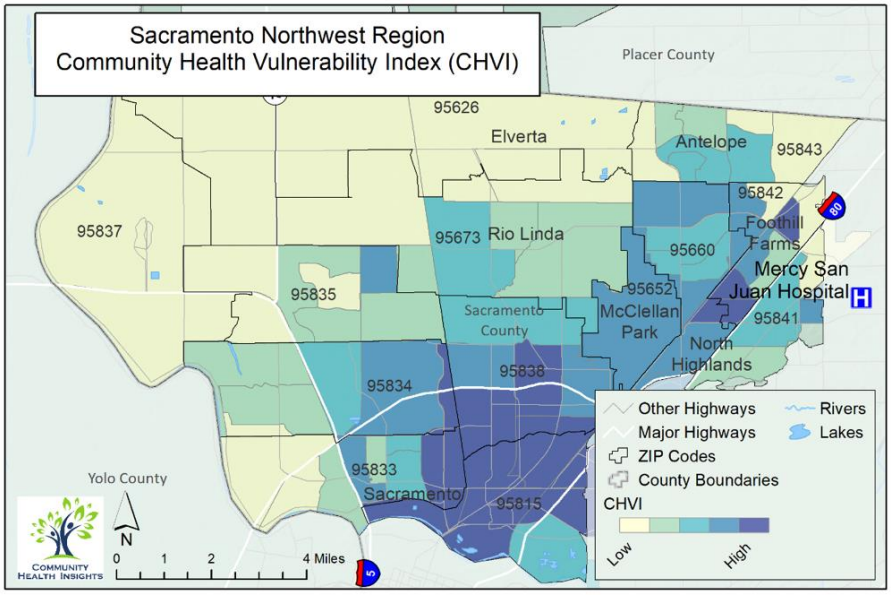

Figure 4: Community Health Vulnerability Index for the Northwest Region

Communities of Concern

Five ZIP Codes in the Northwest Region met the criteria to be classified as Communities of Concern. These are shown in Figure 5 and described in Table 4 with the census population provided for each.

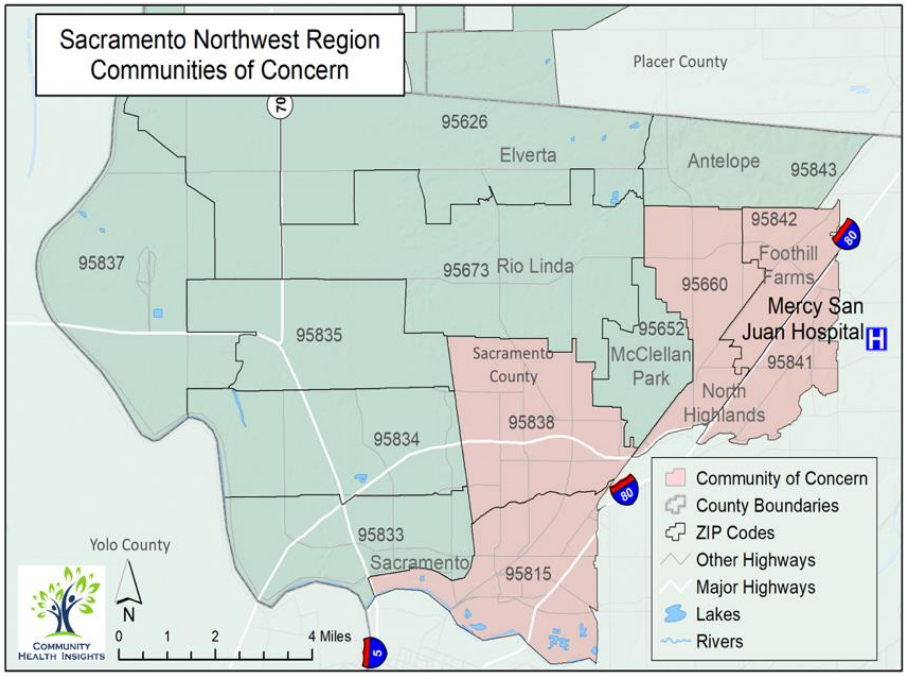

Figure 5: Communities of Concern for the Northwest Region

Table 4: Identified Communities of Concern for the Northwest Region

ZIP Code	*Community/Area*	*Population*
95660	North Highlands	34,303
95815	North Sacramento	25,206
95838	Del Paso Heights	37,286
95841	Arden Arcade, North Highlands	19,890
95842	Arden Arcade, North Highlands, Foothill Farms	32,184
Total Population in Communities of Concern		148,869
Total Population in Northwest Region		324,288
Percentage of Northwest Region		45.9%

(Source: 2012–2016 American Community Survey 5-year estimates; U.S. Census Bureau)

Themes from Primary Data

Table 5: Themes from Primary Data Collection, Northwest Region

Significant Health Need	Primary Data Themes
Access to Mental/Behavioral/ Substance-Abuse Services	• More mental health services specifically for youth • Long wait times to receive mental health treatment • Services needed to treat effects of Adverse Childhood Experiences
Access to Quality Primary Care Health Services	• No options for Medi-Cal enrollees • Discrimination based on insurance type
Active Living and Healthy Eating	• Area is food desert, no farmer's markets in area
Safe and Violence-Free Environment	• Frequent shootings make people stay indoors

Significant Health Need	Primary Data Themes
Access and Functional Needs	• Public transportation does not reach all areas of community
Injury and Disease Prevention and Management	• More education and services preparing youth needed • Lack of funding for schools results in poorer education for youth • More after-school programs needed for youth
Cultural Competency	• County government not representative of community • Law enforcement needs to partner with community

Northeast Region

Description of the Community Served

The Northeast Region is comprised of 15 ZIP Codes and includes those communities depicted in Figure 6. The area is home to approximately 525,000 residents. Table 6 displays population characteristics for each ZIP Code. Data provided are compared to the state and county rates, and ZIP Codes that negatively varied or performed poorly when compared to the county benchmark are highlighted.

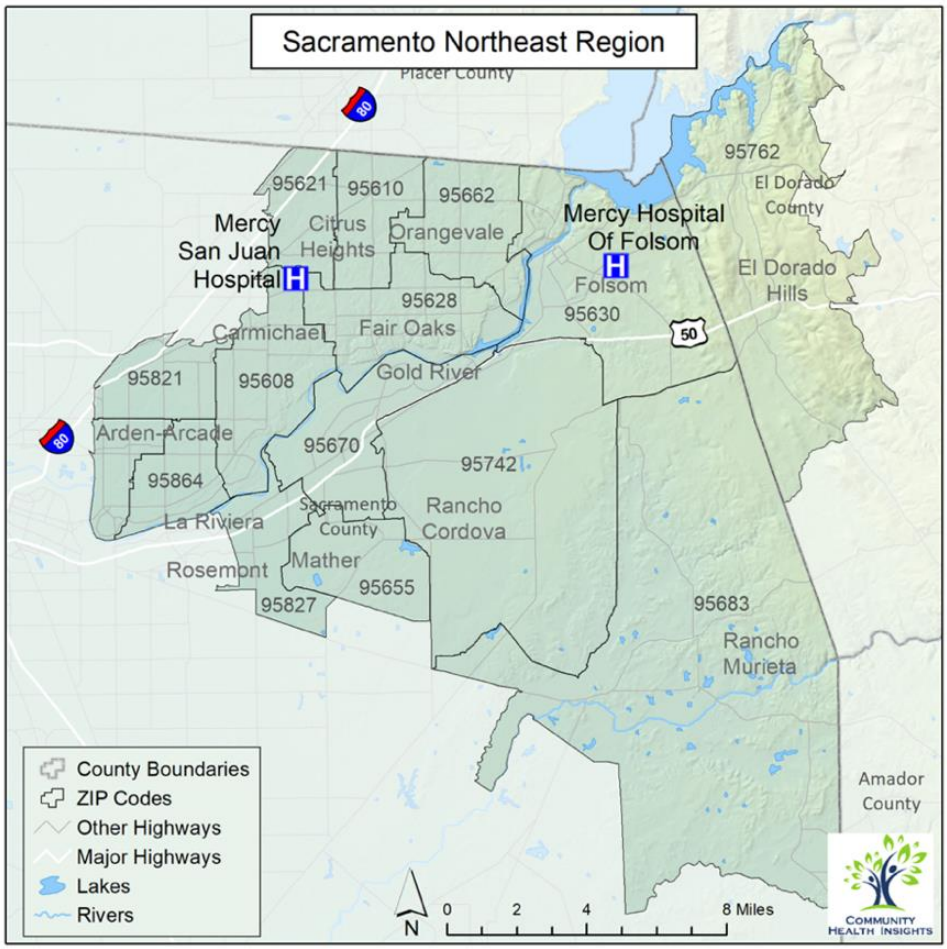

Figure 6: Northeast Region map

Table 6: Population Characteristics for the Northeast Region ZIP Codes

ZIP Code	Total Population	% Minority	Median Age	Median Income	% Poverty	% Unemployed	% Uninsured	% No HS Graduation	% Living in High Housing Costs	% with Disability
95608	60,199	28.5	44.2	$56,891	14.6	12.2	8.5	6.3	38.8	16.9
95610	44,711	31.2	36.8	$51,271	15.2	10.5	13.2	10.7	40.2	14.6
95621	41,908	30.2	38.4	$52,462	13.9	9.3	10.0	10	39.9	15.8
95628	41,649	20.9	44.9	$73,858	11.0	9.7	8.2	6.1	34.2	12.2
95630	74,905	36.0	40.3	$102,865	4.7	5.6	3.9	7.5	30.7	7.9
95655	4,205	46.2	35.1	$78,750	18.1	14.1	10.4	9.1	36.5	9.8
95662	32,441	17.4	41.2	$72,134	10.0	9.5	9.4	6.5	36.2	14.8
95670	54,277	45.6	36.7	$56,527	15.9	10.6	11.6	10.5	37.2	13.3
95683	6,233	20.0	49.8	$98,782	3.0	2.9	2.1	4.5	30.8	13.0
95742	10,494	57.8	32.4	$105,789	8.1	7.8	5.9	4.5	28.4	6.9
95762	40,493	27.1	43.2	$126,340	4.0	7.3	3.5	3.1	32.6	7.1
95821	35,530	40.8	39.0	$39,588	26.6	16.3	10.5	12.4	47.8	13.2
95825	33,385	49.7	32.1	$36,647	33.3	14.7	13.1	12.3	47.6	13.5
95827	20,382	48.1	36.6	$48,831	15.8	10.0	9.2	11.1	44.8	15.0
95864	23,527	27.0	45.8	$92,165	7.0	7.4	4.7	3.6	29.2	11.4
Sacramento	1,479,300	53.6	35.7	$57,509	17.9	10.2	10.4	13.2	39.7	12.7
California	38,654,206	61.6	36.0	$63,783	15.8	8.7	12.6	17.9	42.9	10.6

(Source: 2012–2016 American Community Survey 5-year estimates; U.S. Census Bureau)

Community Health Vulnerability Index

Figure 7 displays the CHVI for the Northeast Region. As described earlier, darker-shaded census tracts are those with higher CHVI scores indicating communities most likely experience health disparities.

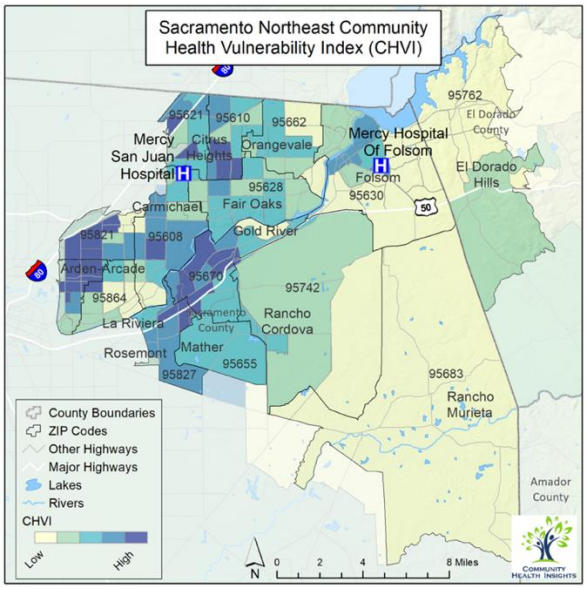

Figure 7: Community Health Vulnerability Index for the Northeast Region

Communities of Concern

Six ZIP Codes met the criteria to be classified as Communities of Concern in the Northeast Region. These are noted in Table 7, with the census population provided for each, and they are displayed in Figure 8.

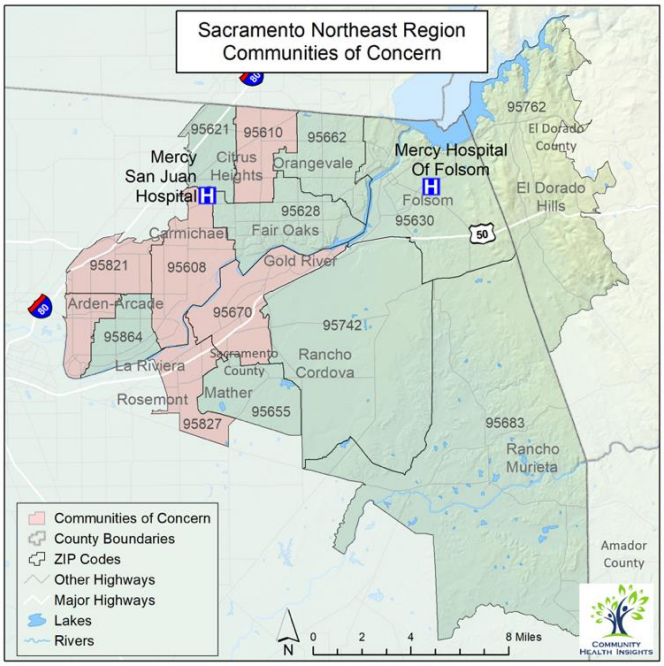

Figure 8: Communities of Concern for the Northeast Region

Table 7: Identified Communities of Concern for the Northeast Region

ZIP Code	*Community/Area*	*Population*
95608	Carmichael	60,199
95610	Citrus Heights	44,711
95670	Rancho Cordova	52,277
95821	Arden Arcade, North Highlands	35,530
95825	Arden Arcade, North Highlands	33,385
95827	Rancho Cordova, Rosemont	20,382
Total Population in Communities of Concern		248,484
Total Population in Northeast Region		524,339
Percentage of Northeast Region		47.4%

(Source: 2012–2016 American Community Survey 5-year estimates; U.S. Census Bureau)

Themes from Primary Data

Table 8: Themes from Primary Data, Northeast Region

Significant Health Need	Primary Data Themes
Access to Mental/Behavioral/ Substance Abuse Services	• Homeless population growing in this region • Dramatic rise in prescription drug use contributing to mental health issues • Need walk-in mental health treatment centers • Sacramento County mental health services severely lacking • Opioid addiction crisis
Access to Quality Primary Care Health Services	• Medi-Cal providers only deal with one health issue per visit • Overbooking of appointments—long wait times

Significant Health Need	Primary Data Themes
	• Inaccessible clinic hours • Dirty clinics • Clinic staff disrespectful of patients • Quality of care depends on type of insurance patient has
Safe and Violence-Free Environment	• Children feeling unsafe walking to school • Sex trafficking on the rise • Need larger police presence
Access to Basic Needs Such as Housing, Jobs, and Food	• Poverty a root cause of most health and mental health issues • Income inequality growing
Injury and Disease Prevention and Management	• More health education and disease prevention services needed
System Navigation	• Medi-Cal is confusing and difficult to navigate • Undocumented residents lack skills to access services
Cultural Competency	• Many services for immigrants lacking translators • Law enforcement lacking cultural competency training • Telephone translation services inadequate • Cultural norms preventing females from seeing male providers

Central Region

Description of the Community Served

The Central Region is comprised of eight ZIP Codes and includes those communities depicted in Figure 9. The area is home to approximately 160,000 residents. Table 9 displays population characteristics for each ZIP Code. Data provided are compared to the state and county rates, and ZIP Codes that negatively varied or performed poorly when compared to the county benchmark are highlighted.

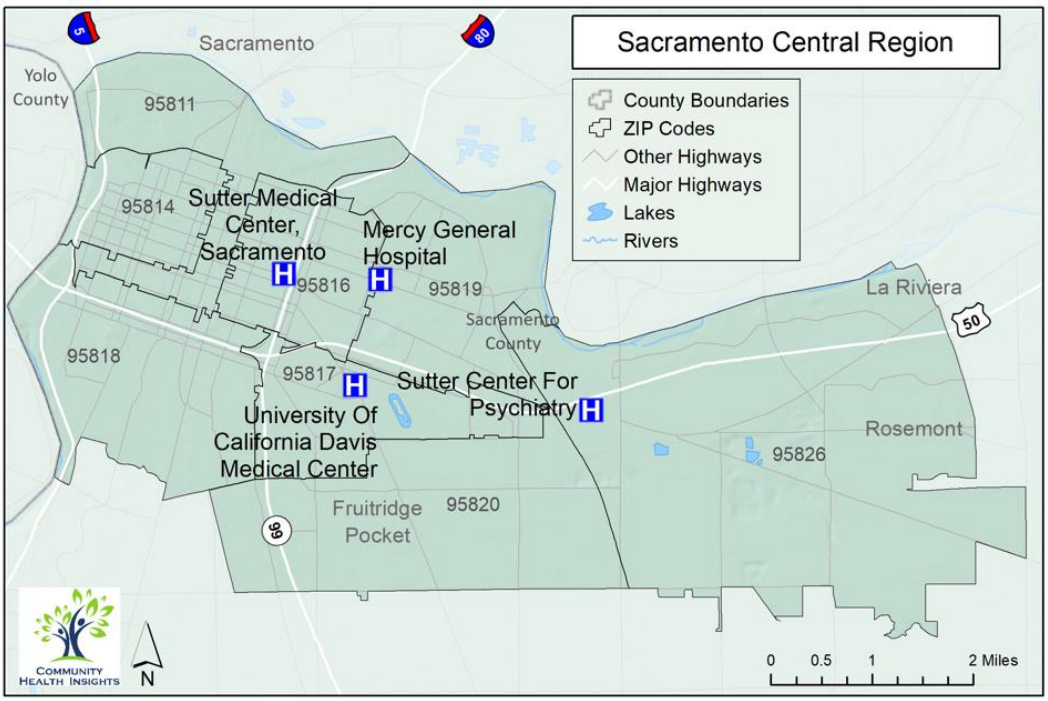

Figure 9: Map of the Central Region

Table 9: Population Characteristics for Central Region ZIP Codes

ZIP Code	Total Population	% Minority	Median Age	Median Income	% Poverty	% Unemployed	% Uninsured	% No HS Graduation	% Living in High Housing Costs	% with Disability
95811	6,711	48.4	33.3	$38,538	32.7	9.0	11.1	13.0	39.0	19.1
95814	10,487	48.7	35.1	$31,409	32.2	9.8	11.2	16.0	43.7	18.3
95816	17,178	31.3	35.4	$54,777	13.5	7.0	9.2	4.8	32.6	12.7
95817	13,918	53.5	34.1	$38,889	30.7	8.5	13.0	16.2	45.8	17.9
95818	20,629	42.0	38.7	$68,085	18.1	7.4	6.7	8.1	32.6	12.5
95819	18,846	24.9	37.1	$96,633	5.8	6.4	3.9	2.3	20.9	8.7
95820	35,869	70.5	33.6	$42,948	27.4	11.8	16.2	25.8	41.9	15.6
95826	36,992	47.5	34.7	$55,772	19.3	9.9	10.3	9.2	39.3	11.8
Sacramento	*1,479,300*	*53.6*	*35.7*	*$57,509*	*17.9*	*10.2*	*10.4*	*13.2*	*39.7*	*12.7*
California	38,654,206	61.6%	36.0	$63,783	15.8%	8.7%	12.6%	17.9%	42.9%	10.6%

(Source: 2012–2016 American Community Survey 5-year estimates; U.S. Census Bureau)

Community Health Vulnerability Index

Figure 10 displays the CHVI for the Central Region. Darker-shaded census tracts are those with higher CHVI scores indicating communities most likely experiencing health disparities.

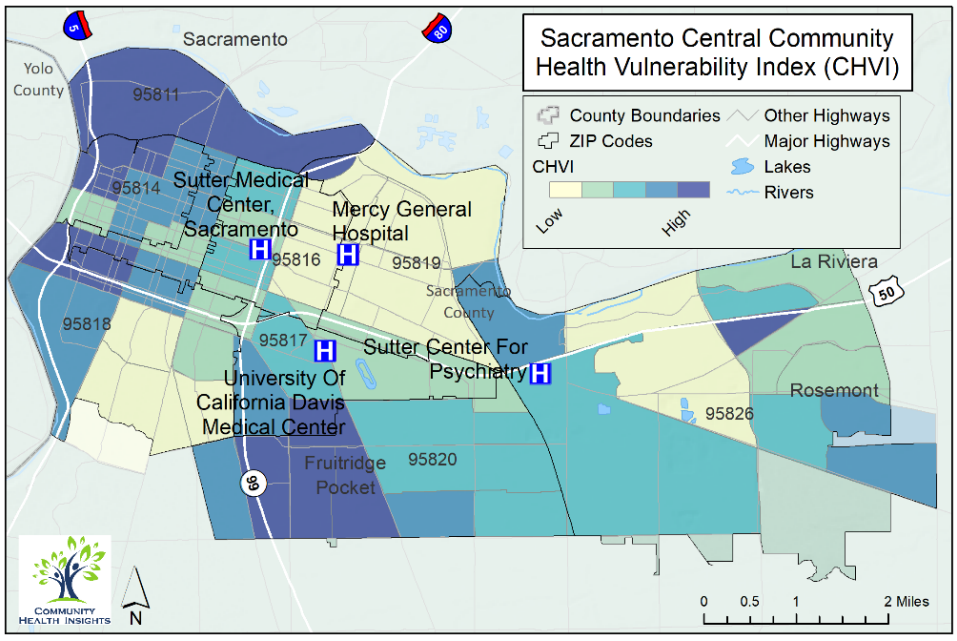

Figure 10: Community Health Vulnerability Index for the Central Region

Communities of Concern

Analysis of data revealed four ZIP Codes that met the criteria to be classified as Communities of Concern. These are noted in Table 10, with the census population provided for each, and they are displayed in Figure 11.

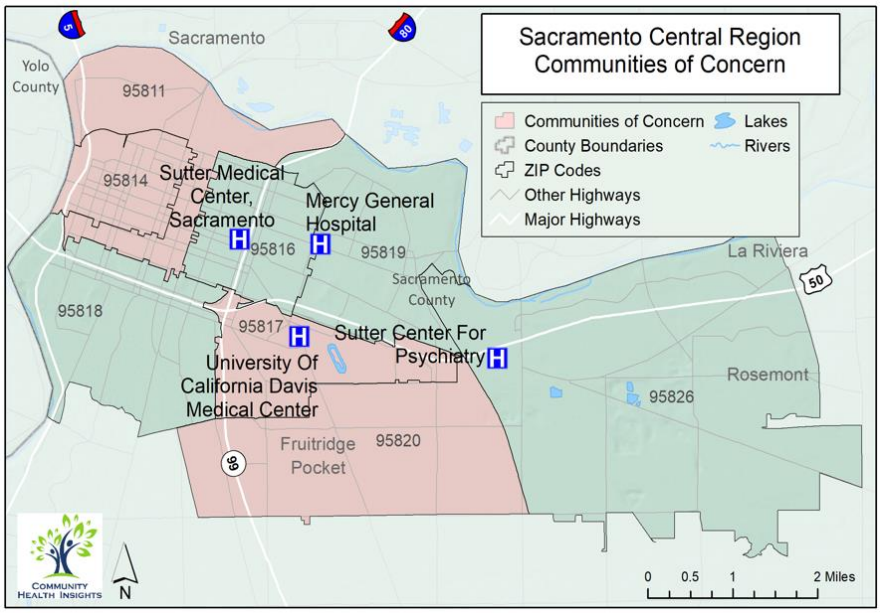

Figure 11: Communities of Concern for the Central Region

Table 10: Identified Communities of Concern for the Central Region

ZIP Code	*Community/Area*	*Population*
95811	Downtown Sacramento	6,711
95814	Downtown Sacramento	10,487
95817	Oak Park	13,918
95820	Oak Park, Tahoe Park	35,869
Total Population in Communities of Concern		66,985
Total Population in Central Region		160,630
Percentage of Population in Central Region in Community of Concern		41.7%

(Source: 2012–2016 American Community Survey 5-year estimates; U.S. Census Bureau)

Themes from Primary Data

Table 11: Themes from Primary Data, Central Region

Significant Health Need	Primary Data Themes
Access to Mental/Behavioral/ Substance Abuse Services	• Homeless population "explosion" in recent years • Strong connection between mental health and homelessness • Burden of managing care for homeless population shifting to local hospitals (often in the emergency department)
Access to Basic Needs Such as Housing, Jobs, and Food	• Homeless population drastically increasing
System Navigation	• Need more patient navigators • Need one coordinated entry point to access all related services • Whole-person care needed
Cultural Competency	• Institutional racism a barrier to receiving care

South Region

Description of the Community Served

The South Region is comprised of 14 ZIP Codes and includes those communities depicted in Figure 12. The area is home to approximately 500,000 residents. Table 12 displays population characteristics for each ZIP Code. Data provided are compared to the state and county rates, and ZIP Codes that negatively varied or performed poorly when compared to the county benchmark are highlighted.

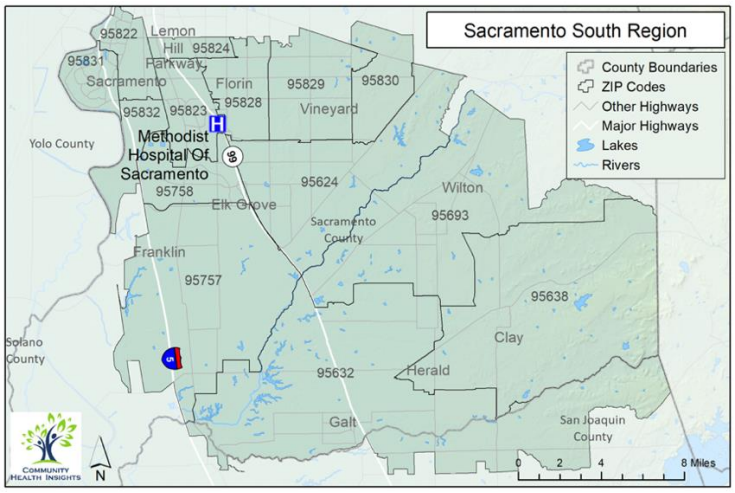

Figure 12: Map of the South Region

Table 12: Population Characteristics for South Region ZIP Codes

ZIP Code	Total Population	% Minority	Median Age	Median Income	% Poverty	% Unemployed	% Uninsured	% No HS Graduation	% Living in High Housing Costs	% with Disability
95624	64,429	55.5	36.1	$84,854	10.3	8.6	6.1	9.7	33.1	12.3
95632	30,594	51.3	34.6	$64,668	17.1	9.7	12.4	17.2	38.2	11.7
95638	2,238	31.5	46.5	$87,361	4.8	4.2	8.3	12.7	35.1	10.1
95693	6,153	28.1	50.0	$85,417	11.1	5.5	6.3	7.5	33.3	12.7
95757	46,703	74.1	34.2	$91,539	9.0	7.9	4.7	12.1	38.2	9.7
95758	63,778	67.3	35.3	$74,164	11.8	9.2	7.2	9.5	35.0	11.0
95822	44,724	74.1	37.2	$47,405	21.6	11.8	12.7	19.3	40.4	16.2
95823	76,478	85.5	30.7	$39,294	27.7	14.2	12.2	25.4	50.1	14.4
95824	30,225	85.4	30.7	$29,747	40.0	16.8	20.4	36.1	54.1	14.3
95828	60,884	81.7	34.7	$45,710	22.6	14.6	13.7	26.5	46.5	14.3
95829	26,588	66.5	33.5	$80,118	11.9	8.4	9.3	12.1	38.1	8.8
95830	953	49.6	50.9	$54,417	22.2	12.4	21.3	10.6	36.1	23.4
95831	41,859	64.3	45.2	$68,140	8.1	8.2	6.9	6.9	33.9	13.1
95832	11,313	87.8	28.2	$42,652	27.9	15.0	10.6	27.3	52.3	15.4
Sacramento	1,479,300	53.6	35.7	$57,509	17.9	10.2	10.4	13.2	39.7	12.7
California	38,654,206	61.6%	36.0	$63,783	15.8 %	8.7%	12.6%	17.9%	42.9%	10.6%

(Source: 2012–2016 American Community Survey 5-year estimates; U.S. Census Bureau)

Community Health Vulnerability Index

Figure 13 displays the CHVI for the South Region. Darker-shaded census tracts are those with higher CHVI scores indicating communities most likely experiencing disparities.

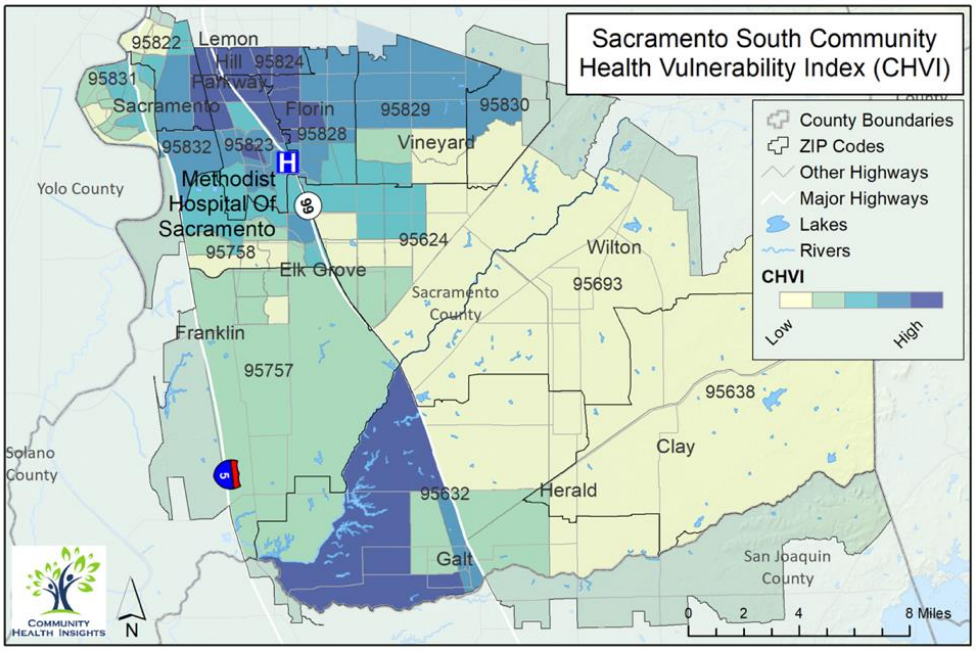

Figure 13: Community Health Vulnerability Index for the South Region

Communities of Concern

Analysis of data revealed four ZIP Codes that met the criteria to be classified as Communities of Concern. These are noted in Table 13, with the census population provided for each, and they are displayed in Figure 14.

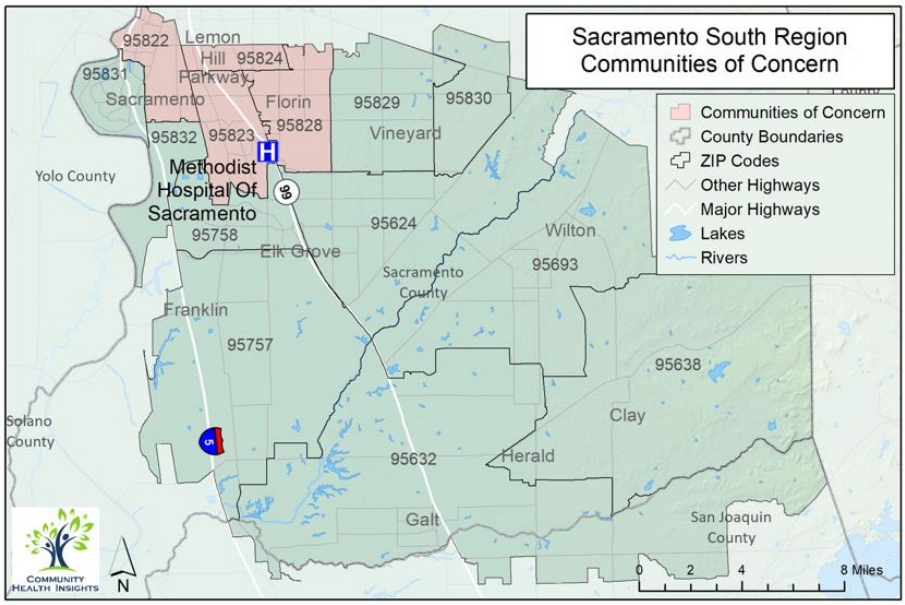

Figure 14: Communities of Concern for the South Region

Table 13: Identified Communities of Concern for the South Region

ZIP Code	*Community/Area*	*Population*
95822	South Sacramento	44,724
95823	South Sacramento	76,478
95824	South Sacramento	30,225
95828	South Oak Park, South Sacramento	60,884
Total Population in Communities of Concern		212,311
Total Population in South Region		506,919
Percentage of South Region		41.9%

(Source: 2012–2016 American Community Survey 5-year estimates; U.S. Census Bureau)

Themes from Primary Data

Table 14: Themes from Primary Data, South Region

Significant Health Need	Primary Data Themes
Access to Mental/Behavioral/ Substance-Abuse Services	• Substance abuse and violence significant issues in community • Complexity of mental health issues growing
Access to Quality Primary Care Health Services	• Need more services in Delta, limited options
Active Living and Healthy Eating	• High housing costs leaving limited money for healthy food • Unsafe communities limiting youth outdoor activities • Need improved parks
Safe and Violence-Free Environment	• Substance abuse and violence significant issues in community • Poor police-community relationship • Dangerous drivers on streets • Slow response times by law enforcement • Limited safe places for youth • Human trafficking a growing issue
Access and Functional Needs	• Distances to access services a barrier • Lack of transportation a barrier to patients seeking care
Injury and Disease Prevention and Management	• Youth needing better access to college • School district not adequately preparing students for college • College too expensive • Too much focus by educators on test scores • Focus on prevention a major health need
System Navigation	• People unaware what services they qualify for
Cultural Competency	• The community's lack of trust in healthcare providers • Healthcare complicated and not fully understood by many • Community very diverse, multitude of languages spoken • South Sacramento overpoliced • Inaccurate stereotypes and assumptions about community • Can't find healthcare interpreters for some languages

Resources Potentially Available to Meet the Significant Health Needs

In all, 665 resources that are potentially available to meet the identified significant health needs were identified in the Sacramento County area. The identification method included starting with the list of resources from the 2016 CHNAs, verifying that the resources still existed, and then adding newly identified resources into the 2019 CHNA report. Examination of the resources revealed the following numbers of resources for each significant health need as shown in Table 15.

Table 15: Resources Potentially Available to Meet Significant Health Needs in Priority Order for Sacramento County

Significant Health Need (in Priority Order)	Number of Resources
Access to quality primary healthcare services	74
Access to mental/behavioral/substance-abuse services	97
Access to basic needs such as housing, jobs, and food	116
System navigation	42
Injury and disease prevention and management	90
Safe and violence-free environment	57
Access to active living and healthy eating	82
Access to meeting functional needs (transportation and physical mobility)	7
Cultural competency	56
Access to specialty and extended care	44
Total Resources	**665**

For more specific examination of resources by significant health need and by geographic location, as well as the detailed method for identifying these, see the technical section.

Impact/Evaluation of Actions Taken by Hospitals since 2016 CHNA

Regulations require that each hospital's CHNA report include: "an evaluation of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA to address the significant health needs identified in the hospital facility's prior CHNA(s)."[10]

Primary Health Need Addressed: Access to Behavioral Health Services	
Navigation to Wellness	
Program Description	The program utilizes a team comprised of Clinicians and a Peer Support Specialist that work closely with Dignity Health staff in identifying individuals with a self-reported behavioral health problem, who repeatedly access hospital services, and who could be more effectively served if linked to non-emergency room resources. Once a patient is referred by the hospital, the Navigation Team assesses patients to determine what outpatient behavioral health services they are eligible for or may need and links them to appropriate public and general behavioral health services.
Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ❑ Mercy General Hospital ✓ Methodist Hospital of Sacramento

[10] *Federal Register*, Vol. 79, No. 250, (Wednesday, December 31, 2014). Department of the Treasury, Internal Revenue Service.

Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	❑ Active Living and Healthy Eating ❑ Disease Prevention, Management and Treatment ✓ Access to High Quality Health Care and Services ✓ Safe, Crime, and Violence Free Communities ✓ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	705 persons served between FY16-FY18. All patients were linked to community resources upon hospital discharge and followed up with for 30 days to ensure they connected to the resources. Given community and program needs, In FY 17, this collaborative experienced a change in community partners. The new collaborative includes: Turning Point Community Programs, Strategies for Change, Consumer Self Help, and NAMI.
Dignity Health Contribution / Program Expense[2]	$728,000, which is a shared expense by Dignity Health hospitals in Sacramento county.
ReferNet Intensive Outpatient Mental Health Partnership	
Program Description	The program provides a seamless way for individuals admitting to the emergency department with mental illness to receive immediate and ongoing intensive outpatient treatment and other social services they need to ensure continuity of care when they leave the hospital.
Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	❑ Active Living and Healthy Eating ✓ Disease Prevention, Management and Treatment ✓ Access to High Quality Health Care and Services ✓ Safe, Crime, and Violence Free Communities ✓ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	1,725 patients were referred to the program by hospital social workers; 588 successfully received intensive outpatient treatment and were referred to other social service resources as needed. In FY 17, transportation expanded to be offered 4 times per week and also serve as a patient reminder mechanism which has positively contributed to a higher show rate.
Dignity Health Contribution / Program Expense[2]	$345,810, which is a shared expense by Dignity Health hospitals in Sacramento county.
TLCS Triage Navigator	
Program Description	In partnership with Sacramento County and TLCS (now Hoper Cooperative), the Triage Navigator Program serves Sacramento County residents who are experiencing a mental health crisis resulting in functional impairment that interferes with primary activities of daily and independent living. Triage Navigators are placed in hospital emergency departments as well as the county jail and Loaves & Fishes to assist patients in accessing outpatient mental health services and other resources. In FY19, program services will be expanding to serve the inpatient population.
Active Hospitals	❑ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	❑ Active Living and Healthy Eating ✓ Disease Prevention, Management and Treatment

	❑ Access to High Quality Health Care and Services ❑ Safe, Crime, and Violence Free Communities ❑ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	In FY19, program services will be expanding to serve the inpatient population. 773 persons served between FY16-FY18; outcomes showed a decrease in ER utilization by over 50% for the population served.
Dignity Health Contribution / Program Expense[2]	NA - Program funded by the county, however TLCS navigators work out of Dignity Health hospitals' emergency departments and are supervised by clinical staff. The Community Health and Outreach department managed the internal components of the program.

Priority Health Need Addressed: Active Living and Healthy Eating	
Food Exploration and School Transformation (FEAST)	
Program Description	Teaches literacy and nutrition through cooking classes at underserved elementary schools. The center offers strategies to create behavior change and prevent childhood obesity through two core programs, which together provide a complete, scalable and replicable solution to the problem: 1) teaching food literacy to low-income pre-K through 6th graders, and 2) training community members as food literacy instructors.
Active Hospitals	❑ Mercy Hospital of Folsom ❑ Mercy San Juan Medical Center ❑ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	❑ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	❑ Access to Behavioral Health Services ✓ Disease Prevention, Management and Treatment ❑ Access to High Quality Health Care and Services ❑ Safe, Crime, and Violence Free Communities ❑ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	Food Literacy Center delivered cooking and nutrition classes to 4,173 students and parents at 9 schools through the FEAST program. Health Education Council educated over 50 parents on the importance of healthy lifestyles by focusing on nutrition education, fitness opportunities, and disease prevention. In FY 18, cooking and nutrition classes and workshops for both students workshops for parents, that included teachings around Vegetable of the Month, were rolled out.
Dignity Health Contribution / Program Expense[2]	$200,000 which is a shared expense by Dignity Health hospitals in Sacramento county between FY17-FY18.

Primary Health Need Addressed: Disease Prevention, Management and Treatment	
Healthier Living	
Program Description	Provides residents with chronic diseases knowledge, tools and motivation needed to become proactive with their health. Healthier Living workshops are open to anyone with any ongoing health condition, as well as those who care for persons with chronic health conditions. The Healthier Living program allows participants to learn about and practice a wide variety of tools to help them become better self-managers of their ongoing health conditions.
Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018

Secondary Health Need(s) Addressed	❑ Access to Behavioral Health Services ✓ Active Living and Health Eating ❑ Access to High Quality Health Care and Services ❑ Safe, Crime, and Violence Free Communities ❑ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	661 persons served through 64 workshops conducted between FY16-FY18. Over the last three fiscal years, less than 5% of the completers readmitted to the hospital within 6 months of completing the workshop. There are now 27 active lay leaders, 14 of which are Spanish speaking and 3 certified master trainers in the region.
Dignity Health Contribution / Program Expense[2]	$239,535, which is a shared expense by Dignity Health hospitals in Sacramento county.
Congestive Heart Active Management Program (CHAMP)	
Program Description	Establishes a relationship with patients who have heart failure after discharge from the hospital through: • Regular phone interaction to support and education to help manage this disease • Monitoring of symptoms or complications
Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	❑ Access to Behavioral Health Services ❑ Active Living and Health Eating ✓ Access to High Quality Health Care and Services ❑ Safe, Crime, and Violence Free Communities ❑ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	38,902 patients served across the four Sacramento hospitals between FY16-FY18. Outcomes show that less than 6% of the patients served were admitted to the hospital within three months post intervention.
Dignity Health Contribution / Program Expense[2]	$3,215,348, which is a shared expense by Dignity Health hospitals in Sacramento county.
Primary Health Need Addressed: Access to High Quality Health Care Services	
Patient Navigator Program	
Program Description	Assists patients who rely on emergency departments for non-urgent needs. The navigators help patients by connecting them to a primary care medical home and assisting them with scheduling a follow up appointment along with any other barriers that may create obstacles with accessing care.
Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	❑ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ✓ Disease Prevention, Management and Treatment ❑ Safe, Crime, and Violence Free Communities ❑ Basic Needs (Food Security, Housing, Economic Security, Education)

Program Performance / Outcomes[1]	20,345 persons served FY16-FY18; Outcomes consistently showed a decrease in primary care/low acuity visits between 40-50%.Over the last three fiscal years, we have experienced some fluctuations in staffing; however, in FY 18 we were able to see a full team in action.
Dignity Health Contribution / Program Expense[2]	$358,318, which is a shared expense by Dignity Health hospitals in Sacramento County. Note, FY16 portion of the contribution reported includes Health Net funds provided for the program.
Oncology Nurse Navigator Program	
Program Description	The program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards. The navigators provide interventions that address patient's immediate concerns and barriers to care such as difficulties with insurance, financial burden, lack of transportation and addressing the knowledge deficit around their diagnosis and treatment options. The program also provides referrals for nutritional and psycho-social support as well hosting multiple cancer support groups across the region.
Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	✓ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ❑ Disease Prevention, Management and Treatment ✓ Safe, Crime, and Violence Free Communities ✓ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	8,539 persons served between Dignity Health hospitals in Sacramento and Yolo counties.
Dignity Health Contribution / Program Expense[2]	$175,138, which is a shared expense by Dignity Health hospitals in Sacramento and Yolo counties.
Mercy Family Health Center	
Program Description	The Mercy Family Health Center is a part of Methodist Hospital's Family Practice Residency Program, and fills a major need to increase access to primary and preventative health care for the underserved. With the incorporation of Dignity Health's Human Trafficking Response program, the Mercy Family Health Center established itself as a Human Trafficking Victim Medical Safe Haven in FY17, and has partnered with several community organizations to bridge the gap between social and recovery support and medical services. The clinic continues to provide a safe primary care medical environment for victims and survivors of human trafficking led by understanding physicians and medical staff extensively trained in victim-centered, trauma informed care.
Active Hospitals	❑ Mercy Hospital of Folsom ❑ Mercy San Juan Medical Center ❑ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	✓ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ✓ Disease Prevention, Management and Treatment ✓ Safe, Crime, and Violence Free Communities ❑ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	Between FY16-FY18, the clinic had 45,295 visits, most of which were provided to underinsured and uninsured individuals.
Dignity Health Contribution / Program Expense[2]	$4,911,626 expense from Dignity Health hospitals in Sacramento county.

SPIRIT	
Program Description	The Sacramento Physicians' Initiative to Reach Out, Innovate and Teach (SPIRIT) operated under the Sierra Sacramento Valley Medical Society exists as a vehicle to involve physicians in the community. SPIRIT recruits and places physician volunteers in local clinics to provide free specialty medical care to the uninsured and coordinates and case manages surgical procedures donated at local hospitals and ambulatory surgery centers. Mercy General plays a leading role in this collaboration between the Sierra Sacramento Valley Medical Society, sister Dignity Health hospitals, Sacramento County and other health systems in the region. The hospital performs the majority of surgeries, and its physicians donate nearly 100 hours annually to provide a variety of specialty care.
Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	❑ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ✓ Disease Prevention, Management and Treatment ❑ Safe, Crime, and Violence Free Communities ❑ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	88 persons served between FY16-FY18. Services included a variety of in office specialty consults, and cataract, hernia, and gall gallbladder surgeries. Given the growing community need, In FY17, Mercy San Juan started to donate and perform gallbladder surgeries.
Dignity Health Contribution / Program Expense[2]	$105,000, which is a shared expense by Dignity Health hospitals in Sacramento county.
Catholic School Nurse Program	
Program Description	The hospital sponsors a dedicated nurse who provides health care and screenings to low income children in local Catholic Schools and grammar schools. Services include first aide, chronic disease management and care plans, mandated health screenings and education for students, families and school staff.
Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	❑ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ✓ Disease Prevention, Management and Treatment ❑ Safe, Crime, and Violence Free Communities ❑ Basic Needs (Food Security, Housing, Economic Security, Education)\
Program Performance / Outcomes[1]	Over 2,000 students and their family members received health services between FY16-FY18.
Dignity Health Contribution / Program Expense[2]	$160,896, which is a shared expense by Dignity Health hospitals in Sacramento and Yolo counties.
The Caring Center	
Program Description	The Caring Center provided alternative and complementary treatments for patients that enhance healing and improve wellbeing including therapeutic touch, cranio-sacral therapy, massage, reflexology, reiki and healing touch at no cost to the uninsured and underinsured living in the community. Clients from various neighborhoods in the hospital's service area

	sought the center's services and were also referred by physicians, the hospital's physical therapy department, and the region's community health centers.
Active Hospitals	✓ Mercy Hospital of Folsom ❑ Mercy San Juan Medical Center ❑ Mercy General Hospital ❑ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ❑ FY 2017 ❑ FY 2018
Secondary Health Need(s) Addressed	✓ Access to Behavioral Health Services ❑ Active Living and Healthy Eating ✓ Disease Prevention, Management and Treatment ❑ Safe, Crime, and Violence Free Communities ❑ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	In FY16, the program served 300 community residents and was discontinued in FY17.
Dignity Health Contribution / Program Expense[2]	$32,699 expensed from Mercy Hospital of Folsom in FY16

Primary Health Need Addressed: Safe, Crime and Violence Free Communities	
WEAVE Wellness Center/WEAVE Patient Advocate	
Program Description	In FY16 and FY17, this program known as Wellness Center was a partnership between WEAVE and Methodist Hospital to create a new model of comprehensive care for victims of domestic violence, sexual assault and human trafficking. The WEAVE Wellness Center offered triage, crisis intervention, mental health counseling and social support, with an emphasis on culturally competent services to south Sacramento's large Hispanic community. Client had access to primary care as well at Methodist Hospital's Mercy Family Health Center. In FY18, the Mercy Family Health Center, Methodist Hospital and WEAVE built on their existing relationship and launched the WEAVE Patient Advocate program to create a new model of comprehensive care for victims of human trafficking. A navigator, on-site at the health center, coordinates services and referrals to community-based resources.
Active Hospitals	❑ Mercy Hospital of Folsom ❑ Mercy San Juan Medical Center ❑ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	✓ Access to Behavioral Health Services ❑ Active Living and Health Eating ✓ Disease Prevention, Management and Treatment ✓ Access to High Quality Health Care and Services ✓ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	549 persons served between FY16-FY18. Persons served includes both victims of human trafficking who received services at Mercy Family Health Center and services provided to victims of domestic violence at the WEAVE Wellness Center.
Dignity Health Contribution / Program Expense[2]	$152,500, which is a shared expense by all Dignity Health hospitals in Sacramento county.

Safe Kids Program	
Program Description	Education classes are provided at no cost to families with children living in poverty and to families with children in immigrant communities, where the need is greatest. Safe Kids health and safety fairs are part of the overall program. These offer a venue to provide safety education to parents, care-givers and children in the community. The hospitals are the only provider offering car seat education to the largest non-English speaking populations in the region – Hispanic, Russian and Hmong.
Active Hospitals	❑ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ❑ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	❑ Access to Behavioral Health Services ❑ Active Living and Health Eating ❑ Disease Prevention, Management and Treatment ❑ Access to High Quality Health Care and Services ❑ Basic Needs (Food Security, Housing, Economic Security, Education)
Program Performance / Outcomes[1]	15,370 persons served between FY16-FY18 which includes 1,045 car seat checks and distribution of 454 car seats.
Dignity Health Contribution / Program Expense[2]	$802,262 expensed from Mercy San Juan Medical Center.

Primary Health Need Addressed: Basic Needs	
Housing with Dignity	
Program Description	The program partners hospital care coordination with Lutheran Social Services to identify individuals who are chronically homeless and chronically disabled and place them in stabilization housing units. Wrap-around supportive services are provided by Lutheran Social Services to help achieve stability. Once stabilized, individuals are transitioned into to permanent/permanent supportive housing.
Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	✓ Access to Behavioral Health Services ✓ Active Living and Health Eating ✓ Disease Prevention, Management and Treatment ✓ Access to High Quality Health Care and Services ✓ Safe, Crime, and Violence Free Communities
Program Performance / Outcomes[1]	40 persons served through FY16-FY18. Outcomes consistently showed over a 50% decrease in inpatient visits as well as length of stay in the hospital. In FY17, with additional funding from Health Net, the program's capacity was increased from five to twelve units.
Dignity Health Contribution / Program Expense[2]	$450,000 which is a shared expense by Dignity Health hospitals in Sacramento county.
Interim Care Program	
Program Description	The program provides men and women experiencing homelessness a safe environment for recovery when they are ready to be discharged from the hospital. Participants receive mental health care, substance abuse treatment, and social services support to transition to a healthier lifestyle. Additional outpatient services can be provided at the facility including home and occupational health.

Active Hospitals	✓ Mercy Hospital of Folsom ✓ Mercy San Juan Medical Center ✓ Mercy General Hospital ✓ Methodist Hospital of Sacramento
Fiscal Years Active	✓ FY 2016 ✓ FY 2017 ✓ FY 2018
Secondary Health Need(s) Addressed	✓ Access to Behavioral Health Services ✓ Active Living and Health Eating ✓ Disease Prevention, Management and Treatment ✓ Access to High Quality Health Care and Services ✓ Safe, Crime, and Violence Free Communities
Program Performance / Outcomes[1]	218 persons served between FY16-FY18 with an average length of stay of over 25 days in the program, which otherwise would have been days spent at the hospitals. During FY16, the program was moved from Salvation Army to Volunteers of America.
Dignity Health Contribution / Program Expense[2]	$278,696, which is a shared expense by Dignity Health Hospitals in Sacramento county.

1. All program outcomes and expenses are reflective of the timeframe (fiscal years) indicated by the boxes checked in the 'Fiscal Years Active' section of the table for each program.
2. Outcomes and expenses are also shared between the Dignity Health hospitals indicated by the boxes checked in the 'Active Hospitals' section of the table for each program.

Collaboration

During FY16-FY18, Mercy General, Mercy San Juan, Methodist and Mercy Hospital Folsom utilized collaborative strategies to assess current strengths, weaknesses and gaps, and engaged non-traditional partners in community health programs to increase access to expanded services and increase the continuum of care beyond hospitals walls for its patients and communities they serve.

Collaborative programs and partnerships across these various initiatives include:

- Care for the Undocumented
- Human Trafficking Response Program
- City of Sacramento Whole Person Care
- Initiative to Reduce African American Child Deaths
- Peach Tree Health Capacity Building Project
- WellSpace Health Capacity Building
- Mental Health Improvement Coalition
- Mack Road Partnership
- Mercy Faith and Health Partnership
- Mental Health Consultations and Conservatorship Services
- Prevent Alcohol and Risk-Related Trauma in Youth (PARTY)
- Financial assistance for uninsured/underinsured and low income residents

Community Grants

The theme for Dignity Health's Community Grants program focuses on collaboration with an emphasis on responding to significant health needs identified in the CHNA. The goal of the program is to develop strategic partnerships between community-based organizations that link services directly to Dignity Health hospitals; leveraging resources that address priority health issues, and utilize creative strategies

that have a direct, positive and lasting impact on the health of disadvantaged individuals and families in our community.

To be eligible for funding, organizations must work in collaboration with a minimum of 3 community partners. Program/Project responds to two or more of the following priority health needs:

1. Access to Behavioral Health Services
2. Active Living and Healthy Eating
3. Disease Prevention, Management and Treatment
4. Access to High Quality Health Care Services
5. Safe, Crime and Violence Free Communities
6. Basic Needs (including homelessness)

In FY 2016 through FY 2018, Sacramento County hospitals collectively awarded 12 grants totaling $1,728,116. The table below highlights the grantees.

Community Grants Table

Lead Grant Recipient	Priority Health Need(s) Addressed	Project Name	Fiscal Years Funded			Amount
			FY16	FY17	FY18	
Nehemiah Community Reinvestment Fund	Access to High Quality Health Care and Services Disease Prevention, Management, and Treatment Basic Needs	WayUp Station	$75,155	$80,000		$155,155
Sacramento Steps Forward	Basic Needs (Homelessness) Access to Behavioral Health Services	Downtown Sacramento Homeless Mental Health Outreach Project	$65,509	$88,000		$153,509
Turning Point Community Programs	Access to Behavioral Health Services	Navigation to Wellness	$111,465	$262,471	$100,000	$473,936
American River Parkway Foundation	Active Living and Healthy Eating Access to Behavioral Health Services	Recreate for Health		$25,000	$50,516	$75,516
Community Against Sexual Harm	Safe, Crime and Violence Free Communities Access to High Quality Health Care and Services Basic Needs	Healthy Women and Families		$85,000	$100,000	$185,000
Food Literacy Center	Active Living and Healthy Eating Access to High Quality Health Care and Services Disease Prevention, Management, and Treatment	Food Exploration and School Transformation (FEAST)		$100,000	$100,000	$200,000
Sacramento Covered	Active Living and Healthy Eating Access to High Quality Health Care and Services Basic Needs	Patient Support Network: Reducing Barriers to Health		$90,000		$90,000
WIND	Access to Behavioral Health Services Access to High Quality Health Care and Services Basic Needs	Health Access Response Team (HART) Partnership		$45,000		$45,000
Alzheimer's Association of Northern California	Access to Behavioral Health Services Access to High Quality Health Care and Services	Dementia Care and Support Navigation			$100,000	$100,000
Latino Coalition for a Healthy California	Access to Behavioral Health Services Active Living and Healthy Eating Access to High Quality Health Care and Services Disease Prevention, Management, and Treatment	Addressing Mental Health through Community Support and Engagement			$50,000	$50,000
Stand Up Placer	Access to Behavioral Health Services Safe, Crime and Violence Free Communities Basic Needs	Outreach and Services for Individuals and Families Experiencing Abuse and Trauma			$100,000	$100,000
TLCS	Access to Behavioral Health Services Access to High Quality Health Care and Services Disease Prevention, Management, and Treatment	Co-occurring Substance Use Disorder Treatment Program			$100,000	$100,000
			Total			**$1,728,116**

Conclusion

This CHNA report details the needs of the Sacramento County community as a part of a partnership between Dignity Health, Sutter Health, and the UC Davis Health System. It provides an overall health and social examination of Sacramento County and the needs of community members living in areas of the county experiencing health disparities. The CHNA provides a comprehensive profile to guide decision-making for the implementation of community health improvement efforts.