Sacramento County Community Themes and Strengths Assessment

SACRAMENTO COUNTY

2015

Department of Health and Human Services
Division of Public Health

Community Themes and Strengths Assessment 2015

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Prepared by:

Madhurima Gadgil, MPH
Jamie S. White, MPH
Staci Syas, MPH
Olivia C. Kasirye, MD, MS

Sacramento County
Department of Health and Human Services
Public Health Division
Disease Control and Epidemiology Unit
7001-A East Parkway, Suite 600
Sacramento, CA 95823

Phone: 916-875-5881
TTY: 877-835-2929
Website: www.scph.com

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INTRODUCTION

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The 2015 Sacramento County Community Themes and Strength Assessment (CTSA) aims to describe the health-related priorities and concerns in our Sacramento County communities. It also assesses resident satisfaction with health and health care delivery in the county. This assessment was designed based upon the Mobilizing for Action through Planning and Partnership (MAPP) framework, a strategic planning process developed by the National Association for County and City Health Officials (NACCHO). The MAPP framework is a community-driven strategic planning process designed to improve community's health by improving efficiency, effectiveness, and performance of local public health systems.

The CTSA is one part of the MAPP planning process. The information obtained in the CTSA will be used to develop a Community Health Improvement Plan.

Purpose

The purpose of this report is to better understand what is important to our communities, how quality of life is perceived in our communities, and the assets that can be used to improve community health. The information presented in this report will help inform the allocation of resources to best meet community needs.

Acknowledgments

This project was sponsored by the Sacramento County Department of Health and Human Services Division of Public Health with funding support from Sierra Health Foundation. The project was conducted by the Sacramento County Public Health (SCPH) Mobilization for Action through Planning and Partnerships (MAPP) Committee, composed of SCPH staff, community partners, and community residents. Key members of the MAPP Committee included Madhurima Gadgil, Marcella Gonsalves, Pamela Harris, Dr. Olivia Kasirye, Emerald Montgomery, Joanna Morales, Jake Pry, Staci Syas, Terri Taylor and Jamie White.

The Division of Public Health acknowledges Drexel University, Sacramento County's Public Health Advisory Board, and Arthur A. Benjamin Health Professions High School (HPHS) for their contributions to this project. We would like to thank Deborah Meltvedt and all the high school student volunteers from HPHS that assisted with data collection.

For comments or questions contact:
Epidemiology Services
Division of Public Health
Department of Health and Human Services Sacramento County
7001-A East Parkway
Sacramento CA 95823 (916) 875-5881

EXECUTIVE SUMMARY

Respondent Demographics

- 548 county residents over the age of 13 completed the survey
- Survey respondents were more educated and younger (between 26-54 years of age) than the County overall
- 75% of respondents were female
- The racial distribution of respondents was similar to the County overall

Community Perceptions and Priorities

- Access to healthcare, low crime/safety, and good jobs/economy were rated the most important factors for a healthy community
- Cancer, child abuse/neglect, and substance abuse/mental health issues were rated as the most important health-related issues in the community
- Alcohol, drug abuse, and dropping out of school were rated the most important risky behaviors in the community

Satisfaction with Community Health

- The majority of respondents rated their personal health as healthy, but rated their community's health as only somewhat healthy
- Overall, respondents expressed satisfaction with the quality of life in their community
- Most respondents felt that their community was a good place to raise children and grow old
- A majority of respondents reported satisfaction with the health care system, and their ability to access health care services
- Respondents felt that there were insufficient or inadequate mental health and social services in their community

METHODS

Survey Design
Survey questions were developed by the SCPH MAPP Planning Committee, in coordination with Drexel University. The survey questionnaire was designed to be brief (about 5 minutes to complete), written in everyday language, and inclusive of various health topics. A non-randomized cross-sectional survey design was used. An electronic version of the survey was created in SurveyAnalytics, a web-based survey tool that allows for mobile data collection. Surveys were loaded onto iPods via the SurveyAnalytics app.

Data Collection
Data collection was conducted both in-person and online using a convenience sample. In-person data collection took place at four community-based events in Sacramento County: 2nd Saturday (May 2015), Juneteenth (June 2015), Supervisor Serna's National Night Out (August 2015), and Healthy Kids Day (October 2015). Data collection sites were selected to acheive geographic diversity within and demographic representation similar to Sacramento County overall. Student volunteers from Arthur A. Benjamin Health Professions High School were trained on survey administration and conducted the majority of in-person surveys. A link to the survey was posted on the Be Healthy Sacramento website (www.behealthysacramento.org) from July to October 2015, which was promoted by Sacramento County Public Health to local stakeholders and community groups for distribution.

Data Analysis
Raw data were downloaded from SurveyAnalytics and analyzed in SAS 9.3. Figures were prepared in Excel. Missing or invalid data was excluded from analysis. Frequency tables and other descriptive statistics were calculated for all survey questions and compared to County statistics when possible. Data were also analyzed by smaller population groups (e.g., racial/ethnic groups) and event days to explore variation in responses among sub-communities.

RESPONDENT DEMOGRAPHICS

RESPONDENT DEMOGRAPHICS

Age

The majority of survey respondents were ages 26-54 years (Figure 1). Almost one-third (31.7%) were age 26-39, while 28.5% were age 40-54. At only 5.9%, there were very few respondents 65 years or older.

Sacramento County's age distribution for residents ages 13 years and older is similar. Approximately one-quarter (24.1%) of residents older than 13 are age 26-39 and another quarter (25.5%) are age 40-54. Residents 65 and older comprise a larger percentage of this age group (13.7%) compared to the 5.9% captured by the survey.

Gender

About three-quarters (74.0%) of respondents were female, and one quarter (24.2%) were male (Figure 2). Females were overrepresented in the survey compared to the County's overall gender distribution. In Sacramento County overall, 51.1% of the population is female and 48.9% is male.
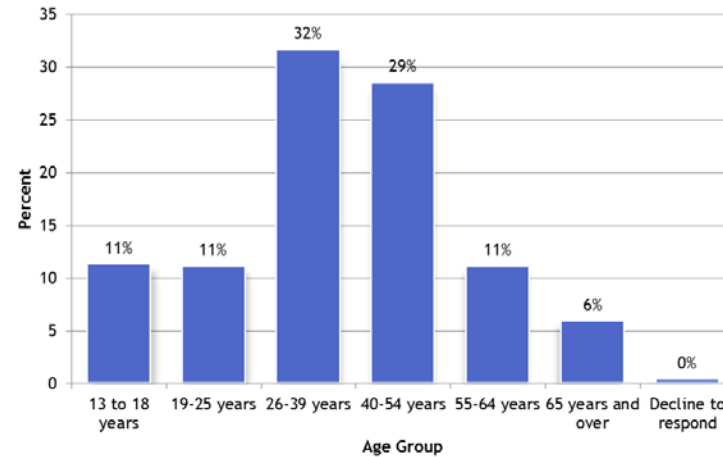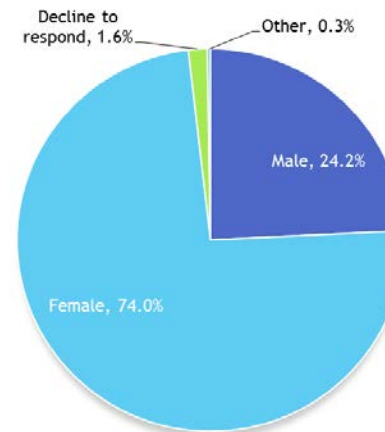
Figure 1. Responses by Age Group

Figure 2. Responses by Gender
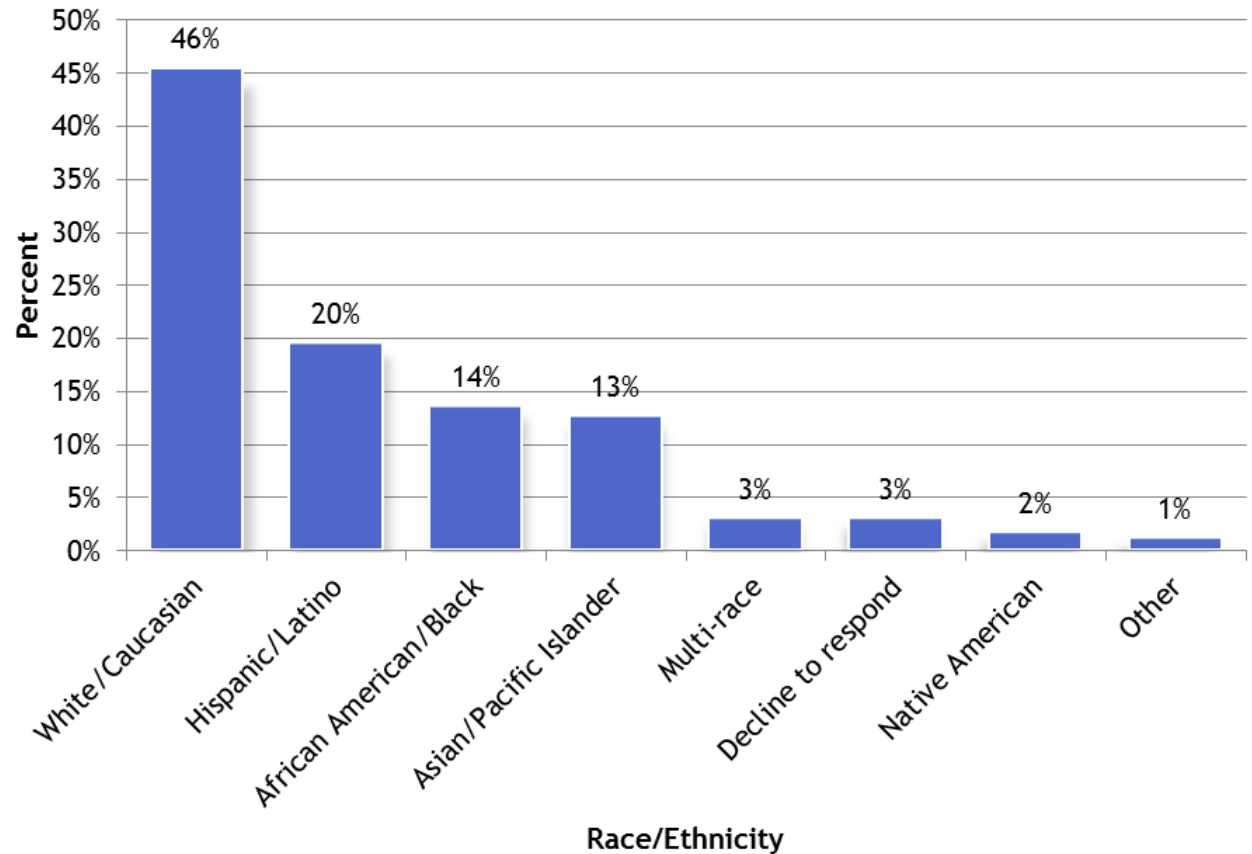
RESPONDENT DEMOGRAPHICS

Race/Ethnicity

Respondents were asked to identify their race/ethnicity and were instructed to select all applicable categories (Figure 3).

At 45.7%, almost half of respondents were White/Caucasian. One-fifth (19.5%) were Hispanic/Latino, 14.2% were African American/Black, 12.8% were Asian/Pacific Islander, and 1.7% were Native American.

The racial/ethnic distribution of survey respondents was similar to Sacramento County's racial/ethnic distribution for White/Caucasians, Hispanic/Latinos and Asian/Pacific Islanders (47.5%, 22.1% and 15.6% respectively). The County overall has a lower percentage of African American/Black residents (9.7%) and Native American residents (0.5%) compared to the survey respondents.

Figure 3. Responses by Race/Ethnicity

Note: Hispanic/Latino includes Hispanic/Latino of any race. All other categories are non-Hispanic/Latino.

RESPONDENT DEMOGRAPHICS

Education

Survey respondents were more educated than the County overall. More than half of respondents (51.0%) reported having a college degree or higher (Figure 4), in comparison to an estimated 6.9% for the County as a whole. One-quarter of respondents (25.9%) reported having completed some college in comparison to 49.2% of County residents.

Typical Mode of Transportation

Respondents were asked to select their typical modes of transportation (multiple answer choices were permitted). More than half of respondents (52.9%) reported using their personal car as their typical mode of transportation. This was followed by walking (16.1%), bicycling (11.1%), and public transport (9.2%) (Figure 5).
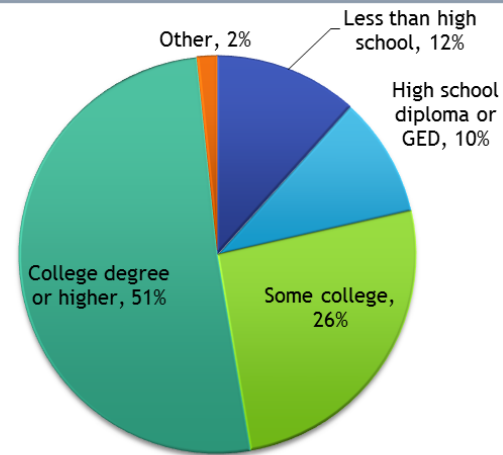
Figure 4. Level of Education

- Other, 2%
- Less than high school, 12%
- High school diploma or GED, 10%
- Some college, 26%
- College degree or higher, 51%

Figure 5. Typical Mode of Transportation

Mode	Percent
Personal car	53%
Walk	16%
Bicycle	11%
Public transport (bus or rail)	9%
Carpool	9%
Motorcycle	1%
Other	1%
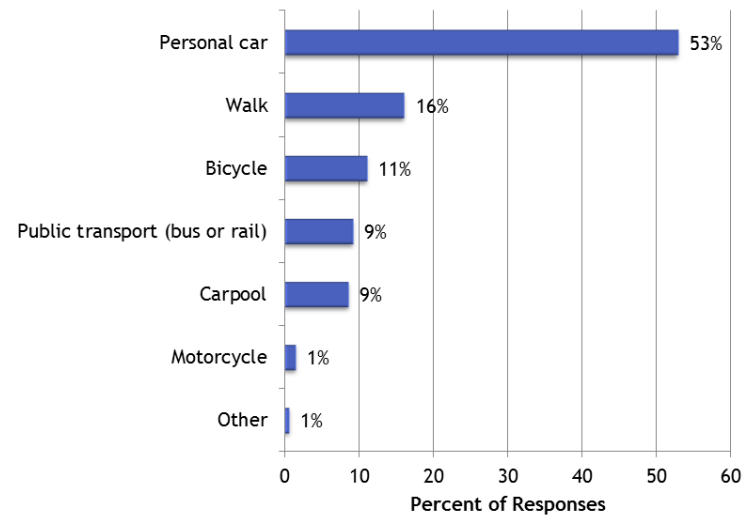
Percent of Responses

Zip Code of Residence

Survey respondents came from all over the County (Figure 6). Forty-two of the County's 56 zip codes (75.0%) were represented in the survey. Respondents came from the cities of Sacramento, Rancho Cordova, Citrus Heights, Folsom, and Elk Grove as well as unincorporated portions of the County. Isleton was the only city in the County from which there were no survey respondents.

Almost half (49.8%) of the survey respondents came from twelve zip codes (shown in darker green in Figure 6). While the western part of the County does have a higher population density, there are also population centers in the north and eastern part of the County.

Years Lived in Sacramento County

On average, the respondents reported having lived in the County for 20 years. The shortest duration of residence was less than one year, and the longest was 70 years. The median duration of residence was 17 years.

Figure 6. Zip Code of Residence

Number of Respondents by Zip Code
- 1 - 10
- 11 - 10
- 11 - 20
- 21 - 40
- 41 - 50
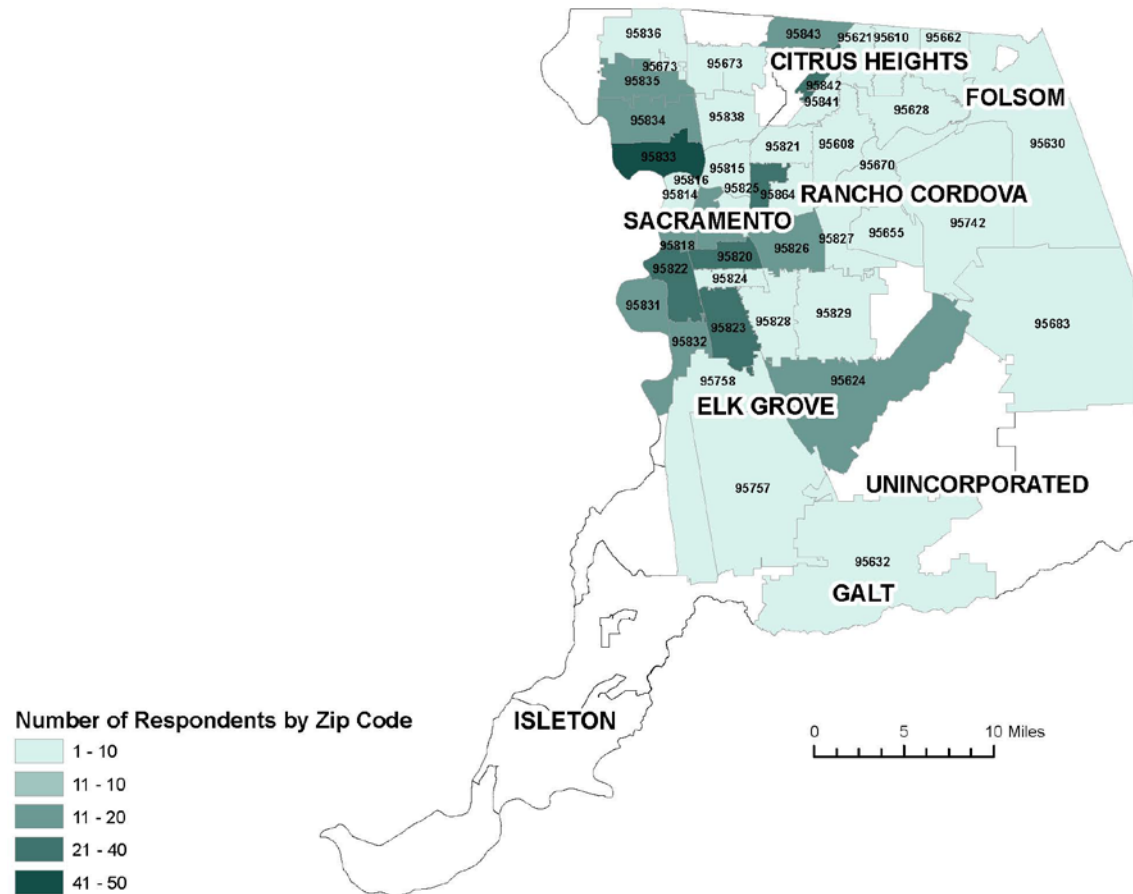
COMMUNITY PERCEPTIONS AND PRIORITIES

COMMUNITY PERCEPTIONS AND PRIORITIES

Self-Reported Health Status

Approximately two-thirds (63.4%) of respondents rated their health status as being healthy or very healthy (Figure 7). Individuals who identified as African American/Black were more likely to rate their health status as very healthy compared to any other racial/ethnic group.

Perceptions of Community Health

More than half (56.2%) of respondents felt that their community was only somewhat healthy (Figure 8). Individuals who identified as Asian/Pacific Islanders were more likely to rate the overall health of their community as very healthy compared to any other racial/ethnic group. African American/Blacks were more likely to rate the overall health of their community as very unhealthy compared to any other racial/ethnic group.

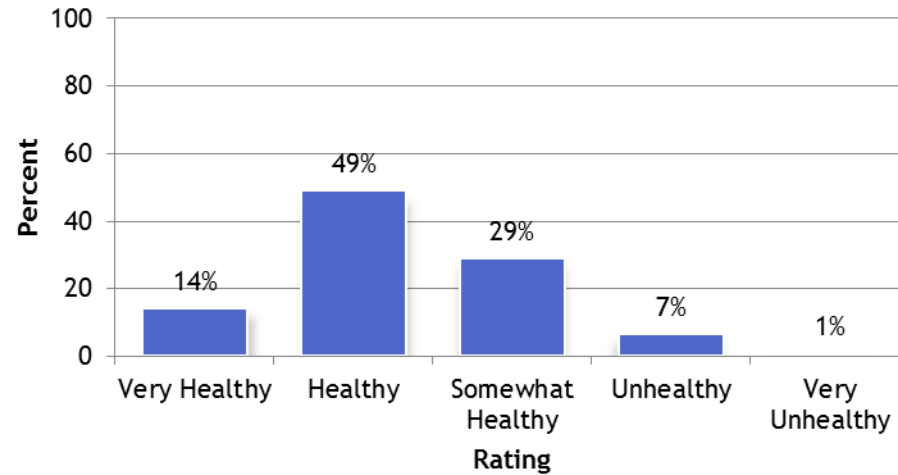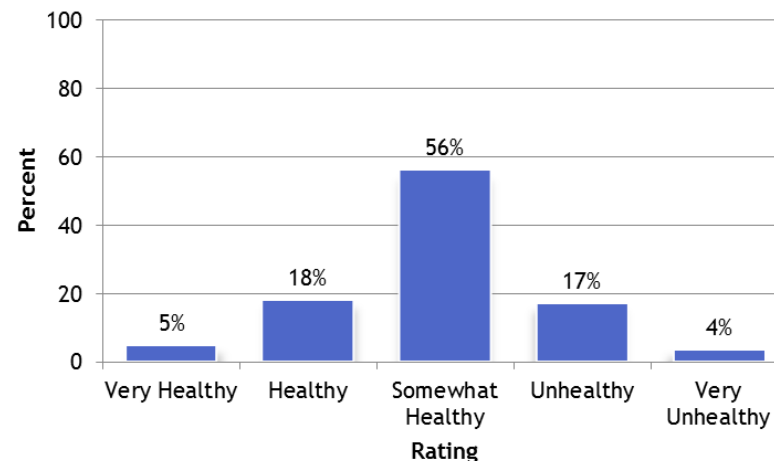Figure 7. Self-Reported Health Status

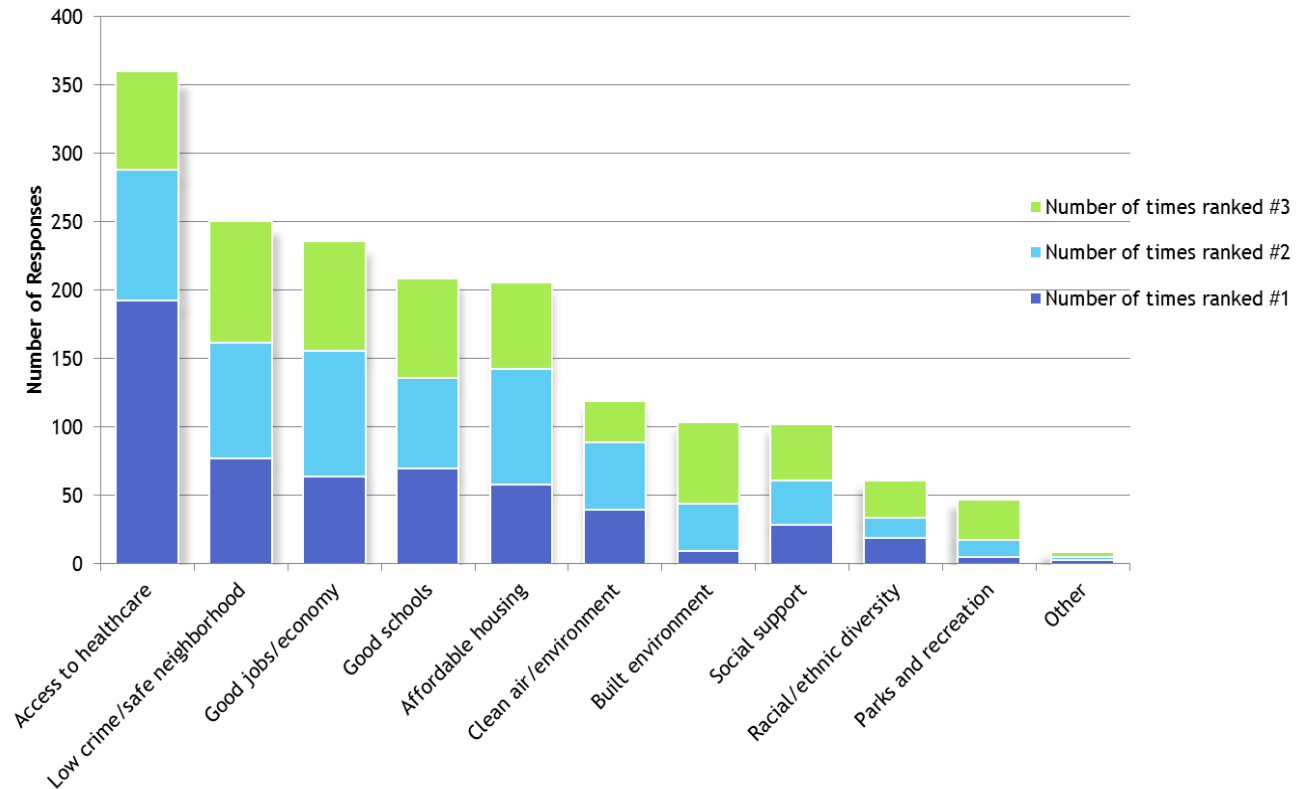Figure 8. Perception of Community Health

Factors for a Healthy Community

Respondents were given a list of health-related factors, and asked to rank the three most important factors for a healthy community (Figure 9).

Access to healthcare, neighborhood safety, and good jobs were the most commonly selected factors from the list. Respondents of all races and ethnicities selected access to healthcare as the most important factor.

In Figure 9, the different colors in each bar represent the number of times a factor was given a rank of 1, 2, or 3. The dark blue portion shows the number of times a factor was ranked as the #1 most important factor for a healthy community. The light blue and green portions show the number of times a factor was assigned a rank of 2 or 3, respectively.

**Figure 9. Most Important Factors for a Healthy Community**

Health-Related Issues in the Community

Respondents were given a list of health-related issues, and asked to rank the three most important issues in their communities (Figure 10).

Cancer, child abuse, and mental health/substance abuse were the most commonly selected issues. Individuals who identified as Native American ranked diabetes and heart disease as most important. All other races and ethnicities ranked cancer as the most important issue.

In Figure 10, the different colors in each bar represent the number of times a health-related issue was given a rank of 1, 2, or 3. The dark blue portion shows the number of times an issue was ranked as the #1 most important issue in the community. The light blue and green portions show the number of times an issue was assigned a rank of 2 or 3, respectively.

**Figure 10. Most Important Health-Related Issues in the Community**
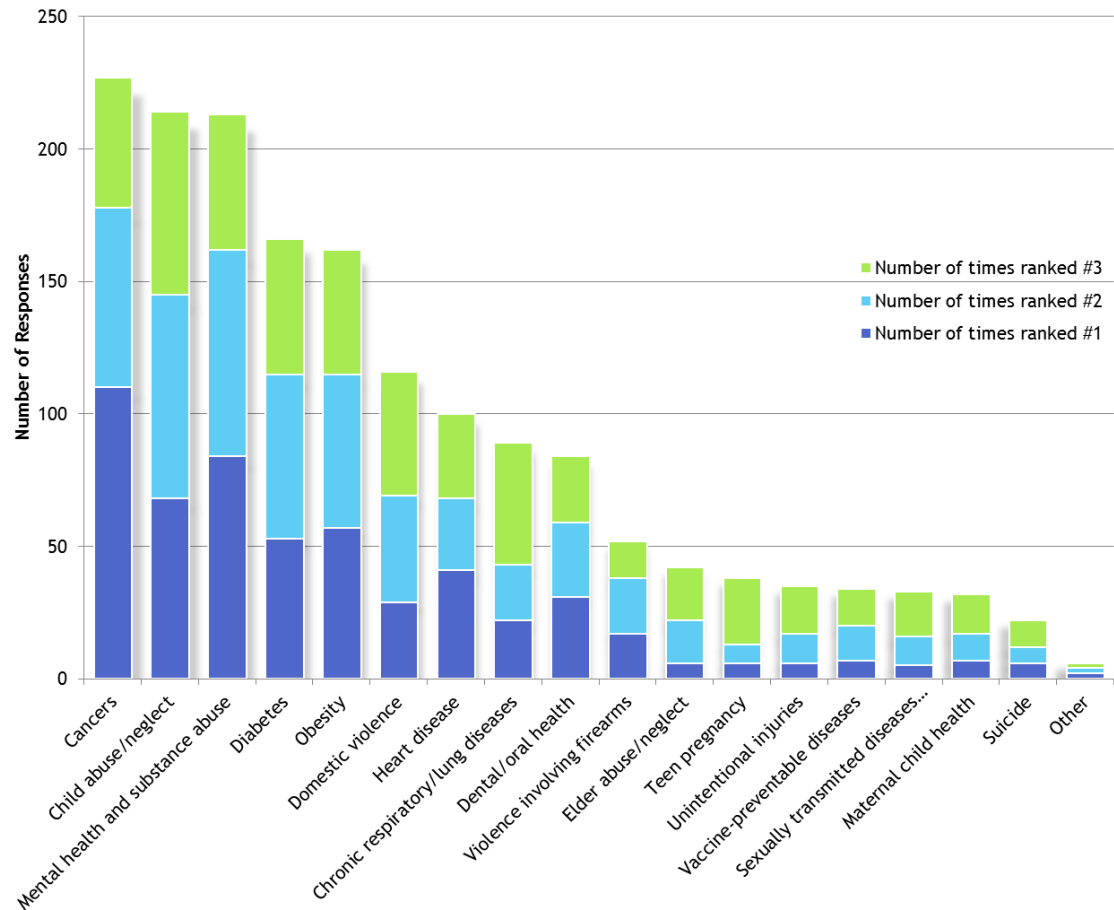
Risky Behaviors in the Community

Respondents were given a list of risky behaviors, and asked to rank the three most important risky behaviors in their communities (Figure 11).

Alcohol abuse, drug abuse, and dropping out of school were the most commonly selected behaviors. Among Native American respondents, dropping out of school and poor eating habits were tied for the #1 most important risky behavior. All other races and ethnicities ranked alcohol abuse as the most important issue.

In Figure 11, the different colors in each bar represent the number of times a risky behavior was given a rank of 1, 2, or 3. The dark blue portion shows the number of times a behavior was ranked as the #1 most important risky behavior in the community. The light blue and green portions show the number of times a behavior was assigned a rank of 2 or 3, respectively.

Figure 11. Most Important Risky Behaviors in the Community
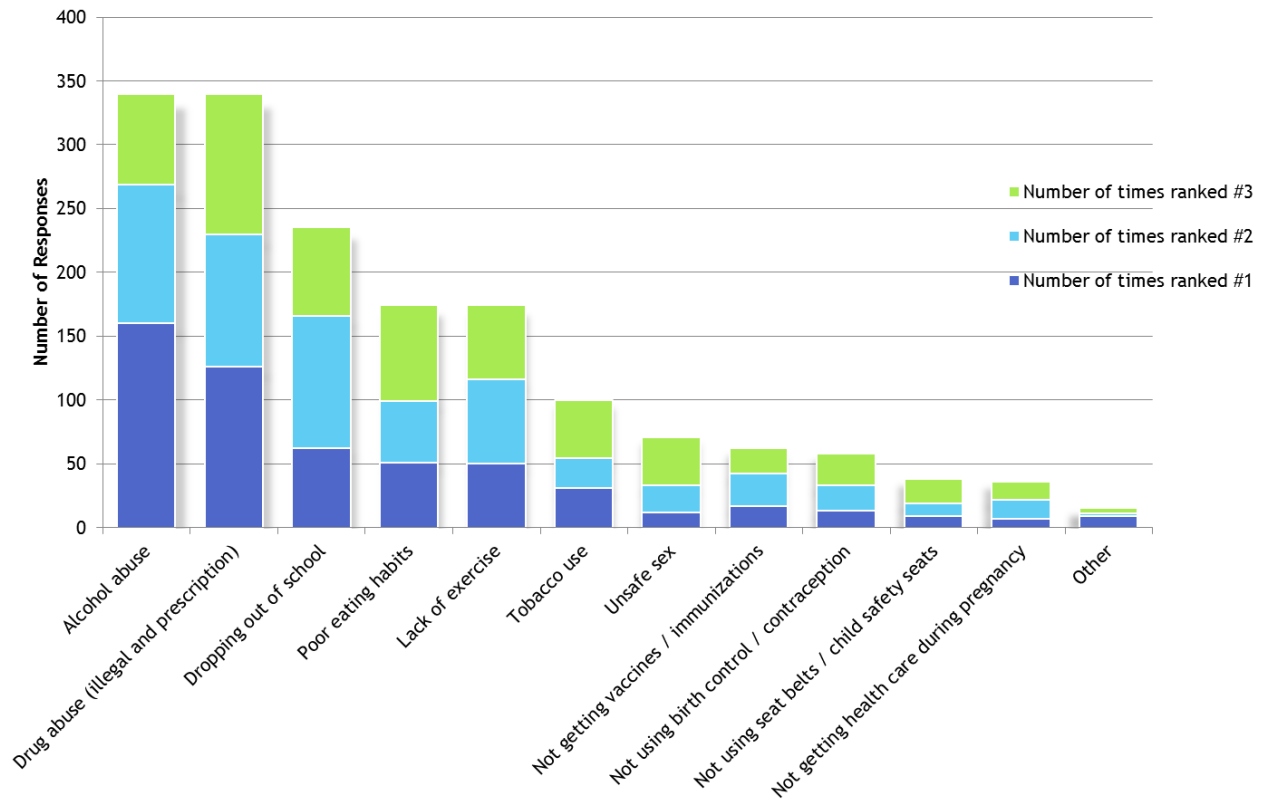
SATISFACTION WITH COMMUNITY HEALTH

Satisfaction with Quality of Life

Respondents were asked whether they were satisfied with the quality of life in the community (Figure 12).

Almost half (46.3%) of respondents responded yes or strongly yes. More than a quarter of respondents (27.9%) reported that they were not satisfied with the quality of life in their community. Asian/Pacific Islanders had the highest satisfaction, while African American/Blacks reported the lowest satisfaction.

Equal Opportunities for all Individuals and Groups

Respondents were asked whether all individuals and groups have equal opportunity to contribute to and participate in the community (Figure 13).

Over one-third (38.8%) of respondents responded with yes or strongly yes, while slightly less (35.6%) responded with no or strongly no. African American/Blacks had the least favorable response whereas Asian/Pacific Islanders had the most favorable response.

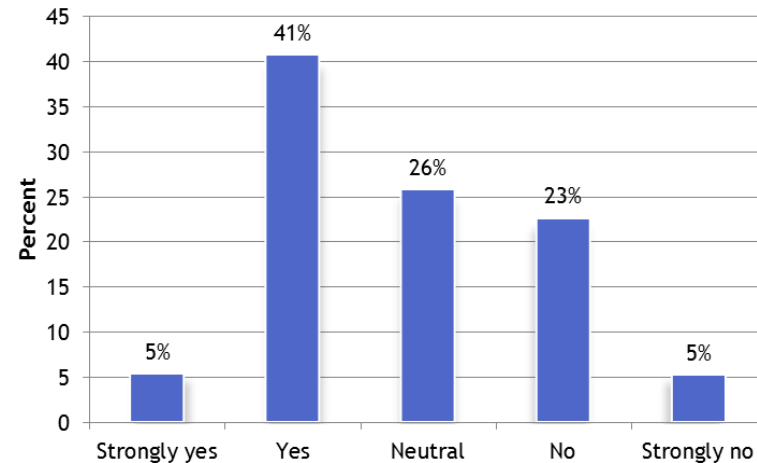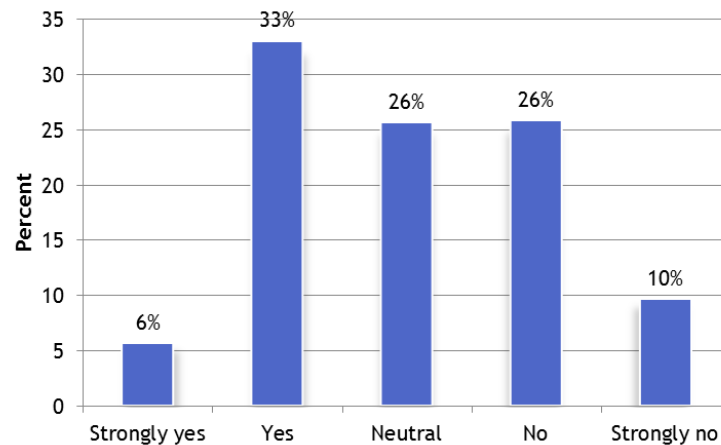**Figure 12. Satisfaction with Quality of Life in the Community**

Figure 13. Perception of Community as Providing Equal Opportunities for All Individuals and Groups

SATISFACTION WITH COMMUNITY HEALTH

Raising Children

Respondents were asked whether the community was a good place to raise children (Figure 14).

Almost half (49.7%) of respondents reported yes or strongly yes, while one-fifth (19.3%) reported no or strongly no. Overall, survey respondents, generally perceived their community as a good place to raise children. Individuals who identified as Hispanic were least likely to rate the community as a good place to raise children, while Native Americans had the most favorable response.

Growing Old

Respondents were asked whether the community was a good place to grow old (Figure 15).

Overall, survey respondents perceived their community was a good place to grow old. African American/Blacks were the least likely to rate the community as a good place to grow old, while Native Americans had the most favorable response.

Figure 14. Perception of Community as a Good Place to Raise Children
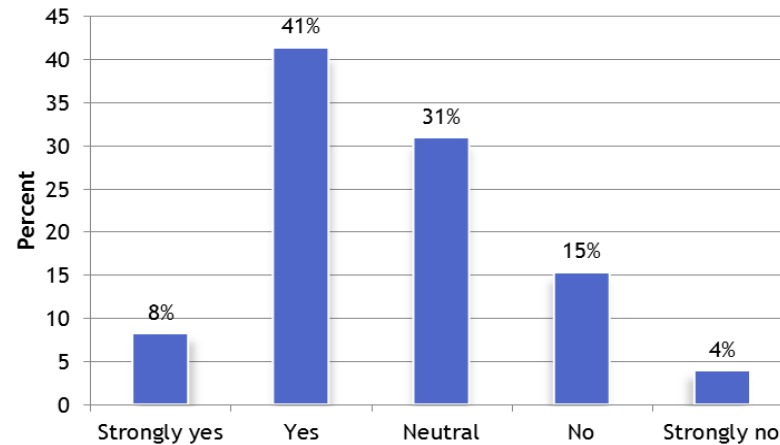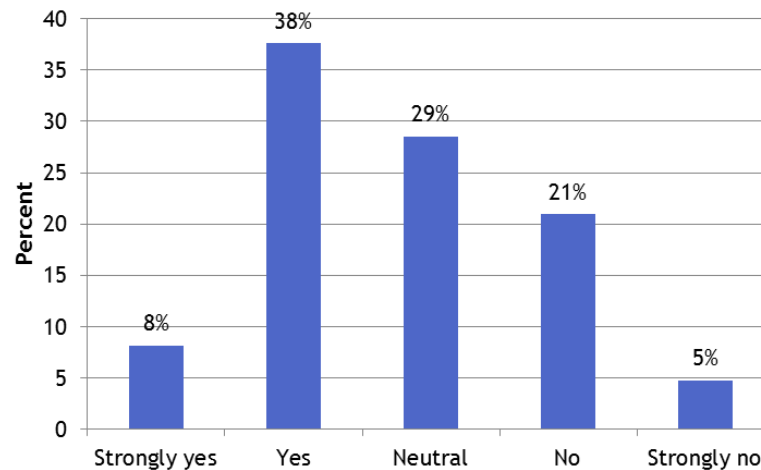

Figure 15. Perception of Community as a Good Place to Grow Old

SATISFACTION WITH COMMUNITY HEALTH

Satisfaction with Health Care System

Respondents were asked whether they were satisfied with the health care system in the community (Figure 16).

Less than half (43.5%) of respondents reported yes or strongly yes. About one-third (29.5%) were not satisfied with the health care system.

Asian/Pacific Islanders reported the highest satisfaction (44.6% favorable). Native Americans had the lowest satisfaction (11.1% favorable).

Ability to Access Health Care Services

Respondents were asked about their ability to access health care services in the community (Figure 17).

More than two-thirds (69.9%) of respondents reported yes or strongly yes, while 14.5% indicated that they were not able to access health care services in the community.

Hispanics were least likely to rate favorably (61.8%) while Multi-race were the most likely (75.0%).

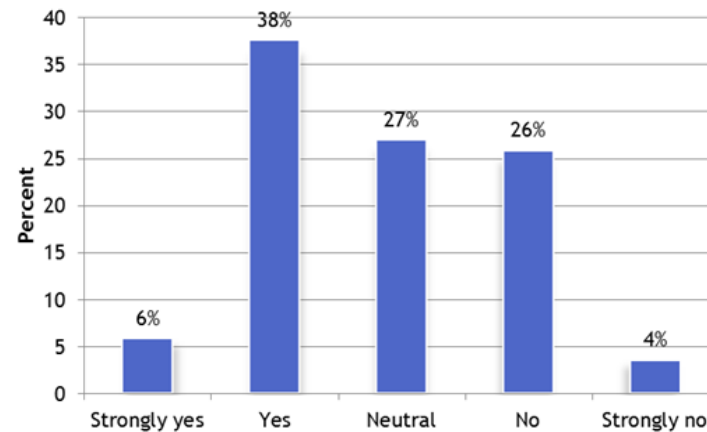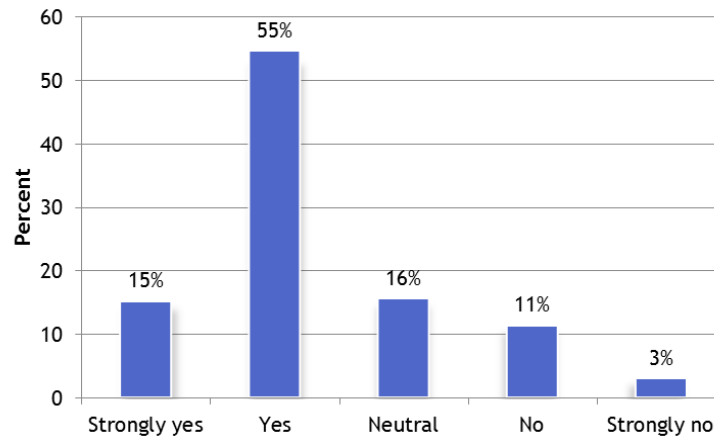Figure 16. Satisfaction with Health Care System in the Community

Figure 17. Ability to Access Health Care Services in the Community

SATISFACTION WITH COMMUNITY HEALTH

Mental Health Services

Respondents were asked whether there were enough mental health services in the community (Figure 18).

About half (50.5%) of respondents felt there were insufficient mental health services in the community. Less than one-quarter (22.5%) felt that the mental health services in the community were adequate.

African American/Blacks had the least favorable response of any race, while individuals who identified as Multi-race had the most favorable response.

Social Services

Respondents were asked whether there were enough social services in the community (Figure 19). Responses were evenly split, with a roughly equal number who felt there were enough social services as the number who felt services were insufficient.

White/Caucasians had the least favorable response of any race, while Multi-race respondents had the most favorable response.

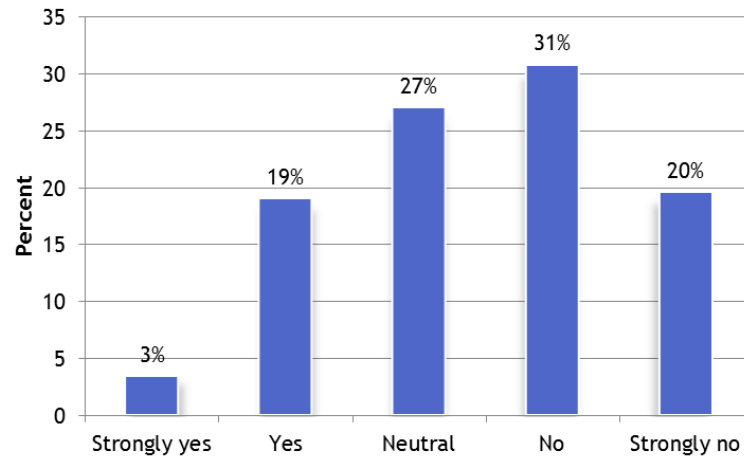**Figure 18. Enough Mental Health Services in the Community**

Figure 19. Enough Social Services in the Community
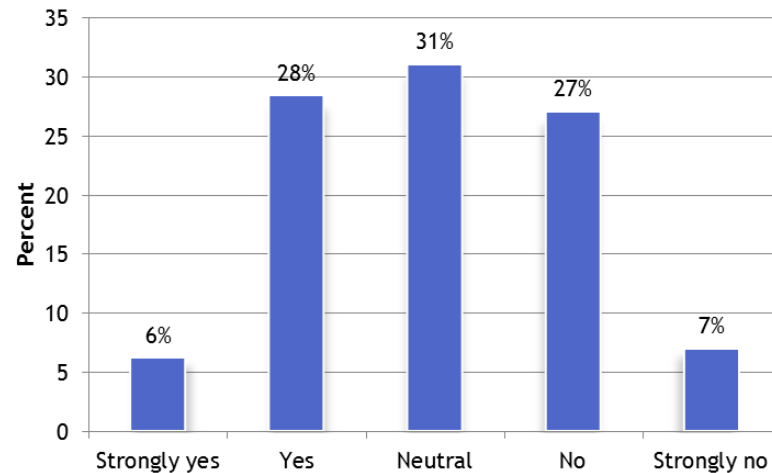
SATISFACTION WITH COMMUNITY HEALTH

Economic Opportunities

Respondents were asked whether there were enough economic opportunities in their community (Figure 20).

Approximately forty-two percent (41.6%) of respondents answered no or strongly no, while less than one-third (28.7%) answered yes or strongly yes.

Overall, respondents felt that the economic opportunities in their communities were insufficient.

White/Caucasians had the least favorable response of any race, while Asian/Pacific Islanders had the most favorable response.

Figure 20. Enough Economic Opportunities in the Community

Community Themes and Strengths Assessment, 2015
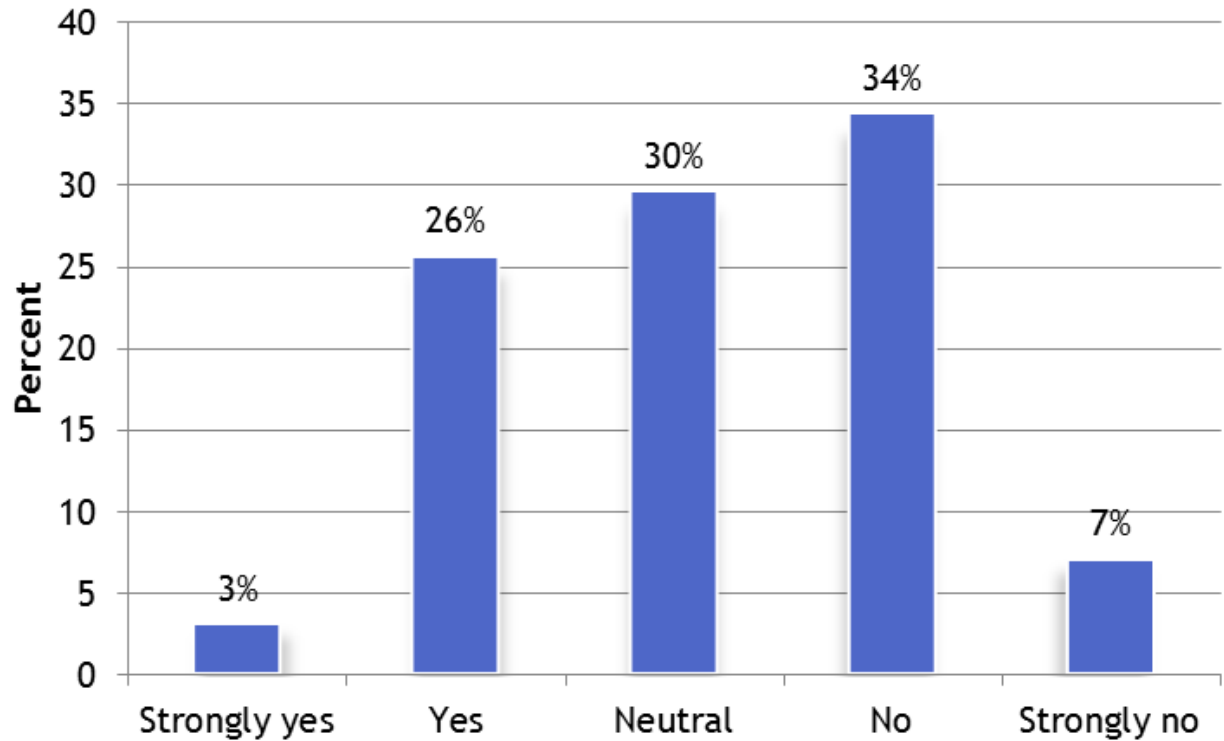
EVENT PROFILES

EVENT PROFILES

In-person data collection for the Sacramento County Community Themes and Strengths Assessment was conducted at four separate community events:

2nd Saturday – May 9, 2015

2nd Saturday is a monthly art walk that occurs in the Midtown-Downtown area of Sacramento on the second Saturday of each month.

Almost half (49.2%) of the respondents from 2nd Saturday were White/Caucasian. Forty-three percent (43.4%) of respondents had a 4-year college education or higher. More than half (57.0%) of respondents rated their personal health as healthy or very healthy.

Approximately two-thirds (60.2%) of respondents felt that their community was a good place to raise children. Approximately sixty percent (60.2%) felt that their community was also a good place to grow old. However, they reported that there were insufficient mental health services in the community. Respondents reported that access to health care was the most important factor for a healthy community. They cited cancer as the top health-related issue in the community, and alcohol abuse as the most important risky behavior in the community.

Juneteenth – June 20, 2015

Juneteenth is an annual celebration that commemorates the end of slavery in the United States. In the Sacramento area, this event is held in the Land Park neighborhood. Data collection was conducted by SCPH staff and high school volunteers.

Three-quarters (75.0%) of the respondents from Juneteenth were African American/Black. Overall, respondents from this day were slightly older than the respondents from the other events; most respondents (33.3%) were in the 40-54 year age group compared to the 26-39 year age group that was more common in the other events. This event also had the highest percentage of female respondents of any of the events (83.3%).

More than half of respondents (52.2%) indicated that they were "neutral" when asked about their quality of life. Respondents from the Juneteenth event expressed a high overall satisfaction with the health care system, and felt strongly that they were able to access health care services when they needed them. However, they felt that the community had insufficient mental health services and social services, as well as insufficient economic opportunities. Respondents reported that access to health care was the most important factor for a healthy community. They cited cancer as the top health-related issue in the community, and alcohol abuse as the most important risky behavior in the community.

National Night Out – August 4, 2015

National Night Out is a community-building campaign that promotes and encourages partnerships between the police and the community to make neighborhoods safer. This event was held at Jack Davis Park in Sacramento County.

EVENT PROFILES

African American/Blacks, White/Caucasians, and Hispanics each made up approximately one-quarter of the respondents from National Night Out. The remaining 25% of respondents came from other race categories.

Respondents expressed the lowest satisfaction when asked about their quality of life, and generally felt that their community was not a good place to raise children and grow old. The majority of respondents (45.8%) had a favorable opinion regarding the ability of all individuals and groups to contribute and participate equally in the community. They rated their personal health the highest compared to the respondents from the other events. Respondents reported that access to health care was the most important factor for a healthy community. They cited child abuse as the most important health-related issue in the community, and alcohol abuse as the most important risky behavior in the community.

Healthy Kids Day – October 3, 2015

Healthy Kids Day is an annual free community event featuring medical, dental, and vision services. The event also provides flu vaccinations, healthy lunches, and health coverage information and enrollment. This event was held at the Sleep Train Arena in Natomas.

The majority of respondents from Healthy Kids Day were White (29.6%), followed by Hispanic (26.1%) and Asian/Pacific Islander (22.2%). At 44.3%, this event had the highest proportion of respondents with a 4-year college education or higher.

Respondents expressed the highest overall satisfaction with the health care system of any of the four events (46.2% of respondents indicated yes or strongly yes). Respondents reported that access to health care was the most important factor for a healthy community. They cited cancer as the most important health-related issue in the community, and alcohol abuse as the most important risky behavior in the community.

DISCUSSION

Strengths

The Community Themes and Strengths Assessment brought together a diverse group of people from the community. SCPH staff, stakeholders, and high school volunteers worked side by side to administer the surveys. The involvement of community members increased community ownership of the assessment process as well as the outcomes. The assessment also resulted in a longstanding partnership between SCPH and Health Professions High School (HPHS). HPHS students continue to volunteer for other SCPH projects, while SCPH staff members serve on the high school's community advisory group and often volunteer for events such as career panels and senior project presentations.

Limitations

Due to the use of a convenience sample, the results of the Sacramento County Community Themes and Strengths Assessment may not be generalizable to the entire population of Sacramento County. The results from this survey summarize the views of the respondents. Males, seniors, and some geographic areas were underrepresented among survey respondents. Limiting data collection to community events during evenings and weekends may have prevented certain groups, such as individuals in poor health, lacking transportation, or with conflicting work schedules, from being represented in the sample.

CONCLUSION

CONCLUSION

Survey respondents perceived their personal health as being better than the community health overall. Access to healthcare, low crime/neighborhood safety, and good jobs/economy were rated as the top three most important factors for a healthy community. Cancer, child abuse, mental health and substance abuse were rated as the most important health-related issues.

Survey respondents cited access to healthcare as the most important factor for a healthy community. Overall, they felt that they were able to access health care services when needed and reported a high satisfaction with the health care system. The high satisfaction with and ability to access health care services is a major asset in our communities.

Good jobs and a strong economy were also ranked among the most important factors for a healthy community. However, respondent satisfaction with the adequacy of economic opportunities in the community was low. This perception is supported by economic data: Sacramento County has a higher percentage of people living in poverty (18.1%) compared to California overall (16.4%). While the County's unemployment rate is identical to that of the State (5.9%, not seasonally adjusted) (U.S. Bureau of Labor Statistics, July 2016), strategies to improve economic opportunities that focus on education and unemployment insurance should be explored.

Survey respondents cited dropping out of school as among the top risky behaviors in the community. Education goes hand in hand with economic opportunities: educational attainment is a key predictor of earning potential (U.S. Bureau of Labor Statistics, 2015). Efforts to increase high school graduation rates, and decrease dropout rates, could have significant potential to improve economic circumstances in our communities.

Alcohol abuse and drug abuse were ranked as the most important risky behaviors in the community. Respondents also ranked mental health and substance abuse among the most important health-related issues. About one half of respondents felt that there were not enough mental health services, and one-third felt that there were not enough social services. The importance of mental health and substance abuse issues are also supported by findings from the 2014 County Health Status Report.

The results this survey provide important information that can help guide the selection of priorities as we develop the Sacramento County Community Health Improvement Plan.