COMMUNITY CONTEXT ASSESSMENT 2022

10/6/2023

SACRAMENTO COUNTY PUBLIC HEALTH

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Community Context Assessment 2022

Sacramento County Public Health

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INTRODUCTION

Purpose and Background

The 2022 Sacramento County Community Context Assessment (CCA) focuses on individuals who live, work, play and/or worship in Sacramento County. It aims to gather insights and concerns regarding the quality of life and health of our communities. This assessment was designed based upon the Mobilizing for Action through Planning and Partnership (MAPP) framework. MAPP framework is a strategic, community-driven planning process developed by the National Association for County and City Health Officials (NACCHO) to improve community health by improving the efficiency, effectiveness, and performance of local public health systems. CCA is one part of the MAPP planning process. The information obtained in CCA will be used to inform a Community Health Improvement Plan (CHIP). At the time of publication, the NACCHO MAPP 2.0 framework was released, but at the time of survey distribution, the original NACCHO MAPP framework was still in place. The Community Themes and Strengths Assessment (CTSA) of the original MAPP process was updated to be the CCA in MAPP 2.0. Therefore, we refer to this report as the Sacramento County CCA but the survey itself as CTSA to reflect the language used during the data collection process.

Acknowledgments

This CCA was developed based on collaboration between the Sacramento County Public Health (SCPH) Accreditation, Epidemiology, and Health and Racial Equity programs. We specifically acknowledge Health Program Manager Dr. Gurleen Roberts for her contributions to survey tool development and Human Services Program Planner Megan Sheffield for editing and content support. We would like to express appreciation to the SCPH staff, community partners, Senior Public Information Officer Samantha Mott, and Health Program Coordinator Christopher Holden-Counts for assistance ensuring widespread distribution of the survey.

This CSTE is dedicated to members of our vibrant Sacramento County community. SCPH relied on the help of community members to provide honest and thorough feedback on the health of our community to make this report possible.

Finally, this CSTE acknowledges the need for long-term investment in and with our community to optimize the health and wellbeing of all individuals who live, work, play and/or worship in Sacramento County.

METHODS

Survey Design

CTSA was a cross-sectional survey, meaning that data was collected during a specific time from many different individuals. The survey was created in the Qualtrics online survey platform. The survey was open to all community members who were at least 12 years old. Participants self-identified as community members if they lived, worked, played, and/or worshipped in Sacramento County.

CTSA began with a disclosure statement describing the nature and structure of the survey. The disclosure statement specified requirements for participation and asked for participant consent. Following self-attestation and consent, CTSA consisted of 37 questions spanning four sections. Question response options in the online survey were randomized to minimize bias in answer selection. CTSA disclosure statement and questions are included in Appendix A.

Section 1 ("What does a healthy community look like?") included Questions 1-7 and asked participants to rank the importance of certain health-related topics and issues to their community's health. Section 2 ("Is our community healthy?") included Questions 8-16 and asked participants for their opinions regarding the quality of life, healthcare system, economic opportunity, and other characteristics of the County. Section 3 ("How engaged is our community?") included Questions 17-23 and asked participants for their opinions regarding civic engagement and norms in the County. Section 4 ("How do you fit into our community?") included Questions 24-37 and asked for demographic information such as gender identity, race/ethnicity, and age.

Recruitment and Participation

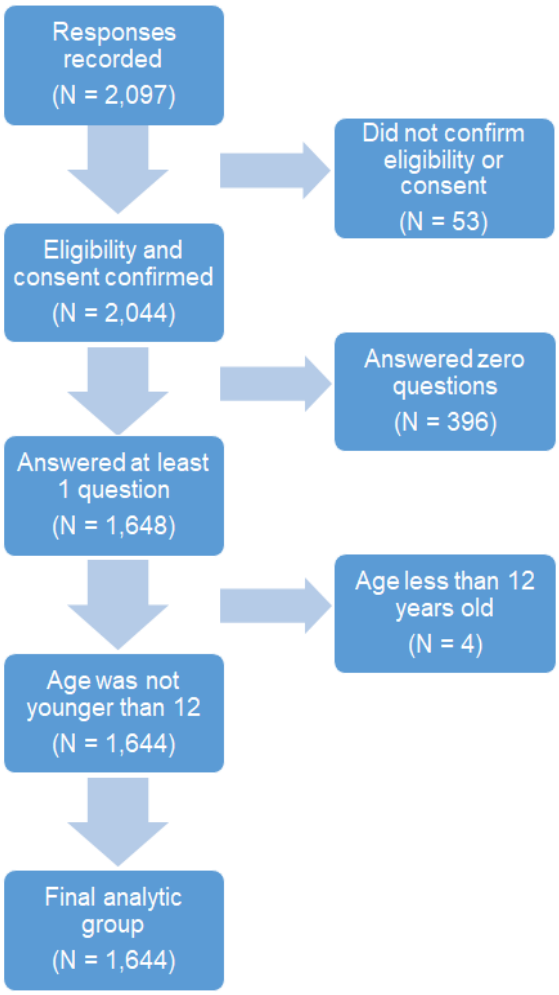
The survey was first published in English only with limited social media advertisement on April 1, 2022, as part of National Public Health Week. It was re-launched in September 2022 in twelve languages, including English, Arabic, simplified Chinese, Dari, Farsi, Hmong, Pashto, Punjabi, Russian, Spanish, Tagalog, and Vietnamese. The survey was closed after September 30, 2022. Survey respondents were recruited through word-of-mouth from community partners and organizations, and other public health networks. SCPH contracted with Runyon Saltzman, Inc. (RSE) to promote CTSA throughout the County for the timespan September 6, 2022, to September 30, 2022, via Facebook and Instagram social media campaigns. These social media campaigns were published in eight languages (English, Arabic, simplified Chinese, Pashto, Spanish, Punjabi, Russian, and Tagalog) to reach as many potential respondents as possible.

CTSA received a total of 2,097 responses. Out of these, 453 responses (21.6%) were excluded from final analysis because either they did not consent, meet age requirement, or answer at least one survey question following consent. More specifically, 53 responses were excluded

because the respondent answered "No, I do not consent to participate in this survey, or I am not at least 12 years old." Four responses were excluded because the respondent gave consent but reported an age of less than 12 at the end of the survey. Another 396 responses were excluded because respondents gave consent to participate but did not answer any additional survey questions.

The final analytic group consisted of 1,644 responses, or 78.4% of all recorded responses (Figure 1). Approximately 65% of the 1,644 analyzed responses completed all the questions in the survey.

FIGURE 1: CSTA response eligibility chart



Analysis

Statistical Analysis Software (SAS) 9.4, Microsoft Excel, and Qualtrics Text iQ software programs were used to analyze and display CTSA survey data.

Ranking Questions

CTSA Questions 1-7 asked respondents to rank health issues. Respondents' rankings can be thought of as votes in an election for the most important issue, and thus respondent votes can be counted using a ranked choice voting procedure. In one round of voting, votes for respondents' most important issue are counted. The issue with the fewest number of votes is removed. In the next round of voting, votes from respondents who selected the issue with the lowest number of votes as their top choice would then be moved to the next preferred issue that has not been excluded from the voting process yet. The process then repeats, and rounds of voting are conducted until one issue has received more than half of all votes. The relative importance of each issue to voters can be ordered based on the order in which the issues are removed from voting.

Counting votes with this ranked choice voting procedure provides some benefits over counting votes for the top issue only once. First, this procedure allows participants to have a say in the final results even if their top choice is not selected. Second, this procedure can also elevate certain issues that may not necessarily be the most important but are nonetheless still

considered relatively important by many voters. Finally, this procedure can help identify groups of voters who tend to rate the same issues as important.

Other Quantitative Questions

Quantitative data is information that can be counted and measured. Questions that resulted in quantitative response information were analyzed using simple counts and percentage calculations. Population comparison data in this report came from California Department of Finance or American Community Survey data.

Qualitative Questions

Qualitative data is information that cannot easily be counted or measured. The free text responses in the CTSA were qualitative data. Qualtrics Text iQ was used to analyze free text responses for themes and sentiment.

RESULTS

"What does a healthy community look like?"

The CTSA explored what the participants felt Sacramento County needed in 2022 to be a healthy community. Questions 1-7 asked participants to rank the importance of certain health-related topics and issues to their community's health. For most questions, a clear consensus on the most important issues did not emerge. There were instead large varieties in respondents' rankings across issues. Complete breakdowns of responses for Questions 1-7 are included in Appendix B.

Respondents were most concerned about infectious diseases, and specifically vaccine-preventable diseases. The timing of the survey with the third year of the COVID-19 pandemic likely influenced responses. Participants ranked social determinants of health (e.g., jobs and education) of high importance. Equity, diversity, and inclusion issues (e.g., racism, LGBTQ+ rights) was an important topic among non-White respondents.

TABLE 1: Health-related topic rankings

Rank	Health-Related Topic
1	Infectious disease
2	Social determinants of health
3	Chronic disease
4	Injuries
5	Equity, diversity, and inclusion
6	Maternal child health

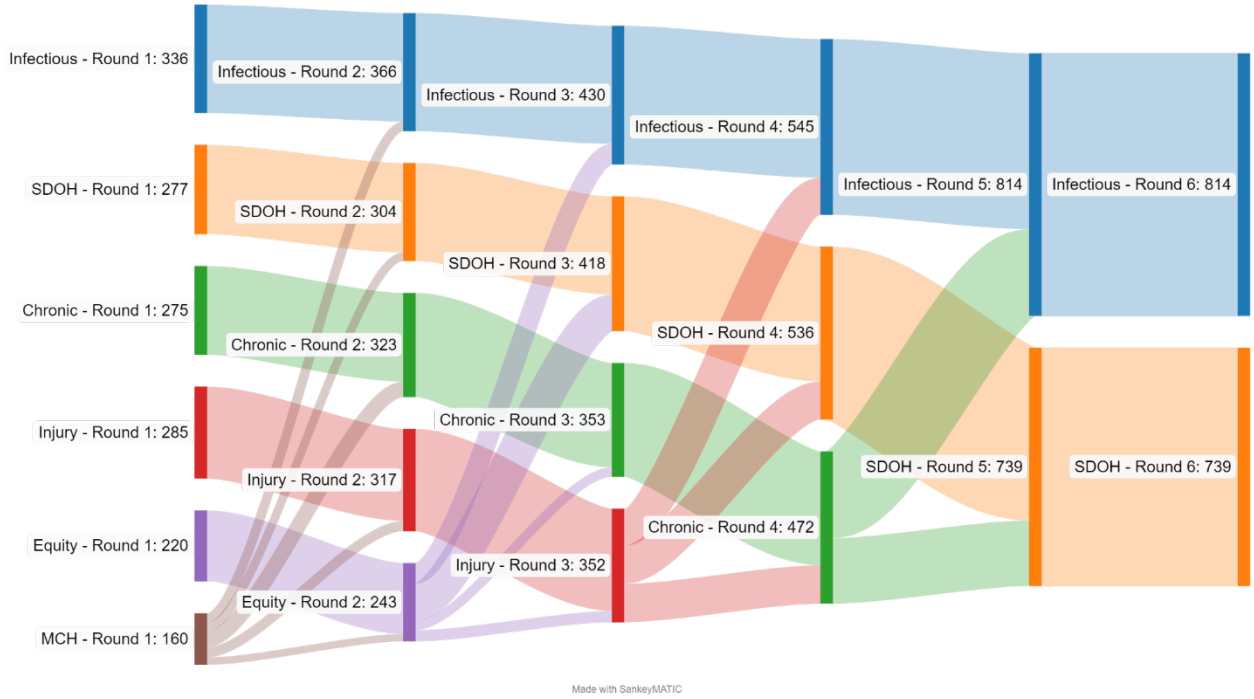
*Participants ranked **infectious diseases** the most important health-related topic for a healthy community in 2022.*

General Health-Related Topics

Participants ranked the importance of six health-related topics to their community's health. Table 1 shows the order in which they were ranked, with Rank 1 indicating the most important.

Figure 2 shows the ranked choice voting process for health-based topics. In round 1, maternal child health (MCH) had the fewest number of votes for the most important issue, so it was dropped from the next round. The 160 respondents who picked MCH as their top issue were then moved to their next preferred issue for round 2: 48 went to chronic diseases, 32 went to injury, 30 went to infectious diseases, 27 went to SDOH and 23 went to equity, diversity, and inclusion (equity). In round 2, equity had the fewest number of votes and was dropped. Most of the 243 respondents who picked equity as their top issue were moved to SDOH as their next top issue for round 3. This suggests that respondents who considered equity highly important also considered SDOH to be highly important as well. In round 4, chronic diseases received the fewest votes. The 472 voters who had chronic diseases as their top choice were spread about evenly to the remaining two topics. By round 5, infectious diseases received over half of the total votes.

FIGURE 2: Health-related topics Sankey chart (N = 1,553)



Sankey chart of ranked choice voting procedure for six health-related topics: Infectious diseases (Infectious), injuries (Injury), social determinants of health (SDOH), chronic diseases (Chronic), diversity, equity, and inclusion (DEI), and maternal child health (MCH)

Infectious Disease

Participants ranked the importance of four categories of infectious disease. Table 2 shows the order in which they were ranked, with Rank 1 indicating the most important.

TABLE 1: Infectious disease rankings

Rank	Infectious Disease
1	Vaccine-preventable disease
2	Food and water-borne disease
3	Sexually transmitted disease
4	Vector-borne disease

*Participants overwhelmingly ranked **vaccine-preventable diseases**, such as COVID-19, influenza and measles, the most important infectious disease grouping.*

More than half of respondents (52.5%) picked vaccine-preventable diseases (VPDs) as their most important infectious disease issue. Therefore, additional rounds of voting were not needed. Following VPDs, respondents picked foodborne waterborne diseases (30.0%), sexually transmitted diseases (11.4%), and then 6.0% for vector-borne diseases (Appendix B). A Sankey chart was not generated to display the voting rounds for infectious diseases since there was only a single round.

Social Determinants of Health

Participants ranked the importance of six categories of social determinants of health (SDOH). Table 3 shows the order in which they were ranked, with Rank 1 indicating the most important.

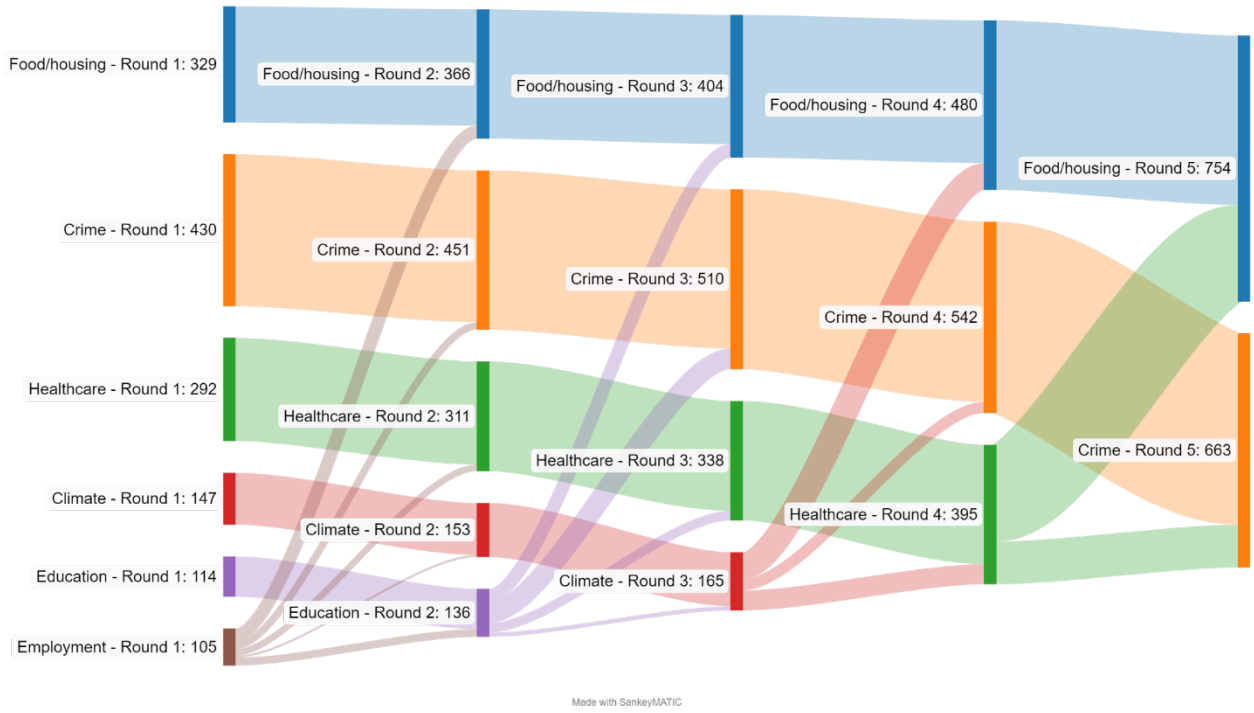
TABLE 2: Social determinants of health rankings

Rank	Social Determinant of Health
1	Food and housing security
2	Crime and safety
3	Healthcare access
4	Climate change and the environment
5	Education and literacy
6	Employment and economic opportunity

*The community ranked **food and housing security** the most important social determinant of health.*

Figure 3 shows the ranked choice voting process for SDOH issues. In round 1, employment and economic opportunity received the fewest votes. The 105 voters who picked employment as their most important issue were spread about evenly across the remaining issues, except for climate change. In round 2, education and literacy received the fewest number of votes and was dropped from the next rounds. In round 3, climate change received the fewest number of votes and was dropped. In round 4, healthcare access received the fewest votes. The majority of the 395 voters who selected healthcare access as their top issue were moved to food and housing security. This suggests that respondents who rated healthcare access as highly important also tended to rate food and housing security as highly important. By round 5, food and housing security overtook crime and safety as the SDOH with the most votes.

FIGURE 3: Social determinants of health Sankey chart (N = 1,417)



Sankey chart of ranked choice voting procedure for six SDOH issues: food and housing security (Food/housing), crime and safety (Crime), access to health care (including mental health care) (Healthcare), climate change and the environment (Climate), education and literacy (Education), and employment and economic opportunity (Employment)

Chronic Disease

Participants ranked the importance of seven categories of chronic disease. Table 4 shows the order in which they were ranked, with Rank 1 indicating the most important.

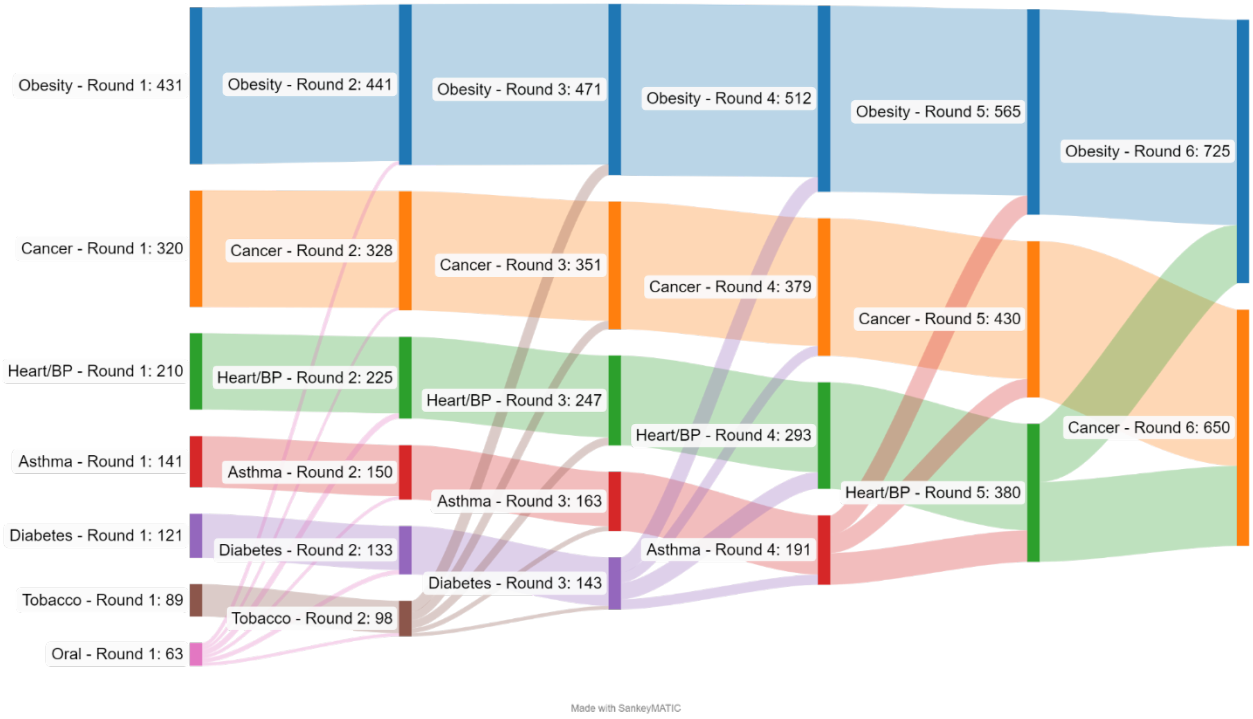
TABLE 3: Chronic disease rankings

Rank	Chronic Disease
1	Obesity
2	Cancer
3	Heart disease and hypertension
4	Asthma and other chronic respiratory diseases
5	Diabetes
6	Tobacco use
7	Oral health

*The community ranked **obesity** the most important chronic disease.*

Figure 4 shows the ranked choice voting process for chronic disease issues. In round 1, oral health received the least votes. The 63 voters who picked oral health as their most important issue were spread about evenly to the remaining issues. In round 2, tobacco use received the least votes. The 98 voters who selected tobacco use as their most important issue were spread about evenly to the remaining issues. In round 3, diabetes received the fewest number of votes. Among the 143 voters who selected diabetes as their top issue, the majority were evenly spread between obesity and heart disease and hypertension. The minority of those voters were spread between cancer and asthma. In round 4, asthma and other chronic respiratory diseases got the least votes. Among the 191 voters who selected asthma as their most important issue, there was a slight preference for heart disease and hypertension as their next choice. In round 5, heart disease and hypertension dropped. More votes for this issue were moved to cancer over obesity. However, in round 6 obesity received the most votes.

FIGURE 4: Chronic disease Sankey chart (N = 1,375)



Sankey chart of ranked choice voting procedure for seven chronic disease issues: oral health (Oral), tobacco use (Tobacco), diabetes (Diabetes), asthma and other chronic respiratory diseases (Asthma), heart disease and hypertension (Heart/BP), cancer, (Cancer), and obesity (Obesity)

Injury

Participants ranked the importance of four categories of injury. Table 5 shows the order in which they were ranked, with 1 indicating the most important.

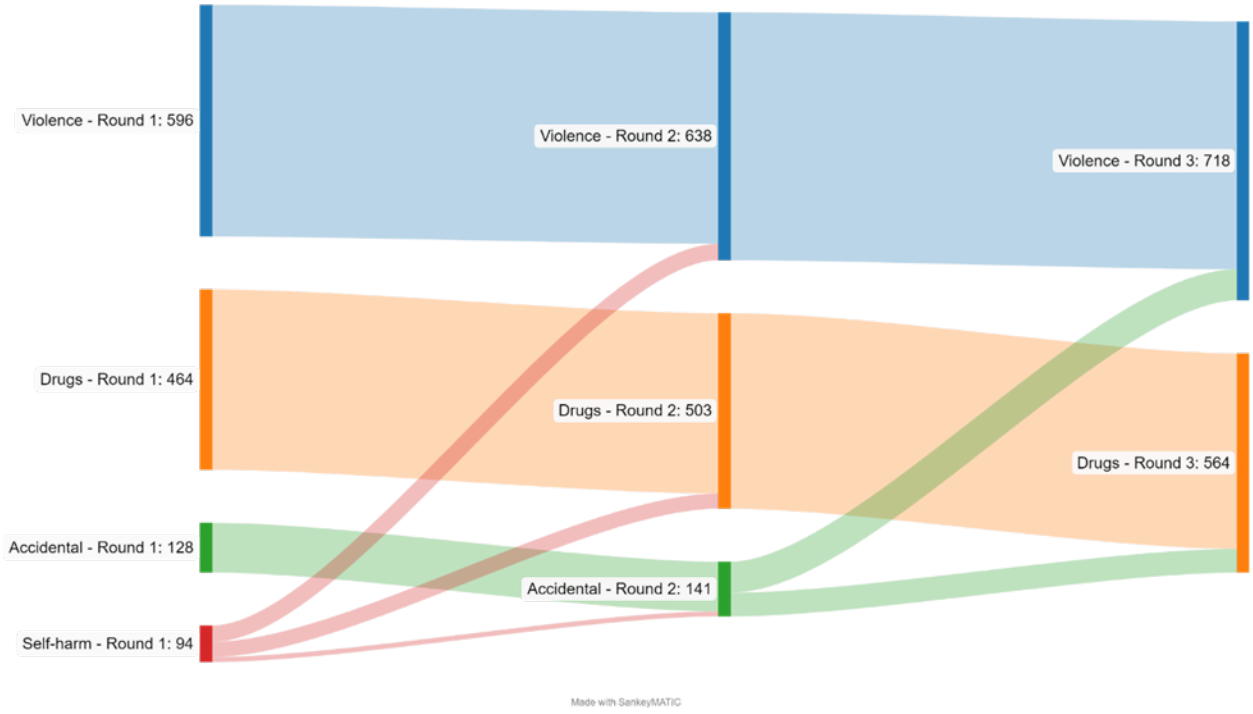
TABLE 4: Injury rankings

Rank	Injury
1	Violence
2	Drug/substance misuse
3	Accidental injuries
4	Self-harm

*The community ranked **violence** the most important injury topic.*

Figure 5 shows the ranked choice voting process for injury issues. In round 1, self-harm received the fewest number of votes for the most important issue. In round 2, accidental injuries received the fewest votes. Round 3 ended with violence receiving the most votes.

FIGURE 5: Injury Sankey chart (N=1,282)



Sankey chart of ranked choice voting procedure for four injury issues: violence like assault and homicide (Violence), drugs/substance misuse like alcohol or opioids and overdose (Drugs), accidental injuries like drowning and traffic collisions (Accidental), and self-harm like suicide and cutting (Self-harm)

Equity, Diversity, and Inclusion

Participants ranked the importance of seven equity, diversity, and inclusion issues. Table 6 shows the order in which they were ranked, with 1 indicating the most important.

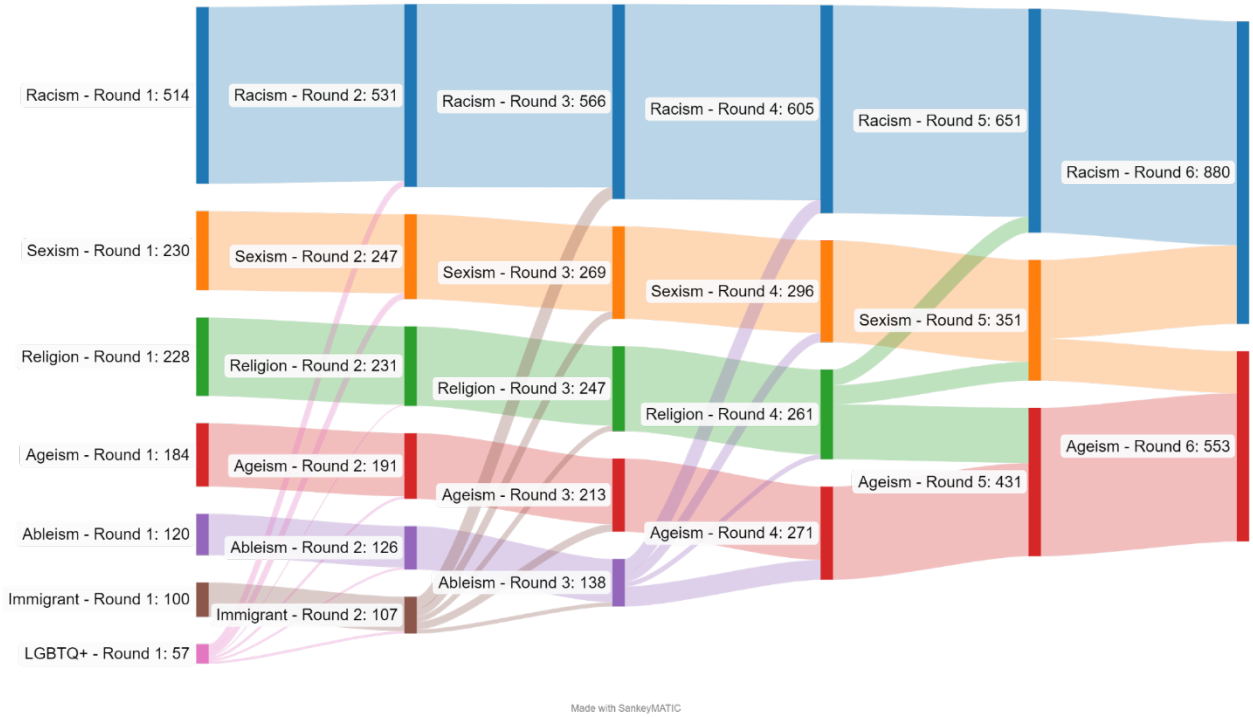
TABLE 5: Diversity, equity, and inclusion rankings

Rank	Equity issue
1	Racism
2	Ageism
3	Sexism
4	Religious discrimination
5	Ableism
6	Immigrant discrimination
7	LGBTQ+ discrimination

*The community ranked **racism** the most important diversity, equity and inclusion issue.*

Figure 6 shows the ranked choice voting process for equity issues. In round 1, LGBTQ+ discrimination and rights had the fewest number of votes for the most important issue. Therefore LGBTQ+ was dropped from the next rounds. More than half of the 57 respondents who selected LGBTQ+ as their most important issue were moved to racism or sexism as their second choice. In round 2, immigration had the fewest number of votes and was dropped. The 107 respondents who selected immigration as their top choice were spread about evenly across the remaining five equity issues. In round 3, ableism received the fewest votes and was dropped. Fifty-eight voters who selected ableism as their top issue were moved to ageism, 39 voters to racism, 27 voters to sexism, and 14 voters to religion. In round 4, religion was dropped as the issue with the fewest votes. About three-fifths of voters who chose religion as their most important issue were moved to ageism. This suggests that voters who rated religion as highly important also tended to rate ageism as highly important. In round 5, sexism was dropped as the issue with the fewest votes. About two-thirds of voters who chose sexism as their most important issue were moved to racism. This suggests that voters who rated sexism as highly important also tended to rate racism as highly important. In round 6, racism received more than half of all votes.

FIGURE 6: Equity, diversity, and inclusion Sankey chart (N = 1,433)



Sankey chart of ranked choice voting procedure for seven equity, diversity, and inclusion issues: Racism and racial justice (Racism), ageism (discrimination based on age) (Ageism), sexism and women's rights (Sexism), religious discrimination and freedom (Religion), ableism (discrimination based on disability) (Ableism), immigrant discrimination and rights (Immigrant), and LGBTQ+ discrimination and rights (LGBTQ+)

Maternal Child Health

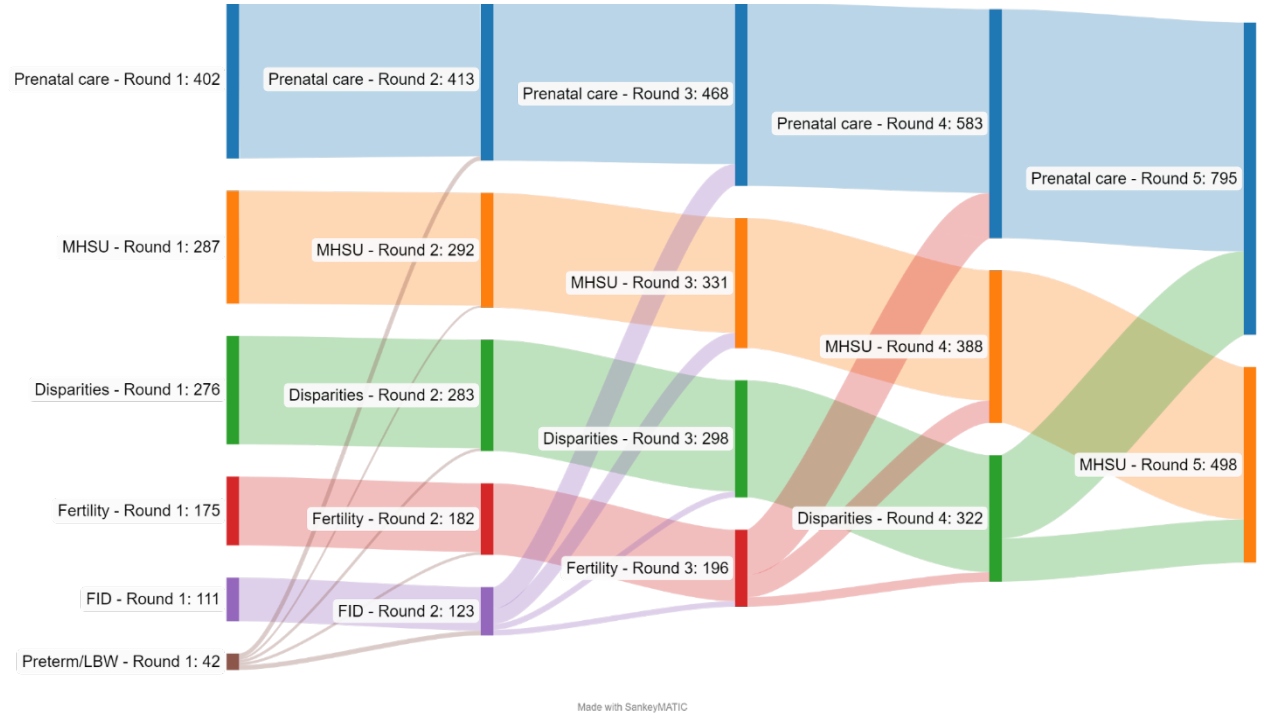
Participants ranked the importance of six maternal child health categories. Table 7 shows the order in which they were ranked, with 1 indicating the most important.

TABLE 7: Maternal child health topic rankings

Rank	Maternal child health topic
1	Prenatal care
2	Maternal mental health & substance use
3	Racial disparities in birth outcomes
4	Fertility & family planning
5	Fetal & infant death
6	Preterm birth & low birth weight

*The community ranked **prenatal care** the most important maternal child health topic.*

FIGURE 7: Maternal child health Sankey chart (N=1,293)



Sankey chart of ranked choice voting procedure for six maternal child health issues: preterm birth and low birth-weight babies (Preterm/LBW), fetal and infant death (FID), fertility and family planning (Fertility), racial disparities in birth outcomes (Disparities), maternal mental health and substance use (MHSU), and prenatal care access and quality (Prenatal care)

Figure 7 shows the ranked choice voting process for MCH issues. In round 1, preterm birth and low birth-weight babies received the fewest number of votes for the most important issue. Therefore, preterm birth and low birth weight was dropped from subsequent rounds. Roughly half of the 42 votes for this issue being most important was moved to fetal and infant death or prenatal care, and the other half was allocated to the remaining three issues. In round 2, fetal and infant death received the fewest number of votes for most important issue and was dropped from subsequent rounds. The 123 voters who selected this issue generally preferred prenatal care or maternal mental health and substance use as their next top issue. In round 3, fertility and family planning received the fewest number of votes and was dropped from subsequent rounds. Over half (115) of the 196 voters who selected this issue were moved to prenatal care, indicating that participants who rated fertility and family planning as highly important tended to also rate prenatal care as highly important. In round 4, racial disparities in birth outcomes received the fewest number of votes and was dropped from subsequent rounds. About two-thirds (212) of the 322 votes for this issue were moved to prenatal care, indicating that participants who rated racial disparities in birth outcomes as highly important tended to also rate prenatal care as highly important. In round 5, prenatal care had the most votes for the most important MCH issue.

Comparisons

New patterns emerged when responses on health-related topics (as in Figure 2) were grouped by certain demographics. Notably, non-Hispanic White respondents tended to rank equity as a less important health-related topic compared to respondents of other racial and ethnic groups. Equity was the fifth most important health-related topic among non-Hispanic White respondents compared to the 2nd most important among respondents of other racial and ethnic groups (Table 8).

TABLE 8: Health topic rankings, non-Hispanic White respondents vs. all other racial and ethnic groups

Rank (1= most important)	White (N = 590)	All other groups (N = 277)
1	Infectious diseases	Infectious diseases
2	SDOH	Equity
3	Injury	Injury
4	Chronic diseases	SDOH
5	Equity	Chronic diseases
6	MCH	MCH

Additionally, there was a major difference in the ranking of injury (which included violence and substance use) as a health-related topic depending on the poverty level of where respondents lived (Table 9). Respondents who lived in a zip code with the same or less poverty as the County overall ranked injury as more important than those who lived in a zip code with higher poverty.

TABLE 9: Health topic rankings, respondents living in zip codes with the same or less poverty vs. higher poverty than the County overall

Rank (1= most important)	Lower poverty (N = 687)	Higher poverty (N = 335)
1	Infectious diseases	Infectious diseases
2	SDOH	SDOH
3	Injury	Chronic diseases
4	Chronic diseases	Equity
5	Equity	Injury
6	MCH	MCH

"Is our community healthy?"

There were 1,337 participants who rated their community's health in Question 10. Less than half of all respondents rated their community's health as very healthy or somewhat healthy. Specifically, 3% of respondents answered very healthy, 41% answered somewhat healthy, 42% answered somewhat unhealthy, and 15% answered very unhealthy (Figure 8).

FIGURE 8: Perception of community's health (N=1,337)

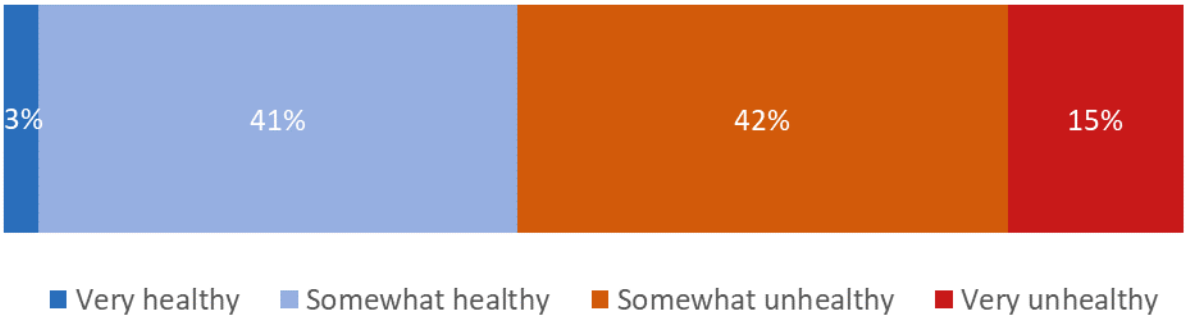
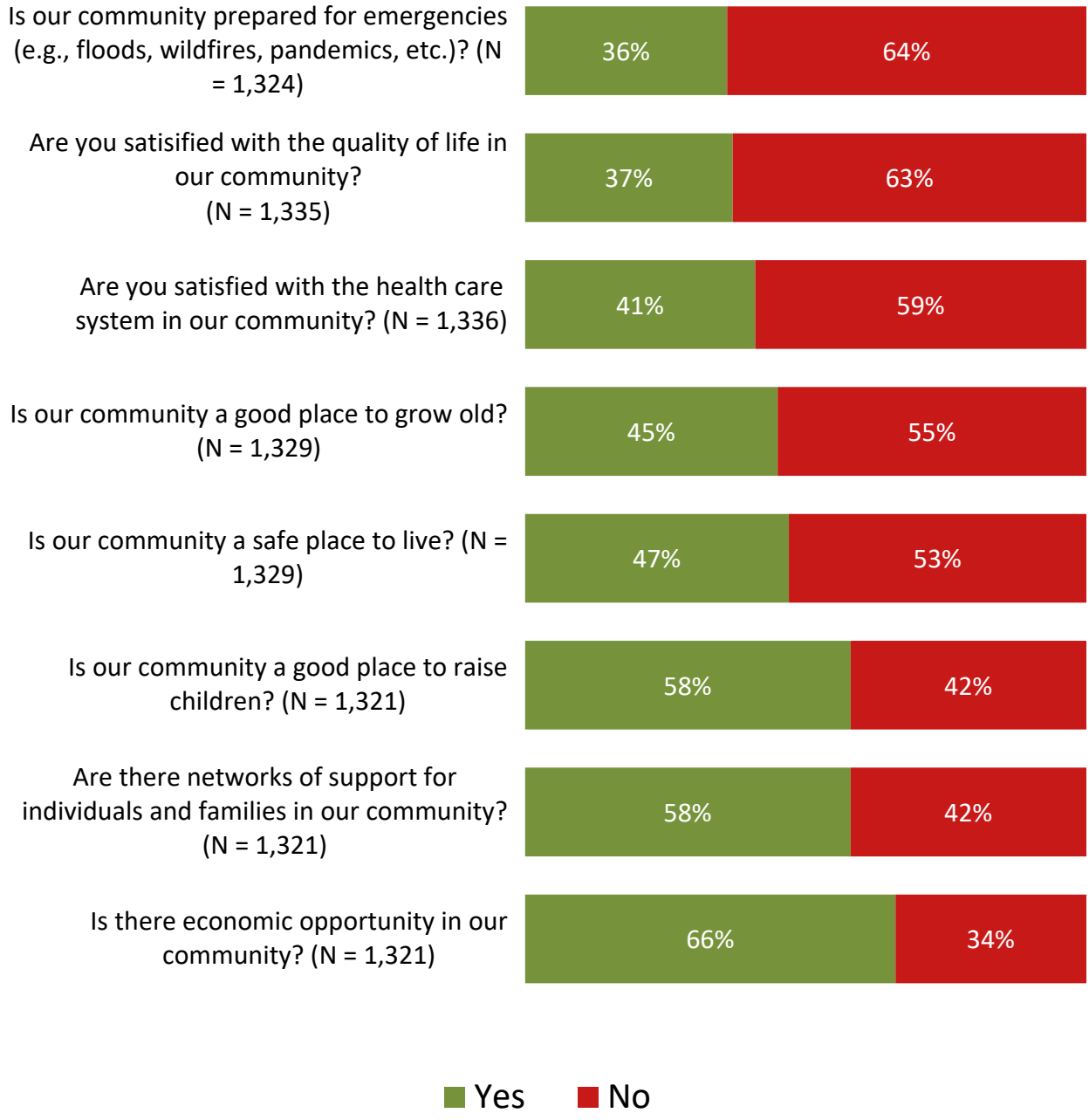


Figure 9 shows the results of Questions 8, 9, and 11-16. For five out of eight questions, more than half of respondents answered negatively. Specifically, 64% of respondents believed the County is not prepared for emergencies like floods, wildfires, or pandemics, 63% were not satisfied with the quality of life in our community, 59% were not satisfied with the health care system in the County, 55% believed the County is not a good place to grow old in, and 53% believed the County is not a safe place to live in. For the remaining three Yes-No questions, more than half of respondents answered positively. Specifically, 58% of respondents believed our community is a good place to raise children in, 58% believed there are networks of support for County members and their families, and 66% believed there is economic opportunity in the County.

FIGURE 9: Perception of community health metrics

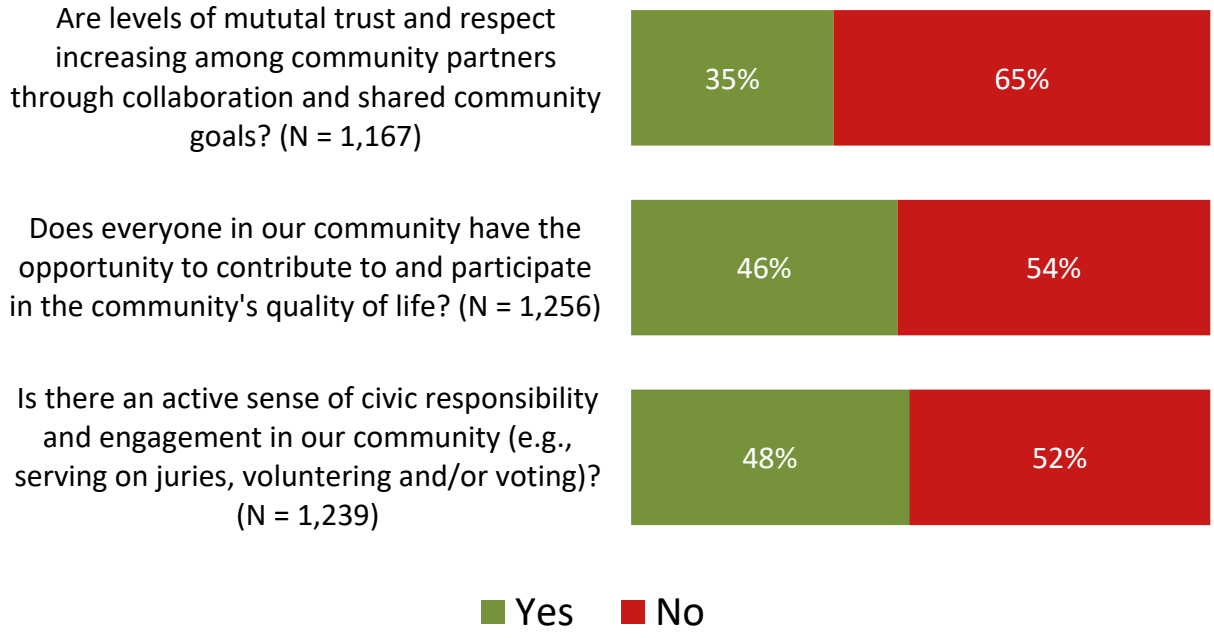


"How engaged is our community?

Civic Engagement

Figure 10 displays the results of Questions 17, 19, and 21. For all three of these questions, less than half of respondents answered positively. Specifically, 65% of respondents believed levels of mutual trust and respect have not increased among community partners through collaboration and shared community goals, 54% believed everyone does not have the opportunity to contribute to and participate in the community's quality of life, and 52% believed there is not an active sense of civic responsibility and engagement in the County through voting, volunteering, serving on juries, and other activities.

FIGURE 10: Civic engagement metrics



Community Pride

There were 925 participants who answered Question 18 which asked, "What is the one thing that makes you most proud of our community?" Figure 11 displays the 50 most common words from responses. Responses frequently mentioned the community's people and diversity, the outdoors, and green spaces available in the County. However, many respondents also said 'nothing' in response to this question.

FIGURE 11: Common themes around community pride

"Open spaces, and so many outdoor trails for walking, riding, whatever. "

"All the trees, love the trees"

"The diversity of the people that live here"

"The helpfulness and kindness of the people in the community"

"Nothing presently"

Community Involvement

There were 897 participants who answered Question 20 which asked, "What would excite you enough to become more involved in improving our community?" Figure 12 shows the 50 most common words from responses. Common responses included seeing tangible changes and addressing homelessness.

FIGURE 12: Common themes around improving community involvement

"More safe public spaces, parks, libraries, safe walkable trails"

"Feeling I could make a difference"

"Seeing results"

"True commitment to housing the homeless"

Community Priorities

There were 900 participants who answered Question 22 which asked, "What actions, policies or funding priorities would you support to build a healthier community?" Figure 13 displays the 50 most common words from responses. Common answers included homelessness, housing, and health services.

FIGURE 13: Common themes around community priorities

"Homelessness, mental health, crime"

"More affordable health care and services"

"Helping the homeless"

Additional Comments

There were 658 people that answered Question 23 which asked, “Do you have any additional brief comments about the health of the community?” Figure 14 displays the 50 most common words from responses. Common answers mentioned homelessness and housing, mental health services, cleanliness of County streets, and safety.

FIGURE 14: Common themes among open comments regarding community health

> “I love Sacramento County, and I love my neighborhood and my community institutions. And yet, its so incredibly obvious that many people in Sacramento struggling and in pain. I don't care whether folks' circumstances are their "fault", I just want to help them get better instead of blame them for their misfortunes, give them little or no support/services, and then expect them to help themselves. I'm sad but I'm also angry that the government keeps failing to help so many people in Sacramento, and I'm angry that there are places in Sacramento that no longer feel safe because the government won't help folks who need it.”

"How do you fit into our community?"

Out of 1,219 respondents who answered Question 24 about their individual health, almost all (85%) respondents rated their health as either somewhat healthy or very healthy (Figure 15). The remaining 15% of respondents rated their health as either somewhat unhealthy or very unhealthy. These results contrast greatly with respondents' assessments of their community's health, which most respondents considered unhealthy (Figure 8).

FIGURE 15: Self-rated health (N = 1,219)

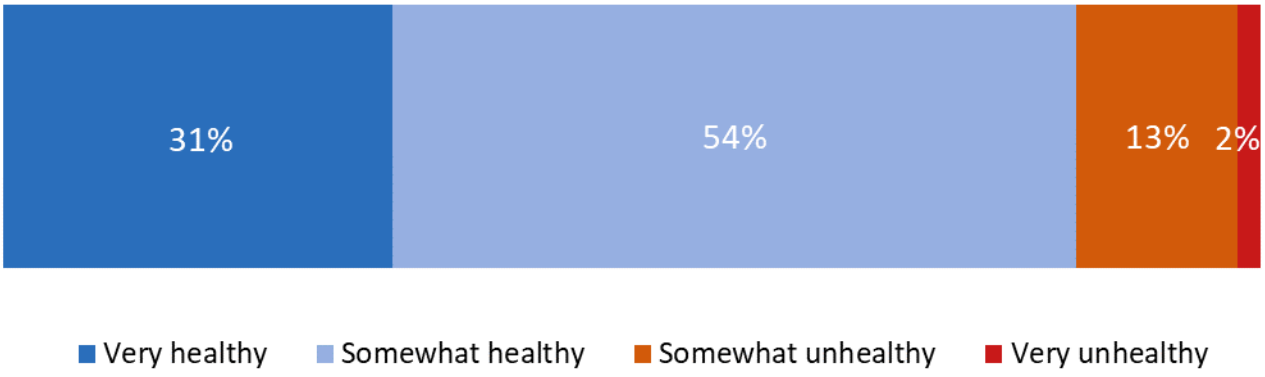
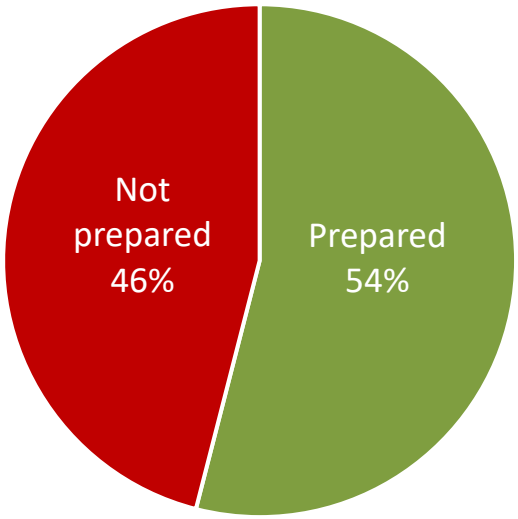


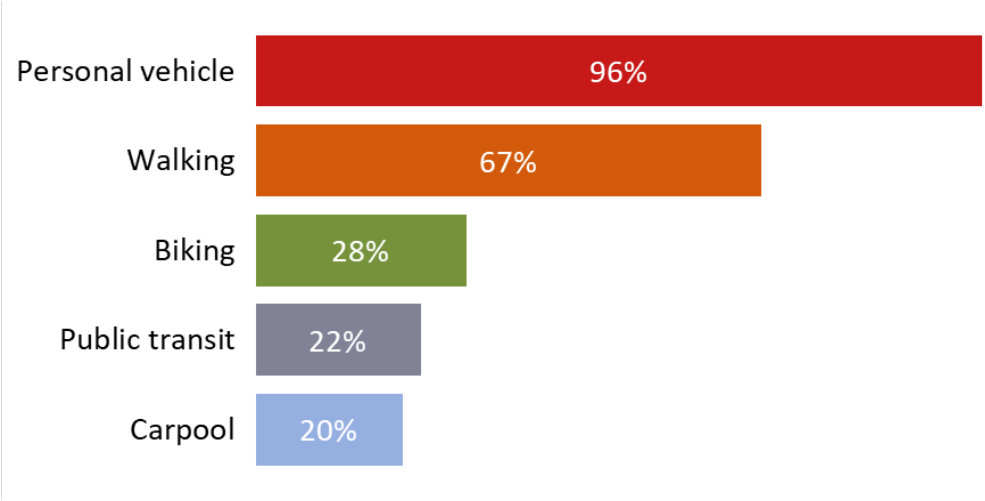
FIGURE 16: Self-rated preparedness for emergencies (N = 1,216)



Out of 1,216 respondents who answered Question 25 about emergency preparedness, slightly more than half reported being prepared for an emergency (Figure 16). These results contrast greatly with respondents' assessment of their community's emergency preparedness, which most respondents considered insufficient (Figure 9).

There were 1,217 respondents who reported the modes of transportation they used in the past year for Question 26. Respondents could select multiple modes of transportation. Ninety-six percent of respondents used a personal vehicle, 67% of respondents walked, 28% of respondents rode a bicycle, 22% of respondents rode public transportation, and 20% of respondents carpooled (Figure 17).

FIGURE 17: Transportation used in the past year (N = 1,217)

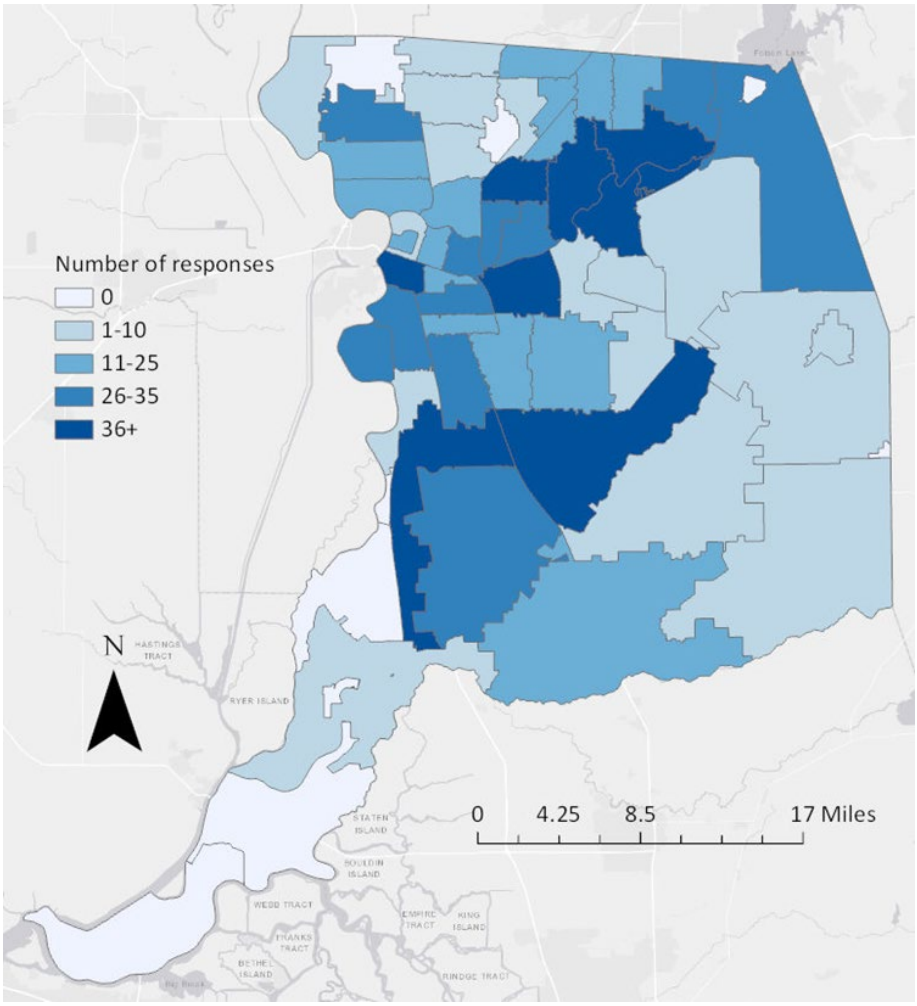


Out of 1,058 respondents who answered Question 28 length of community membership in the County, over half reported being members for at least 20 years (Figure 18). Nearly one quarter of respondents reported being a community member for between one to ten years.

FIGURE 18: Length of membership in Sacramento County community (N = 1,058)

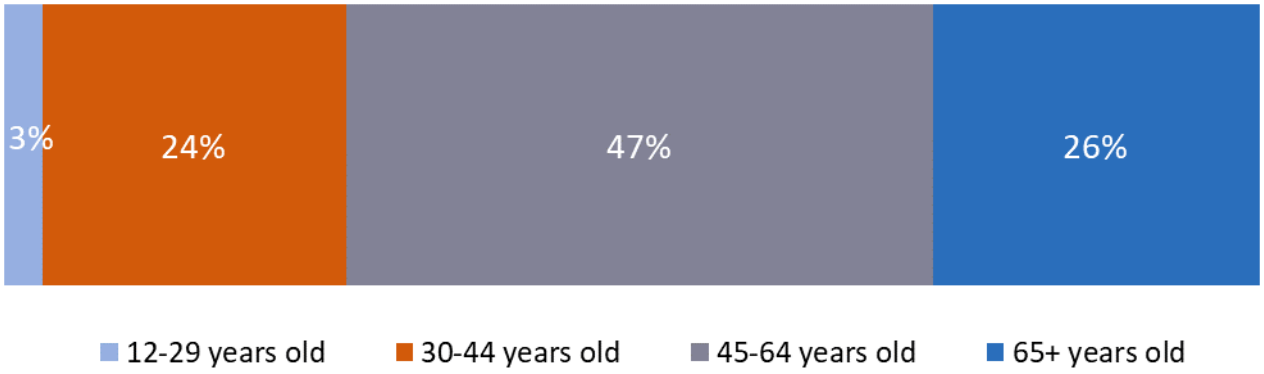
There were 1,005 respondents who provided their zip code of residence in Question 27. About 85% of the 61 zip codes within Sacramento County had at least one response (Figure 19). The zip codes with the greatest number of responses (at least 36 responses) were 95608, 95628, 95758, 95624, 95670, 95818, 95826 and 95821. This roughly corresponds to the northeast area of the County including Fair Oaks, Carmichael, Rancho Cordova and Arden Arcade, and the Elk Grove and Oak Park areas of South Sacramento. The zip codes in which no participants reported residing in were 94571, 95615, 95639, 95640, 95641, 95652, 95671, 95680 and 95836. These areas roughly correspond to rural areas in the most southwestern and southeastern areas of the County, Mcclellen Park area, Folsom prison area, and the area just east of the Sacramento metropolitan airport.

FIGURE 19: Number of survey responses by zip code of residence (N = 1,005)



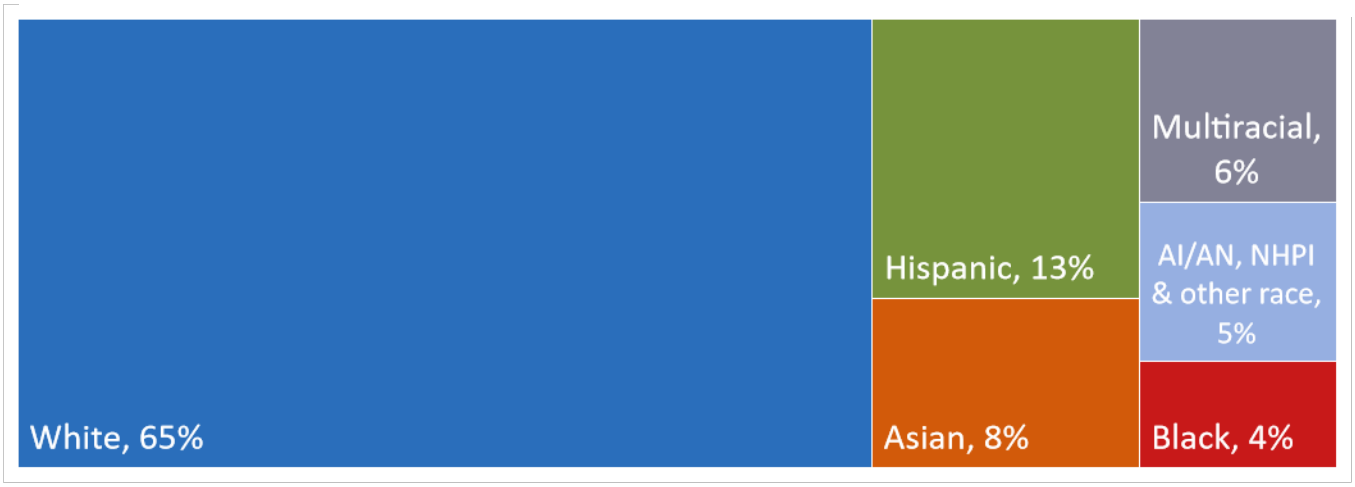
Out of 1,039 respondents who provided their age for Question 29, three percent reported being between 12 and 29 years old. About a quarter (24%) were between 30 and 44 years old, just under half (47%) between 45 and 64 years old, and about a quarter (26%) age 65 or older (Figure 20). The youngest was 14 years old, and the oldest was 111 years old. The average age was 54.4 years old. Nearly three-fourths of the 1,039 participants who answered Question 29 were at least 45 years old when they completed CTSA.

FIGURE 20: Survey respondents by age group (N = 1,039)



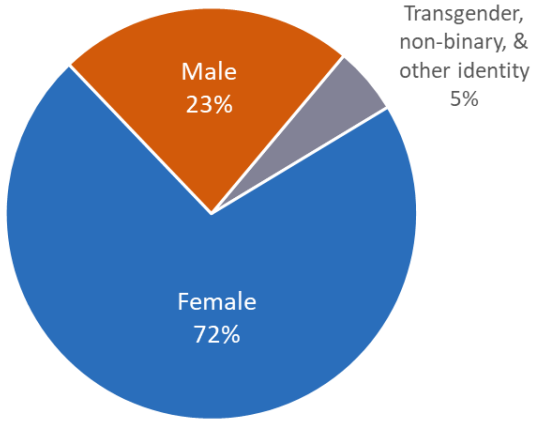
There were 929 respondents who provided both their race and ethnicity in Questions 30 and 31. Just under two-thirds (65%) were non-Hispanic White and just over one-third (35%) were non-White (Figure 21). When compared with the overall County population, Blacks, Hispanics, and Asians were underrepresented among respondents.

FIGURE 21: Survey respondents by race/ethnicity (N = 929)



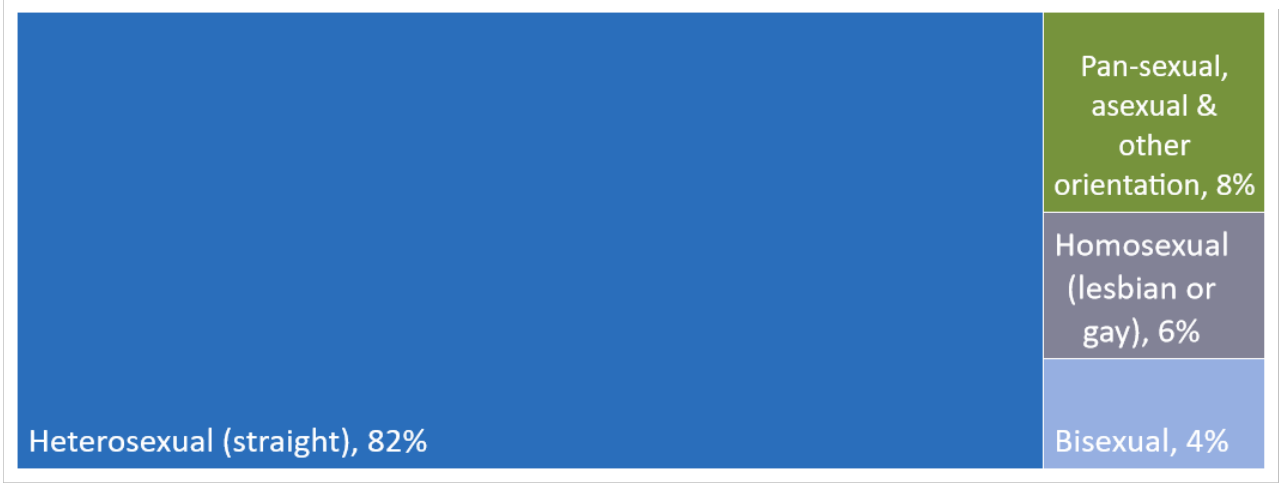
Out of 1,066 respondents who provided their gender in Question 32, nearly three-fourths of respondents were cis-gender females (Figure 22). Just under a quarter (23%) were cis-gender male, and the remaining of 5% of respondents reported being transgender, non-binary, or a gender identity other than options provided. Responses for transgender, non-binary and other gender identity were aggregated into a single category in Figure 22 due to the small number of responses for each category individually.

FIGURE 22: Survey respondents by gender identity (N = 1,066)



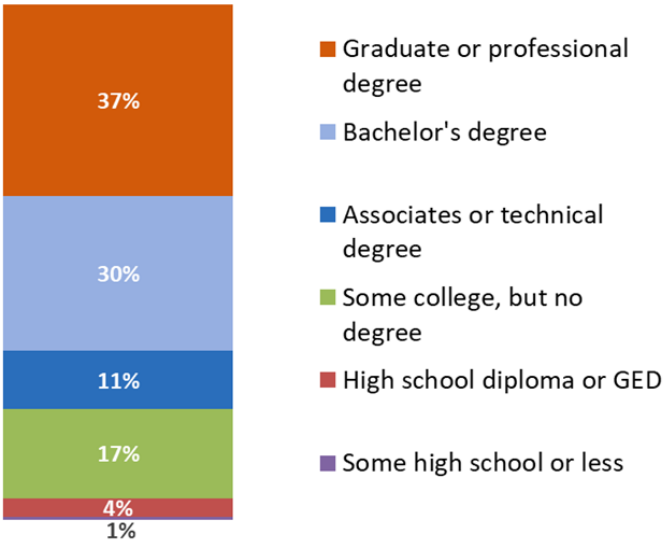
There were 935 respondents who provided their sexual orientation in Question 33. Over four-fifths (82%) of respondents were heterosexual/straight, and 18% were a sexual orientation other than heterosexual/straight (Figure 23). Specifically, 6% of respondents reported being homosexual/lesbian/gay, 4% reported being bisexual and 8% reported being asexual, pan-sexual or an orientation other than the options provided. These three choices were aggregated into a single category in Figure 23 due to the small number of responses for each category individually).

FIGURE 23: Survey respondents by sexual orientation (N = 935)



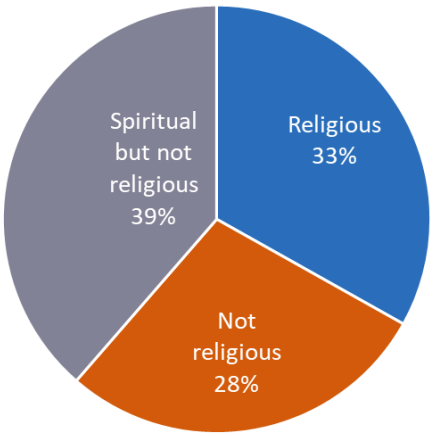
Out of 1,023 respondents who provided their highest completed level of education in Question 34, about two-thirds (67%) had a bachelor's degree or higher (Figure 24). Specifically, 30% had a bachelor's degree, and 37% had a graduate or professional degree. Eleven percent had an Associates or technical degree, and 17% had some college or education without a degree. Five percent of respondents had a high school diploma, GED, or only some high school education with no diploma.

FIGURE 24: Survey respondents by education level (N = 1,023)



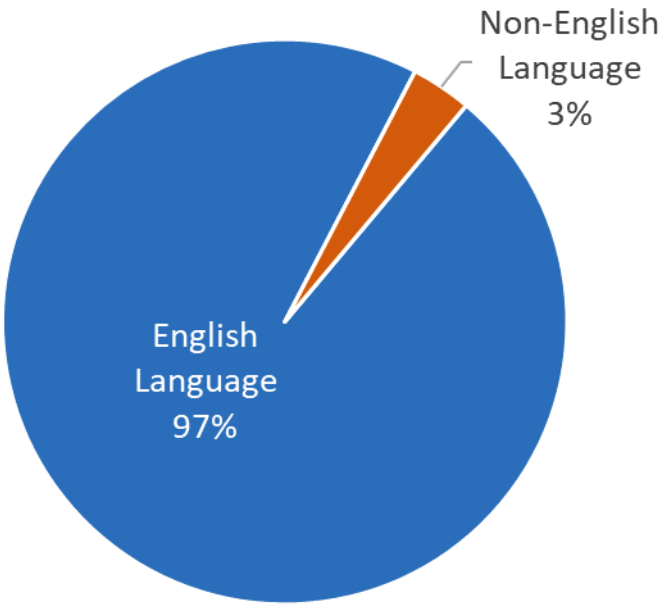
Out of 1,005 respondents who provided their religiosity in Question 35, one-third of respondents were religious, 28% were not religious, and 39% were spiritual but not religious (Figure 25).

FIGURE 25: Survey respondents by religiosity (N = 1,005)



Survey language was recorded for all 1,644 respondents analyzed in the report. Three percent of respondents answered CTSA in a language other than English, and the most common non-English languages were Russian and Pashto (Figure 26).

FIGURE 26: Survey responses by language (N = 1,644)



DISCUSSION

Findings

CTSA collected responses from members of the Sacramento County members of various ages, races and ethnicities, genders, and sexual orientations. Most County zip codes were represented by at least one participant, and a wide range of opinions were expressed through CTSA, especially in Questions 1-7 from the section "What does a healthy community look like?" and the free-response questions (Questions 18, 20, 22 and 23) in the section "How engaged is our community?"

SCPH's collaboration with RSE demonstrated the effectiveness of social media campaigns to promote community participation, especially among non-English speakers. Concurrently with the campaign, SCPH staff sent the survey to various community partners with a request to share and included a link to the survey in the County Newsletter. There were 74 non-English responses in five different non-English languages recorded, 62 of which were in September 2022 during RSE's social media campaign.

A rank-based voting procedure was implemented to determine which health topics and issues were the most important to CTSA respondents in the section "What does a healthy community look like?" After conducting this procedure, the most important issues are summarized in Table 10 below. The timing of the survey coinciding with the third year of the COVID-19 pandemic likely influenced responses. Specifically, infectious disease was ranked the most important overall health topic and vaccine-preventable diseases (including COVID-19) was ranked the most important infectious disease topic. Community perception likely would have differed prior to the pandemic. Different methods of counting and evaluating respondents' rankings could have potentially led to different issues being prioritized. Regardless of the method used, responses for Questions 1-7 demonstrate that all issues and topics mentioned in "What does a healthy community look like?" are relevant to the health of the County.

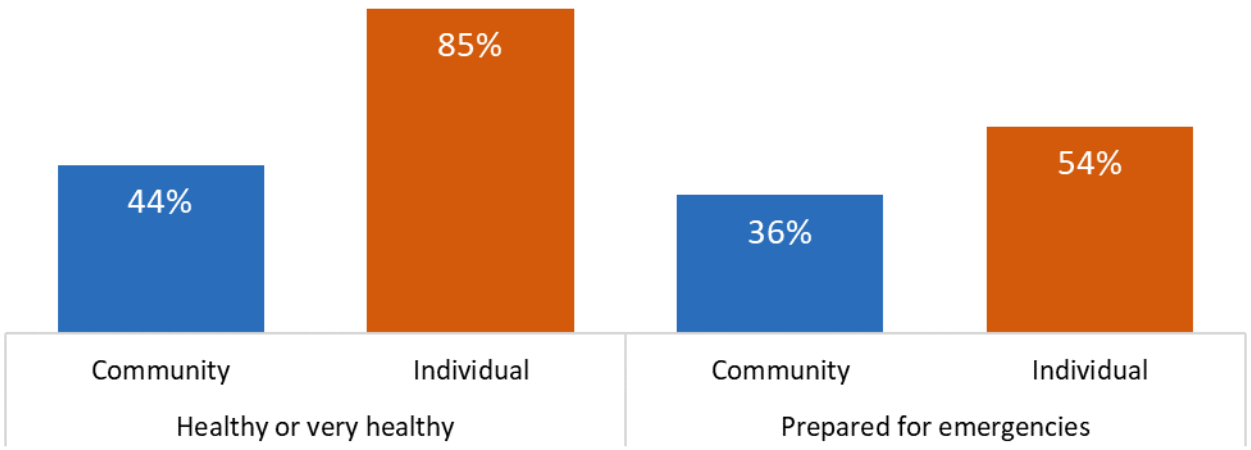
TABLE 10: Summary of issues rating most important by topic area

Topic area	Issue rated most important
Overall health	Infectious disease
Infectious disease	Vaccine preventable disease
Social determinants of health	Food and housing insecurity
Chronic Disease	Obesity
Injury	Violence
Equity, diversity, and inclusion	Racism
Maternal child health	Prenatal care

One major finding was that certain groups of CTSA participants tended to rank certain issues differently compared to the CTSA participants overall. Compared to non-Hispanic White respondents, respondents of other races and ethnicities tended to consider equity as a highly important health-related topic (Table 8). Respondents living in zip codes with lower levels of poverty also tended to rank injury as a highly important health-related topic compared to respondents living in zip codes with higher levels of poverty (Table 9).

A second major finding was the contrast between respondents' evaluation of their communities versus themselves with regards to health status and emergency preparedness (Figure 27). More than half of CTSA participants thought their communities were unhealthy (Figure 8). When asked about their own health, nearly 90% of participants thought their own health was either very or somewhat healthy (Figure 15). More than half of CTSA participants also thought their communities were not prepared for a potential emergency, but more than half of participants thought they themselves were prepared (Figures 9 and 16). There are a few possible explanations for these differences. First, CTSA participants could have overestimated their own health and preparedness. Second, participants could have underestimated their community's health and emergency preparedness. Third, healthier and more-prepared community members could have been more likely to complete CTSA. It is likely that some combination of these three possibilities contributed to this finding. For emergency preparedness, there could also be true differences in term of individual-level preparedness (e.g., having a family evacuation plan, go-bags etc.) compared to perceptions of County-level preparedness (e.g., mass evacuation plans, emergency sheltering infrastructure, etc.).

FIGURE 27: Community vs. Individual health and preparedness rankings



Limitations

There are a few limitations of the CTSA. The main limitation is the generalizability of participant responses to all members of the Sacramento County community. CTSA participants were more likely to be older, non-Hispanic White, cis-gender women with a college education or higher who were long-term County members, even though efforts were made to specifically recruit participants outside of these characteristics.

Figures 28 compares the sex, racial-ethnic, and age compositions of CTSA participants to the Sacramento County population. The County Population is from the California Department of Finance (DoF) population projections published in July 2022 for the year 2022 among people ages 12 and older. Three-quarters of cis-gender CTSA participants answered female as their biological sex and only 25% answered male as their biological sex. County residents ages 12 and older is almost evenly split between female and male. White participants constituted 65% of CTSA participants, while White County residents constituted less than half of County residents ages 12 and older. Older and middle-aged County members were over-represented in CTSA as well. Nearly 75% of CTSA participants were at least 45 years old, while that age group is closer to half of County residents ages 12 and older.

FIGURE 28: Demographic characteristics, County population vs. CTSA participants

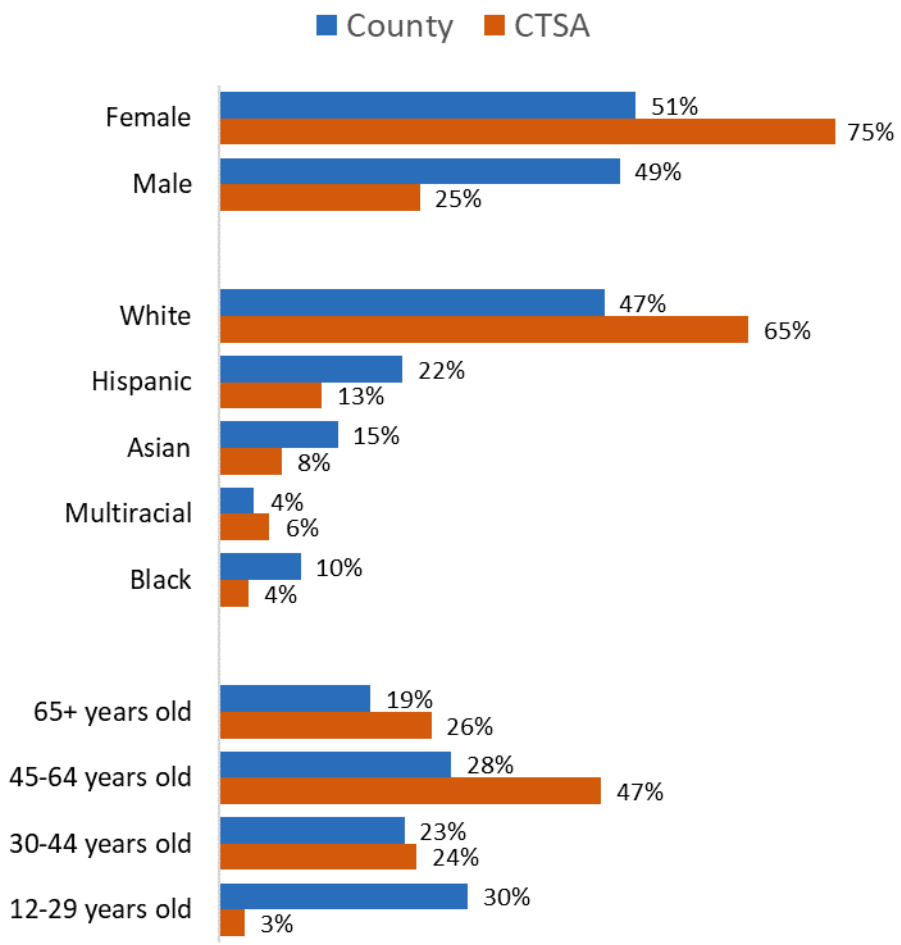
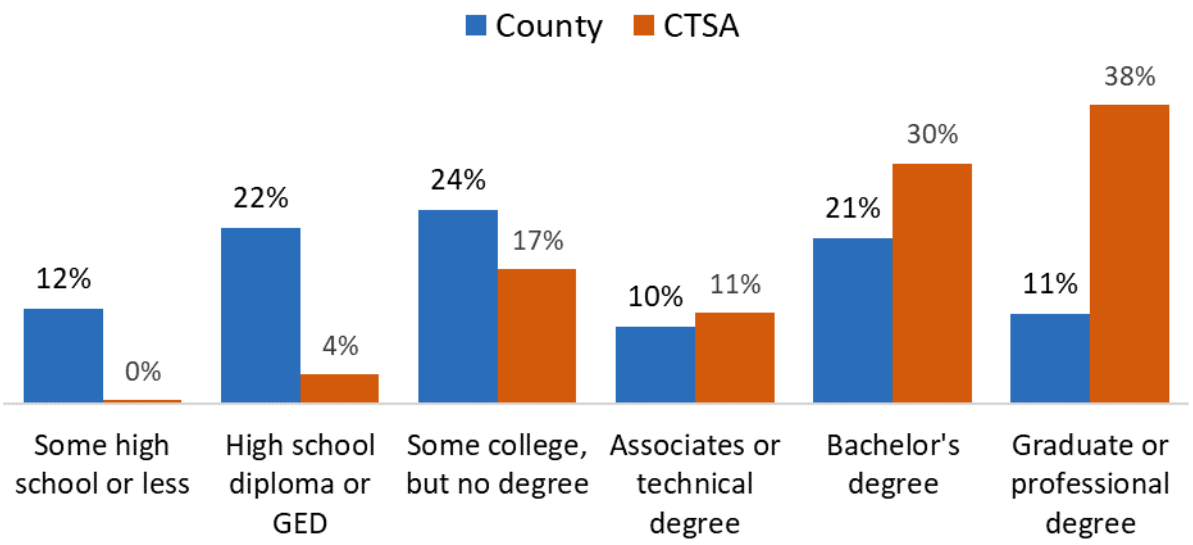


Figure 29 compares the educational attainment of CTSA participants to estimates of educational attainment in Sacramento County from the 2021 American Community Survey (ACS) 5-year estimates. The 2021 ACS data was the most recently available data at the time of this report and was limited to individuals 25 years and older. The opinions of CTSA participants

may not be indicative of the opinions of County members at large. CTSA respondents were more likely to have attained a bachelor's degree or higher compared to the County population. CTSA respondents were more than three times as likely to have a graduate or professional degree compared to all County residents. The higher average age or CTSA respondents may have been influenced by this difference despite CTSA including a wider range of ages.

FIGURE 29: Educational attainment, County population vs. CTSA participants



The second limitation of CTSA was the rate of completion. Even after excluding responses that answered zero questions, only slightly more than half of survey participants reached the end of CTSA. Additionally, many respondents chose to not disclose demographic information such as race/ethnicity and sexual orientation in the final section. These two factors complicate our ability to understand the priorities of specific subgroups among members of the Sacramento County community. It also complicates efforts to recruit specific groups for future participation in community assessments.

CONCLUSION

The 2022 CTSA survey was successfully disseminated, administered, analyzed, and interpreted. Community surveys such as the CTSA continue to be one of many valuable tools for engagement with and for Sacramento County community members. The Community Context Assessment, along with the 2020 Health Status Assessment and 2022 Community Partners Assessment, were building blocks for the overall Sacramento County Community Health Assessment and will be used to inform the Community Health Improvement Plan process. Sacramento County Public Health will continue to draw on community feedback in the pursuit of its shared vision of optimal health for those who live, work, play and worship in the County.

APPENDIX A: CTSA SURVEY

Sacramento County Public Health (SCPH) values your opinion. The Community Themes and Strengths Assessment is a vital part of a community health improvement process. We are collecting community thoughts, opinions, concerns, and solutions - anything that provides insight into the issues the community feels are important. We're also interested in feedback about the quality of life and community assets in Sacramento County. Responses will inform a SCPH Community Health Improvement Plan.

There are four sections to this survey:

1. Section 1 - What does a healthy community look like?
2. Section 2 - Is our community healthy?
3. Section 3 - How engaged is our community?
4. Section 4 - How do you fit into our community?

You must be 12 years or older to participate in this survey and live, work, play or worship in Sacramento County. This survey will take about 20 minutes to complete. Your participation is voluntary and any personal information you provide will be kept secure. There are no foreseeable risks or direct benefits associated with participation in this project. If you have questions or concerns about this survey, you can contact Jamie White at epidemiology@saccounty.gov or Dr. Gurleen Roberts at robertsg@saccounty.gov. If you consent to being part of this project, please select 'yes' below.

- Yes, I consent to participate in this survey and I am at least 12 years old
- No, I do not consent to participate in this survey or I am not at least 12 years old

Section 1: This section will ask you some questions about what is needed for a healthy community. The questions in this section will ask you to rank topics. You can rank each item by clicking on it, dragging and dropping it into place.

1. Please rank the most important health-related topics from the list below that need to be addressed to improve health in our community (1 = most important). To rank, click each item and drag and drop them in the order of importance.
    - Chronic diseases (e.g., cancer, diabetes, etc.)
    - Equity, diversity and inclusion (e.g., racism, LQBTQ+ rights)
    - Other social determinants of health (e.g., jobs, education etc.)
    - Infectious diseases (e.g., COVID-19, STDs etc.)
    - Injury (e.g., accidents, violence, drug overdoses)
    - Maternal child health (e.g., infant death, prenatal care etc.)

2. Please rank the most important equity, diversity and inclusion issues from the list below that need to be addressed to improve health in our community (1 = most important). To rank, click each item and drag and drop them in the order of importance.
    - Ableism (discrimination based on disability)
    - Ageism (discrimination based on age)
    - Immigrant discrimination and rights
    - LGBTQ+ discrimination and rights
    - Racism and racial justice
    - Religious discrimination and freedom
    - Sexism and women's rights

3. Please rank the most important social determinants from the list below that need to be addressed to improve health in our community (1 = most important). To rank, click each item and drag and drop them in the order of importance.
    - Access to health care (including mental health care)
    - Climate change and the environment
    - Crime and safety
    - Education and literacy
    - Employment and economic opportunity
    - Food and housing security

4. Please rank the most important injury-related issues that need to be addressed to improve health in our community (1 = most important). To rank, click each item and drag and drop them in the order of importance.
    - Accidental injuries (e.g., drowning, traffic collisions etc.)
    - Drugs/substance misuse and overdose (e.g., alcohol, opioids etc.)
    - Self-harm (e.g., suicide, cutting etc.)
    - Violence (e.g., assault, homicide, abuse etc.)

5. Please rank the most important chronic disease issues that need to be addressed to improve health in our community (1 = most important). To rank, click each item and drag and drop them in the order of importance.
    - Asthma & other chronic respiratory diseases
    - Cancer
    - Diabetes
    - Heart disease & hypertension
    - Oral health
    - Obesity
    - Tobacco use

6. Please rank the most important infectious diseases the need to be addressed to improve health in our community (1 = most important). To rank, click each item and drag and drop them in the order of importance.
    - Food & water-borne diseases (e.g., E. coli, salmonella etc.)
    - Sexually transmitted diseases (e.g., HIV, syphilis etc.)
    - Vaccine-preventable disease (e.g., COVID-19, influenza, measles etc.)
    - Vector-borne diseases (e.g., Zika virus, West Nile virus etc.)

7. Please rank the most important maternal-child health issues the need to be addressed to improve health in our community (1 = most important). To rank, click each item and drag and drop them in the order of importance.
    - Fetal and infant death
    - Fertility and family planning
    - Maternal mental health and substance use
    - Preterm birth and low birth-weight babies
    - Prenatal care access and quality
    - Racial disparities in birth outcomes

Section 2: This section will ask you some questions about the health of our community.

8. Are you satisfied with the quality of life in our community?
    - Yes
    - No

9. Are you satisfied with the health care system in our community?
    - Yes
    - No

10. How would you describe the health of our community?
    - Very healthy
    - Somewhat healthy
    - Somewhat unhealthy
    - Very unhealthy

11. Is our community a good place to raise children?
    - Yes
    - No

12. Is our community a good place to grow old?
    - Yes
    - No

13. Is there economic opportunity in our community?
    - Yes
    - No

14. Is our community a safe place to live?
    - Yes
    - No

15. Are there networks of support for individuals and families in our community?
    - Yes
    - No

16. Is our community prepared for emergencies (e.g., floods, wildfires, pandemics, etc.)
    - Yes
    - No

Section 3: This section will ask you some questions about community engagement.

17. Is there an active sense of civic responsibility and engagement in our community (e.g., serving on juries, volunteering and/or voting)?
    - Yes
    - No

18. What is the one thing that makes you most proud of our community?

19. Does everyone in our community have the opportunity to contribute to and participate in the community's quality of life?
    - Yes
    - No

20. What would excite you enough to become more involved in improving our community?

21. Are levels of mutual trust and respect increasing among community partners through collaboration and shared community goals?
    - Yes
    - No

22. What actions, policies or funding priorities would you support to build a healthier community?

23. Do you have any additional brief comments about the health of our community?

Section 4: This section will ask you some questions about you as an individual.

24. How would you describe your individual health?
    - Very healthy
    - Somewhat healthy
    - Somewhat unhealthy
    - Very unhealthy

25. Are you and your household prepared for an emergency (e.g., have evacuation plan, emergency bag etc.)?
    - Yes
    - No

26. Which forms of transportation have you used in the past year (please select all that apply)?
    - Biking
    - Carpool
    - Personal vehicle
    - Public transportation (e.g., bus, train etc.)
    - Walking

27. What zip code do you currently live in?

28. How many years have you been a member of the Sacramento County community (i.e., lived, worked, played or worshipped)?

29. What is your age?

30. Are you of Spanish, Hispanic or Latino origin?
    - Yes
    - No
    - Prefer not to say

31. Choose one or more races that you consider yourself to be.
    - American Indian/ Native American or Alaska Native
    - Asian
    - Black or African American
    - Native Hawaiian or other Pacific Islander
    - White
    - Other, please specify:_____
    - Prefer not to say

32. What is your gender?
    - Female, cis-gender (female since birth)

- Male, cis-gender (male since birth)
- Female to male transgender
- Male to female transgender
- Non-binary
- Other, please specify:_____
- Prefer not to say

33. What is your sexual orientation?
    - Asexual
    - Bisexual
    - Heterosexual (straight)
    - Homosexual (lesbian or gay)
    - Pan-sexual
    - Other, please specify:_____
    - Prefer not to say

34. What is the highest level of education you have completed?
    - Some high school or less
    - High school diploma or GED
    - Some college, but no degree
    - Associates or technical degree
    - Bachelor's degree
    - Graduate or professional degree
    - Prefer not to say

35. Do you consider yourself religious?
    - Yes
    - Spiritual but not religious
    - No
    - Prefer not to say

36. Would you be interested in an opportunity to participate in future community health meetings, interviews or other public health activities that are scheduled over the next year (through 2023)?
    - Yes
    - No

37. You indicated you were interested in participating in future events and activities. Please let us know how to best contact you.
    - If you prefer to be reached by phone or text, please enter your phone number.
    - If you prefer to be reached by email, please enter your email address.

Thank you for your participation. Your response has been recorded

APPENDIX B: HEALTH-RELATED TOPIC AND ISSUE RANKINGS

Health-related topics (N = 1,553)

Rank	Chronic diseases	Equity, diversity, and inclusion	Infectious diseases	Injuries	Maternal child health	Other social determinants of health
1	275 (17.7%)	220 (14.2%)	336 (21.6%)	285 (18.4%)	160 (10.3%)	277 (17.8%)
2	305 (19.6%)	170 (10.9%)	259 (16.7%)	257 (16.5%)	292 (18.8%)	270 (17.4%)
3	268 (17.3%)	177 (11.4%)	236 (15.2%)	262 (16.9%)	368 (23.7%)	242 (15.6%)
4	275 (17.7%)	197 (12.7%)	251 (16.2%)	250 (16.1%)	355 (22.9%)	225 (14.5%)
5	238 (15.3%)	231 (14.9%)	313 (20.2%)	244 (15.7%)	242 (15.6%)	285 (18.4%)
6	192 (12.4%)	558 (35.9%)	158 (10.2%)	255 (16.4%)	136 (8.8%)	254 (16.4%)

Rank	Asthma and other chronic respiratory diseases	Cancer	Diabetes	Heart disease and hypertension	Obesity	Oral health	Tobacco use
1	141 (10.3%)	320 (23.3%)	121 (8.8%)	210 (15.3%)	431 (31.3%)	63 (4.6%)	89 (6.5%)
2	143 (10.4%)	190 (13.8%)	279 (20.3%)	385 (28.0%)	182 (13.2%)	82 (6.0%)	114 (8.3%)
3	202 (14.7%)	186 (13.5%)	304 (22.1%)	318 (23.1%)	184 (13.4%)	93 (6.8%)	88 (6.4%)
4	233 (16.9%)	186 (13.5%)	313 (22.8%)	222 (16.1%)	165 (12.0%)	157 (11.4%)	99 (7.2%)
5	311 (22.6%)	210 (15.3%)	189 (13.7%)	129 (9.4%)	160 (11.6%)	227 (16.5%)	149 (10.8%)
6	218 (15.9%)	176 (12.8%)	105 (7.6%)	76 (5.5%)	132 (9.6%)	396 (28.8%)	272 (19.8%)

7	127 (9.2%)	107 (7.8%)	64 (4.7%)	35 (2.5%)	121 (8.8%)	357 (26.0%)	564 (41.0%)

Chronic diseases (N = 1,375)

Equity, diversity and inclusion (N = 1,433)

Rank	Ableism	Ageism	Immigrant discrimination and rights	LGBTQ+ discrimination and rights	Racism and social justice	Religious discrimination and freedom	Sexism and women's rights
1	120 (8.4%)	184 (12.8%)	100 (7.0%)	57 (4.0%)	514 (35.9%)	228 (15.9%)	230 (16.1%)
2	199 (13.9%)	247 (17.2%)	182 (12.7%)	170 (11.9%)	229 (16.0%)	105 (7.3%)	301 (21.0%)
3	264 (18.4%)	199 (13.9%)	178 (12.4%)	209 (14.6%)	161 (11.2%)	127 (8.9%)	295 (20.6%)
4	235 (16.4%)	193 (13.5%)	264 (18.4%)	223 (15.6%)	148 (10.3%)	124 (8.7%)	246 (17.2%)
5	260 (18.1%)	215 (15.0%)	264 (18.4%)	191 (13.3%)	150 (10.5%)	146 (10.2%)	207 (14.4%)
6	236 (16.5%)	252 (17.6%)	268 (18.7%)	234 (16.3%)	152 (10.6%)	185 (12.9%)	106 (7.4%)
7	119 (8.3%)	143 (10.0%)	177 (12.4%)	349 (24.4%)	79 (5.5%)	518 (36.1%)	48 (3.3%)

Infectious disease issues (N = 1,241)

Rank	Food & water-borne diseases	Sexually transmitted diseases	Vaccine-preventable diseases	Vector-borne diseases
1	372 (30.0%)	142 (11.4%)	652 (52.5%)	75 (6.0%)
2	427 (34.4%)	286 (23.0%)	188 (15.1%)	340 (27.4%)
3	325 (26.2%)	378 (30.5%)	172 (13.9%)	366 (29.5%)
4	117 (9.4%)	435 (35.1%)	229 (18.5%)	460 (37.1%)

Injury issues (N = 1,282)

Rank	Accidental injuries	Drugs/substance misuse and overdose	Self-harm	Violence
1	127 (9.9%)	464 (36.2%)	94 (7.3%)	596 (46.5%)
2	222 (17.3%)	437 (34.1%)	203 (15.8%)	420 (32.8%)
3	396 (30.9%)	260 (20.3%)	439 (34.2%)	187 (14.6%)
4	537 (41.9%)	121 (9.4%)	546 (42.6%)	78 (6.1%)

Maternal child health issues (N = 1,293)

Rank	Fertility and family planning	Fetal and infant death	Maternal mental health and substance use	Prenatal care access and quality	Preterm and low birth-weight babies	Racial disparities in birth outcomes
1	175 (13.5%)	111 (8.6%)	287 (22.2%)	402 (31.1%)	42 (3.2%)	276 (21.3%)
2	124 (9.6%)	151 (11.7%)	293 (22.7%)	423 (32.7%)	131 (10.1%)	171 (13.2%)
3	129 (10.0%)	254 (19.6%)	274 (21.2%)	225 (17.4%)	254 (19.6%)	157 (12.1%)
4	151 (11.7%)	267 (20.6%)	217 (16.8%)	137 (10.6%)	364 (28.2%)	157 (12.1%)
5	238 (18.4%)	318 (24.6%)	156 (12.1%)	76 (5.9%)	334 (25.8%)	171 (13.2%)
6	476 (36.8%)	192 (14.8%)	66 (5.1%)	30 (2.3%)	168 (13.0%)	361 (27.9%)

Other social determinants of health issues (N = 1,417)

Rank	Climate change and the environment	Crime and safety	Education and literacy	Employment and economic opportunity	Food and housing security	Healthcare and mental healthcare access
1	147 (10.4%)	430 (30.3%)	114 (8.0%)	105 (7.4%)	329 (23.2%)	292 (20.6%)
2	111 (7.8%)	192 (13.5%)	236 (16.7%)	221 (15.6%)	337 (23.8%)	320 (22.6%)
3	116 (8.2%)	165 (11.6%)	273 (19.3%)	322 (22.7%)	240 (16.9%)	301 (21.2%)
4	156 (11.0%)	161 (11.4%)	304 (21.5%)	321 (22.7%)	226 (15.9%)	249 (17.6%)
5	180 (12.7%)	196 (13.8%)	342 (24.1%)	280 (19.8%)	225 (15.9%)	194 (13.7%)
6	707 (49.9%)	273 (19.3%)	148 (10.4%)	168 (11.9%)	60 (4.2%)	61 (4.3%)