2022 Community Health Needs Assessment Implementation Strategy

UCDAVIS HEALTH | **MEDICAL CENTER**

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Introduction

UC Davis Medical Center, part of UC Davis Health, is a comprehensive academic medical center where clinical practice, teaching and research converge to advance human health. Centers of excellence include the National Cancer Institute-designated UC Davis Comprehensive Cancer Center; the region's only level I pediatric and adult trauma centers; the UC Davis MIND Institute, devoted to finding treatments and cures for neurodevelopmental disorders; and the UC Davis Children's Hospital. The medical center serves a 33-county, 65,000 square mile area across northern California that stretches north to the Oregon border and east to Nevada. UC Davis Health further extends access to academic specialty and subspecialty care through an award-wining telehealth program, which provides remote services to medically underserved communities throughout California.

Background

As mandated by the Patient Protection and Affordable Care Act (ACA), all nonprofit hospitals must conduct a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA. The CHNA must define the community served by the hospital, solicit input from broad interests of the community, assess the health needs of the community, prioritize those health needs, and identify potential measures and resources available to address the health needs.

UC Davis Health worked with local nonprofit health systems to develop a collaborative CHNA process reflective of the greater Sacramento region, and, in partnership, contracted Community Health Insights, a Sacramento-based research consulting firm, to conduct the 2022 CHNA. The UC Davis Health 2022 CHNA serves as the basis for this CHNA Implementation Strategy. The purpose of the three-year CHNA Implementation Strategy is to guide investment of resources and position UC Davis Health to more efficiently and innovatively reduce inequity in health.

For the purposes of this report, the definition of the UC Davis Medical Center Hospital Service Area (HSA) is the 50 ZIP codes that include more than 99.5 percent of the residents of Sacramento County, California 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 HSA was determined by analyzing discharge data where it was determined that more than 50 percent of all patients discharged from the hospital were Sacramento County residents in the included ZIP codes.

Summary of Community Health Needs Assessment

Objective of the 2022 CHNA:

To identify and prioritize community health needs and identify resources available to address these health needs, with the goal of improving the health status of the community at-large and for specific locations and/or populations experiencing health disparities.

The data used to conduct the CHNA was identified and organized using the widely recognized Robert Wood Johnson Foundation's County Health Rankings Model. This model of population health includes many factors that impact and account for individual health and well-being. To further guide the overall process of conducting the assessment, a defined set of data-collection and analytic stages were developed, including the collection and analysis of both primary (qualitative) and secondary (quantitative) data. Qualitative data included one-on-one and group interviews with 87 community health experts, social service providers, and medical personnel. Additionally, 57 community residents or community service provider organizations participated in 11 focus groups across the service area. Additionally, 31 community service providers responded to a Community Service Provider (CSP) survey about health need identification and prioritization.

List of Prioritized Significant Health Needs

The following significant health needs identified for Sacramento County are listed below in prioritized order.

1. Access to Mental/Behavioral Health and Substance-Use Services
2. Access to Basic Needs Such as Housing, Jobs, and Food
3. Access to Quality Primary Care Health Services
4. System Navigation
5. Injury and Disease Prevention and Management
6. Health Equity: Equal Access to Opportunities to be Healthy
7. Active Living and Healthy Eating
8. Safe and Violence-Free Environment
9. Increased Community Connections
10. Access to Specialty and Extended Care
11. Access to Functional Needs (transportation and physical mobility)
12. Access to Dental Care and Preventive Services
13. Healthy Physical Environment

Communities of Concern for the UC Davis Hospital Health Service Area

Communities of Concern are geographic areas in Sacramento County that have the greatest concentration of people with poor health outcomes. Communities of Concern are home to more people who are medically underserved, have a low-income, and represent greater ethnic diversity than areas not designated a Community of Concern. Residents in Communities of Concern also face significant challenges when trying to improve or maintain health.

Communities of Concern are important to the overall CHNA methodology because, after the service area has been assessed more broadly, they allow for a focus on those portions of the region likely experiencing the greatest health inequities. Geographic Communities of Concern were identified using a combination of primary and secondary data sources. For this assessment, a total of 50 ZIP Codes were included across all of Sacramento County; of these, 20 met the requirements to be included as a Community of Concern. The total population within these communities was approximately 700,000 residents, representing 44% of the total population in the service area.

ZIP CODE	COMMUNITY/AREA*	POPULATION
95660	Carmichael	34,303
95815	Citrus Heights	25,206
95838	Rancho Cordova	37,286
95841	Arden Arcade, North Highlands	19,890
95842	Arden Arcade, North Highlands	32,184
95608	Rancho Cordova, Rosemont	60,199
95610	North Highlands	44,711
95670	North Sacramento	52,277
95821	Del Paso Heights	35,530
95825	Arden Arcade, North Highlands	33,385
95827	Arden Arcade, North Highlands, Foothill Farms	20,382
95811	Downtown Sacramento	6,711
95814	Downtown Sacramento	10,487
95817	Oak Park	13,918
95820	Oak Park, Tahoe Park	35,869
95822	South Sacramento	44,724
95823	South Sacramento	76,478
95824	South Sacramento	30,225
95828	South Oak Park, South Sacramento	60,884
95832	Meadowview, Freeport	12,114
Total Population in the Communities of Concern		706,996
Total Population in the HSA		1,564,555
Percent of the HSA		44%

Source: 2019 American Community Survey 5-year estimates; U.S. Census Bureau

Criteria and Process of Determining the Significant Health Needs to be Addressed

As a public research university and academic health system, UC Davis Health has a mission to serve the community at-large, the residents of California and the nation. Governed by the Board of Regents of the University of California, UC Davis Health is a steward of the public trust. Accordingly, in assessing and prioritizing the health needs of the community, UC Davis Health takes a broad, societal view that incorporates public health goals into the planning process. UC Davis Health examined the significant health needs and applied the following criteria to identify the health needs to be addressed:

1. Ability to address broadly the social drivers of health and equitable delivery of health care
2. Commitment to teaching and research missions
3. Organizational capacity
4. Community role as a safety net provider
5. Acknowledged competencies and expertise
6. Ability to leverage established relationships, existing programs, services, and resources
7. Priority the community placed on the need
8. "Complete not compete" philosophy

The mission, strategic initiatives (including UC Davis Health's role as an Anchor Institution), and discussions with key internal stakeholders helped determine the significant health needs to be addressed. Additionally, input was gathered from community groups, especially those in close proximity to the Medical Center. Participants' insights helped to confirm the prioritized health needs and shape the strategies selected. Participants emphasized the need for continued community partnerships to achieve desired outcomes, validated initial internal discussions regarding addressing new health needs in the Implementation Strategy, and highlighted some of the areas needing continued investment.

The Governing Board of UC Davis Medical Center reviewed, approved and adopted this Implementation Strategy on September 28, 2022.

CHNA Implementation Strategy: Priority Needs

The following sections include the strategies and objectives, anticipated impacts, key programs, and collaborations for each of the seven significant health needs UC Davis Health plans to address in the next three years. UC Davis Health has taken care to select strategies that impact both the clinical needs of community members (e.g., improved access to care, disease prevention) and social drivers of the priority need (e.g., poverty, education).

Many initiatives or efforts address multiple community needs. For example, UC Davis Health provides financial and in-kind support to WellSpace Health's Gregory Bunker Care Transitions Center, which provides post-discharge recuperative care for unsheltered patients after they leave the hospital. This program addresses basic needs (shelter), system navigation, health equity, specialty and extended care, and mental and behavior health services. In most cases, programs are included under their primary need, with the recognition that their impact may extend to other needs.

Additionally, UC Davis Health's impact extends beyond Sacramento, deep into the 33 counties that make up the UC Davis catchment area, and throughout the state. While not discussed here, many highly dedicated people, clinical activities and research endeavors exist across the health system that touch Northern California residents in profound ways.

Significant Need 1: Access to Mental, Behavioral and Substance Use 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 simultaneously. Access to mental and behavioral health and substance-use services is an essential resource for a healthy community.

The CHNA revealed ongoing challenges with finding mental health providers and access to substance-use treatment services. Community members noted that existing behavioral health and substance use treatment services are difficult to access and siloed from other medical services. The CHNA also identified that the COVID-19 pandemic amplified the need for behavioral health and substance use services, particularly for youth and people experiencing homelessness.

To meet this need, UC Davis Health will focus on deploying resources in community-based settings, providing care through specialized programs at UC Davis Health, conducting research on interventions, and supporting pilot programs that can be applied in community settings. To the extent that additional state or local public funding becomes available, the impact of services UC Davis Health provides would be magnified. Planned activities include but are not limited to the following:

Goal: Increase access to and quality of mental health and substance use services through outpatient community-based programs.

Objectives/Strategies	Anticipated Impact
■ Provide mental and behavioral health services in the community, focused on vulnerable populations ■ Conduct research on behavioral health services and substance use treatment options ■ Support medical residents and advance practice providers through behavioral health training programs ■ Increase funding support for services focused on populations living in Communities of Concern	■ Increase community access to high quality mental and behavioral health care and substance use services ■ Reduce the percentage of residents who experience delays obtaining needed behavioral health and substance use services

Programs & Partners

■ Clinicians and Residents from UC Davis Health's Department of Psychiatry and Behavioral Sciences deliver psychiatry care services at Sacramento County-run facilities, including the Adult Psychiatric Support Services Clinic, Sacramento County Mental Health Treatment Center, Sacramento County Primary Care Center and the Mental Health Urgent Care Clinic.

■ Psychiatric assessments, medication management, psychological testing, and behavioral health services provided by UC Davis Health clinicians to children and youth who are Medi-Cal beneficiaries at the Child and Adolescent Psychiatric Services (CAPS) Clinic.

■ Connect people with substance use disorders to Medication-Assisted Treatment (MAT) in the Emergency Department and link to ongoing treatment at FQHCs in the community through the CA Bridge Program. UC Davis Health's substance use intervention team provides ongoing technical assistance to the Sacramento County Juvenile Detention Center and Sacramento State Student Wellness Center for MAT for youth and young adults with opioid use disorder.

■ Pilot the Psychiatry Sub-Acute Facilitated Engagement and Transitions Program (SAFE-T Program) with WellSpace Health. SAFE-T is an intensive case management program for individuals who are justice-involved and at high risk of incarceration or Emergency Department recidivism.

■ Provide assessments and evidence-based practices for early identification and intervention for psychotic disorders for adolescents and younger adults in Early Psychosis Programs (EDAPT and SacEDAPT).

- Provide Parent-Child Care (PC-CARE), a brief parenting intervention and navigation support program to parents and children in reunification through the CAARE (Child and Adolescent Abuse Resource and Evaluation) Diagnostic and Treatment Center. Expand the workforce able to provide PC-CARE by facilitating the training of community providers.

- Resources, Education, Advocacy and Counseling for Homeless (REACH) Families therapists provide onsite mental health and navigation services to children and families experiencing homelessness at the Mustard Seed School and Bannon Street Shelter.

- The UC Davis Betty Irene Moore School of Nursing participates in the UC Multi-Campus Psychiatric Mental Health Nurse Practitioner Postmaster's Certificate Program, which trains advance practice nurses to become Psychiatric Mental Health Nurse Practitioners.

- Award grants to advance mental health research through the UC Davis Behavioral Health Center of Excellence.

Significant Need 2: Access to Basic Needs Such as Housing, Jobs and Food

Access to affordable and clean housing, stable employment, quality education, and adequate food for good health are vital for survival. Research shows that factors 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.

Housing access and affordability were the issues cited most frequently by focus group participants and key informants. In addition, community members noted that many jobs do not pay a living wage and more investment is needed in under-resourced communities. Food insecurity was also highlighted as a critical issue for many residents.

To meet this need, UC Davis Health will focus on improving economic security in Anchor Institution Mission (AIM) for Community Health communities through local hiring and job training programs. These 10 communities are within a 20-minute commute of UC Davis Medical Center (research suggests that longer commute times are associated with poorer heath) and were identified as CHNA Communities of Concern. Additionally UC Davis Health will partner with community-based organizations addressing food insecurity. This includes, but is not limited to, the following activities:

Goal: Promote health by providing access to jobs and healthy food.

Objectives/Strategies	Anticipated Impact
- Implement AIM for Community Health local hiring initiatives - Build strong, sustainable relationships with community organizations and community members to co-design solutions to advance community health - Expand career pathway and training programs - Assist local nonprofit organizations addressing food insecurity - Support UC Davis Health employees as volunteers at local community-based organizations	- Increase in percentage of the UC Davis Health's workforce that resides in AIM neighborhoods - Residents in AIM neighborhoods are better prepared for well-paying jobs - Increased percentage of AIM neighborhood residents earning a living wage - Residents in Communities of Concern have reduced food insecurity and increased access to healthy foods

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

Programs & Partners

- Serve as an economic catalyst that increases the health and well-being of under-resourced Sacramento communities by providing stable, well-paying jobs; stimulating business opportunities; purchasing local goods and services; and investing in social enterprise and services. The initial activities that are part of this AIM for Community Health initiative focus on local hiring and procurement. UC Davis Health strives to strengthen and expand existing recruitment efforts by supporting robust community outreach in AIM neighborhoods, partnering with Los Rios Community College District to increase pipeline programs and paid internship opportunities, and collaborating with the City of Sacramento and community-based organizations including La Familia Counseling Center, Inc., Greater Sacramento Urban League, Asian Resources, Inc., People Working Together and Sacramento Area Congregations Together to increase the health system's workforce from neighboring communities.

- Provide support for local food banks that provide emergency food assistance, CalFresh enrollment and other assistance for residents in Communities of Concern.

- Increase social risk factor screening for UC Davis Health patients, including patients seen at the Sacramento Primary Care Center. UC Davis Health's Office of Population Health and Accountable Care will leverage data to help identify patients who are at risk for food insecurity and connect them to services. They will also engage community-based organizations providing food and nutrition services such as the Orangevale Food Bank, Salvation Army and Sacramento Family Food Bank to pilot programs and improve the coordination and referral of patients with food-related needs.

- Support organizations that promote healthy food choices such as the Food Literacy Center, which teaches weekly food literacy lessons including nutrition, gardening and cooking skills in afterschool programs in low-income elementary schools throughout the Sacramento area.

- The Elmhurst-Med Center Community Garden includes 24 plots that UC Davis Health staff and students use to grow vegetables that are donated to local nonprofits, including the neighboring Ronald McDonald House. Neighbors have access to half the plots to grow produce.

Significant Need 3: Access to Quality Primary Health Care Services

Primary care services are typically the first point of contact when an individual seeks health care. These services are central in the prevention and treatment of common diseases and injuries in a community. Primary care services include resources such as community clinics, pediatricians, family practice physicians, internists, nurse practitioners and physician assistants, pharmacists, and telephone advice nurses.

The CHNA revealed that access related to primary care services remains challenging in the Sacramento region. CHNA participants noted that the community needs more providers that see patients on Medi-Cal, wait times for appointments are long, and it is difficult to find after-hours appointments. In addition, health insurance, medication and other out-of-pocket costs are too expensive.

To meet this need, UC Davis Health will focus on deploying resources to support the region's community health clinics and educating and training medical students and residents who are committed to practicing primary care in underserved areas. This includes, but is not limited to, the following activities:

Goal: Improve access to high quality primary care services.	
Objectives/Strategies	**Anticipated Impact**
▪ Provided comprehensive primary care at the Sacramento County Primary Care Center ▪ Expand primary care services by supporting the region's Federally Qualified Health Centers (FQHCs)	▪ Increased availability and access to primary and preventive care services ▪ Reduced percentage of community members who delay obtaining needed medical care

■ Support programs that train physicians and other health care clinicians who provide primary care in under resourced communities ■ Provide continuing education programs for primary care clinicians at the region's FQHCs	■ Measurable improvement in patient quality health outcomes and provider satisfaction at FQHCs engaging in provider training opportunities

Programs & Partners

■ Provide comprehensive primary care at the Sacramento County Primary Care Center. Advance diverse programming through the Clinic at Loaves and Fishes, the complex care coordination clinic, Comprehensive Integration of Resilience into Child Life Experiences (CIRCLE) Clinic, and the Refugee Health Clinic.

■ Provide primary care at Federally Qualified Health Centers including One Community Health, Sacramento Native American Health Center and CommuniCare.

■ Facilitate UC Davis School of Medicine primary care-focused educational opportunities for undergraduate students, medical students, residents and post-doctoral professionals that focus on providing diverse community training experiences including Transforming Education and Community Health for Medical Students (TEACH-MS), Accelerated Competency-based Education in Primary Care (ACE-PC) program, Tribal Health PRIME Community Health Scholars Program, and Preparando Estudiantes Para Ser Medicos or Preparing Students to Be Physicians (Prep Medico).

■ Offer tuition scholarships for clinicians from the Sacramento FQHC network to participate in advanced primary care training through the UC Davis/UC Irvine Train New Trainers Primary Care Psychiatry Fellowship; Train the Trainer: Primary Care Pain Management Fellowship; and Provider Wellness - the Clinician Health and Well-being Fellowship.

■ Provide free, culturally sensitive health care in a respectful environment across the greater Sacramento area through Student-run Clinics affiliated with the UC Davis School of Medicine.

Significant Need 4: System Navigation

System navigation refers to an individual's ability to traverse fragmented social services and health care systems in order to receive benefits and supports to improve health outcomes. Research demonstrates that navigating the complex U.S. health care system is a barrier for many resulting in health disparities. Accessing social services provided by government agencies is challenging and can be an even larger obstacle for individuals with limited resources such as transportation access and English proficiency.

CHNA participants from community based organizations and focus group attendees stated that people are often unsure where to start or are unaware of program eligibility rules and need assistance navigating the complex, fragmented health and human services systems. Participants noted that system navigation challenges are compounded by language barriers and that culturally informed and linguistically appropriate navigators and case managers are needed to meet the demand for services.
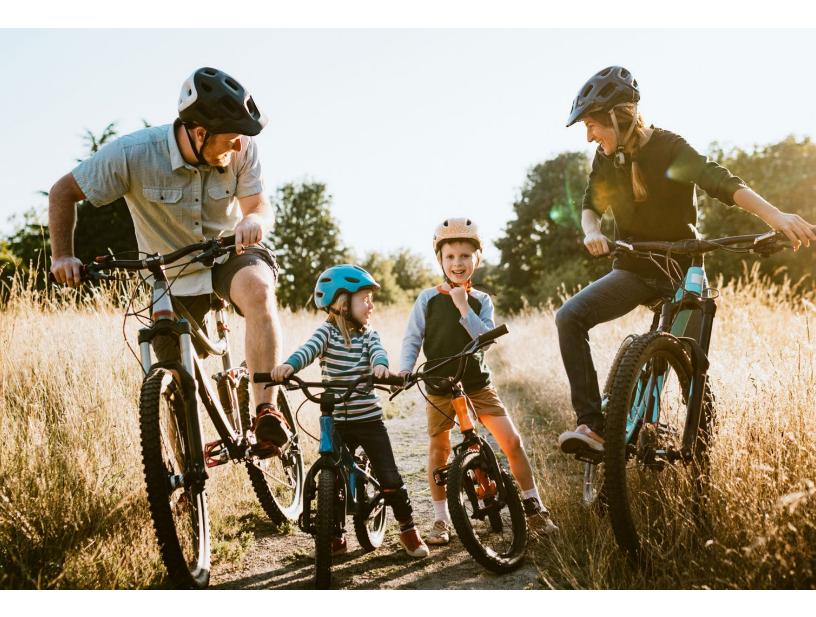
To meet this need, UC Davis Health will support community-based organizations that provide system navigation assistance and continue to integrate navigation services within the UC Davis Health delivery system. This includes, but is not limited to, the following activities:

Goal: Increase referrals to community-based health care and social support services and strengthen the local navigation system.	
Objectives/Strategies	**Anticipated Impact**
■ Support community-based organizations that provide system navigation and enrollment support services for vulnerable communities ■ Provide patient navigation services within UC Davis Health ■ Support community-wide efforts to develop an information exchange platform to improve care coordination	■ Increased community member linkages to programs addressing health care coverage and social needs ■ Increased referrals for UCDH patients to community-based social support services ■ Increased linkages to primary care medical homes for Medi-Cal beneficiaries ■ Improved care coordination for Medi-Cal beneficiaries, including community members experiencing homelessness ■ Enhanced capacity of community-based programs
Programs & Partners	
■ Continue UC Davis Health's robust internal Health Navigator Program that works with patients who need assistance with post-discharge care coordination needs, including scheduling follow-up appointments and making referrals to community-based resources. ■ UC Davis Health hospital-based Substance Use Intervention Teams in the hospital customize treatment plans for patients and connect patients with local programs and resources (including through the CA BRIDGE Program). ■ The Clinical Trials Navigator at the UC Davis Comprehensive Cancer Center conducts community outreach within the catchment area to educate community members on clinical trials, navigate individuals to clinical trials resources, and connect potential participants with clinical research coordinators and research investigators. The Clinical Trials Navigator focuses on populations and communities that are under-represented in clinical trials. ■ Continue to support Sacramento Covered patient navigators providing onsite assistance to patients in the Emergency Department, with a focus on connecting to new Medi-Cal CalAIM benefits and services and connecting and/or reconnecting patients with their primary care provider.	

- Work with navigators from Bay Area Community Services who provide onsite connections for Emergency Department patients experiencing a mental health crisis through the Sacramento County-funded Sacramento Crisis Navigation Program.

- Support community-wide efforts led by Sacramento County Department of Health Services to develop a social health information exchange platform to improve care coordination for Medi-Cal beneficiaries, with a focus on participants receiving services under the new CalAIM benefits, people experiencing homelessness, people involved in the justice system, and people engaged in county mental health programs.

- Work with Sacramento Steps Forward and the other area health systems to improve coordination for housing and health services for people experiencing homelessness by improving the exchange of data between health systems and the Homeless Management Information System (HMIS).

Significant Need 5: Injury and Disease Prevention and Management

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

Community members highlighted the fact that many residents avoided accessing preventive services during the COVID-19 pandemic. The CHNA noted a need for expanded preventive care services and linguistically appropriate health information, as well as prevention efforts focused on specific populations in the community, including youth, immigrants and elderly residents.

To meet this need, UC Davis Health will support initiatives that reduce childhood injuries, address disparities in cancer prevention and treatment, and improve communicable disease prevention and management. This includes, but is not limited to, the following activities:

Goal: Increase referrals to community-based health care and social support services and strengthen the local navigation system.	

Objectives/Strategies	Anticipated Impact
■ Develop programs that reduce the cancer burden ■ Increase the use of safety equipment and knowledge of how to prevent childhood injuries ■ Provide trauma prevention and outreach programs ■ Conduct research, develop resources and provide training on firearm injury prevention ■ Provide COVID-19 testing and vaccinations in partnership with community organizations and Sacramento County ■ Support local cancer, asthma and diabetes nonprofit organizations that provide education and outreach activities, including by providing employee volunteers at local events	■ Increased diagnosis and treatment of cancers in populations that are historically under-diagnosed ■ Increased public awareness of ways to prevent injuries ■ Reduction in preventable injuries, including firearm violence ■ Increase in vaccination rates and associated decrease in prevalence of COVID-19 in Communities of Concern ■ Improved chronic disease management skills ■ Increased number of UC Davis Health employees who volunteer at local events

Programs & Partners

- The Office of Community Outreach and Engagement (OCOE) at the UC Davis Comprehensive Cancer Center fosters cancer research education and training, conducts outreach education to address health disparities, and deploys community outreach and engagement-based assets, and policy initiatives throughout the UC Davis Health catchment area. As part of these efforts, the OCOE hosts Community Conversations on Cancer (C3), a series of collaborative discussions on cancer that gathers community stakeholders in a safe space for open discussion on cancer disparities targeting specific needs raised in a county. Participants include community health clinics, community based organizations, faith-based institutions, academia and other health systems.

- Latinos United for Cancer Health Advancement (LUCHA) is an initiative of the UC Davis Comprehensive Cancer Center to increase knowledge and awareness about cancer prevention among Latino populations while increasing their participation in early detection screenings and clinical trials. LUCHA provides nutrition education presentations and cancer prevention education about HPV, cervical cancer, colorectal cancer and breast cancer to parents and community groups in partnership with the Valley Hi Sacramento Family Resource Center. LUCHA also participates in health fairs hosted by partners such as the Sacramento County Healthy Partners program, Communicare Health Centers, the Consulate of Mexico and Health Education Council to educate residents about cancer prevention and community resources.

- Provide free education and resources to reduce the leading causes of preventable injuries among children through the UC Davis Health Childhood Safety Program. The program works in partnership with more than 20 organizations throughout the Sacramento region, including school districts, community-based organizations, other area health systems and government entities to provide free car seat education classes and inspections, car seats and bicycle helmets to families.

- The UC Davis Health Wraparound Violence Intervention Program, a free service for patients aged 13-26 who were injured by violence, provides intensive case management and mentoring for up to 12 months after hospital discharge to support long-term healing and reintegration into the community for youth and young adults who are recovering from a violent injury. The program collaborates with organizations and providers throughout Sacramento to provide culturally affirming services and support physical, mental and emotional recovery.

- Offer free Matter of Balance classes to older adults who live independently in the community through the UC Davis Health Senior Fall Prevention Program.

- The UC Firearm Violence Research Center at UC Davis is a multidisciplinary program of research and policy development focused on the causes, consequences and prevention of violence. They create and disseminate comprehensive training for a wide range of California providers, including the BulletPoints Project, which gives clinicians specific strategies to use in their clinics to reduce firearm injury and death.

- The Healthy Living Clinic Initiative (HLCI), led by the UC Davis Prevention Policy and Practice Group and Center for Healthcare Policy and Research, will provide intensive training and technical assistance to community clinics serving at-risk populations throughout the state. Over the next five years, the HLCI will enable clinics to implement quality improvement methods to improve tobacco cessation efforts and provide people who use tobacco with guidance in nutrition, physical activity, and stress management as part of a whole health approach. The first clinic cohort includes CommuniCare Health Centers, El Dorado County Community Health Center and WellSpace Health and commenced activities in September 2022.

- Mobilizing Organizations Via Equitable Immunizations and Testing through Unified Partnerships (MOVE IT UP) is a partnership between the Center for Reducing Health Disparities, UC Davis Health, and the California Department of Public Health's Office of Health Equity that focuses on community-based strategies, including mobile units, to increase testing access and vaccine uptake by Latinx and African Americans in Sacramento and Yolo counties. UC Davis Health is working with local community-based organizations to increase vaccine equity in these historically underserved populations.

- Provide financial support and employee volunteers for local cancer, cardiac, asthma and diabetes nonprofit organizations that provide health education and outreach.

Significant Need 6: Health Equity: Equal Access to Opportunities to be Healthy

"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." Health is largely determined by social factors. While some communities can readily access resources that are needed to be healthy, many people experience barriers as the result of policies, practices, systems, and structures that discriminate against certain groups. Individual and community health can be improved by removing or mitigating practices that result in health inequity.

Significant Need #6 replaces and expands upon Cultural Competence, which was included as a Significant Need in prior CHNAs. Health equity is also integrated throughout the CHNA significant health needs and the CHNA Implementation Strategy because it is impossible to separate the strategies and solutions from the underlying structures that contribute to the cause.

Throughout the CHNA process, community members identified that the COVID-19 pandemic shined a light on structural inequities that lead to health disparities. They noted the influence of structural racism, underinvestment in communities of color, and language barriers on health inequities, as well as the presence of bias and limited cultural competence in health care.

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[2] Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. What is Health Equity? (May 1, 2017). The Robert Wood Johnson Foundation. Retrieved: https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html.

To meet this need, UC Davis Health will support community-based programs that provide services to populations experiencing health disparities, collaborate with partners to help fill gaps in available services, and provide education and training to advance a culture of inclusion within the health system. This includes, but is not limited to, the following activities:

Goal: Promote health equity for UC Davis Health patients and community members.

Objectives/Strategies	Anticipated Impact
■ Collaborate with partners to develop mobile health programs that leverage community assets and experience ■ Build strong, sustainable relationships with community organizations and community members to co-design solutions to advance community health ■ Ensure effective communication and language access for patients at UC Davis Health ■ Create a Health Equity Advisor Program to inform program and policy design at UC Davis Health ■ Provide anti-racism training to UCDH clinical leadership and staff ■ Provide anti-racism/diversity, equity and inclusion training and racial healing circles open to community members through the Office of Health Equity, Diversity, and Inclusion	■ Expanded access to care for people experiencing homelessness in Sacramento County ■ Reductions in disparities in health outcomes ■ Improvements in the health system's ability to provide person-centered, culturally affirming care

Programs & Partners

■ Continue support of the Gregory Bunker Care Transition Center of Excellence (formerly known as the Interim Care Program), a 20-year collaboration between WellSpace Health and the four Sacramento area health care systems that provides recuperative care to ensure patients experiencing homelessness have a safe, clean place to recover from hospitalization. WellSpace Health staff deliver case management services, on-site nursing care, transportation to appointments, and assistance with housing placements. In 2022, UC Davis Health Food and Nutrition Services began preparing and delivering three meals a day, seven days a week to the Bunker at no cost, providing the same nutritious, local food offered to patients, staff and visitors at the Medical Center.

■ Launch the Integrative Nurse-Led Mobile Clinic project. The purpose of the program is to plan, implement and evaluate a nurse-led mobile clinic that provides high quality, evidence-based health care to people experiencing homelessness and refugees living in urban underserved and rural communities. The mobile clinic will be staffed by School of Nursing faculty and aims to deliver exceptional clinical learning experiences to students at the Betty Irene Moore School of Nursing while improving health outcomes for underserved populations.

■ Improve breast health and early cancer detection in underserved women by providing free mammograms to women in underserved communities in Northern California and the Central Valley through the UC Davis Comprehensive Cancer Center's new "mammovan". Bilingual and bicultural health educators will provide health education and help ensure women with positive findings receive timely follow-up care.

■ UC Davis Health will also work with the Sacramento County Department of Health Services to develop mobile care capabilities as part of a collaborative effort to improve the health status of people experiencing homelessness.

- The UC Davis Office of Health Equity, Diversity, and Inclusion (HEDI) provides enhanced knowledge, skills and tools to respond and engage in a culturally sensitive and respectful mannerism with patients, visitors and the community as a whole. Together with its collaborating partners, HEDI facilitates the Growing as a Community webinar series to focus on issues of structural racism, strategies and techniques for questioning and interrupting discrimination, and ways to help build healthier and safer inclusive communities. UC Davis Health also hosts a monthly Diversity and Inclusion Dialogue series to discuss issues critical to cultural humility, health equity and diversity/inclusion. These are open to all faculty, staff and students, as well as members of neighboring communities. UC Davis Health also participates in community activities such as the annual Improving OUTcomes Conference, which explores how health professionals and community partners can improve quality of and access to care for LGBTQ+ patients and their families.

- Implement the national Culturally and Linguistically Appropriate Services (CLAS) standards to enhance navigation and language access resources for UC Davis Health patients.

- The Health Equity Resources and Outreach (HERO) program within the Clinical and Translational Science Center at UC Davis Health works to amplify the voices and grow the presence of patients and the public in all aspects of health research. HERO sponsors and participates in ad-hoc and regular events to build skills and knowledge related to health equity and inclusion of diverse populations in research. Events are free and open to the public. Their programming includes the Integrating Special Populations into Research (INSPIRE) Mini-Medical School, which features clinicians and scientists sharing the latest research into common chronic conditions, geared to the language, culture and health concerns of their main stakeholder groups: children, adolescents and young adults, and older adults, as well as other populations under-represented in research.

- The mission of the UC Davis Center for Reducing Health Disparities (CRHD) is to promote the health and well-being of diverse communities by taking a multidisciplinary, collaborative approach to the inequities in health access and quality of care. CRHD is working with La Familia Counseling Center, Inc. as part of the California Reducing Disparities Project, a statewide prevention and early intervention effort to reduce mental health disparities in underserved communities. CRHD is the technical assistance provider for seven pilot projects implementing culturally and linguistically responsive, evidence-based, community-defined practices and strategies.

- CRHD is also leading the Digital Health Equity Program, which will create a regional digital public health platform to improve access and continuity of care for underrepresented minority and low-income populations in Sacramento and Northern California. Digital health navigators and IT infrastructure will expand UC Davis Health's ability to collaborate with FQHCs and community-based organizations through the digital platform.

- Serve on the Sacramento County Health Authority Commission to improve health outcomes and reduce health disparities for Medi-Cal beneficiaries by collaborating with stakeholders to ensure access to high quality, integrated health care.

- Participate in the California Health Care Safety Net Institute Racial Equity Community of Practice to develop and synergize racial equity efforts at health care and public health care systems.

Significant Need 7: Access to Specialty and Extended Care

Primary and specialty care are often necessary and complimentary services. For example, without access to specialists such as endocrinologists, cardiologists, and gastroenterologists, individuals are often left to manage the progression of 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 to support overall physical health and wellness, such as skilled-nursing facilities, hospice care, and in-home health care.

The CHNA found that community members had difficulty getting appointments and had long wait times to see specialists, with many Medi-Cal beneficiaries having to travel outside of the Sacramento area for appointments. Delays in accessing appointments and excessive travel were primarily attributed to a lack of specialists in Sacramento willing to serve low-income residents. Other themes included the need for more extended care options as people age (e.g., skilled nursing homes and in-home care).

To address this need, UC Davis Health will support initiatives and programs that improve access to specialty care. This includes, but is not limited to, the following activities:
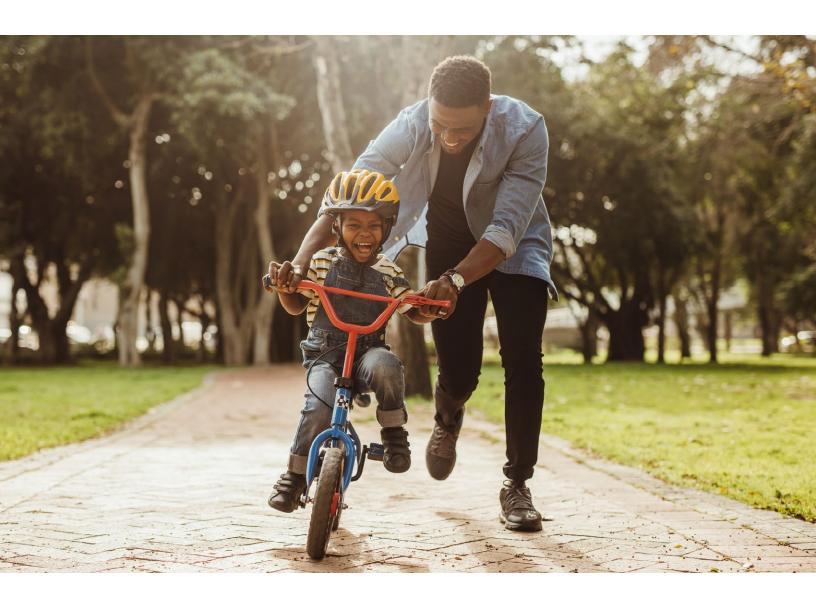
Goal: Improve access to specialty care services.	
Objectives/Strategies	**Anticipated Impact**
■ Develop and enhance partnerships with FQHCs to expand access to specialty services in community settings ■ Provide specialty care services to community members who are underinsured and uninsured	■ Expanded availability of and access to specialty care services ■ Enhanced access to specialty consults and procedures for community members who are uninsured or underinsured ■ Decreased wait times for individuals seeking specialty care consults
Programs & Partners	
■ Continue to expand specialty care services provided by UC Davis Health physicians and residents at the Sacramento County Primary Care Center to care for patients who are Medi-Cal beneficiaries, uninsured or underinsured. ■ Launch a specialty care hub staffed by UC Davis Health physicians and advance practice providers in collaboration with WellSpace Health to provide services to Medi-Cal patients affiliated with FQHCs across Sacramento County. Provide telehealth, e-consult and in-person visits to meet patient needs and enhance the scope of services provided atWellSpace Health. ■ Provide free gastroenterology procedures at the Medical Center for uninsured patients through the Sierra Sacramento Valley Medical Society's Sacramento Physicians' Initiative to Reach out, Innovate and Teach (SPIRIT), and provide operational support for SPIRIT program administration.	

Issues Not Being Addressed

UC Davis Health acknowledges the large number of health needs that emerged from the CHNA process. UC Davis Health chose to focus on areas of need where effective use of existing knowledge and resources offers the greatest potential impact. Accordingly, UC Davis Health is not well-equipped to address Active Living and Healthy Eating, Safe and Violence-Free Environment, Increased Community Connections, Access to Functional Needs (transportation and physical mobility), Access to Dental Care and Preventive Services and Healthy Physical Environment. Some continuing activities within Active Living and Healthy Eating, which was a significant health need that UC Davis Health addressed in the 2019 Implementation Strategy, have been moved to other areas. For these areas that are not being directly addressed, UC Davis Health will support strong partners in the community who have the expertise, capacity and focused resources to effectively address those needs.

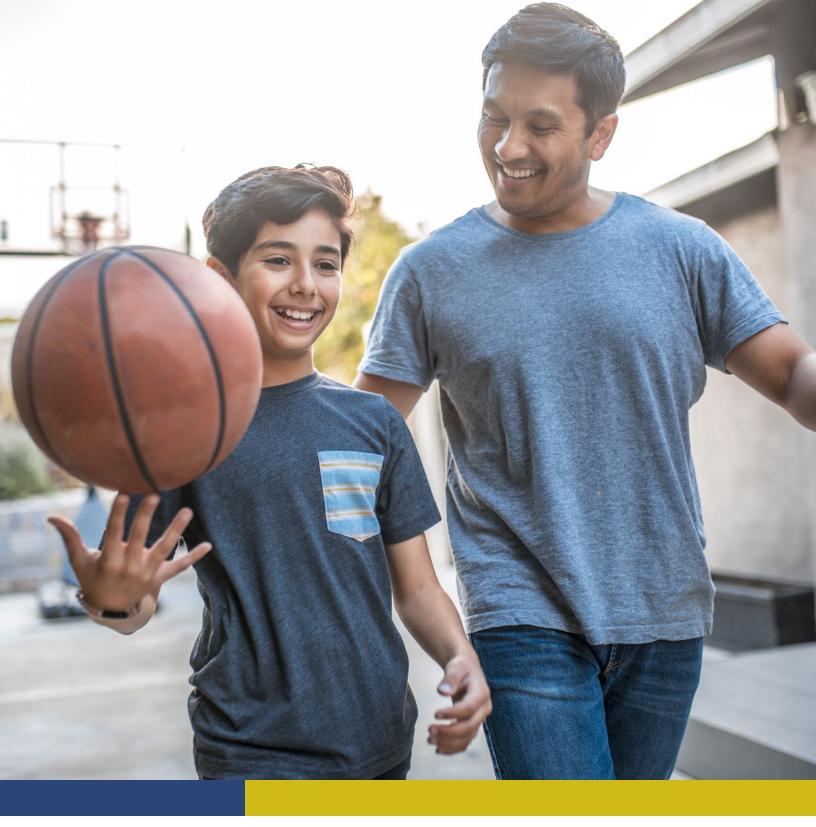# Additional Investments That Address Community Health Needs

UC Davis Health is continually working to address health needs that impact the community through a variety of activities. UC Davis Health's clinical activities, education and training programs and the research endeavors that exist across the health system touch the region and Northern California residents in profound ways. Efforts include:

- **Financial Assistance and Uncompensated Care** – UC Davis Medical Center and its faculty physician practice group have long provided a significant amount of financial assistance (charity care), subsidized care, and services for patients on Medi-Cal, and for patients when reimbursement does not cover costs. In FY 2020, UC Davis Health provided $8.2 million in financial assistance and had a $198.2 million Medi-Cal shortfall.

- **Research** – With more than 1,000 basic, translational and clinical studies underway, UC Davis Health is actively exploring the underlying cases of disease and illness, including the socioeconomic factors that influence health conditions. Researchers at UC Davis Health also lead or participate in dozens of studies and clinical trials for COVID-19 therapies and preventions, from monoclonal antibody treatments to the Pfizer-BioNTech vaccine. With more than $368 million in external research funding in 2021, the UC Davis Institute for Population Health, UC Davis MIND Institute, UC Davis Comprehensive Cancer Center, UC Davis Institute for Regenerative Cures and others are all leaders to help improve lives and transform health care.

- **Economic Development** – individuals and families living above the federal poverty level is a key indicator of community health status. UC Davis Health generates thousands of jobs in the region and its kitchen, the region's largest farm-to-fork production kitchen, sources most of its food from within 250 miles of the medical center, providing fresh and nutritional food to its patients, while supporting the economic growth and vitality of the region. In addition, located on the UC Davis Health campus, Aggie Square will house business partners and community-based programs with UC Davis innovation and research to create a stronger and healthier shared community. Aggie Square will create a unique live, learn, work, and play environment to foster collaboration and new public spaces with welcoming, accessible entry points that connects the university with its neighboring communities.

- **Education** – educational attainment is a key indicator of community health status. UC Davis Health leads, partners and promotes a wide variety of educational programs open to the community. In addition to physician and advanced degree nursing education and training, UC Davis Health offers practicum and internship programs in a variety of areas including clinical nutrition, child life specialists, clinical psychology, social work, research and health policy. The Center for Professional Practice of Nursing coordinates a robust nursing student placement program that prioritizes local educational partners California State University Sacramento, Sacramento City College, and Samuel Merritt College for clinical placements of their nursing students at the medical center, including pre-licensure registered nursing programs. Similarly, the CTSC, in partnership with Los Rios College District, has established a pipeline program for the Clinical Research Coordinator career pathway.

- **Employee, Faculty and Student Engagement** – employees participate in direct service to the community by donating time, goods, and professional services to nonprofit organizations such as food banks, foster youth programs, schools and shelters for people experiencing homelessness.

- **Community Financial Support** – UC Davis Medical Center has a formal sponsorship process in place to accept, review and award funding to local nonprofit organizations that meet the institution's criteria. More than 50 organizations benefit annually from the medical center's commitment to the nonprofit sector. In 2021, UC Davis Medical Center provided $500,000 in direct financial support underwriting health and social service programs.

Next Steps

As an academic medical center and research institution, UC Davis Health is fundamentally committed to making a positive impact in the community. For each of the health needs, UC Davis Health will work with community partners and local government agencies to the extent that additional funding becomes available, to strengthen existing services, and where gaps exist, identify collaborative partnerships and initiatives to better serve at-risk and under-resourced communities. Continuous review of the CHNA Implementation Strategy is active throughout the three-year period as UC Davis Health seeks to make measurable improvements in quality health outcomes and reduce inequity by supporting innovative programs and best practices that address disparities. As part of this process, UC Davis Health will develop an evaluation framework and metrics to better assess and report on community activities and impact.

UC DAVIS HEALTH

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