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# Implementation Strategy 2022 – 2024

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October 10, 2022

Thank you for your interest in UC San Diego Health's Implementation Strategy for the 2022-2024 San Diego Regional Community Health Needs Assessment.

**Patricia S. Maysent**

Chief Executive Officer

Understanding the health care needs of all San Diegans is key to providing safe, timely appropriate care within our region. Our overarching goal is to address health inequities that impact San Diego's vulnerable populations.

The inter-dependent strategies described in this report aim to improve the overall ecosystem of care. We believe that every perspective matters, including that of the provider, patient and their family. Together, we can create a health care environment that is secure and inclusive — where everyone feels a sense of belonging.

Recognizing that San Diego has diverse patient populations of different ages, cultures and medical conditions, UC San Diego Health will continue its information-driven approach to analyzing needs. This means that we use research data to address trends in chronic conditions. This allows us to accurately deliver critical services plus screening, prevention and intervention programs to improve long-term health. Delivery of care may occur onsite or through novel mobile and "UCSD-at-home" services.

To increase overall health care access, UC San Diego Health will partner with providers such as Family Health Centers of San Diego, San Ysidro Health, and San Diego American Indian Health Center. We will also partner with the County of San Diego to develop a centralized hub to offer behavioral health services that include next-generation mental-health treatments.

In 2021, UC San Diego Health contributed \$599 million in community benefits, including uncompensated and government-sponsored care, charity care and other health services and programs designed to enhance the lives of patients and residents of the community. More than \$3B will be invested in expanding its Hillcrest campus over the next decade. The new infusion of services will help transform our downtown community expanding care for everyday and emergency needs.

As UC San Diego Health moves forward with implementing and evaluating its programs and services, I look forward to working with you to further our progress on behalf of the community.

Sincerely,



Patricia S. Maysent  
Chief Executive Officer  
UC San Diego Health

# About UC San Diego Health

UC San Diego Health is one of five academic medical centers within the 10-campus <https://www.universityofcalifornia.edu/> system. Collectively known as UC Health, these medical centers comprise the fourth largest health care delivery system in California. As part of a public trust organization, UC Health serves as a safety net for individuals in need. Nearly 60 percent of UC patients are covered by Medicare, Medi-Cal or lack health insurance. UC San Diego Health's three hospitals operate under one license with a current combined capacity of 799 beds: UC San Diego Medical Center in Hillcrest (381 beds), Jacobs Medical Center (364 beds) and Sulpizio Cardiovascular Center (54 beds).

UC San Diego Medical Center in Hillcrest serves as a core clinical teaching site for UC San Diego School of Medicine and the focal point for community service programs. It houses several specialty care centers including the area's only Regional Burn Center, and one of only three adult Level I Trauma Centers in the county. The campus is also home to the Owen Clinic, among the nation's top HIV care programs.

The La Jolla campus is home to Jacobs Medical Center, which opened in 2016, and Moores Cancer Center (MCC), the primary site for outpatient oncology care and the region's only National Cancer Institute-designated Comprehensive Cancer Care Center. The La Jolla campus also includes Shiley Eye Institute, a multi-specialty vision center with the region's only facility dedicated to children, as well as Sulpizio Cardiovascular Center, the region's first comprehensive cardiovascular center.

Our physicians also provide care to patients at Rady Children's Hospital San Diego and Veteran Affairs San Diego Healthcare System, and we maintain partnerships with other medical providers to offer services as diverse as proton therapy for cancer to at-home hospice care.

As stewards of health to their community, UC San Diego medical and pharmacy students lead the UC San Diego Student-Run Free Clinic,<sup>1</sup> which allows all individuals to be seen and treated at no cost.<sup>2</sup>

The mission of UC San Diego Health is to deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching. Our vision is to create a healthier world — one life at a time — through new science, new medicine and new cures.

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<sup>1</sup> <https://medschool.ucsd.edu/som/fmph/education/freeclinic/about/Pages/History.aspx>

<sup>2</sup> <https://medschool.ucsd.edu/som/fmph/education/freeclinic/pages/default.aspx>



# Introduction

UC San Diego Health is committed to understanding the needs of the people living in San Diego and addressing the health inequities that impact San Diego's vulnerable populations. As part of this commitment, UC San Diego Health participates in a collaborative community health needs assessment (CHNA) every three years with the Hospital Association of San Diego and Imperial Counties (HASD&IC). This needs assessment helps identify and prioritize the needs of San Diegans and allows UC San Diego Health to meet IRS regulatory requirements. Every private hospital, health system, health district and behavioral health hospital in San Diego participates in the collective effort. Participating hospital and health systems support the CHNA process through the Community Health Needs Assessment Advisory Workgroup, the Community Health Needs Assessment Committee, and the HASD&IC Board of Directors.

In compliance with federal regulations, UC San Diego Health uses the results of the CHNA to develop strategies to address urgent needs identified by the community. An implementation strategy steering committee is comprised of key leaders and personnel from across the UC San Diego Health system. This committee reviews the needs identified in the CHNA and applies an agreed-upon set of criteria to determine which should be areas of focus for UC San Diego Health during the following three years. The team then creates an "implementation strategy" that outlines the programs and policies that can most effectively address community needs in a sustainable manner. This *Implementation Strategy* is presented in this report. For information about UC San Diego Health 2022 CHNA process and for a copy of the report please visit <https://health.ucsd.edu/about/Pages/community-benefits.aspx>.

## 2022 Community Health Needs Assessment Summary

To gain a deep and meaningful understanding of the health-related needs of San Diego County residents, two primary methods were employed in the 2022 CHNA. Quantitative analyses of existing publicly available data were conducted to provide an overarching view of critical health issues across San Diego County. These data included the California Department of Health Care Access and Information limited data sets (2017-19 SpeedTrack), the Community Needs Index, the Public Health Alliance of Southern California Healthy Places Index, and data from the County of San Diego Health and Human Service agency dashboards and reports. Community engagement efforts provided context to these data and a better understanding of the lived experiences of people in the community. The team gathered input from a wide range of stakeholders that was as representative as possible of those facing inequities. Efforts included working with community health workers to conduct culturally

competent interviews with community members; conducting focus groups and key informant interviews with community members, community-based organizations, community health workers, service providers, civic leaders and healthcare leaders; and distributing an online survey to community members, hospital staff, community-based organizations, federally qualified health care centers, and local government staff. The assessment included 16 focus groups, 26 key informant interviews, 502 survey responses, and 233 interviews by community health workers. A total of 841 individuals contributed feedback to the needs assessment.

**2022 Prioritization of Top Health Needs.** To prioritize the top needs, the CHNA Committee analyzed the comprehensive findings from the needs assessment. Those needs determined to have severe consequences (severity), impact a substantial number of people (magnitude), have a greater impact on marginalized groups resulting inequities (inequities), and worsened or not improved over time (change over time) were selected as priority community health needs.

# Significant Health Needs Identified

The CHNA Committee identified the following as the most critical community health needs within San Diego County (listed in alphabetical order): (1) Access to health care; (2) Aging care & support; (3) Behavioral health; (4) Children & youth well-being, (5) Chronic health conditions, (6) Community safety, and (7) Economic stability.

Figure 1. 2022 CHNA Top Health Needs



**Figure 1** above represents the top identified community needs, the foundational challenges, and the key underlying themes revealed through the 2022 CHNA process. The needs identified as the most critical for San Diegans are listed in the center of the circle in alphabetical — not ranked — order. The blue outer arrows of the circle represent the negative impact of two foundational challenges — health disparities and workforce shortages — which greatly exacerbated every identified need at the center of the circle. The orange bars within the outer circle illustrate the underlying themes of stigma and trauma — the barriers that became more pervasive during the pandemic.

The graphic demonstrates how each component of the findings — the top identified community needs, the foundational challenges, and the key underlying themes — impact one another. In particular, the foundational challenges and underlying themes interact with each other to amplify the identified community needs as well as disrupt efforts that advance health equity and improve community well-being.

# Significant Health Needs the Hospital Will Address

**Process and Criteria Used.** In alignment with the CHNA committee's prioritization criteria, the UC San Diego Health implementation strategy committee chose the following criteria to determine which of the health needs identified in the CHNA would be chosen as areas of focus. These criteria included:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against a relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Change over time:** This refers to whether or not the need has improved, stayed the same, or worsened.
- **Existing resources, expertise, and partnerships:** This refers to the existing resources, expertise, and partnerships that UC San Diego Health has to address the health needs and, therefore, the potential of UC San Diego Health to effectively and sustainably meet the identified needs.



# Access to Health Care

The community was clear across interviews, focus groups, and surveys that access to care is a significant need in San Diego and that challenges to accessing care have been exacerbated by the pandemic. Many barriers to care were identified including lack of or inadequate health insurance coverage, long wait times to get an appointment, long wait times at appointments, difficulty taking time off work to receive care, lack of childcare, long travel distances to care, language and cultural discordance with providers, fears related to immigration status, and stigma around seeking care, among others. The UC San Diego Health Implementation Strategy Steering Committee chose to focus on access to health care because people who cannot access care are less likely to use preventative health services, have many poorer health outcomes, have higher rates of mortality, disability, and advanced stage disease when diagnosed, and have lower annual income because of missed work due to illness<sup>3</sup>. In addition, serious inequities are evident related to access to care; people of color, for example, are much more likely to be without health insurance, and members of the Lesbian, Gay, Bisexual, Transgender, Intersex, and Asexual plus (LGBTQIA+)<sup>4</sup> community often experience severe barriers to accessing appropriate and non-judgmental care. In addition, UC San Diego has a long history of community-based efforts to improve access to care, particularly for groups that have been marginalized, and is committed to creating, adapting, and expanding these kinds of programs and services to meet San Diegans’ evolving needs.

Goal: Increase access to and utilization of care for those who experience language, cultural, and financial barriers

Strategies	Interventions
1. Partner with community health clinics to provide services for those who are underserved in San Diego County.	<p>1.0 UC San Diego Health is formalizing partnerships with San Diego's largest <b>Federally Qualified Health Centers</b> (FQHCs) to strategically address barriers to complex and specialty care, while promoting utilization of high-quality community-based health services where patients live, work, and learn.</p> <p>1.1 The UC San Diego <b>Student-Run Free Clinic</b> operates out of multiple community settings, including churches, an inner-city school, and an FQHC. Supervising faculty and UC</p>

<sup>3</sup> Riley, W. J. (2012). Health disparities: gaps in access, quality and affordability of medical care. *Trans Am Clin Climatol Assoc*, 123, 167-172; discussion 172-164. <https://www.ncbi.nlm.nih.gov/pubmed/23303983>

<sup>4</sup> Lindsey Dawson, B. F., Michelle Long, Usha Ranji, Jennifer Kates. (2021). *LGBT+ People’s Health and Experiences Accessing Care*. <https://www.kff.org/report-section/lgbt-peoples-health-and-experiences-accessing-care-report/>

Strategies	Interventions
	<p>San Diego medical students provide high quality comprehensive primary care, 20 specialty services, restorative dentistry, mental health services, social services, and more to uninsured patients.</p> <p><b>1.2</b> UC San Diego Health has <b>clinical and training agreements</b> with various safety net behavioral health and substance use treatment community-based organizations (CBOs) that directly work with San Diego County patient population; these agreements will be formalized into a robust network of care that UC San Diego Health can rely on to serve the community at large from its emergency and urgent care services to specialized behavioral and substance use treatment care.</p>
<p><b>2. Expand efforts to provide care within communities.</b></p>	<p><b>2.0</b> UC San Diego Health provides <b>financial assistance</b>, for those without insurance, to receive care at UC San Diego Health.</p> <p><b>2.1</b> The <b>Save our Children's Sight</b> program brings vision exams to young, low-income children through a mobile program run by the UC San Diego Health Shiley Eye Institute EyeMobile.</p> <p><b>2.2</b> The <b>Owen Clinic</b> at UC San Diego Health provides comprehensive HIV care to those who are HIV positive, regardless of their insurance status. Services include HIV/AIDS treatment, case management, financial assistance, mental health services, nutrition counseling, and drug and alcohol counseling. The Owen clinic specializes in providing services to the LGBTQ+ community.</p> <p><b>2.3</b> UC San Diego Health is partnering with <b>Father Joe's Department of Psychiatry</b> to provide primary care services. Many of the Father Joe's Village Health Center providers also work at UC San Diego Health and offer services for patients in the hospital.</p> <p><b>2.4</b> UC San Diego Health <b>partners with behavioral health CBOs</b> (including Community Research Foundation, walk-in clinics, crisis houses, and same day access clinics, San Diego Youth Services, and Survivors of Torture International) to provide psychiatric services to underserved community members.</p> <p><b>2.5</b> UC San Diego Health partners with remote areas of California via <b>telemental health agreements</b> to provide psychiatric care; this is highlighted by our partnership with</p>

Strategies	Interventions
	El Centro Regional Medical Center and Inncare in Imperial County.
<b>3. Expand mobile health services.</b>	<p><b>3.0</b> UC San Diego Health is <b>expanding our E-consults</b> model to provide case consultations to our primary care providers within 24hr of consult.</p> <p><b>3.1</b> UC San Diego Health is <b>piloting televideo consult model</b> into our Emergency Departments to ensure timely and expedient psychiatric services when needed.</p> <p><b>3.2</b> UC San Diego Health is actively exploring <b>telemental health models</b> for our student population.</p> <p><b>3.3</b> UC San Diego Health through Departments of Psychiatry and Emergency Medicine is actively engaged with Optum Public Sector and Emergency Medical Response services to provide support for <b>new behavioral health emergency 988 line</b>.</p> <p><b>3.4</b> UC San Diego Health is committed to the use of <b>E-consults</b> (focused on ambulatory primary care) when appropriate to reduce barriers to care.</p>
<b>4. Implement the multiphase UC San Diego Hillcrest Campus redevelopment, including new outpatient and hospital facilities.</b>	<b>4.0</b> UC San Diego Health will continue to <b>implement the 2019 Hillcrest Long Range Development Plan</b> , the general land use plan, and the public outreach strategy guiding the physical development of its Hillcrest Health campus. Community engagement to include outreach on the development of new clinical services, clinical research promotion and community space programing.
<b>5. Implement diversity, equity and inclusion initiatives across UC San Diego Health.</b>	<b>5.0</b> UC San Diego Health has a <b>Health Disparities &amp; Inequities (HDI) Workstream</b> that is one of five UC San Diego Health Anti-Racism Task Force units that addresses patient experience, social determinants of health and structural barriers.

# Aging Care and Support

San Diego has a growing population of older adults – those who are 65 and older – and these individuals are far more likely to be affected by chronic conditions such as diabetes, arthritis, dementia, congestive heart failure, and Parkinson’s disease than younger people<sup>5</sup>. In addition, older adults are facing increased economic instability and are now the fastest growing group among the unhoused in San Diego. In the needs assessment, the community described the barriers to accessing care that often impact older adults more than younger people, such as those related to physical limitations, transportation, and access to the technology needed to make appointments, communicate with healthcare providers, and participate in telehealth appointments. In addition, the pandemic, the community emphasized, contributed to increased social isolation among older adults, which in turn has exacerbated behavioral health conditions, such as substance use disorders and mental health issues such as depression. This need is complicated by workforce shortages in the behavioral health field and by the extremely limited number of geropsychiatric specialists available. As a leader in providing innovative geriatric care, UC San Diego Health is in a unique position to address the community’s needs around aging care and support.

## Goal: Create and implement innovative ways to care for older adults

Strategies	Interventions
<b>1. Expand partnerships with the County of San Diego and other stakeholders across the region.</b>	<p><b>1.0</b> In partnership with West Health, UC San Diego Health Gary and Mary West Emergency Department (GED) faculty will engage in training all UC San Diego Health ED departments toward <b>certification as a geriatric emergency department</b>. The Gary and Mary West Emergency Department at UC San Diego Health in La Jolla has been accredited as a geriatric emergency department -- the first of its kind in western states.</p> <p><b>1.1</b> UC San Diego Health faculty and staff are engaged with San Diego Live Well Initiative’s <b>Alzheimer’s Disease Council</b> to provide up-to-date treatment, screening and care giver support in San Diego County.</p>

<sup>5</sup> Clark, Laura Ann,M.S., A.C.S.M.-R.C., & Boyd, A. S. (2017). HEALTH DISPARITIES AND SOCIAL DETERMINANTS OF HEALTH AMONG THE ELDERLY. Journal of Cultural Diversity, 24(4), 118-125. <http://libproxy.sdsu.edu/login?url=https://www.proquest.com/scholarly-journals/health-disparities-social-determinants-among/docview/1985538236/se-2>

Strategies	Interventions
<p><b>2. Expand clinical research efforts to improve the science around and develop new protocols for aging care.</b></p>	<p><b>2.0</b> UC San Diego Health <b>Shiley-Marcos Alzheimer’s Disease Research Center (ADRC)</b> provides an array of support groups and activity interventions thoughtfully designed to support well-being and enhance quality of life for persons with memory disorders and their care partners. This program is facilitated by trained professionals, with no obligation to participate in research, and no cost to participate. In addition, Shiley-Marcos ADRC in La Jolla provides no-cost memory assessment appointments for seniors who may be concerned about the state of their current thinking abilities or who have a positive family history of Alzheimer’s disease.</p>
<p><b>3. Improve geriatrics education in the community.</b></p>	<p><b>3.0</b> San Diego State University (SDSU) and UCSD are co-leads on a HRSA-funded <b>Geriatrics Workforce Enhancement Program (GWEP)</b> grant to continue the San Diego/Imperial Geriatric Education Center (SDIGEC) and its important work educating local healthcare providers and communities on Alzheimer’s Disease and geriatrics.</p>



# Access to Behavioral Health and Substance Use Disorder Services

Behavioral health encompasses both mental health issues and substance use disorders. Across the community needs assessment, participants expressed that they – or people they loved – were desperate to find behavioral health care but often could not. During the pandemic lock downs, people with chronic behavioral health conditions could not receive the kind of in-person, intensive care they needed and wanted, which exacerbated already serious health problems. Others developed behavioral health problems they had not previously experienced. While for others still, minor behavioral health problems worsened. The ongoing stress of the pandemic along with the grief of losing loved ones, coping with the impact of having COVID or caring for loved ones with COVID, and economic instability led to soaring demand for behavioral health services at the very time that the capacity to meet behavioral health needs had diminished. The community identified increases in anxiety, depression, PTSD, alcohol misuse, substance use disorders, and drug overdoses, particularly from fentanyl, as extremely urgent needs in the community. They identified extremely long waits to get any type of behavioral healthcare appointments, an inadequate supply of behavioral health clinicians and facilities that accept insurance or that accept uninsured patients, struggles with technology, and transportation as major barriers to access to care. Finally, the community reported concerns about vulnerable populations including Black, Indigenous, & People of Color (BIPOC), youth, members of the LGBTQIA+ community, veterans and military-connected individuals, undocumented people, refugees, immigrants, and people experiencing homelessness. UC San Diego Health has special expertise in addressing behavioral health needs and in developing unique programs and services that seek to integrate physical and mental health and improve patient care. UC San Diego Health will continue to strive to collaborate with providers and organizations across the County to make high-quality and effective mental health and substance use disorder prevention and treatment programs accessible to all members of the San Diego community and is committed to developing a behavioral health hub in Central San Diego.

**Goal: Increase access to behavioral health services, including novel therapies, to improve patient care and partner to develop a central region behavioral health hub**

Strategies	Interventions
1. <b>Expand interventional and novel psychiatric treatments.</b>	<b>1.0</b> UC San Diego Health is the premiere institute in San Diego in providing <b>TMS and ECT care</b> ; it is the only institution to pilot and deliver on new TMS modalities

Strategies	Interventions
	<p>and is on pace to be the top ECT provider in the County.</p> <p><b>1.1</b> UC San Diego Health is a pioneer in the <b>use of novel medications</b>, such as ketamine and psychedelics, to treat severe depression.</p> <p><b>1.2</b> UC San Diego Health is leading organization in the County to provide new psycho-pharmaco-agents to target novel psychopathology pathways for serious mental illness.</p> <p><b>1.3</b> UC San Diego Health is <b>implementing the use of measurement-based care</b> that uses quantitative patient informatics to deliver right care at the right time by optimal care providers to our patients.</p> <p><b>1.4</b> UC San Diego Health is piloting the use of a <b>team-based approach to population/behavioral health care</b> so that more patients can be served.</p> <p><b>1.5</b> UC San Diego Health is working with our primary care colleagues to <b>model care pathways</b> that will optimize the psychiatric services in our health system.</p> <p><b>1.6</b> UC San Diego Health increases its reach to underserved communities, such as those in <b>Imperial County</b>, through contracts for <b>telemental health services</b>.</p>
<p><b>2. Develop further methods to ensure that patients are receiving the right treatments at appropriate level of care.</b></p>	<p><b>2.0</b> UC San Diego Health collaborates with Counseling and Psychological Services (CAPS) and the UC San Diego Police Department (UCPD) to address mental health crises that occur on campus through the <b>Compassionate Response (CORE) program</b>.</p> <p><b>2.1</b> UC San Diego School of Medicine residents provide psychiatric services at Family Health Centers of San Diego (FHCS), San Ysidro Health (SYH), Community Research Foundation (CRF) (including its crisis house, walk-in clinics, and crisis clinics), San Diego Youth Services, Survivors of Torture International, and the Rady Children's Hospital Mid-City Urgent Behavioral Health Care Clinic, giving those who are uninsured access to behavioral health care.</p> <p><b>2.2</b> Through the <b>Project Access program</b>, UC San Diego Health provides medical services to uninsured</p>

Strategies	Interventions
	<p>clients who receive drug treatment services from McAlister Institute.</p> <p><b>2.3</b> UC San Diego Health uses <b>measurement-based care</b> to screen patients for depression, anxiety, PTSD, and suicide at all ambulatory clinics.</p> <p><b>2.4</b> UC San Diego Health uses <b>evidence-based behavioral health screening and evaluation</b> of patients going into restraints in the emergency department and the medical floors.</p> <p><b>2.5</b> UC San Diego Health <b>screens primary care patients</b> for risk of behavioral health issues and refer those who are at risk to mental health and/or substance use treatment services.</p> <p><b>2.6</b> UC San Diego Health <b>screens those admitted for in-patient care for behavioral health issues</b> and refer those who are at risk to mental health and/or substance use treatment.</p> <p><b>2.7</b> UC San Diego Health <b>partners with the Balboa Naval Medical Center</b> to serve active-duty Navy and Marines to receive care directly in UC San Diego Health clinics.</p> <p><b>2.8</b> UC San Diego Health has the nation's only <b>certified, with distinction, psychiatric mental health nurse practitioner (PMHNP) fellowship program</b> that is designed to train PMHNPs to work in physician led team models that can support high volume of patients without sacrificing quality of care.</p>
<p><b>3. Partner on developing and implementing plans for a central San Diego Behavioral Health hub.</b></p>	<p><b>3.0</b> Planned <b>partnership with Alvarado Hospital and San Diego County Behavioral Health Services</b> to establish ongoing behavioral health continuum of care work across the region and establishes a behavioral health hub at Alvarado Hospital. UC San Diego Health medical directorship for the central behavioral hub will focus on effective and efficient care delivery models, novel treatments, and outcomes-based research projects.</p> <p><b>3.1</b> UC San Diego School of Medicine Department of Psychiatry is <b>partnering with the San Diego County Board of Supervisors</b> to outline additional</p>

Strategies	Interventions
	<p>opportunities to advance efforts across long-term care and academic medicinal clinical training activities.</p> <p><b>3.2</b> UC San Diego Health is <b>collaborating with the County of San Diego</b> to create a unique, academically-oriented hub for behavioral health that will allow residents and fellows to practice while also hosting and catering to a variety of research agendas</p> <p><b>3.3</b> The partnership will embrace the tripartite mission of UC San Diego Health while providing much needed leadership in the region to <b>pilot and design optimal team models</b> that can be replicated across the County and the Country.</p> <p><b>3.4</b> UC San Diego Health was recently awarded behavioral health <b>workforce pipeline grant</b> that will ensure adequate training pathway into the central hub.</p>
<p><b>4. Advance health care provider knowledge of mental health and substance use prevention and treatment options.</b></p>	<p><b>4.0</b> UC San Diego Health <b>partners with local Federally Qualified Health Centers (FQHCs)</b> and CRF to conduct workforce trainings for clinicians about the administration of Medication Assisted Treatment (MAT) for those with opioid misuse disorders.</p> <p><b>4.1</b> The emergency department of UC San Diego Health <b>oversees case management</b> of substance use patients.</p> <p><b>4.2</b> UC San Diego Health is <b>partnering with FHCSD</b> to implement substance use and behavioral health interventions with family nurse practitioner staff through a SAMSA grant.</p>

# Chronic Conditions

Chronic conditions, including cancer and diabetes, were frequently discussed by community members during the needs assessment. They indicated that delays in care during the pandemic – in part due to patients’ fear of contracting COVID-19 in a medical office – worsened many chronic conditions, complicated medication management, and, at times, led to missed screenings resulting in diagnoses of later-stage disease. Backlogs created by the pandemic continue to cause difficulties with getting timely and appropriate care for chronic conditions. In the County of San Diego, cancer remains the leading cause of death, and in 2019, cancer, diseases of the heart, diabetes, Alzheimer’s disease, chronic respiratory disease, hypertension and hypertensive renal disease, and Parkinson’s disease were all in the top ten leading causes of death. Community members reported that insurance conflicts, costs of insurance premiums and co-pays, and eligibility for appropriate programs create ongoing challenges to accessing care. These barriers to care, the community said, are especially significant for veterans and military-connected people, older adults, members of the LGBTQ+ community, undocumented individuals, and people experiencing homelessness.

Many resources are available through UC San Diego Health to assist the community with the management of chronic conditions and to reduce barriers to accessing appropriate care. Moores Cancer Center is the region’s only NCI-designated comprehensive cancer center and continually assesses cancer risk and burden in the community with a particular focus on cancer disparities. UC San Diego Health also partners with other organizations and universities to provide programs and services designed to reduce the burden of chronic disease in vulnerable populations.

Goal: Improve population health in San Diego County by identifying opportunities to improve chronic conditions

Strategies	Interventions
1. Use data to identify trends in chronic conditions and provide prevention and screening programs that focus on communities experiencing health inequities.	<p><b>1.0</b> The <b>Community Outreach and Engagement (COE) Component</b> of the Moores Cancer Center (MCC) assesses the San Diego County cancer and cancer risk factor burden and communicates this to MCC investigators to stimulate research in high-priority areas.</p> <p><b>1.1</b> Through the <b>Cancer Control Program</b> at MCC, UC San Diego Health engages in research specifically designed to understand and reduce cancer disparities.</p> <p><b>1.2</b> <b>Clinical Trials Office</b> is engaged with COE and MCC investigators on formative research with the</p>



Strategies	Interventions
	<p>goal of developing a strategic plan to improve minority participation in cancer clinical trials.</p> <p><b>1.3</b> UC San Diego Health makes efforts to inform cancer research to address cancer disparities in the community. <b>Moore's CancerDAT</b> and <b>HealthDAT</b> San Diego are web-based tools that provides neighborhood-specific data about the health and well-being of residents as well as information about evidence-based practices and local academic and community resources available to address health issues.</p> <p><b>1.4</b> Use of <b>informatics and measurement-based care</b> will revolutionize care delivery for chronic, severe mentally ill population that can lead to preventative and prospective care delivery for patients before they seek emergency level care.</p> <p><b>1.5</b> In partnership with Techna Institute, UC San Diego Health's <b>Center for Health Innovation</b> seeks to develop and test technologies that improve the well-being of patients through innovations in digital health.</p> <p><b>1.6</b> UC San Diego Health <b>Population Health</b> uses embedded risk scores, disease registries, provider referrals and post discharge calls to engage at risk and high risk patients in various programs that will best meet their needs, the menu of programs include; 1) <b>UC San Diego Health at Home</b>: consists of a team of RN Care Managers, Social Workers, Nurse Practitioners and MDs who support vulnerable seniors with complex chronic conditions, visiting patients in their homes to address their medical, physical and social needs, coordinate care and provide community resources to help keep patients safe at home; 2) <b>Digital Health</b> support for disease management: consists of RNs who provide health coaching and health texting options, in home digital equipment for blood pressure and blood glucose control for patients with poor control. Digital readings are integrated into our electronic medical record to monitor and coach patients on optimal control, along with a</p>

Strategies	Interventions
	<p>Pharmacist intervention to support medication optimization. For patients who do not have or cannot use a smart device Population Health provides manual, easy to use blood pressure cuffs and patients self-report their readings to the team for ongoing support. This data is available in the medical record for providers during patient encounters to help better assess and manage these chronic conditions; 3) <b>Behavioral Health Coach texting</b>: for patients with mild to moderate depression based on the PHQ9, a Social Worker helps patient engage in an on line evidenced based behavioral health coach texting service to learn healthy behaviors and self-care interventions and 4) <b>Quality Specialists</b>: a team of RNs that provide outreach to remind patients about overdue appointments, lab and cancer screening that are due to minimize potential adverse events, poor chronic condition management.</p> <p><b>1.7</b> During COVID pandemic Population Health designed an <b>evidenced based telephonic outreach module</b> for older vulnerable adults to assess and address social barriers impacting their health. This SDOH barriers that were assessed and mitigated included; medication on hand and refill support, food and transportation resources, education on COVID vaccine and support with social isolation.</p>
<p><b>2. Implement diversity, equity and inclusion initiatives across UC San Diego Health.</b></p>	<p><b>2.0 The Health Disparities &amp; Inequities (HDI)</b> Workstream for UC San Diego Health includes implementation across five domains areas: 1) maternal-child health, 2) cardiovascular/blood pressure, 3) diabetes, 4) COVID-19 prevention &amp; long-COVID, and 5) cancer care. Each domain includes a population of focus that will engage individuals across a wide range of roles.</p>

# Community Safety

In the wake of social unrest and an increase in hate crimes, child abuse, and interpersonal violence, the community reported that they are deeply concerned about safety. These fears are especially pronounced for youth who, the community says, have too few safe outdoor places to play, are too often subject to racism and bullying, and are more often being preyed upon by human traffickers. The community also noted that foster youth, justice-involved youth, older adults, BIPOC, people experiencing homelessness, and LGBTQIA+ people, particularly those who are transgender, seem to be experiencing greater levels of victimization. They noted that more interventions need to be implemented for those who have been trafficked, and that as the prevalence of trauma has increased, so too must the availability of trauma-informed care. Finally, the community is aware that healthcare providers have faced unprecedented threats and violent attacks since the start of the pandemic and, at the same time, are coping with substantial vicarious trauma from both these threats and caring for people during the pandemic.

UC San Diego Health is determined to help ensure the safety of the healthcare workforce across the county through the implementation of additional security measures and programs that protect healthcare staff. In addition, UC San Diego Health is developing programs that focus on youth who have been trafficked and who are at risk of gang involvement.

## Goal: Enhance the safety of the community members of focus

Strategies	Interventions
1. Implement programs that protect the healthcare workforce safety.	<p><b>1.0</b> UC San Diego’s <b>HEAR program</b> provides mental health and wellness programs for UC San Diego healthcare providers</p> <p><b>1.1</b> UC San Diego Health is actively engaged with <b>employee health programs</b> to support healthcare providers with wellness programs to prevent burnout and fatigue</p> <p><b>1.2</b> The <b>Trauma Prevention and Outreach Program</b> at UC San Diego Health has the following successful trauma prevention programs, 1) Fall Prevention, 2) Driver Safety, 3) Pedestrian Safety, 4) Gun Safety, 5) Burn Prevention</p> <p><b>1.3</b> UC San Diego Health Trauma Department is working with County of San Diego Office of Violence Prevention (OVP) to <b>design and</b></p>

Strategies	Interventions
	<p><b>develop violence prevention programs</b> throughout San Diego County.</p> <p><b>1.4 The Campus Advocacy, Resources, and Education at the Sexual Assault Resource Center</b> (CARE at SARC) is the UC San Diego confidential advocacy and education office for sexual violence and gender-based violence (dating violence, domestic violence, stalking). CARE at SARC also provides comprehensive prevention education and trainings for UC San Diego students, staff, faculty, organizations, and departments.</p>
<p><b>2. Implement programs that lessen the health impacts of community violence</b></p>	<p><b>2.0 Stop the Bleed Program:</b> The Division of Trauma, Surgical Critical Care, Burns and Acute Care Surgery has been a leader in the national STB campaign since its launch in 2016. The Division has trained UC San Diego Health employees and members of the public in how to recognize and stop life-threatening bleeding with direct pressure, tourniquets and wound packing. The Stop the Bleed team will continue training coordination with regional law enforcement agencies and large public venue operators to continue.</p> <p><b>2.1 UC San Diego Health Trauma Department</b> works with violence prevention partners to implement a <b>gang violence prevention and rapid response program</b>.</p>

## Expected Impact

UC San Diego Health will implement the strategies outlined in this plan through its many programs and services designed to meet the identified needs the community. UC San Diego Health expects that these strategies will lead to improved health for the people of San Diego and will reduce existing inequities. Specifically, UC San Diego Health expects that:

- The communities UC San Diego Health serves will have improved access to and utilization of primary and specialty health care services, particularly those who face language, cultural, and financial barriers to care with a focus on groups that have been marginalized
- Older adults will have easier access to innovative care designed specifically to meet their unique needs
- People with behavioral health needs will experience better, centralized patient care
- Population health in San Diego County will improve with a focus on the prevention and management of chronic health conditions including cancer
- Community members and healthcare workers will be safer in the communities in which they live and work

UC San Diego Health programs and services collect program-specific data relevant to their own goals and objectives. These data are used to monitor the provision of services, and to ensure appropriate implementation of program activities. The data are also utilized, when appropriate and available, to evaluate progress toward evaluating the expected impacts listed in this report.

## CHNA Needs Best Addressed by Other Entities

All of the needs identified by the CHNA are of critical importance, and UC San Diego Health is dedicated to improving the lives of the people we serve in our community. For the purposes of this implementation strategy, we chose to focus on those needs for which we are most likely to create sustainable and meaningful change using our expertise and resources. As a result, we determined that we would not call out *children and youth well-being* and *economic stability* as goals in this implementation plan. Many of the programs described in this report, however, do address challenges related these issues; some programs under the *community safety* goal, for example, are related to the well-being of youth, while programs under *access to care* aim to relieve the financial burden that can be caused by medical expenses. In addition, we have an ongoing partnership with Rady Children's Hospital to care for children and youth and will continue to seek collaborations with other organizations that focus specifically on the well-being of children and on the economic stability of San Diegans.



UC San Diego Health

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