

# UCSF Health

## Community Health Needs Assessment Implementation Strategy 2022 – 2024

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## **UCSF Overview**

UCSF is part of the 10-campus University of California, the world's premier public research university system, and the only of its campuses dedicated to graduate and professional education. We are dedicated exclusively to the health sciences. Driven by our public mission, we are a collection of dedicated scientists, clinicians, students and staff who strive to make the world a better place through our singular focus on health. Compassion is as critical as discovery in fulfilling our mission to make a difference for individual patients and whole populations.

UCSF is San Francisco's second-largest employer, attracting talented faculty and staff who mirror the energy and dynamism of the Bay Area. Drawing from the creative spirit of artists and entrepreneurs, and the disruptiveness of the tech industry, our ability to recruit top talent leads to a constant influx of new ideas and approaches. The most exciting part of being at UCSF is its people, who bring diverse backgrounds, experiences, and perspectives to create a vibrant community where we can redefine possible

## **Mission & Values**

Within our overarching advancing health worldwide mission, UCSF is devoted at every level to serving the public. UCSF's commitment to public service dates to the founding of its predecessor institution, Toland Medical College, in 1864. Born out of the overcrowded and unsanitary conditions of Gold Rush-era San Francisco, Toland Medical College trained doctors to elevate the standards of public health in the burgeoning city. By 1873, the University of California acquired the college and forged a partnership with San Francisco General Hospital that continues to this day and serves as a model for delivering leading-edge care at a public safety-net hospital.

Today UCSF's public mission goes beyond San Francisco and delivers a substantial impact on a national and global level by innovating health care approaches for the world's most vulnerable populations, training the next generation of doctors, nurses, dentists, pharmacists, and scientists; supporting elementary and high school education; and translating scientific discoveries into better health for everyone.

In his 2016 State of the University Address, Chancellor Sam Hawgood announced that UCSF is embracing a common set of values to set a clear direction for all members of the UCSF community as we work together to fulfill our mission. This set of overarching values aligns with UCSF's Principles of Community and Code of Ethics. Our PRIDE values are: Professionalism, Respect, Integrity, Diversity, Excellence.

## **Research Overview**

UC San Francisco is leading revolutions in health – and those revolutions often start in the lab. From basic science to clinical research, we are constantly pushing scientific boundaries and earning worldwide recognition for our discoveries.

A key element of UCSF’s research success is its deeply ingrained culture of collaboration. Scientists regularly reach across disciplines and beyond the borders of UCSF to advance knowledge in basic science and formulate new strategies for treating disease – insights that would be elusive in laboratories focused only on a single research approach. This collaborative spirit and its echo effect yield life-changing results: Our faculty members are uncovering ways to prevent and treat a wide array of diseases, including cardiovascular disease, neurological disorders, cancer, diabetes, genetic disorders, and immunological and infectious diseases.

By bringing together a variety of perspectives and backgrounds through UCSF’s cross-disciplinary research and industry partnerships, our teams are constantly renewing and advancing the fields of medicine, pharmacy, dentistry and nursing.

## **Education Overview**

At UC San Francisco, we encourage our students to approach health care issues with critical thinking and a spirit of inquiry. As tomorrow’s health and science leaders in training, UCSF students embody our passion for improving the human condition and pushing health care forward. UCSF’s four professional schools: — Dentistry, Medicine, Nursing and Pharmacy — and the Graduate Division consistently rank as top programs nationwide in their fields and attract the world’s most talented students. Our Global Health Sciences program involves more than 70 faculty from across each school, preparing students with hands-on training for global health expertise and leadership.

Training takes place in some of the finest “classrooms” in the nation, including UCSF Medical Center, Zuckerberg San Francisco General Hospital and Trauma Center, the San Francisco VA Medical Center, and numerous clinics throughout Northern California. In all of our schools, students become part of a highly collaborative, solutions-driven culture; each graduating class is expected to set a higher standard for the next when it comes to health leadership.

## **Patient Care Overview**

UCSF Health is part of UC San Francisco, one of the top universities in the nation for health sciences research and higher education. By bringing together the world's leading experts in nearly every area of health, we are able to drive advancements in treatment and technology that benefit patients everywhere. At UC San Francisco, we don't just treat diseases, we treat individuals. We put our patients' priorities at the center of our care, and strive to translate our cutting-edge research into therapies that improve people's lives.

UCSF is recognized globally for innovative treatments, advanced technology and pioneering research applied to patient care. Our team of physicians includes leading experts in virtually all specialties, including cancer, neurological disorders, immunological disorders and HIV/AIDS, as well as specialty services for women and children.

UCSF provides patient care at the following locations:

- **UCSF Medical Center:** Our academic medical center for adult care is a quaternary care hospital, the highest designation for facilities that can treat the most complex and specialized conditions. The medical center has three main clinical sites: Parnassus, Mount Zion and Mission Bay, and maintains numerous primary care and specialty clinics throughout San Francisco and Northern California.
- **UCSF Benioff Children's Hospitals:** UCSF Benioff Children's Hospitals in San Francisco and Oakland brings together leading experts in more than 50 pediatric specialties.
- **UCSF Dental Center:** The Dental Center provides comprehensive dental services at 22 clinics, offering routine care up to the most sophisticated oral and craniofacial services.
- **Langley Porter Psychiatric Hospital and Clinics:** The clinical arm of UCSF's Langley Porter Psychiatric Institute provides inpatient, partial hospitalization and outpatient programs for a wide range of mental health conditions, including depression, anxiety and attention deficit disorder.
- **Public Health Affiliates:** UCSF has partnered with two main San Francisco health institutions: Zuckerberg San Francisco General Hospital and Trauma Center (since 1873) and San Francisco VA Medical Center (since 1968), where thousands of faculty and staff from all four UCSF schools provide patient care, conduct research and teach.
- **UCSF Health Affiliate Network:** UCSF is actively expanding and creating a network of health care providers across Northern California in order to bring you access to high-quality, cost-effective care closer to your home.

The UCSF Health Vision 2025 strategic plan, "Advancing the Health Network", noted that achieving the objectives in the plan will allow us to advance our mission, which includes identifying the biggest unmet needs of our community and making new investments to target and meet those needs, such as in behavioral health. Left untreated and without

community support, mental illness can undermine even the most extraordinary medical interventions. And as the problem grows, it undermines the health of our entire community. We recognize that transforming behavioral health care is a major initiative that will require substantial investment. In addition, we will continue to support the UCSF academic and research missions, and we will double down on our commitment to health equity, which is central to our values.

## **Introduction**

This implementation strategy describes how UCSF plans to address the significant community health needs priorities outlined in the 2022-2024 Community Health Needs Assessment (CHNA) report.

The implementation strategy was presented to the UCSF Health Senior Leadership Council which generated exciting discussions around community benefit and health equity and as we pursue these innovative ideas, UCSF may amend this implementation strategy if needed, due to changes in UCSF Health strategies.

The plan below takes a holistic and institution-wide approach to how UCSF Health is addressing the identified community health needs, by leveraging efforts across the institution, including our education, research, and business enterprises as an anchor institution.

## **2022-2024 Community Health Needs Assessment Summary**

The 2022 San Francisco CHNA is an opportunity to connect with the community and ask what has not worked and what can be done differently to improve our community's health. Past CHNAs have raised health needs that persist to this day, many rooted in racist structures, practices, and biases within the overarching healthcare system. This report explicitly recognizes protracted patterns of health disparities and seeks to elevate community-driven solutions that interrupt these patterns. The COVID-19 pandemic reinforced that even the most recent healthcare issues can easily be added to the list of health disparities. These factors have guided our data collection, analysis, review of results, and the report

Equipped with expertise arising out of the nexus of their professional work areas and lived experiences in San Francisco's many communities, focus group participants shared about local community strengths, needs, and recommendations. In combination with this live qualitative data collection, we also reviewed interviews with 15 community leader that were conducted as part of Kaiser Permanente's San Francisco CHNA, and quantitative data summarizing the health trends and disparities for San Francisco. Out of this constellation of

qualitative and quantitative data collection and review, community voice clearly coalesced around three umbrella health needs and are addressed in greater detail in the full CHNA report. They are:

- Access to Care
- Behavioral Health
- Economic Opportunity

Access to care, behavioral health, and economic opportunity are similar to the health needs raised in previous CHNAs, are broad enough to incorporate several of the disparities impacting Black, Indigenous, and People of Color (BIPOC) communities, and provide multiple ways for healthcare institutions to independently and collaboratively have a positive impact. In this report, we will continue to connect the identified needs and proposed solutions to work that is equity-driven and explicitly anti-racist.

### CHNA Methods

The San Francisco CHNA is conducted as part of the San Francisco Health Improvement Partnership (SFHIP), whose mission is to improve community health and wellness through collective impact. SFHIP is comprised of mission driven anchor institutions, health equity coalitions, the San Francisco Department of Public Health (SFDPH), funders, and educational, faith-based, healthcare, and other service provider networks. This year's CHNA process was facilitated by Harder+Company Community Research, an independent California-based evaluation company with expertise in community participation.

### Data Collection and Analysis

To assess community strengths, needs, and solutions, five focus groups were conducted. Three were with the San Francisco Equity Coalitions (the African American Health Equity Coalition, Asian & Pacific Islander Health Parity Coalition, and Chicano / Latino / Indígena Health Equity Coalition), one was with funder agencies (including Blue Shield of California Foundation, California HealthCare Foundation, Hirsch Philanthropy Partners, Metta Fund, Northern California Grantmakers, The California Wellness Foundation, and Zellerbach Family Foundation), and the final focus group was with San Francisco health insurers (including Anthem, Blue Shield, Canopy Health, Kaiser Permanente, and San Francisco Health Plan).

Information was also included from the 15 key informant interviews conducted as part of the Kaiser CHNA with San Francisco service providers, nonprofit groups, and government agencies.

Quantitative data came from publicly available reports and data portals, including those published by the San Francisco Department of Public Health and the City and County of San

Francisco. The specific sources are included with each data point. For all metrics, we used the most recently available public data that included as many race/ethnicity groups as possible. There is clearly a need for more data collection and reporting that delineates all communities, even — or especially — those that are considered "small"; many disparities are likely invisible among those not being counted.

Even more than usual, data recency is an issue in this report. The COVID pandemic has impacted population health and demographics, diminishing data relevancy even more quickly than usual. We, therefore, tried to avoid using any data collected before the pandemic began in 2020, and suggest considering the impact of COVID, which almost always exacerbated disparities, when interpreting all quantitative data.

### Community Voice

Throughout the process of assessing San Francisco's health needs, we have prioritized community voices. This means that the report frequently uses direct quotes rather than summarizing, paraphrasing, or reinterpreting the strengths, needs, and suggestions that came from community members. Similarly, we only use quantitative data about the health needs that directly connects to concerns raised in the focus groups and interviews. This also led us to include "community recommendations" for each of the health needs and conclude the report with overarching suggestions. The focus groups and interviews specifically asked for solutions. These portions of the report should be uplifted as what community members would like to see healthcare organizations, health departments, hospitals-based community services groups, insurers, foundations, and all with resources to elevate the health and wellness of San Franciscans, do to improve access to care, support behavioral health, and strengthen economic opportunity

## **2022 – 2024 UCSF Implementation Strategy**

### **CHNA Overarching Framework**

The SFHIP/CHNA Committee made a decision to name racism and health equity as the overarching framework of the CHNA. We collectively decided to adopt the following definitions.

Racism: Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race'), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources. ([Dr. Camara Jones](#))

Health Equity: "*Health equity or equity in health* is the ideal that everyone has a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential. Health equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically, or by other means of stratification." - [World Health Organization](#)

While there are many UCSF programs that address the three health priorities, the implementation strategy highlights those that incorporates the overall recommendation from the CHNA, specifically around building on communities' assets. The guiding principles utilized to assess which efforts to include are:

- **Community Engagement.** Healthcare organization engagement, partnership, and trust building through authentic relationship\_outreach and partnership in communities.
- **Cultural Humility.** Healthcare organization commitment, engagement, and elevation of cultural humility in approaches, practices, policies, and staffing. Examples of this could include honoring lived experience\_and taking the time needed to authentically work with people and organizations who need it most.
- **Financial Investment.** Healthcare organization funding and funding opportunities for groups with roots in the community.

The collaborators noted are a sampling of the partners each strategy partners with. It is not meant to be exhaustive.

**Health Priority: Access to Care**

The right to welcoming, accessible, affordable, culturally grounded, respectful, and linguistically responsive acute and preventive healthcare.

The intersection with structural racism is the current and historic broken trust with communities who have been harmed by medical professionals and systems and healthcare providers' lack of training in anti-racism, unconscious bias, and trauma informed care approach, to name a few.

Strategy	Collaborators
Health Equity Council: <b>Health Equity Patient, Family &amp; Community Voice Task Force</b> to diversify the patient voice to improve the health care experience,	Health Equity Council, UCSF Health Experience Excellence Division, Center for Community Engagement, Black Women’s Patient Family Advisory Council, Task Force members include representatives from the



process and systems to achieve health equity	patient and community who are LEP, BIPOC, immigrants, low-income, to name a few.
National Center of Excellence in Women’s Health: <b>Black Women’s Health &amp; Livelihood Initiative</b> , an initiative places UCSF in a national movement to address the current realities of health care inequities for Black women.	California Black Women’s Health Project, SF Department of Public Health, Maternal, Child and Adolescent Health Division, UCSF Center for Child & Community Health, AAPI Women Lead
Latinx Center of Excellence: <b>Aspiring Physicians Program (APP)</b> in partnership with SFSU, a program to increase the number of Latinx physicians, as well as physicians from other under-represented minority (URM) communities	San Francisco State University, Fresno State University, UCSF Fresno Latino Center for Medical Education and Research
Black Health Initiative: <b>Healthy Street</b> , a Community Engagement Model designed to increase UCSF’s impact within under-served Black/African American communities. This pop-up redefines what a street/community-based care experience can look like.	UCSF Memory and Aging Center, San Francisco African American Faith-Based Coalition, UCSF physical therapists, local Black behavioral specialists, Black Nurses Association
<b>Umoja Health/SFCAN</b> : Uniting 30 CBOs to combat COVID-19 in Black communities in the Bay Area	UCSF Helen Diller Family Comprehensive Cancer Center’s (HDFCCC) Community Advisory Board (CAB), Bay Area Phlebotomy Lab Services, Chan-Zuckerberg Biohub, Unidos En Salud/United in Health initiative

**Health Priority: Behavioral Health**

Behavioral health refers to access, stigma, availability, and affordability of mental health and substance abuse professionals and services. Community members noted a lack of acknowledgement of community assets to support mental health such as cultural traditions, language, community events, and trusted spaces (e.g., faith-based institutions, schools, etc.).

Some of the structural racism intersections include: lack of clinicians with cultural humility, who are from the communities they serve, compassion fatigue for BIPOC providers and disproportionate number of overdose deaths for BIPOC community.

Strategy	Collaborators
<p><b>Health Equity Action Time (HEAT)</b>, is a dedicated multidisciplinary forum for child and adolescent providers, community organizations, policy leaders, health system partners, and advocates to come together and drive meaningful change, united by a shared commitment to promote health equity. Participants of HEAT gather to learn, connect and advocate for child and adolescent mental and behavioral health and well-being.</p>	<p>Led by UCSF School of Medicine, Department of Pediatrics, and Center for Child and Community Health, partners include clinical providers, community based organizations, policy and health system leaders.</p>
<p><b>Health and Human Rights Initiative - Fuerte</b>, a school-based group prevention program targeting newcomer immigrant youth at risk of behavioral health concerns</p>	<p>Department of Pediatrics, Department of Psychiatry, San Francisco Unified School District, community-based organizations serving Latinx youth immigrant population.</p>
<p><b>Trauma Recovery Center</b> - Provide access to wraparound care that include: individual and group psychotherapy, case management (help with needs such as shelter/ housing, financial benefits, food and clothing, legal advocacy and linkage to medical care), and trauma-informed psychiatry.</p>	<p>Survivors International, Neurotrauma Outreach Program of the TRC (NTOP), and a wide variety of social service referral organizations.</p>
<p><b>Somo Escenciales:</b> Collaboration with Accion Latina, Latino Task Force and Mission Food Hub to address mental health concerns through parent psychoeducational meetings for Spanish speaking parents.</p>	<p>Department of Psychiatry, Accion Latina, Latino Task Force, Mission Food Hub</p>
<p><b>Community Health Advanced by Next Generation Efforts in San Francisco (CHANGE SF)</b>, a program that provides paid work-based learning opportunities for youth and young</p>	<p>Department of Psychiatry, Human Rights Commission, participating high schools and community colleges.</p>

adults in the fields of mental and behavioral health and psychiatry.	
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**Health priority: Economic Opportunity**

Economic opportunity refers to the financial and socioeconomic conditions that allow individual and community to effectively afford the resources necessary to thrive. In addition to affordable housing, economic opportunity includes (but is not limited to) exposure to environmental and climate-related factors and/or hazards, and the ability to obtain nutrient-dense, culturally relevant food.

The intersection with structural racism include: Limited access to wealth-building resources through practices like historical redlining in BIPOC neighborhoods and limited access to educational opportunities and their consequent employment opportunities through the school-to-prison pipeline disproportionately impacting BIPOC students. Criminal history has a strong negative effect on an individual's economic opportunity. BIPOC communities are disproportionately detained, searched and arrested by the police in San Francisco, which creates a significant barrier to economic opportunity.

Strategies	Collaborators
<p><b>Anchor Institution Mission (AIM)</b> – aims to 1) increase UCSF’s capacity to train, hire, and promote people from under-resourced populations; 2) increase spending from small, local businesses that are owned by or employ under-resourced populations to 25% and 3) pilot a \$5 million community investment strategy</p>	<p>AIM is guided by an AIM Steering Committee, Workforce Development Subcommittee, Procurement Subcommittee and Community Investment Subcommittee – all made up of both internal and external experts representing expertise around workforce development, community development, small business development and community investment to name a few.</p>
<p><b>The Benioff Homelessness and Housing Initiative (BHHI)</b> provides accurate, timely policy-oriented research about homelessness for local, state, and national policymakers and practitioners.</p>	<p>California Health and Human Services, Oakland Mayor’s Office and Bay Area Community Services (BACS), California Department of Social Services’ Home Safe program, and homeless shelters in San Francisco</p>
<p><b>Center for Vulnerable Populations’ Food Policy, Health, and Hunger Research Program</b>, is committed to creating</p>	<p>Feed America, CDC’s Nutrition and Obesity Policy Research and Evaluation Network and</p>

<p>communities where healthy food is affordable and easily accessible for everyone. Our research focuses on community-based interventions and policies impacting the food environment and food affordability</p>	<p>referral programs at under-served clinical settings</p>
<p>The <b>UCSF Climate Resilience Core</b> is focusing on community engagement, best practices and principles for incorporating environmental and climate justice into UC campuses' climate action planning efforts.</p>	<p>UCSF Real Estate Planning, Center for Community Engagement, San Francisco Department of Public Health, Neighborhood Empowerment Network, Resilient Bayview</p>