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Office of the President

TO MEMBERS OF THE HEALTH SERVICES COMMITTEE:

DISCUSSION ITEM

For Meeting of November 12, 2024

ADDRESSING COMMUNITY HEALTH NEEDS: COMMUNITY BENEFIT REPORT AND THE ROLE OF THE ANCHOR INSTITUTION

EXECUTIVE SUMMARY

All UC campuses are anchors in their respective communities; they have been and continue to be central to employment, health care, and public service. The Anchor Institution Mission (AIM) is an intentional approach to leverage UC economic and business resources to improve under-resourced communities' economic opportunities and promote health equity and justice.

UC's collective mission of improving the health of all Californians requires UC to better coordinate and align its efforts in the areas of Community Benefits, Anchor Institution Mission, Diversity, Equity and Inclusion, and Health Equity and Justice. AIM leaders from all ten UC campuses meet to share best practices and resources and the primary objective of this systemwide collaboration is to advance the anchor mission by expanding economic opportunities to eliminate economic inequity and, ultimately, health inequity and injustice. The purpose of this presentation is to inform the Health Services Committee of the Anchor Institution Mission (AIM) efforts across the system, highlight lessons learned, and address barriers to increasing UC's community impact.

BACKGROUND

UC hospitals conduct a Community Health Needs Assessment (CHNA) every three years.¹ A CHNA is a systematic process used to identify and prioritize the health needs of a community. It involves collecting and analyzing data on the health status, behaviors, and social determinants of health within the community. The assessment typically is done collaboratively with other nonprofit hospitals in the community and local department of public health.

Key process elements include:

1. **Data Collection:** Gathering quantitative and qualitative data through surveys, interviews, focus groups, and existing health records.
2. **Community Engagement:** Involving community members, healthcare providers, and stakeholders to gain insights into local health concerns and resources.

¹ As required by Internal Revenue Code Section 501(r).

3. **Identification of Health Needs:** Analyzing the data to identify prevalent health issues, disparities, and barriers to access health care.
4. **Prioritization:** Ranking the identified needs based on factors such as severity, prevalence, and community impact.
5. **Action Planning:** Developing strategies and recommendations to address the prioritized health needs, often leading to collaborative efforts among local organizations.
6. **Reporting:** Creating a comprehensive report that outlines findings, strategies, and a roadmap for implementation, ensuring transparency and accountability.

The CHNA is crucial for guiding community health initiatives, allocating resources effectively, and promoting overall health equity. It helps inform policy decisions and enhances the capacity of local organizations to respond to the community's health needs.

While California's economy outperforms the nation's, its level of income inequity exceeds that of all but five states. Community health needs assessments show that significant inequities in health outcomes exist for the state's most under-resourced communities along race and geographic lines, placing California residents, families, and their children at risk. The intersection of poverty and racial inequities have persisted over time due to historic racist laws and practices, such as redlining. These socio-demographic inequities result in poor health outcomes due to contributing social drivers of health. Improving health outcomes requires a focus on removing obstacles to achieving optimal health, including the impediments of poverty and discrimination, which are associated with reduced access to jobs with fair pay, education, housing, safe environments, and health care.

By coming together, the UC Health campuses are joining a growing nationwide movement committed to positively affecting the social, structural and environmental drivers of health for the nation's most marginalized and under-resourced communities. Increasingly popular among hospitals, universities, and government agencies, an anchor mission strategy is a deliberate plan adopted by mission-driven entities to use business operations to improve health and social welfare in their local communities. Collectively, UC Health anchor institutions have deep roots in their respective communities; together, UC Health can make a commitment to apply its long-term, place-based economic power, alongside its human and intellectual resources, to improve the long-term health of the most under-resourced communities.

In 2021, all ten UC campuses collectively agreed to submit a grant to the W.K. Kellogg Foundation Racial Equity 2030 opportunity, a call to reimagine and build a future where equity is realized, focusing on the anchor mission. Although the University was not successful in being awarded a grant, all campuses made a decision to continue to meet to learn from each other about anchor mission strategies and explore other funding opportunities.

UC successfully secured a \$5 million High Road Training Partnership grant from the California Workforce Development Board in collaboration with and led by Jewish Vocational Service, a workforce development community-based organization. The joint planning work culminated in a UC Systemwide Anchor Institution Summit in the fall of 2023. The highly engaged and successful summit was attended by all ten UC campuses, along with UCOP leadership and community leaders.

To demonstrate UC’s commitment to advancing the anchor mission, UC Davis Health, UC Irvine Health, UCLA Health, UCSD Health, UCSF and UCSF Health joined the Healthcare Anchor Network (HAN), a national collaboration of leading healthcare systems building more inclusive and sustainable local economies. By doing so, all agreed to focus on three strategies:

- **Workforce development:** Partner with community-based organizations and internal stakeholders to provide workforce development programming and employment pipelines for under-resourced populations.
- **Procurement:** Promote procurement opportunities with small, local and diverse suppliers seeking to provide goods and/or services to UC.
- **Community investment:** Increase available lendable capital in under-resourced communities by making strategic social impact investments through low interest loans.

The UC Systemwide Anchor Institution Mission (AIM) Steering Committee is comprised of leaders from each of the UC Health campuses. To measure progress, UC Health has identified core metrics that were developed in consultation with the Healthcare Anchor Network (HAN). This collaboration with HAN allows for national benchmarking of the AIM data. Currently, data collection and reporting are at various stages at each UC campus. The goal is for all participating UC campuses to report the following data by 2026. The aggregated data would be reviewed by the AIM collaborative annually and shared with the UC Regents every three years.

Data collection aligned with each strategy:

AIM Strategy	Metrics
Workforce Development	<ol style="list-style-type: none"> 1) Total UC employees per campus 2) Number of UC employees earning at or above the local living wage for the region (Calculated using the Massachusetts Institute of Technology Local Living Wage) 3) Retained employees (Defined as those who were employed on both the first and last days of the fiscal year) 4) Wage gains (Defined by a percentage change)
Procurement	<ol style="list-style-type: none"> 1) Total spending per campus (all operating, capital, and construction expenses minus the exclusions) 2) Addressable procurement spending (spending that is controlled or managed through procurement) 3) Local procurement spending (purchase of goods or services from a local supplier—with “local” being defined by each UC campus, taking into consideration under resourced neighborhoods within their proximity) 4) Total construction spending 5) Local construction spending
Place-based/Community Investment	<ol style="list-style-type: none"> 1) Socially Responsible Investing or Environmental, Social and Governance investment policy 2) Place-based investment objective (place-based investment refers to an investment approach that generates positive

	socioeconomic impacts to historically divested communities and regions) 3) Total investible assets 4) Allocation to placed-based investments/dollars deployed
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UC Health’s collective mission of improving the health of all Californians allows it to coordinate and align efforts in the areas of Community Benefits, Anchor Institution Mission, Diversity, Equity and Inclusion, and Health Equity and Justice.

ATTACHMENTS

Appendix A: UC Health Campus Anchor Institution Mission Efforts

[Attachment 1: Report on Community Benefits for Fiscal Year 2022-23](#)

Appendix A

UC Health Campus Anchor Institution Mission Efforts

The individual health systems across the University of California have independently launched initiatives to address workforce development, procurement, community investment, and other AIM efforts. Here are some examples from across the UC System:

AIM Pillars	Examples of Initiatives
<p>Workforce Development</p>	<p>UC Davis Health:</p> <ul style="list-style-type: none"> • In partnership with Human Resources, UC Davis Health’s strategy has focused on embedding local hiring and workforce development goals and metrics into institutional practices. Local hiring goals have been incorporated into the Clinical Strategic Plan and Institutional CEMRP goals. Efforts focus on: <ul style="list-style-type: none"> ○ Targeted Applicant and Community Outreach ○ Applicant preparation ○ Equitable recruitment and equitable hiring practices focused on managers through a Community of Learning ○ Intentional and inclusive workforce development pipelines • Published “Local and Diverse Hire Playbook” in <i>New England Journal of Medicine, Catalyst</i>. • Increased non-licensed hires from local under-resourced communities from 12 percent to 17 percent over a three-year period (from 2021 to 2023). Currently 20 percent of all new hires are from under-resourced communities (2024). <p>UC Irvine Health:</p> <ul style="list-style-type: none"> • Acquisition of four community network hospital and ambulatory sites where over 4,000 co-workers became UC employees. • Talent Pipeline: <ul style="list-style-type: none"> ○ Several high school internship programs aimed at supporting low-income individuals or those with disadvantaged backgrounds or circumstances. ○ Creating partnerships with nursing schools, community colleges, trade schools, and high schools. • New applicant strategy system allows UCI Health to track data to focus on strategies that will help this mission. <p>UCLA Health:</p> <ul style="list-style-type: none"> • Talent Management and CORE (organizational development team) developed a management readiness program for new and aspiring managers at UCLA Health to deepen the talent across the organization to help scale inclusive hiring and support retention of diverse talent.

November 12, 2024

	<p>UCSD Health:</p> <ul style="list-style-type: none"> • In partnership with UCSD Health Human Resources, UC Irvine, UC San Francisco, and Jewish Vocational Service, UCSD Health has launched a pilot employment pipeline program will provide education and training to interested Food and Nutrition Services/Environmental Services staff to advance into technologist or other certified positions. <p>UCSF and UCSF Health:</p> <ul style="list-style-type: none"> • Increase UCSF’s capacity to train, hire, and promote people from under-resourced populations in collaboration with the City, the local community college, community non-profits, and internal stakeholders. <ul style="list-style-type: none"> ○ Expand Excellence Through Community Engagement Learning (EXCEL), a clerical/administrative training program that aims to develop potential “workforce to employment” opportunities ○ Workforce training programs include Medical Assistants, Practice Coordinators and Clinical Research Coordinators. ○ Launched a career pathway initiative to train 2,000 people over five years for careers in health care and create direct pathway to well-paid jobs, such as radiology technologist, in partnership with key community-based organization partners, the local community college, and the school district.
<p>Youth Pathways</p>	<p>UC Davis Health:</p> <ul style="list-style-type: none"> • The UC Davis Office of Student and Resident Diversity has built several medical school pathway programs focused on historically excluded in medicine and socio-economically disadvantaged youth including: <ul style="list-style-type: none"> ○ AvenueM – a community college to medical school pathway program that aims to reduce barriers to entry to medical and other healthcare careers. ○ Huwighurruk Tribal Health Postbaccalaureate Program – a health education pathway focused on American Indian/Alaska Native youth. ○ K-12 Outreach programs and Health Equity Academy (for high school students). <p>UCSF and UCSF Health:</p> <ul style="list-style-type: none"> • Increase effectiveness of the education pipeline for under-resourced populations by: <ul style="list-style-type: none"> ○ Establishing new strategic partnerships to increase under-represented minority student participation in UCSF pathway programs. ○ Maximizing internship program capacity and strengthen external partnerships with San Francisco Unified School District and Oakland Unified School District.

Procurement	<p>UC Davis Health:</p> <ul style="list-style-type: none">• This strategy is led in partnership with the UC Davis campus and Hospital Supply Chain Management teams. Efforts have focused on strengthening partnerships with local diverse chambers, city and county agencies, and Sacramento Small Business Development Center to increase procurement from local, small, and diverse businesses.• UC Davis Health has also focused on increasing access and networking with its supply chain management team by improving online resources and conducting an annual Small and Diverse Supplier Expo.• UC Davis Health has prioritized data sharing with departments through the development of a diverse spend dashboard. UC Davis Health has leveraged these metrics alongside UCOP policies such as the Small Business First Program and the UC Sustainability Policy to raise accountability for diverse spending goals at the unit level. <p>UC Irvine Health:</p> <ul style="list-style-type: none">• Prioritizing sustainable procurement by selecting environmentally friendly products and services that align with UCI Health clinical and medical needs. This work is done in partnership with executive and departmental leadership, as well as the University of California Office of the President.• Actively promote supplier diversity by engaging with local, minority-owned, women-owned, and disadvantaged businesses where possible. <p>UCLA Health:</p> <ul style="list-style-type: none">• Procurement developed a small business-first program to provide the maximum opportunity for small and diverse businesses to participate as suppliers and providers of goods and services, including supporting businesses to get discovered by over 400 corporations looking for new supplier sources. <p>UCSF and UCSF Health:</p> <ul style="list-style-type: none">• Utilize UCSF’s “addressable spending” to increase procurement opportunities from certified small and diverse businesses in local and regional communities. Aim to achieve 25 percent diverse spending by FY26 to align impact spending to social and economic equity and inclusion. Some of the strategies include:<ul style="list-style-type: none">○ The Chancellor adopting this item as a True North accountability metric for his cabinet.○ Reconcile supplier/vendor diversity certification during the onboarding process.○ Supplier/vendor capacity building and technical assistance programs.○ Standardize the Small Business Office process for federal contracts that require a small business subcontracting plan.
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<p>Capital Projects</p>	<p>UC Davis Health:</p> <ul style="list-style-type: none"> • UC Davis Health has taken a strategic approach to partnering with Facilities and Design to incorporate the AIM framework into large capital projects such as the California Tower and 48X Complex. Both projects incorporated an AIM Strategic Plan as a requirement in the vendor bidding process. • California Tower builders have committed to: <ul style="list-style-type: none"> ○ 20 percent of construction workforce from AIM communities. ○ Ten percent of addressable spend (\$100M) with local, small, and diverse businesses. <p>UCSF and UCSF Health:</p> <ul style="list-style-type: none"> • The Community Construction Outreach Program has set a good faith effort to reach a hiring goal of 30 percent of total construction hours to be performed by local residents for capital projects at both the Parnassus Campus Heights Plan and Benioff Children’s Hospital Oakland Modernization Plan, in partnership with the local apprenticeship and construction skills training nonprofits and local cities.
<p>Investment</p>	<p>UCLA Health:</p> <ul style="list-style-type: none"> • Exploring joint ventures with financial institutions to support small business loans, grants, and capital investments into businesses that are developing and scaling interventions that coincide with identified social and health needs of the communities UCLA Health serves. <p>UCSF and UCSF Health:</p> <ul style="list-style-type: none"> • Increase available lendable capital in the San Francisco Bay Area’s under-resourced communities by leveraging \$5 million of UCSF’s unrestricted funds for a three-year community investment pilot program. By using a Request for Qualification mechanism, identified four financial intermediaries/Community Development Financial Institutions to address topics such as small business development, creation of job opportunities, social enterprise growth/development and affordable housing and commercial space.
<p>Volunteerism</p>	<p>UC Davis Health:</p> <ul style="list-style-type: none"> • Improve institutional engagement, strengthen connections, and improve trust with local communities through employee interactions. UC Davis Health leverages Employee Resource Groups, DEI committees and the Community Engagement Collaborative to intentionally engage employees in the community. • Established a volunteer workgroup that focuses on supporting community events, local community-based organizations, and policies and practices that empower staff community service.

	<p>UCLA Health:</p> <ul style="list-style-type: none">• Ensure UCLA Health is investing time, resources, and volunteers in community health partnerships and events and participating in regional coalitions aimed to eliminate health inequities.
Sustainability	<p>UC Irvine Health:</p> <ul style="list-style-type: none">• Implemented Climate Resilience Outreach activities to external stakeholders in disadvantaged communities and at-risk populations to identify vulnerabilities and develop shared solutions to mitigate the impacts of climate change.• Leading the nation in building first all-electric hospital complex. <p>UCLA Health:</p> <ul style="list-style-type: none">• As part of the UC Climate Resiliency White House pledge, UCLA Health’s primary obligations are to reduce direct impacts, to plan for continuous operations, and to clinically and socially mitigate climate harms for patients and communities using a health equity and preventative care lens. <p>UCSF Health:</p> <ul style="list-style-type: none">• In partnership with UC Health/UCOP, recommended the inclusion of a question around the impact of climate on health in the tri-annual community health needs assessment (CHNA) as a way to connect climate to community health.