2025 Community Health Needs Assessment
Implementation Strategy

UCDAVIS HEALTH | **MEDICAL CENTER**

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UC DAVIS HEALTH | MEDICAL CENTER

Introduction

UC Davis Medical Center, part of UC Davis Health, is a nationally renowned academic medical center where clinical practice, teaching and research converge to advance human health. UC Davis Health operates a 653-bed acute care hospital and employs approximately 19,000 nurses and staff across the health system, as well as 1,300 physicians trained in over 150 medical fields. State-of-the-art emergency departments include the region's only level I adult and pediatric trauma centers. UC Davis Health also trains the next generation of medical professionals, with approximately 1,140 students at the School of Medicine and the Betty Irene Moore School of Nursing and 1,000 residents and fellows.

Centers of excellence include the UC Davis Comprehensive Cancer Center, one of approximately 50+ National Cancer Institute-designated comprehensive centers in the country, and the internationally recognized UC Davis MIND Institute, devoted to finding treatments and cures for neurodevelopmental disorders.

UC Davis Children's Hospital, a nationally ranked pediatric hospital, is the Central Valley's only level I pediatric trauma center, level IV neonatal intensive care unit, level I American College of Surgeons-verified children's surgery center, and fetal care and treatment center.

The Medical Center and Children's Hospital are located in the city of Sacramento and serve 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-winning 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 a broad range of community stakeholders, 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 2025 CHNA. The UC Davis Health 2025 CHNA serves as the basis for this Implementation Strategy. The purpose of the Implementation Strategy is to thoughtfully guide the investment of resources and position UC Davis Health to reduce health inequities more efficiently and innovatively.

For the purposes of this report, the UC Davis Medical Center Hospital Service Area (HSA) is defined as the 56 ZIP codes encompassing more than 99.5 percent of the residents of Sacramento County, California, as well as 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 1.6 million residents.

Summary of Community Health Needs Assessment

> **Objective of the 2025 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, with a focus on specific geographies and populations experiencing health inequities.

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 influence and account for individual health and well-being. To guide the overall assessment process, a defined set of data-collection and analytic stages was developed, including the use of both primary (qualitative) and secondary (quantitative) data. Qualitative data included one-on-one and group interviews with 43 community health experts, social service providers, and medical personnel. Additionally, 107 community residents and community service provider organizations participated in 12 focus groups across the service area. Finally, 63 community service providers responded to a Community Service Provider (CSP) survey about health need identification and prioritization.

List of Prioritized Significant Health Needs

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

1   Access to Basic Needs Such as Housing, Jobs, and Food

2   Access to Mental/Behavioral Health and Substance Use Services

3   Access to Quality Primary Care Health Services

4   Health Equity

5   System Navigation

6   Safe and Violence-Free Environment

7   Increased Community Connections

8   Access to Specialty and Extended Care

9   Access to Functional Needs

10   Healthy Physical Environment

11   Injury and Disease Prevention and Management

12   Active Living and Healthy Eating

13   Access to Dental Care and Preventive Services

Communities of Concern for the UC Davis Health Hospital Service Area

Communities of Concern are geographic areas in Sacramento County that have the highest concentration of people experiencing poor health outcomes. These communities are home to more people who are medically underserved, have low incomes, and represent greater ethnic diversity than areas not designated as a Community of Concern. Residents of these areas also often face significant challenges in improving or maintaining their health.

Communities of Concern are a key part of the overall CHNA methodology because, after assessing the broader service area, they enable a focus on the 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 56 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 750,000 residents, representing 46% of the total population in the service area. These communities are displayed in figure 1.
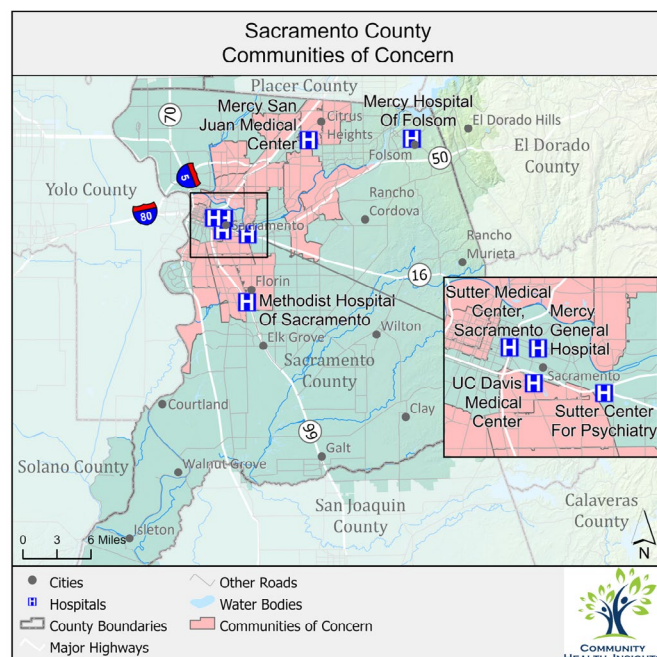

Figure 1: Communities of Concern for Sacramento County.

Determining the Significant Health Needs to be Addressed

As a public research university and academic health system, UC Davis Health is dedicated to serving our local communities and the residents of California. UC Davis Health takes a broad view that incorporates public health goals and approaches into its planning process when determining which health needs to address. We used the criteria below, which were developed with input from internal stakeholders, including members of the System-wide Health Care Equity Collaborative, as well as the UC Davis Health Community Advisory Board:

- Ability to address social determinants of health and equitable delivery of health care
- Priority the community places on the need
- Acknowledged competencies and expertise
- Opportunities to collaborate with or build on existing community efforts and relationships
- Commitment to teaching and research missions
- Organizational capacity
- Ability to leverage established programs, services and resources
- Role as a safety net provider

In addition to the criteria, UC Davis Health's Anchor Institution Mission (AIM) is a cornerstone of our approach to addressing community health needs. Launched in early 2020 by the Office for Health Equity by Design for Inclusive Excellence (HEDI) and based on similar initiatives and research across the country, UC Davis Health's AIM is focused on investing in activities that directly contribute to improving the lives of those living in under-resourced communities. Anchor Institutions use their economic power, resources, and relationships to improve the surrounding community's physical, social and economic health. The 2019 CHNA — which documented community members' emphasis on access to basic needs such as housing, jobs and food — was an important driver of UC Davis Health's embrace of AIM and its strategies. From increases in local hiring and talent development to boosts in health equity, support for local businesses, and community engagements, AIM exemplifies a thoughtful institutional adaptation to forces shaping the Sacramento community and health care landscape.

Ongoing strategic initiatives and discussions with key internal stakeholders helped solidify the final list of needs to address. The Community Advisory Board also provided feedback at two meetings during the creation of the Implementation Strategy. Participants emphasized the benefit of community partnerships and collaboration to achieve desired outcomes, the importance of sharing information and gathering input from groups and people with varied perspectives and the value of supporting the safety net of local organizations.

The policy and funding landscape in mid-2025, one that threatens to significantly reduce funding for Medi-Cal (Medicaid) and safety net programs that are relied upon by tens of thousands of local residents, also informs this Implementation Strategy. These cuts pose risks to essential services provided by health care providers and non-profit organizations that support the health, stability and economic security of families and communities across California. Connection and engagement with the communities we serve will continue to be a priority as we respond to these changes.

The Governing Body of UC Davis Medical Center reviewed, approved and adopted this Implementation Strategy on July 28, 2025.

CHNA Implementation Strategy: Priority Needs

The following sections include the strategies and objectives, anticipated impacts, key programs, and collaborations for each of the eight significant health needs UC Davis Health plans to address in 2025–2027. UC Davis Health remains committed to the goals and objectives identified in the prior Implementation Strategy and will continue to build upon and refine those efforts in the next three years. We have intentionally focused on strategies that impact both the medical needs of community members (e.g., improved access to care, disease prevention) and social drivers that influence people's ability to be healthy (e.g., access to well-paying jobs, food security). We also apply a "complete not compete" philosophy and assess where UC Davis Health can readily activate resources to address needs when deciding which activities to pursue.

Many initiatives or efforts address multiple community needs. For example, UC Davis Health's Street Medicine Consult Team and Integrative Nurse-led Mobile Clinic bring primary and mental/behavioral health and substance use care to underserved populations in Sacramento County, including people who are unsheltered. These programs are included under health equity and also address access to quality primary care, system navigation, and mental/behavioral health and substance use services. They also influence other needs such as increased community connections and access to basic needs. Programs are included under their primary need, with the recognition that they may influence other needs as well.

UC Davis Health's impact extends beyond Sacramento, deep into the 33 counties that make up the UC Davis Health catchment area, and throughout the state. While not discussed here, many clinical activities, outreach and education efforts and research endeavors, led by dedicated people across the health system, profoundly impact Northern California residents.

Significant Need: 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 is 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.[1]

Focus group participants and key informants most frequently cited housing access and affordability as major issues. In addition, community members noted that many jobs do not pay a living wage and that more investment is needed in job training and creation of employment opportunities. Food insecurity, especially access to affordable, healthy food, was also highlighted as a critical issue for many residents. To meet this need, UC Davis Health will focus on improving economic security in AIM communities through local hiring, career pathways and job training programs. These 13 geographic areas are near the UC Davis Medical Center campus and align with both the Aggie Square Community Benefits Partnership Agreement and the CHNA Communities of Concern. UC Davis Health will also 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
- Continue AIM local hiring initiatives - Expand career pathway and training programs - Assist local nonprofit organizations addressing food insecurity and access to healthy food - Connect patients to resources to address food insecurity	- Increased percentage of UC Davis Health's workforce residing in AIM neighborhoods - Residents of AIM neighborhoods are better prepared for well-paying jobs - Higher percentage of AIM neighborhood residents earning a living wage - Residents of Communities of Concern experience reduced food insecurity and improved access to healthy foods

Programs & Partners

- Serve as an economic catalyst to improve 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 activities that are part of this AIM for Community Health initiative focus on local hiring and procurement. UC Davis Health strengthens and expands recruitment efforts by supporting robust community outreach in AIM neighborhoods, partnering with the City of Sacramento, Sacramento Employment and Training Agency, and local job centers such as La Familia Counseling Center and Greater Sacramento Urban League to grow pipeline programs and paid internship opportunities. Local procurement efforts support small businesses, growing local wealth. Efforts focus on stronger engagement of and capacity building for local and small businesses in collaboration with local business chambers, the Sacramento Small Business Development Center, and community-based organizations such as People Working Together.

- Collaborate with community organizations, local government and education institutions to provide resources such as externship/internship opportunities, program management, curriculum development and classroom education for job training programs that prepare local residents for well-paying careers that are in-demand at health care systems. These efforts are led by several divisions within UC Davis Health and UC Davis, including the Clinical and Translational Science Center, Aggie Square and UC Davis Continuing and Professional Education.

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

- Building on existing efforts, UC Davis Health will continue screening Medi-Cal patients in specific care management programs for CalAIM Medically Tailored Meal (MTM) eligibility and will track referrals and outcomes to guide program improvements. This work will enable care teams to assess food access needs during hospital stays and connect eligible patients to MTM services upon discharge. In parallel, UC Davis Health will strengthen partnerships with community restaurants and organizations to develop MTM programs beyond CalAIM. These programs will reflect the cultural preferences and nutritional needs of the populations served, while also supporting clinical care delivery, advancing health equity and contributing to local economic development.

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

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

Significant Need: Access to Mental, Behavioral and Substance Use Services

Individual health and well-being are inseparable from mental and emotional outlook. Coping with daily stressors is challenging for many, especially when compounded by social, familial, and economic difficulties. Access to mental, behavioral and substance use services is essential for a healthy community.

Ongoing challenges finding mental health providers and the limited availability of substance use treatment services were mentioned most frequently by participants. Community members noted that behavioral health and substance use treatment services are difficult to navigate, often have long wait times and that stigma may also keep people from seeking care. In particular, the need for resources and services for youth and people experiencing homelessness was highlighted.

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. 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 advanced practice providers through behavioral health training programs	■ Increase community access to high-quality mental and behavioral health care and substance use services ■ Reduce the percentage of residents experiencing 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 at Sacramento County-run facilities, including the Adult Psychiatric Support Services Clinic, Sacramento County Mental Health Treatment Center, Sacramento County Health Center and Mental Health Urgent Care Clinic.

■ UC Davis Health clinicians provide psychiatric assessments, medication management, psychological testing, and behavioral health services 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 Federally Qualified Health Centers (FQHCs) in the community. UC Davis Health's substance use intervention team also provides 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.

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

■ 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. Once federal funding is completed in Fall 2025, the program will be continued through WellSpace Health.

■ Provide a multidisciplinary team approach to comprehensive services for young victims of crime, through timely, coordinated case management and mental health services to support healing and post-traumatic growth. The UC Davis Health Trauma Recovery Center, formed under the CAARE Diagnostic and Treatment Center in 2024, fills a gap in services for underserved and vulnerable young adults and makes trauma-informed, culturally responsive and evidenced-based mental health treatment available to more children, adolescents and young adults who are victims of crime.

■ 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 delivering PC-CARE by facilitating training for 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 advanced practice nurses to become psychiatric mental health nurse practitioners.

Significant Need: Access to Quality Primary Health Care Services

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

The CHNA found that access to primary care services remains challenging in the Sacramento region. CHNA participants noted that the community needs more providers who accept Medi-Cal, wait times for appointments are long, and it is difficult to find after-hours care.

To meet this need, UC Davis Health will focus on deploying resources to support the region's community health clinics and on educating and training medical students and residents 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
▪ Provide comprehensive primary care at the Sacramento County Health Center (SCHC) ▪ Expand primary care services by supporting the region's FQHCs ▪ Expand integrated primary care services for children and youth through mobile health programs ▪ Support programs that train physicians and other health care clinicians to provide primary care in under-resourced communities ▪ Offer pathways programs that support students before entering medical school	▪ Increased availability of and access to primary and preventive care services ▪ Lower percentage of community members who delay obtaining needed medical care
Programs & Partners	
▪ Provide comprehensive primary care at the SCHC. Advance diverse programming through the Clinic at Loaves and Fishes, the Complex Care Coordination Clinic, the Refugee Health Clinic and the Comprehensive Integration of Resilience into Child Life Experiences (CIRCLE) Clinic. The CIRCLE Clinic serves as a medical home at SCHC for children and youth who are at risk of involvement in child welfare or are already in foster care. The CIRCLE team includes a general pediatrician, mental health clinician, developmental-behavioral pediatrician, family navigator, and care coordinator. ▪ Provide primary care at FQHCs including One Community Health and CommuniCare+OLE Health Centers. ▪ Deliver integrated mental health and primary care; consultations for children with developmental, behavioral, or academic concerns; and asthma care and education in primary school-based settings in the Sacramento region through UC Davis Health's Pediatric Mobile Clinic. The mobile clinic operates in partnership with local primary care networks, schools, FQHCs, faith-based organizations, refugee resettlement agencies and other community agencies. ▪ 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. Programs include 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). ▪ 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: Health Equity

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.[2] Inequities experienced early and throughout one's life, such as limited access to housing or healthcare, result in health consequences that appear later as health disparities. Health disparities are defined as "preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by populations, and defined by factors such as race or ethnicity, gender, education or income, disability, geographic location or sexual orientation."[3]

Key informants and focus group members identified structural inequities that lead to health disparities, including under-investment in marginalized communities and disparities in neighborhood infrastructure. They also highlighted language barriers, the presence of bias, especially toward unsheltered and visibly poor individuals, and limited cultural competence in health care.

To meet this need, UC Davis Health will support community-based programs serving populations experiencing health disparities, collaborate with partners to help fill service gaps, and provide education and training to foster 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 provide 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 - Provide anti-discrimination training to UC Davis Health clinical leadership and staff - Provide anti-discrimination, wellness and cultural humility training and healing circles open to community members through the Office of Health Equity by Design for Inclusive Excellence (HEDI)	- Expanded access to care for people experiencing homelessness in Sacramento County - Reductions in disparities in health outcomes - Improved ability of the health system to provide person-centered care

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.

3   Center for Disease Control and Prevention. 2008. Health Disparities Among Racial/Ethnic Populations. Community Health and Program Services (CHAPS): Atlanta: U.S. Department of Health and Human Services.

Programs & Partners

- Launch the UC Davis Health Street Medicine Consult Team to improve health trajectories for people experiencing unsheltered homelessness (defined as residing in a place not meant for human habitation, such as a car, park, sidewalk, or abandoned building), while reducing emergency department visits and inpatient readmissions. The team, which includes a community health worker or navigator from Community HealthWorks, will meet patients in the hospital to establish a relationship and build trust, then follow up after discharge and provide supportive primary care where the patient resides on the street. The team will develop a patient-led care plan and follow up as needed until the patient is established with a community-based primary care provider.

- Continue the Integrative Nurse-Led Mobile Clinic, which delivers primary and mental/behavioral health care to underserved populations in Sacramento County, including people who are unsheltered, refugees, or unaccompanied children, in partnership with Sacramento County's Wellness Without Walls. Staffed by the Betty Irene Moore School of Nursing faculty and nurse practitioner fellows, the project plans to add nursing and physician assistant students in 2025, increasing the number of clinicians who are educated on how to holistically care for vulnerable populations. The project collaborates with many organizations across the county, including Community HealthWorks, First Step Communities, City Net and Hope Cooperative.

- Improve breast health and early cancer detection by providing state-of-the-art 3-D screening mammography to underserved communities in the greater Sacramento area via partnerships with FQHCs through the UC Davis Mobile Mammography Clinic, also known as the MobileMammo+ bus. The program will offer breast cancer screening, outreach, and navigation services to ensure access to both screening and diagnostic care, as well as health education. It will also help ensure women with positive findings receive timely follow-up care.

- The HEDI Office is dedicated to ensuring fair treatment and access to health care for individuals of all genders, races, backgrounds, or identities. HEDI leads the Anchor Institution Mission initiative; the UC Davis Health Truth, Community Healing, and Transformation (TCHT) Center; and disparity-reducing projects that improve patient care. The TCHT Center facilitates healing circles that offer a space for individuals and community members to heal from the wounds of community trauma and holds Growing as a Community webinars that provide faculty, staff, students, and community members with opportunities to learn about issues impacting community health. HEDI also hosts the annual Improving OUTcomes conference that explores how health professionals, students and community partners can improve quality of and access to care for LGBTQ+ patients and their families.

- The Community and Collaborator Engagement program at the Clinical and Translational Science Center at UC Davis Health conducts community forums and events and hosts a variety of speaker series for research staff and the public. Well-known programs include the Vietnamese Mini Medical School, brain health awareness forum, Science Café events and the 22q Webinar series for families. They also facilitate advisory boards, including the Research and Education Community Advisory Board, which strives to foster research that is relevant to communities, builds trust and mutual understanding across all population groups, and helps disseminate research to the public.

- Participate in meaningful community outreach and engagement across research, education, training, and mentoring through the UC Davis Center for Reducing Health Disparities (CRHD), a unit of the HEDI office. Their programs include the long-standing Spanish Mini Medical School, an annual event that brings together physicians, researchers and community health experts from the Sacramento area to deliver interactive, culturally relevant presentations on a wide range of health topics. The CRHD is also working with Los Rios Community College District and the Sacramento Employment and Training Agency to provide public health/community health internship and on-the-job experiences to participants in their Community Health Worker Certificate Program. Since 2010, the CRHD has served as the Latino Technical Assistance Provider for the California Reducing Disparities Project (CRDP), a statewide mental health prevention and early intervention initiative focused on reducing disparities among historically unserved, underserved, and inappropriately served populations. CRHD offers direct support to Latino-led community-based organizations, including Health Education Council and La Familia Counseling Center, which implement community-defined evidence-based practices.

Significant Need: System Navigation

System navigation refers to an individual's ability to navigate fragmented social services and health care systems to access benefits and supports that improve health outcomes. Research demonstrates that navigating the complex U.S. health care system is a barrier for many, resulting in health disparities.[4] Accessing social services provided by government agencies can be an obstacle for individuals with limited resources such as transportation and English proficiency.

CHNA participants from community-based organizations and focus group attendees stated that people are often unsure where to start, are unaware of program eligibility rules, and need assistance navigating the complex, siloed and often overwhelming health and human services systems. Participants noted that system navigation challenges are compounded by language barriers, and that culturally informed, linguistically appropriate navigators, community health workers and case managers are needed.

To meet this need, UC Davis Health will support community-based organizations that help people navigate services, and it will continue providing 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 offer system navigation and enrollment services for vulnerable communities ▪ Provide patient navigation services within UC Davis Health ▪ Participate in case conferencing for individuals experiencing homelessness	▪ Increased community member linkages to programs addressing health care coverage and social needs ▪ Increased referrals for UC Davis Health 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 those experiencing homelessness

Programs & Partners

▪ Continue UC Davis Health's internal Health Navigator Program, which assists patients in multiple areas of the medical center including the Emergency Department and inpatient settings. who need assistance with post-discharge care coordination. Through the Linkage, Integration, and Navigation of Community Resources (LINC) initiative, navigators deliver in-person and telephonic post-discharge care coordination and facilitate follow-up appointments, transportation, and referrals to community-based organizations.

▪ UC Davis Health's hospital-based Substance Use Intervention Teams customize treatment plans for patients and connect them with ongoing care through local programs and resources.

▪ Continue supporting Community HealthWorks patient navigators who provide onsite assistance to patients in the Emergency Department and inpatient settings, focused on Medi-Cal CalAIM benefits and services, including enhanced care management, and helping patients connect or reconnect with their primary care provider.

▪ Participate in case conferencing with Sacramento Steps Forward and the other area health systems to improve health outcomes, reduce barriers to care for people experiencing homelessness and enhance coordination between the homelessness response system and health systems.

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4   Natale-Pereira, A. et. Al. (2011). The Role of Patient Navigators in Eliminating Health Disparities. US National Library of Medicine, National Institutes of Health, 117:15, 3,543-3,552.

Significant Need: Safe and Violence-Free Environment

Feeling safe in one's home and community is fundamental to overall health. Next to having basic needs met (e.g., food, shelter, and clothing) is having physical safety. Feeling unsafe affects the way people act and react to everyday life occurrences. Additionally, research has shown that individuals exposed to violence in their homes, communities, and schools are more likely to experience depression and anxiety and demonstrate more aggressive, violent behavior.[5]

Community members and provider survey respondents noted serious safety concerns within various communities, highlighting violence, inadequate resources and a lack of security measures. Youth, unhoused residents and LGBTQ+ community members were cited as populations that have an increased likelihood of feeling unsafe. They also called for more safe places for young people to go after school.

To meet this need, UC Davis Health will support initiatives to conduct research and develop resources on firearm injury prevention and will provide services to violently injured patients to support their long-term healing and recovery. This includes, but is not limited to, the following activities:

Goal: Increase understanding of and reduce preventable injuries from violence.	
Objectives/Strategies	Anticipated Impact
■ Conduct research, develop resources and provide training on firearm injury prevention ■ Provide comprehensive services for violently injured young adult patients	■ Increased public awareness of ways to prevent injuries from violence ■ Fewer preventable injuries from firearm-related violence ■ Violently injured young adult patients receive support during recovery with aim to avoid future violence

Programs & Partners
■ The UC Davis Centers for Violence Prevention (CVP) provide a scientific approach to understanding and preventing violence. With more than 30 years of internationally recognized interdisciplinary research experience, the centers have helped shape the way violence is studied and prevented. The CVP share the work of the Violence Prevention Research Program and the California Firearm Violence Research Center, including the BulletPoints Project, to empower stakeholders and translate findings into impactful policies and initiatives, creating safer, more equitable communities where all can flourish. ■ The Wraparound Program offers free comprehensive post-injury recovery support for UC Davis Health patients aged 13–30 who were injured by interpersonal or community violence. The program extends care beyond the hospital to support the long-term healing and recovery of youth and young adults injured by violence. The program uses nationally certified Violence Prevention Professionals (VPPs) to provide relationship-based mentoring and referrals to culturally affirming intensive, individualized case management to support physical, mental and emotional recovery. Trauma-informed mental health services are provided by a licensed therapist. Combining the efforts of medical staff, VPPs and community-based service providers to intervene with victims of violence in hospital settings and connect them with community-based services has been shown to reduce future victimization and violence. The program collaborates with organizations and providers throughout Sacramento, including the Greater Sacramento Urban League, under the umbrella of the Black Child Legacy Campaign, and Sierra Health Foundation.

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5   Lynn-Whaley, J., & Sugarmann, J. (July 2017). The Relationship Between Community Violence and Trauma. Los Angeles: Violence Policy Center.

Significant Need: Access to Specialty and Extended Care

Primary and specialty care are often necessary and complementary services. For example, without access to specialists such as endocrinologists and cardiologists, individuals are often left to manage chronic diseases, like diabetes and high blood pressure, on their own. In addition to specialty care, extended care refers to services extending beyond primary care that 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 faced long wait times to see specialists, with some Medi-Cal beneficiaries traveling outside of the Sacramento area for care. Delays in accessing appointments were primarily attributed to a lack of specialists in Sacramento who accept Medi-Cal. Other themes included the need for more extended care options, such as in-home care, assisted living and long-term care as people age, especially for low-income and disabled individuals.

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
- Strengthen partnerships with FQHCs to expand access to specialty services in community settings - Provide specialty care services for community members who are uninsured or underinsured - Collaborate with community-based programs that provide recuperative or other extended care services	- Expanded availability of specialty care services resulting in shorter wait times for individuals seeking specialty care consults - Improved access to specialty consults and procedures for uninsured or underinsured community members - People experiencing homelessness have access to recuperative care services upon discharge from the hospital
Programs & Partners	
- Continue providing specialty care services at the Sacramento County Health Center for Medi-Cal beneficiaries and uninsured or underinsured patients. - Collaborate with FQHCs to improve specialty care access for Medi-Cal patients affiliated with FQHCs across Sacramento County. - 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) program, and support SPIRIT operations and administration. - Continue supporting the Gregory Bunker Care Transition Center (formerly 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 provide case management services, on-site nursing, health education, transportation to appointments, and housing placement assistance. UC Davis Health Food and Nutrition Services also prepares and delivers three meals a day, seven days a week to the Bunker at no cost, providing the same nutritious, local food served to patients, staff and visitors at the Medical Center.	

Significant Need: Injury and Disease Prevention and Management

Knowledge is essential for individual health and well-being, and efforts aimed at injury and disease prevention are powerful tools to improve community health. When community residents lack adequate information on how to prevent, manage, and control their health conditions, those conditions tend to worsen. Prevention efforts focus on reducing cases of intentional and unintentional injury and infectious diseases (e.g., firearm injuries and influenza shots), while intensive chronic disease management strategies (e.g., for diabetes, obesity and heart disease) are also crucial for improving community health.

Community members and provider survey respondents highlighted the need for more chronic disease prevention programs, health education, and nutrition guidance, as well as prevention efforts focused on specific populations, particularly youth, immigrants and elderly residents. They also called for increased access to reproductive and sexual health information and services for young people.

To meet this need, UC Davis Health will support initiatives to 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: Reduce preventable injuries and diseases and improve disease management.	
Objectives/Strategies	Anticipated Impact
- Develop programs to reduce the cancer burden - Increase the use of safety equipment and knowledge of how to prevent childhood injuries - Provide injury prevention outreach programs - Support local cancer, asthma, cardiac screening and diabetes nonprofit organizations that offer education and outreach activities, including employee volunteers at local events	- Improved diagnosis and treatment of cancers in historically under-diagnosed populations - Increased public awareness of ways to prevent injuries - Fewer preventable injuries - 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 educational sessions on cancer site-specific topics including local data, risk factors, and screening or vaccination recommendations; and deploys community outreach and engagement resources throughout the UC Davis Health catchment area. As part of these efforts, OCOE hosts Community Conversations on Cancer, where cancer center researchers and staff engage with communities to hear their cancer-related concerns, learn from lived experiences, and shape research questions and outreach efforts to address those concerns. OCOE participates in Clinic Collaborations, evidence-based interventions with clinic partners, to improve cancer prevention vaccination or cancer screening rates among clinic patients. Staff also facilitate the clinical trials task force, which focuses on reaching populations and communities that are under-represented in clinical trials.

- 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 25 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 car seat inspections to all members of the community. UC Davis Health also provides free car seats and bicycle helmets to families in need.

- Offer free Matter of Balance classes for older adults who live independently in the community. Matter of Balance is an evidence-based program designed to manage falls and increase activity levels. UC Davis Health co-facilitates the StopFalls Sacramento Senior Fall Prevention Coalition, which includes more than 10 organizations, aiming to reduce fall risk and support older adults aging safely in place.

- Offer free Stop the Bleed® trainings for schools, congregations, non-profit organizations, and the public. Stop the Bleed® is a national education campaign that teaches bystanders how to control severe bleeding from a major injury and improve the chances of survival while waiting for the arrival of professional emergency responders. In-person classes, taught by UC Davis Health trauma nurse practitioners, nurses and physicians, provide education and training on basic bleeding control.

- The Healthy Living Clinic Initiative (HLCI), led by the UC Davis Prevention Policy and Practice Group and Center for Healthcare Policy and Research, has provided intensive training and technical assistance to community clinics serving at-risk populations. In the remaining year of the five-year project, the HLCI will continue to work with clinics, including those in the greater Sacramento region, 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.

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

Additional Investments That Address Community Health Needs

UC Davis Health contributes to a healthy and vibrant community through a variety of additional activities, including:

- **Economic Impact** — UC Davis Health is a major driver of economic prosperity for both the Sacramento region and California. According to a study released in early 2025, in 2023 UC Davis Health's direct expenditures of $1.84 billion led to a total economic impact of $4.01 billion in the region, or an additional $1.18 for every dollar. UC Davis Health employed 19,144 people in the region, and the economic activity generated indirectly and through employee spending supported an additional 11,050 jobs in the region.

- **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 where reimbursement does not cover costs. In FY 2024, UC Davis Health provided $8.2 million in financial assistance and had a $230.6 million Medi-Cal shortfall.

- **Research** — With more than 2,000 basic science, translational and clinical trial studies underway, UC Davis Health is actively exploring the underlying cases of disease and illness, including the socioeconomic factors that influence health conditions. In 2023, UC Davis Health received more than $400 million in external research funding. The UC Davis Alzheimer's Disease Research Center, UC Davis Center for Reducing Health Disparities, UC Davis Institute for Population Health, UC Davis MIND Institute, UC Davis Comprehensive Cancer Center, and UC Davis Institute for Regenerative Cures, among others, are all leaders in innovating to help improve lives and transform health care.

- **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.

- **Aggie Square Community Benefits Partnership Agreement** — Aggie Square is an innovation district on the UC Davis Health campus that co-locates business partners and community-based programs with UC Davis innovation and research and features state-of-the-art research facilities, modern offices, apartments and mixed-use space accessible through new public spaces that connect the university with neighboring communities. The Aggie Square Community Benefits Partnership Agreement (CBPA) is an agreement among UC Davis, Wexford Science and Technology, and the City of Sacramento in response to three years of input from the community beginning in 2018. The CBPA includes commitments for providing jobs and job training, affordable housing, better transportation options, youth education programs and other benefits for local residents and communities of interest, especially those who have not historically benefited from economic development.

- **Employee, Faculty and Student Engagement and Volunteerism** — employees participate in direct service to the community by donating time, financial resources, 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 FY 2024, UC Davis Medical Center provided more than $800,000 in direct financial support underwriting health and social service programs and civic engagement.

Significant Needs the Hospital Does Not Intend to Address

UC Davis Health acknowledges the large number of health needs that emerged from the CHNA process but does not have the capacity or resources to address all priority health issues identified in Sacramento County. However, the hospital continues to seek opportunities to respond to needs that have not been selected as priorities. UC Davis Health chose to focus on the community-identified areas of highest need where effective use of existing knowledge and resources offers the greatest potential impact. We are also addressing areas where the Medical Center, Children's Hospital, School of Medicine and School of Nursing are recognized leaders. Accordingly, UC Davis Health is not directly addressing Increased Community Connections, Access to Functional Needs (transportation and physical mobility), Healthy Physical Environment, Active Living and Healthy Eating, and Access to Dental Care and Preventive Services. For these areas, UC Davis Health will look for opportunities to collaborate and coordinate with partners in the community who have the expertise, capacity and focused resources to effectively address these needs.

Next Steps

As an academic medical center and Anchor Institution, UC Davis Health is fundamentally committed to making a positive impact in the community. UC Davis Health will work with community organizations and local government agencies to protect and strengthen existing services in the selected significant need areas. Where gaps exist, it will engage in collaborative initiatives to better serve at-risk and under-resourced communities. UC Davis Health will continuously review the Implementation Strategy throughout the three-year period, seeking to make measurable improvements in quality health outcomes and reduce inequities by supporting innovative programs and best practices that address disparities. As part of this process, UC Davis Health will gather feedback and monitor metrics to more effectively assess and report on community activities and impact.

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