Why Report Community Benefit?

- Highlight the significant resources devoted to providing access to care for low-income and other underserved patient populations
- Demonstrate our ongoing commitment to UCH’s tripartite mission (patient care, education & research)
- Document vital support to improve population health and achieve strategic objectives related to the quality, efficiency and affordability of health care
- Show our commitment to advance knowledge through health professions education and research that benefits the public
OVERVIEW

• The UC Medical Centers prepared this Community Benefit Report in accordance with the IRS instructions for Form 990 Schedule H and nationally accepted guidelines in order to provide transparency regarding the significant community benefits they provide and to facilitate benchmarking.

• The information in this report is for the activities and programs accounted for within the UC Medical Centers and Faculty Practice Groups.
  • Additionally, 20 health professional schools also provide many substantive benefits to communities throughout the state.
  • In the future, the UC Health plans to more closely align community benefits reporting with the Community Health Needs Assessment (CHNA).

UC Health as a governmental agency is not required to report. We choose to report in order to:
  • Document our benefit to the community
  • Benchmark ourselves
This our third year of reporting.
California Tax Exempt Hospitals & UC Health Hospitals – FY2019

Subsidized health services: $17,180,219 (UC Health) $326,752,732 (California State Total)
Research: $84,496,473 (UC Health) $221,462,619 (California State Total)
Medicaid: $280,130,030 (UC Health) $920,253,604 (California State Total)
Health professions education: $59,568,040 (UC Health) $861,494,780 (California State Total)
Financial assistance at cost: $187,403 (UC Health) $240,472,778 (California State Total)
Costs of other means-tested government programs: $23,598,353 (UC Health) $301,564,992 (California State Total)
Community health improvement and community benefit operations: $- (UC Health) $301,564,992 (California State Total)
Community building: $9,096,875 (UC Health) $27,874,045 (California State Total)
Cash and in-kind contributions to community groups: $5,505,029 (UC Health) $505,502,949 (California State Total)

UC Health Facilities are not included in California tax exempt total Communities Benefit spending. If they were included, they would have added an additional $1.4 B to the State reported $6B in fiscal year 2019. (FY2019 is the most recent fiscal year for which statewide data is available.)

Community Benefit Spending FY 2019

<table>
<thead>
<tr>
<th>Community Benefit Spending FY 2019</th>
<th>CA Facilities Required to Submit IRS Form 990 Schedule H</th>
<th>University of California Medical Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Spending</td>
<td>$6,048,158,014</td>
<td>$1,394,510,997</td>
</tr>
<tr>
<td>Mean</td>
<td>$38,532,886</td>
<td>$278,902,200</td>
</tr>
<tr>
<td># of Facilities</td>
<td>180</td>
<td>5</td>
</tr>
</tbody>
</table>

https://www.communitybenefitinsight.org
FY 2021 Report Summary

• UC Medical Centers provided $1.6B in net community benefits

• Uncompensated costs for care of Medicare patients add another $1.7B in community benefit

• The FPGs & departments recorded an additional $0.7B in community benefit through charity care and uncompensated costs for care of Medi-Cal & Medicare patients

• UC Medical Center community benefits equal 10% of operating expenses
Medical Center Community Benefit = $3.4 Billion

Faculty Practice & Department Community Benefit = $0.7 Billion

Total Community Benefit = $4.1 Billion

### Medical Center FYE 2021 Community Benefits ($000s)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Medical Centers</th>
<th>Adjusted Prior Year</th>
<th>Incr (Decr) Over Prior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net community benefit expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial assistance (charity care)</td>
<td>$72,860</td>
<td>$82,053</td>
<td>$(9,193)</td>
</tr>
<tr>
<td>Medicaid</td>
<td>1,024,358</td>
<td>1,170,361</td>
<td>(146,003)</td>
</tr>
<tr>
<td>Other means tested government programs</td>
<td>1,766</td>
<td>2,033</td>
<td>(267)</td>
</tr>
<tr>
<td>Community health improvement services</td>
<td>72,070</td>
<td>63,781</td>
<td>8,289</td>
</tr>
<tr>
<td>Health professions education</td>
<td>344,352</td>
<td>300,018</td>
<td>44,334</td>
</tr>
<tr>
<td>Subsidized health services</td>
<td>26,687</td>
<td>28,876</td>
<td>(2,190)</td>
</tr>
<tr>
<td>Research</td>
<td>88,395</td>
<td>74,535</td>
<td>13,861</td>
</tr>
<tr>
<td>Cash and in-kind contributions</td>
<td>4,941</td>
<td>4,542</td>
<td>398</td>
</tr>
<tr>
<td><strong>Net community benefit expenses</strong></td>
<td>$1,635,428</td>
<td>$1,726,199</td>
<td>$(90,771)</td>
</tr>
<tr>
<td>Medicare</td>
<td>1,722,521</td>
<td>2,032,248</td>
<td>(309,726)</td>
</tr>
<tr>
<td><strong>Community benefits with Medicare</strong></td>
<td>$3,357,949</td>
<td>$3,758,447</td>
<td>$(400,498)</td>
</tr>
<tr>
<td><strong>Community benefits as % of expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>16,079,401</td>
<td>16,180,293</td>
<td>(100,892)</td>
</tr>
<tr>
<td>Net community benefit expenses</td>
<td>10.2%</td>
<td>10.7%</td>
<td>-0.5%</td>
</tr>
</tbody>
</table>

### Faculty Practice & Department FYE 2021 Community Benefits ($000s)

<table>
<thead>
<tr>
<th>Category</th>
<th>Total FPG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net community benefit expenses</td>
<td></td>
</tr>
<tr>
<td>Charity care</td>
<td>$7,990</td>
</tr>
<tr>
<td>Medicaid</td>
<td>204,483</td>
</tr>
<tr>
<td>Medicare</td>
<td>545,119</td>
</tr>
<tr>
<td><strong>FPG Net community benefit expenses</strong></td>
<td>$757,592</td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT</strong></td>
<td>$4,115,542</td>
</tr>
</tbody>
</table>

Decrease due to improved supplemental payments

Does not include medical center support for uncompensated care
UC Health consolidated community benefits as a percentage of operating expenses = 10.2%.

This places UC Health in the top 75<sup>th</sup> percentile of not-for-profit California hospitals with bed size greater than 230 beds.

Source: https://www.communitybenefitinsight.org
INDIVIDUAL MEDICAL CENTER COMMUNITY INVOLVEMENT

Community Benefits FY 2021
In last 12 months 213K oz from 307 donors
Serving 17 hospitals in CA and 1 in US Saipan

• Opened September 2020
• First owned by hospital system
• First led by a physician
• Accredited by HMBANA, FDA, CDC
• System-wide effort to provide health care and support for children at two emergency intake sites
  • San Diego Convention Center (Anchors UCSD/Rady’s Children’s Hospital)
  • Long Beach Convention Center (Anchors UCLA/Mattel Children’s Hospital and UCI/CHOC)
• 4915 children aged 3-17 cared for from March-July 2021
  • 16% with COVID
• All housed, kept safe and healthy, and had opportunities for art, play, reading, and school
  • > 1000 HCW participated including 260 MDs and 42 trainees
The Vietnamese Mini Medical School (VMMS) was created in close collaboration with various departments at UC Davis Health and community partner Asian Resources Inc., launched May 2021.

Nearly 100 Vietnamese-American community members participated in the VMMS (virtually), where information was translated into Vietnamese and English in real-time.

The event focused on the health of older Vietnamese refugees and immigrants and that of their caregivers – providing trusted medical information on major chronic health conditions affecting older people’s brain, heart and mental health.

Another VMMS is expected to take place in-person, May 2022.

UC Davis Health has been offering an annual highly acclaimed mini-medical school (MMS) program for nearly 20 years, featuring UC Davis School of Medicine faculty offering free classes to the public. The program was expanded to address the unique needs of Sacramento’s population of Vietnamese origin.
Community Vaccination

- **City Church in Sacramento**: Thousands of COVID-19 vaccine doses were administered to the underserved, essential workers, etc.

- **$45,000 PPE Donation**: To two community organizations for personal protective equipment (PPE), to conduct enhanced outreach and provide meals to people experiencing homelessness at the onset of the pandemic.

- **Donated Medical Supplies**: Including PPE to two Navajo Nations hospitals caring for Indigenous communities hit hard by the COVID-19 pandemic.

- **Shifa Community Clinic**: Managed by UC Davis students working out of the basement of a mosque in downtown Sacramento, administered 7,600 vaccine doses from February through April.

- **Homeless Vaccination**: Doctors from UC Davis Health went to the streets, offering COVID-19 vaccinations to people experiencing homelessness. The street outreach team was able to administer 65 immunizations in one day.
As of January 2022, UCI Family Health Center with offices in Santa Ana and Anaheim have administered over 30,580 doses.

- 44% Latino
- 29% Asian
- 19% White
- 8% Other

The Health Center exponentially expanded their efforts from 200 doses a week to 2600-2800 a week.

**UCI Family Health Center Community Partnerships Include:**

- California Governor’s Office Faith Based Vaccination Program with African American Churches
- Supervisor Chaffee, 4th District of Orange County Supervisors Office in North Orange County
- Anaheim Union High School District - Over 1,300 students & family members for 21 Schools & counting
- El Sol Academy in Santa Ana – over 400 vaccines administered & counting
UCI Family Health Center is recognized nationally under Promising Practice by the National Association of Community Health Centers.

UCI Family Health Center used telehealth technology to provide dental care during the pandemic. Telehealth is used to:

- Triage patients
- Provide treatment plans
- Give referrals for acute dental problems
- Reduce the need for in-person visits by 50%

UCI Family Health Center focused on engagement with pregnant women, a group of patients more hesitant to seek dental care during the pandemic. The results were better pregnancy health outcomes combined with good oral health.

“I had an obstetrics patient who was due in two weeks. I conducted a tele-dentistry appointment, and it was clear she needed a referral to an oral surgeon for an extraction. I prescribed some medication and made that referral right away. She had the appointment with the oral surgeon two days later, and the issue was taken care of before she got too close to her due date. Telehealth allowed us to treat her so quickly. It’s really been a game changer.”  

Dr. Wuppalapati
UCLA & UCI Provide Comprehensive Healthcare for Unaccompanied Migrant Children in Long Beach

UCLA Health partnered with UC Irvine Health and Children’s Hospital of Orange County to coordinate and administer comprehensive health care for unaccompanied migrant children aged 3-17 years at Long Beach Convention Center Emergency Intake Shelter from April 22, 2021-July 23, 2021; over 95% were from Guatemala, El Salvador, and Honduras.

Medical Mission:
- Intake Screening and Medical Assessment
- Pediatric Clinic
- 24/7 Urgent Care
- Isolation area
- Staff Surveillance Testing
- Wrap Around Services including clinic visits, admissions to ED and inpatient services

Cared for 1,702 unaccompanied migrant children:
- 1,698 children housed at the shelter
- Over 5,875 urgent care visits
- 1,698 complete medical exams (full H&P)
- Over 3,500 vaccinations given (MMR/V, Hep A, COVID-19)
- Over 1,550 children reunited with their families
- Over 100,000 toys, clothes and books donated
- 228 children diagnosed with COVID-19, 2 with Hepatitis A, and 1 with Varicella
- 27 children with pregnancies
- 170 radiological studies on site
Ensures Equitable Access to COVID-19 Vaccinations by Incorporating Social Vulnerability Index Score

- UCLA Health has an organizational commitment to acknowledging, addressing and reducing health inequities, and recognizes the profound disparities in COVID-19 case and death rates in California’s low income, Latino, Black and Pacific Islander communities.

- To develop more equitable distribution of the vaccine over a first-come, first-served model, when UCLA Health began administering Pfizer and Moderna vaccines, we developed a patient-specific risk score for prioritization. This included following state and local guidance and inviting the highest-risk patients first, based on age, clinical and social risk as defined by the Centers for Disease Control and Prevention (CDC) Social Vulnerability Index (SVI).

- Approximately 630K patients over the age of 16 met the attribution criteria. Patients were proactively invited by overall risk, dependent on available vaccine inventory.

- Additionally, UCLA Health shared vaccine information with the community via email and our website in numerous languages while also engaging in community outreach efforts through community town halls, special forums, and a media presence in English and Spanish.

- Vaccine acceptance results as compared to LA County (as of mid-May 2021)

<table>
<thead>
<tr>
<th></th>
<th>UCLA Health</th>
<th>Black/ African American</th>
<th>Hispanic/ Latin</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCLA overall</td>
<td>65%</td>
<td>57.7%</td>
<td>60.2%</td>
</tr>
<tr>
<td>UCLA high SVI</td>
<td>N/A</td>
<td>51.3%</td>
<td>55.4%</td>
</tr>
<tr>
<td>LA County</td>
<td>61%</td>
<td>39.2%</td>
<td>44.4%</td>
</tr>
</tbody>
</table>

- The major tenets of this model can be used for developing algorithms for prioritization of other scarce health resources.
UCR Center for Healthy Communities collaborated with the Inland Empire Health Plan and California Department of Public Health to produce COVID-19 vaccine promotional videos

- **My Turn** campaign features UCR “Woman on the Street” interviewing community members on why they are vaccinated
- Video played before every UCR Men’s & Women’s Basketball games and has been featured on ESPN+
- Also shared via social media platforms
Coachella Valley Free Clinic (CVFC)

Established in 2019, CVFC provides the opportunity to train, learn, and practice culturally and structurally competent care while serving the communities of the Eastern Coachella Valley.

CVFC Engages a team of “promotoras” (community health workers) in the delivery of clinic services and provides medical services to a primarily Spanish-speaking patient population.

Key community benefits in 2021 included:
- Distribution of food and recipe books to 25 patients
- Holiday donations to 75 children and families
- 10 COVID-19 testing clinics
- 22 Virtual COVID-19 Talks
- 10 COVID-19 Platicas en el Pueblo (Talks in the Community)
- 3 flu clinics serving 85 patients
- 3 capacity building workshops on the implementation of behavioral health services
The UC San Diego Health science-driven Community Mobile Vaccination Clinic was established during the pandemic to help address equitable vaccine access by prioritizing educational outreach and vaccine clinics in underserved communities most affected by COVID.

Mobile Vaccination Clinic
From December 2020 through June 2021, the mobile clinic administered over 44,796 doses of COVID-19 vaccines through over 116 community events, including:

• Vaccinations at Rincon Reservation in partnership with the Rincon Band of Luiseño Indians.
• Vaccinations at regional school districts serving lower scored California Healthy Places Index areas.
• Vaccination partnerships with various faith-based groups events, and regional governments.
University of California Health (UCH) Milk Bank is a non-profit human donor milk bank, owned and operated by UC San Diego Health, with the mission to provide nutritious and safe pasteurized human donor milk to babies in need.

Led by Executive Director and Co-Founder, Dr. Lisa Stellwagen, MD, FAAP, the Milk Bank received Human Milk Banking Association of North America (HMBANA) accreditation in August 2020 making it the first milk bank located in San Diego, and only one of 30 nonprofit milk banks in North America.

Service coverage in 2021 has grown throughout Southern California and statewide through all six UCH academic health centers. It is the only milk bank in the nation that is part of a health care system.
Launched in 2021, CHANGE SF is a partnership between Mayor London Breed’s Opportunities for All (OFA) youth workforce development program and UCSF that provides OFA-paid work-based learning opportunities for youth and young adults in the fields of psychiatry and behavioral sciences.

UCSF’s Department of Psychiatry and Behavioral Sciences takes 8-10 youth and young adults ages 13 to 24 each academic year for workforce development placements that provide hands-on experience across a wide range of topics.

The goal is to connect mentors and mental health professionals with a diverse group of young people in San Francisco, many of whom have historically lacked opportunity and access to learning about career options in mental health, particularly within an academic medicine setting.

This innovative program will address a lack of diversity in the profession as well as stigma and a lack of access to services in minority communities.
Unidos en Salud: Collaboration between UCSF, Latino Task Force and Chan Zuckerberg Biohub

- **Service:** 85,137 Total COVID-19 tests; 56,773 COVID-19 vaccinations, 1,924 Diabetes tests, 1,073 HIV tests, and linkage to Healthy San Francisco at the Unidos en Salud neighborhood vaccine and testing site.

- **Achievements:**
  - Opened the first neighborhood vaccine test site and developed the ‘Motivate, Vaccinate, Activate’ Model
  - First project in April 2020, measured the impact of COVID-19 on the Latino community in the Mission and informed the Right to Recover wage replacement program, introduced by Supervisor Ronen
  - Developed and implemented a low-barrier rapid test and respond model with community-based rapid testing model paired with longitudinal support form community health workers form the Latino Task Force
  - Multi-disease testing (Diabetes, HIV, COVID-19) with linkage to care at a community-based COVID-19 testing site

**Community-Academic Partnership Goals:**
- Reduce COVID-19 transmission and improve lives/livelihoods in highly affected Latino communities
- Develop and evaluate community-based low-barrier approaches to increase COVID-19 testing and vaccinations
- Share information with community, health departments, science
- Leverage COVID-19 to address other diseases and improve access to care