University of California San Diego Health (UCSDH)
ACTRI Center for Community Health (CCH) *CommUnity Mobile Unit* Expansion
Key Stakeholder Feedback & Recommendations

APPROACH

UC San Diego Health's commitment to addressing equity through mobile access to health through partnerships with community based organizations is poised for action. Using assets assembled during the COVID mobile vaccination efforts including our infrastructure, people, and process; UCSDH has the tools and approach to act. This document summarizes the assessment provided through our stakeholder and community recommendations gathered through survey and informal interviews. We recommend a focus on prevention inclusive of diabetes, hypertension, and weight management as well as a pilot with oral health. Additionally, we feel that this CommUnity Mobile Unit management should also aim to centralize our other UCSDH mobile efforts which could include mammography and eye screening as well. SD County Health Department has a number of 'shelf ready' services as well that can be incorporated into this effort inclusive of basic oral assessment and prevention. We would recommend a CommUnity Mobile Unit medical director for oversight, longitudinal relationship building, and strategic planning for the effort. We would also recommend oversight (either direct or as a matrix reporting) to the aCMO for health equity. Our community has shared a strong sentiment of need to access care and requested linguistically inclusive, cultural humility, with a trauma informed approach. We recognize that there may be future opportunities as well to incorporate our education mission and research missions that builds community trust and delivers cultural competency.

BACKGROUND AND GOALS

UCSD Health System, in partnership with the ACTRI Center for Community Health (CCH), is working with community partners to explore opportunities for offering additional health services in the community through an expanded **CommUnity Mobile Unit**. Our experiences to-date offering over 60,000 community-based COVID-19 vaccinations through the **Mobile Vaccine Unit** have highlighted the importance of *taking healthcare to those who need it most in an accessible, approachable, and culturally sensitive manner*. Building on these efforts and the success of our Mobile Vaccine Unit, UCSDH is exploring resources for offering expanded CommUnity Mobile Unit services beyond COVID-19 vaccination to include additional clinical and preventive care, for example eye exams, cancer screenings, high blood pressure care, diabetes care, healthy living education, or minor acute care. **The overarching goal of the proposed expanded CommUnity Mobile Unit is to build on existing health services in the community to increase healthcare access and linkages care and advance health equity and wellness for underserved San Diego communities.**

UCSDH recognizes the vital role of local community organizations and partners at the heart of promoting health for those who are most underserved, and has sought to better understand how to best support this mission through partnerships enabling additional health service offerings. **To inform future CommUnity Mobile Unit service offerings, CCH engaged in an assessment process with local community partner organizations and stakeholders.** This process aimed to identify opportunities to leverage and build on existing work and local capacity to address priority health needs and access barriers for underserved groups through expanded mobile health service offerings.

To collect input from community organizations regarding how to shape future CommUnity Mobile Unit services, CCH developed a facilitated meeting guide and assessment survey including the following domains:

A. ***Top health needs and barriers***, including those exacerbated by COVID-19

B. ***Existing community resources and gaps in local health services***, including populations not being adequately served by the current health services landscape

C. ***Additional health service needs*** that could be addressed through expanded Mobile Unit offerings

D. ***How to best reach community members in highest need*** with expanded Mobile Unit services, including recommended locations, hours of operation, trusted methods, partnership opportunities, and other recommendations for promoting services

E. ***Opportunities for collaboration with local CBOs and other stakeholders*** for expanding Mobile Health service offerings, including opportunities for establishing referral networks between UCSDH's CommUnity Mobile Unit and local health clinics for follow-up care

This input along with **review of available health system resources** is intended to inform plans for meaningful service expansion within available resources and capacity.

COMMUNITY STAKEHOLDER ENGAGEMENT

Throughout September 2022, CCH engaged **over 70 community stakeholder representatives** to provide feedback to inform CommUnity Mobile Unit services.

Representatives included:

- Community-based organization (CBO) including ethnic CBO (ECBO) leadership and staff, including Community Health Workers (CHWs) working directly with the underserved communities;
- School and school district representatives;
- San Diego County representatives;
- FQHC and other local health provider representatives;
- and other key stakeholders.

Key stakeholders were engaged through the following methods:

1. **Community needs assessment survey completion**
    - Completed by n=31 respondents representing over 20 local organizations including CBOs, schools, healthcare providers, early childhood providers, County, and other representatives
2. **Facilitated meeting discussions/listening sessions** with the following key groups:
    - *San Diego Refugee Communities Coalition* (40+ attendees)
    - *Childhood Obesity Initiative- COI Coalition Healthcare & Early Childhood Domain Working Group* (20+ attendees)
    - *COI School & After-School Domain Working Group* (15+ attendees)
3. **Individual meetings and communications** with other local agency representatives and key stakeholders.

Participating key stakeholders reported **serving a range of communities and populations** across San Diego County.

Key Stakeholder Service Areas	***Key Stakeholder Populations Served***

• Central San Diego, e.g. Mid-City/City Heights
• East San Diego County, including El Cajon and rural areas (e.g., Borrego)
• South Bay region
• North County/San Diego County as a whole
	• Immigrant communities
	• Low-income families
	• Hispanic community
	• Non-English-speaking communities
	• Refugee communities, including:
	  o East African refugees
	  o Afghan/Arabic-speaking community & refugees
	  o Amharic, Oromo, Swahili, and Tigrigna communities
	  o Kizigua and Somali communities
	  o Karen and Burmese refugees
	  o Darfurian, South Sudanese, and Congolese communities
	  o Ethiopian and Eritrean communities
	  o Haitian community

Key recommendations are summarized below. A detailed summary of key stakeholder feedback and survey results is included in Appendix A.

SUMMARY OF KEY RECOMMENDATIONS

1. **Offering additional Mobile Health Services through an expanded CommUnity Mobile Unit would benefit local communities and address key access barriers** including lack of transportation, as well as help limit overuse of emergency health services by providing more options for accessible, convenient care within the community. UCSDH's Mobile Vaccine Clinic was very convenient for the community, and while some other Mobile Health Services currently exist (e.g. from FQHCs or Live Well San Diego), the scope and service offerings of these types of services could be expanded.

2. **To address key health issues and service gaps, CommUnity Mobile Unit services could include:**
   - ***Dental/oral health preventive services*** – represent a top service gap, and could be incorporated as part of other medical health services provision without a need for dental staff/equipment.
   - ***Mental/Behavioral health services***, including trauma screening and depression screening.
   - ***Healthcare navigation support including linkages to primary care/medical home services,*** insurance enrollment, and linkage to other resources such as housing support
   - ***Medical Services focused on chronic disease prevention and management***, such as blood pressure screenings, diabetes/glucose monitoring, nutrition counseling, and health education.
   - Additional service needs include: *women's health services* (e.g., maternal care); *vision care*; *substance abuse/tobacco cessation services*; ongoing immunizations such as *COVID-19 booster vaccines*; *age-specific services*, e.g., for elderly/aging; or *minor acute care* coupled with referrals for more severe/chronic needs.

3. **Linguistic/cultural competency and cultural humility must be at the heart of all services provided, in particular for non-English-speaking and underserved refugee communities.** There is a critical need for better access to culturally sensitive, linguistically appropriate care from clinicians who display cultural humility and sensitivity and treat the community members they are serving with dignity and respect. This includes *understanding histories of trauma and stigma around certain health services for refugee patients* (e.g., behavioral/substance abuse/sexual health); having *female providers available* for female patients in alignment with cultural and religious values; and having providers or other health care support staff *from the communities being served*.

4. **Partnering with trusted local CBOs/community health workers (CHWs), schools, and health clinics is critical to successfully reach communities most in need of services**.
   - Mobile health services can be *co-located/offered at CBO sites or other community locations such as food banks or health fairs* where community members are already accessing other services.
   - *Including CHWs as part of the team* to provide input and promote services is recommended as an effective strategy to connect community members with needed services.
   - *Partnering with schools* to co-locate or promote services can help reach low-income families.
   - *Partnering with local health clinics* as a backbone in providing care for underserved community members can facilitate *continuity of care/referrals to a medical home*.

5. Services are particularly needed in **East County/El Cajon**, **rural areas**, and **City/Logan Heights**.

6. Services are needed at **multiple days and times, especially evenings and weekends**. **Consistency is also important** – e.g., offering services at the same days/times and locations regularly.

7. **Access to timely services and appointments is critical,** with long wait times and lack of appointment availability representing a significant access barrier for refugee communities.

8. **Offering give-away items** (e.g., heart shaped stress balls, feminine hygiene products, toothbrushes) can help promote and engage community members in services.

9. It is important to communicate that CommUnity Mobile Unit services are **not only available for insured/UCSD Health patients, but for all community members**.

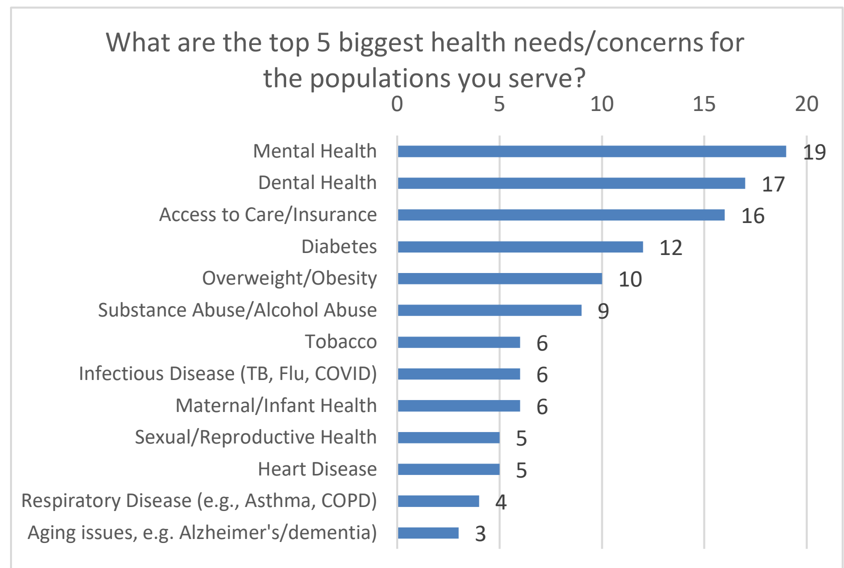
APPENDIX A. COMMUNITY PARTNER FEEDBACK

A. Top Community Health Needs & Access Barriers

Participants were asked to identify top community health needs and barriers to accessing health services for the communities they serve, including health needs and barriers exacerbated by the COVID-19 pandemic. Key health needs and access barriers identified by survey respondents (n=31) are shown in the graphs below. Overall, the following top health needs and access barriers were identified across survey respondents and facilitated meeting participants:

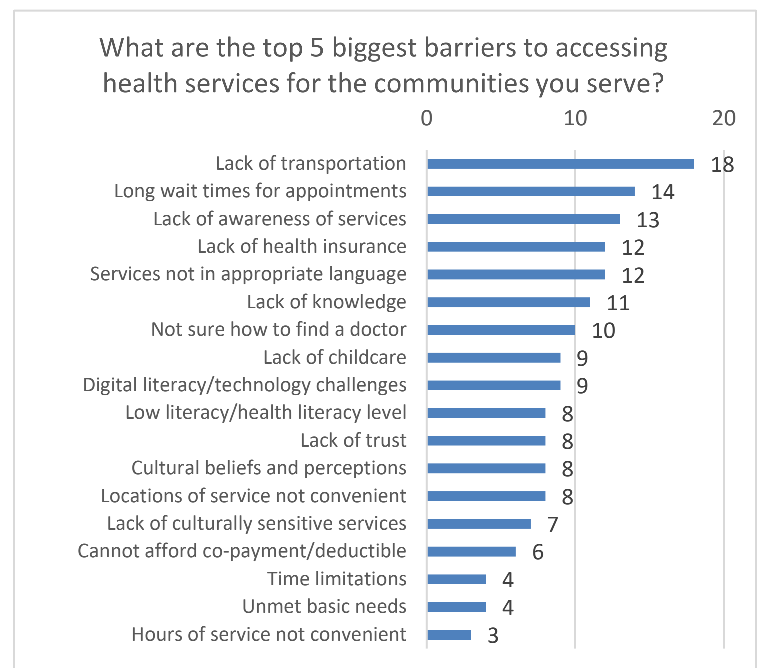
Top Health Needs:

- **Mental/Behavioral Health**
- **Dental/Oral Health**
- **Access to Care/Insurance Access**
- **Chronic Disease:** Heart Disease/ Cardiovascular Health, Diabetes, Overweight/Obesity, Nutrition/Exercise
- **Women's Health** (e.g., maternal/ child health, reproductive health)
- **Substance Abuse/Tobacco**
- **Infectious Disease** (e.g., TB, Flu, COVID-19)
- **Older adult health needs** – e.g., related to aging/memory



Top Access Barriers:

- **Lack of transportation**
- **Long wait times/delays getting appointments**
- **Access barriers: lack of knowledge/ awareness of services and ability to navigate the system**, e.g.:
    - Community members not being sure how to find a doctor or what options they might have available in the community for different services or providers
    - Challenges due to limited literacy, health literacy, or digital literacy
    - Need for more coordination/ centralization of health services
    - Newcomer refugees in particular often have little choice or awareness of where to go for health services



"[We need] an organized and coordinated system that puts as many services as possible under one [location]… So if a whole group of family having five kids all need different kinds of medical attention….[to] just go in one medical facility, and they will provide all the services they need."

- Meeting Participant

- **Language or cultural barriers** were highlighted as one of the top barriers to accessing health services in particular for refugee populations, including:
    - Lack of services or materials in the **appropriate language**
    - **Lack of culturally sensitive services** (e.g. for refugees, lack of doctors who speak their language or understand their background or history of trauma)
    - **Need to understand stigma and sensitivity** around certain services such as mental health, substance abuse, or sexual health services, in particular for *female refugees*: needing a *female gynecologist* available for female patients, needing someone to understand their experience (e.g., having gotten married at thirteen in their country).
- **Financial barriers**, including no health insurance and limited income-not being able to afford co-payment/deductible
- **Lack of childcare**, e.g. families with multiple children needing to bring them along to the doctor
- **Inconvenient service locations**, in particular lack of services in East County and more rural areas
- **Lack of trust in health services or available doctors**, e.g. feeling their doctor doesn't spend enough time or focus listening to their needs and concerns, in particular for refugee populations.

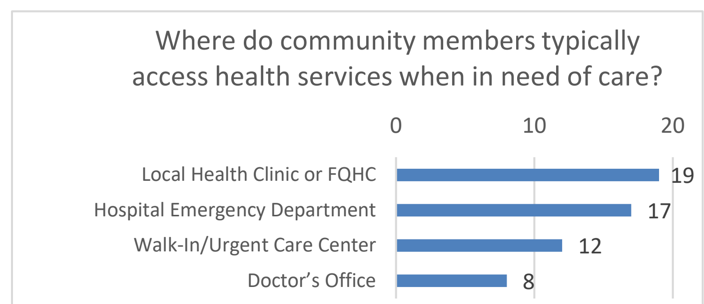
Survey respondents also reported many of the above health issues having been exacerbated by the COVID-19 pandemic, in particular ***longer delays/wait times***, needing more ***access to mental and dental health care*** as well as ongoing language barriers, worsening substance abuse issues, and worsening rates of obesity/access to healthy foods.

B. Existing Community Resources & Gaps in Local Health Services

Participants were asked to identify existing community locations including where community members typically go to access health services, what is working well and what could be improved about those health services, and corresponding service gaps including populations not being adequately served.

Types of services accessed by community members when in need of healthcare as identified by survey respondents (n=31) are shown in the graph below.

- Overall, **FQHCs were reported as backbone organizations where community members seek health services**, including:
    - La Maestra
    - Family Health Centers of San Diego
    - San Ysidro Health
- Survey and meeting participants also reported **overuse of emergency health services** when in need of care, for example for refugee populations who may have more limited health services options.
- ***Expanded Mobile Health Service offerings could help provide more options for accessible, convenient care in the community**, as could forging further connections with local FQHCs.*



> **"Refugees just go where they're told when they arrive and otherwise experience many challenges navigating the system on their own...many are going to the emergency room which is a place for everybody, they don't know where to go. [The ER] is not the right place…[it would be better to have] some options."**
>
> \- Meeting Participant

Overall feedback from survey respondents and meeting participants about what is working well and what could be improved about currently available health services:

What could be improved?

- **Transportation support** is needed.
- **Need for more timely services and expanded services hours** to address long wait times and lack of appointment availability
- **Cultural and linguistic competency of available services** in particular for refugee communities is a significant area for improvement.
  - Due to **language barriers**, refugee patients may not understand their health condition, treatment plan or medications.
  - Recommendations include having services available in **more languages** and **hiring from refugee communities.**
  - Key populations not adequately served include **Muslim women**, needing access to **more female providers** in adherence to cultural and religious values.
- **Populations not being adequately served** by existing health services include:
  - Newcomer refugees
  - Women, esp. Muslim women
  - Non-English-speaking populations
  - Rural populations, e.g. in Borrego Springs
- **Healthcare navigation support is needed** to address confusion and help communities understand how to access care.
- **Need for more collaboration with local schools** to better reach families with health services
- **Need for continuity** of care with the same providers – i.e., not needing to constantly change doctors

"People complain about how they are given appointments [with] so long [wait times] when they are sick."

"It [can] take quite a while to get an appointment …get appointments earlier and make the wait time faster."

"They have an issue like from January, and they give them appointments until September… sometimes we need [an appointment] right away to calm down our pain and our sickness."

- Survey & Meeting Participants

"Language is the first barrier."

"Cultural competency…not seeing someone who looks [like communities being served] or someone who can be understanding of our culture and religion can cause a barrier to access, because I might not want to go back to a doctor who makes me uncomfortable, or a clinic that makes me uncomfortable."

"[Female refugees in particular] feel that they came from a different world, so they don't feel comfortable going [to certain health facilities]. They don't feel they belong… it's important to feel [belonging] in order to access healthcare…We are lacking a lot of cultural perspective by [health] service providers."

- Survey & Meeting Participants

What is working well?

- **Local FQHCs are a critical backbone in supporting families** who cannot afford health services and providing culturally competent care (e.g., La Maestra and other local clinics).
- **Mobile health services are very convenient for the community**, e.g. UCSDH's Mobile Vaccination clinics providing COVID-19 vaccines or other mobile health services available at schools.
- **Collaborating with local CBOs and utilizing Community Health Workers-CHWs** is an effective strategy for connecting community members with needed health services.

C. **Recommendations for Expanded Mobile Unit Services**

About half of survey respondents and some meeting participants were aware of other mobile health services currently available in the community, including Mobile Units operated by:

- Live Well San Diego (County van)
- Family Health Centers of SD
- San Ysidro Health
- Champions for Health

Overall, participants highlighted they feel expanded Mobile Unit Services would be a **benefit to the communities they serve.**

"Access to quality healthcare can be a heavy topic…I think the idea of mobile health services is a beautiful way demonstrate this ethic of 'putting the patient first' and trauma-informed care by bringing services to where the community feels safe, their neighborhoods.""

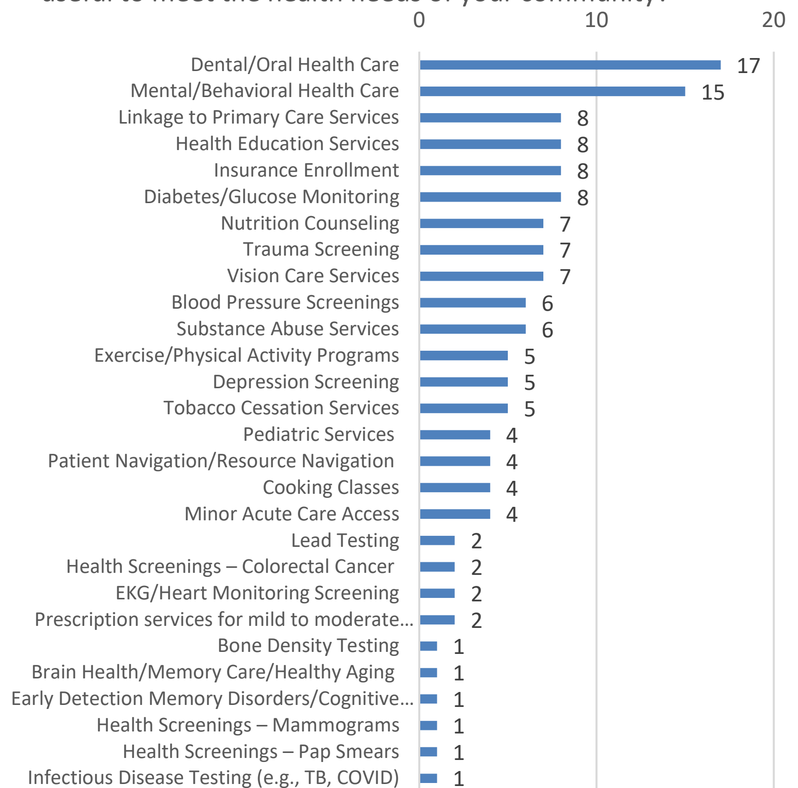
"I think this cooperation will be beneficial to our community."

"I think it will be very helpful for our community."

- Survey & Meeting Participants

Survey respondents (n=31, graph below) and meeting participants identified the following health service needs that could be addressed through expanded UCSDH CommUnity Mobile Unit offerings:

- **Dental/Oral Health Care**
- **Mental & Behavioral Health Care**, including trauma screening and depression screening
- **Linkages to primary care-*medical home* and other navigation services**, e.g. insurance enrollment and linkages to other resources such as *housing support*
- **Chronic Disease related Medical services**, including health education, blood pressure screenings, diabetes/glucose monitoring, nutrition counseling, physical activity programs
- **Women's health services**, e.g. family planning services, maternal care for pregnant women, services for young women around menstrual cycle or sexual/reproductive health
- **Vision care** services
- **Substance abuse and tobacco cessation services**, e.g. for pregnant women trying to quit smoking



"Referrals will be important to encourage comprehensive care and a home for medical services."

- Meeting Participant

A need for **minor acute care access** (e.g. treatment for colds, injuries, or more urgent health needs) was noted by some, however not necessarily highlighted above other needs. Participants also noted the importance of ensuring appropriate referral systems in place for more severe issues: *"Minor acute care would be a good place to start, assuming that referrals can be provided if someone presents with a more severe/chronic issue."*

Several participants also noted the importance of **continuing immunization services such as *COVID-19 booster vaccinations*** through UCSDH's existing Mobile Vaccination Unit.

Additional recommendations included the following:

- **Offering incentives and give-away items** (e.g., heart shaped stress balls, feminine hygiene products, toothbrushes) to promote/engage people in services
- **Ensuring available services are offered with privacy in mind,** e.g., *"utilizing breakout rooms with UCSDH Mobile Unit representatives in each room [to] give community members more time to talk"*.
- **Integrating Health Educator staff as** *"someone who can sit with [a community member] and explain what it really means to have [a particular] condition."*
- **Engaging and training medical students and/or residents** to support and augment service offerings

Across health issues, key stakeholders highlighted a ***need for better access to culturally sensitive, linguistically appropriate care from clinicians who display cultural humility and sensitivity and treat community members with dignity and respect***, in particular for refugee and non-English-speaking communities.

Addressing Dental Health Service Needs:
Opportunities to Integrate Preventive Dental Health Services

Dental health services represent a critical health need in the community. While many dental services require separate dental staff and equipment, certain preventive services can be integrated with other medical screenings and provided by medical or other trained staff without a need for specialized dental providers or equipment. Recommended services could include:

- **Oral health assessment and visual screening**: Can be incorporated as a non-diagnosing service as part of general health assessment conducted by medical providers.
- **Fluoride varnish applications**: Can be provided by any type of professional (does not have to be a dentist or provider) who receives training in how to apply.
- **Provision of culturally appropriate oral health education materials**: Can include educational brochures, web links, or other messaging to educate the community on the importance of oral health.
- **Referrals to additional dental health services and to establish a dental home**: Some local FQHCs such as Family Health Centers have dental clinics available for individuals who may not have insurance. MediCal patients can also be directed to smilecalifornia.org – "Find a Dentist" for dental benefits they may not be aware they have access to.

San Diego County's Live Well mobile services bus does not currently provide oral health services, and the County is currently looking for opportunities to partner for expanding oral health prevention in the community, in particular for underserved populations such as ***seniors*** and ***refugee communities***. The County may be able to assist with staff training in the above services.

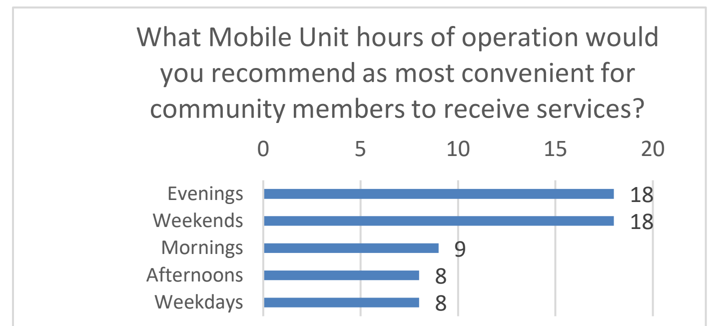
**These recommendations are based on feedback provided by Nancy K. Starr, RDH, MPH, Health Planning and Program Specialist, SD County Oral Health Programs. Recommendation to also connect with Dr. Tom Olinger, SD County Chief Dental Officer and Chair of County Oral Health Coalition; Dr. Fadra Whyte, Champion Provider; and Dr. Nancy Graff, UCSD dental health provider collaborating with the County providing fluoride varnish training for pediatric residents. The SD County Oral Health Coalition could also serve as a venue for forging additional partnerships and identifying areas where services would be beneficial.*

D. Reaching Community Members in Highest Need

Participants were also asked how to best reach community members in highest need with expanded Mobile Unit service offerings, including recommended locations, hours of operation, trusted methods, and partnership opportunities for promoting services. Survey responses (n=31) are shown in the graphs below. Overall, key feedback across survey respondents and meeting participants highlighted the following:

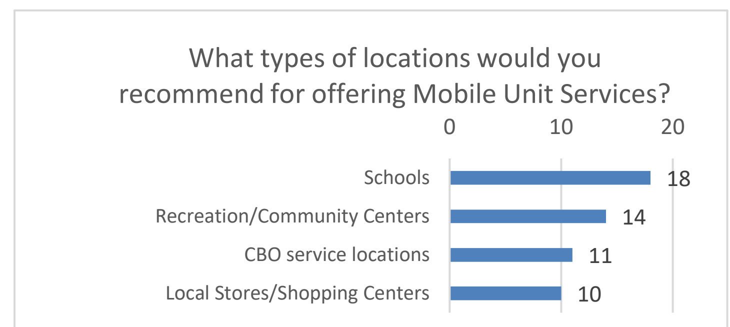
When to offer Mobile Health Services?

- Mobile Services would ideally be offered at multiple days and times, in particular **evening and weekend services.**
- **Consistency of services will be important** – e.g., consistently providing services every Tuesday morning in the same location so people can expect the mobile unit to be there



Where to offer Mobile Health Services?

- **Schools and community locations** represent the top locations for offering services.
- **Partnering with schools** could offer great opportunities for reaching children and families.
- **Co-locating or offering mobile services outside local CBO or community center locations** (e.g., in the parking lot) would also be convenient for community members who do not drive/have transportation barriers and who may already be accessing other services at that location.
    - In particular, suggestion to **co-locate services at food banks/food distribution sites** to couple provision of medical services with healthy food distribution.
- Join other existing efforts in the community such as **existing health or resource fairs**
- Services particularly needed in the following geographic areas:
    - **East County and El Cajon**, especially for large number of Afghan refugees in these areas.
    - **City Heights/Logan Heights**
    - **Rural areas – e.g. Borrego Springs** where there are very few health service providers/reduced services due to possible health clinic closures



"More could be done at school sites where the children are for six hours a day."

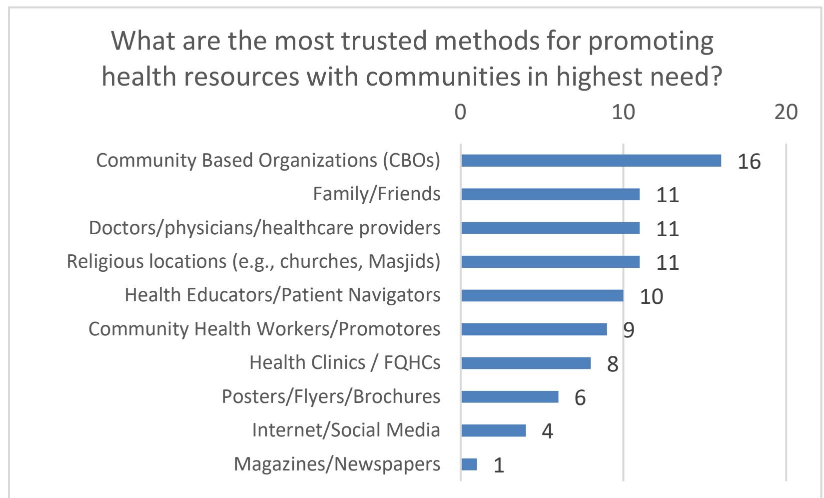
"One of our [community] centers could host a Mobile Health Service event."

"Host a pop-up event at a CBO targeting a specific health need. UCSDH could bring the health services, CBO would provide the space, recruitment and interpretation – e.g. offer free physicals for school-aged youth during a 'back-to-school' event or free 'women's wellness' exams at a local ECBO for Women's History month."

- Survey & Meeting Participants

How to best promote Mobile Health Services with the community?

- Partnering with **local CBOs, Community Health Workers-CHWs, and local community leaders**
- Working with **schools and school leadership** to promote services
- Working with **local doctors offices and health clinics/FQHCs**
- Partnering with **local religious institutions/places of worship,** e.g. Churches, Masjids
- **Cultural inclusion is critical** – important that Mobile Health Services providers have appropriate training and respect for refugee communities they serve. Also important to ensure promotional materials are in community members' **preferred languages.**
- Important to communicate that **services are not only available for insured/UCSD Health patients, but for all community members**



"I am very glad UCSDH CommUnity Mobile Unit is engaging in these critical listening sessions. [Once mobile health service offerings are established]…there needs to be time to educate community members…on the health services being offered by the mobile units."

- Survey Participant

E. Opportunities for Collaboration

UCSDH Mobile Health Service expansion aims to build upon and address gaps in services experienced by other local service providers.

Survey respondents (n=31) expressed their organizations face multiple challenges in meeting the needs of their communities, namely **lack of funding/ and staffing shortages**.

Many community organizations already work together or with UCSDH-CCH to offer community services and resources. Survey respondents and meeting participants were asked to identify additional opportunities for collaboration to expand Mobile Health service offerings.

- Key stakeholder feedback highlighted opportunities to ***collaborate with local schools and school staff and administrators*** to promote mobile health services and other healthy behaviors.
- Opportunities to partner with the County – e.g. for preventive Dental services, or with the County Office of Immigrant & Refugee Affairs
- Many also highlighted the ***importance of collaborating with the community and with local CBOs, ensuring local non-profits are kept informed and including community outreach workers as part of the team to provide input and promote services.***

“Use the community!”

“Don’t just take the community’s recommendations, have the community members be a part of the team.”

“Include and respect community health workers/Promotores, navigators, and non-clinical health specialist as important team players within the care team of diverse community members.”

“Please reach out to us [CBOs] so that we can help the community!”

- Survey & Meeting Participants