2025 Community Health Implementation Strategy and Plan

Adopted October 2025

Dignity Health®
Sierra Nevada Memorial Hospital

A member of CommonSpirit

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At-a-Glance Summary

Community Served 	Sierra Nevada Memorial Hospital, located in Grass Valley, California, serves over 80,000 western Nevada County residents. The community served by Sierra Nevada Memorial Hospital primarily resides in the unincorporated areas of western Nevada County and the communities of North San Juan, Pike, Washington, Graniteville, Alta Sierra, Grass Valley, Nevada City, Lake Wildwood, Penn Valley, and Smartsville. The community served by Sierra Nevada Memorial Hospital resides in one of the following zip codes: 95945, 94946, 95949, 95959, 95960, 95975, 95977, and 95986.
Significant Community Health Needs Being Addressed 	The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA). Needs the hospitals intends to address with strategies and programs are: • Access to behavioral healthcare, including substance use disorder treatment and navigation of services • Access to primary care and dental care • Community belonging • Unmet vital conditions, including transportation, finances, housing (including the unhoused population), and education
Strategies and Programs to Address Needs 	The hospital intends to take several actions and to dedicate resources to these needs, including: • Crisis Stabilization Unit (CSU): partnership with Nevada County Behavioral Health for patients experiencing acute mental health needs. • Care Transitions: partnership with FREED Center for Independent Living to provide navigation and increase access to healthcare services for vulnerable populations. • Patient Navigator Program: connect patients with primary care services and assistance with scheduling follow-up appointments to decrease unnecessary return visits to the emergency department. • Oncology Nurse Navigator: information and resource for low-income patients who otherwise may not have access to care. • Alzheimer's Outreach Program: education and support to those caring for persons with Alzheimer's disease and other forms of dementia. • Mobile Clinic: A mobile acute care clinic that will provide walk-in services at four designated sites within the hospital's primary service area. This outreach addresses significant barriers to care, including transportation limitations and issues of healthcare professional trust enhancing our community presence and partnerships.

- HealthSpan: a community health collaborative in Nevada County, California dedicated to improving overall well-being by supporting and expanding existing successful projects and activities that support regional wellness.

Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the “Strategies and Program Activities by Health Need” section of the document.

This document is publicly available online at the hospital’s website. Written comments on this strategy and plan can be submitted to the Sierra Nevada Memorial Hospital Mission Integration and Community Health Office, 155 Glasson Way, Grass Valley, CA 95945 or by e-mail to brian.stoltey@commonspirit.org.

Our Hospital and the Community Served

About the Hospital

Sierra Nevada Memorial Hospital is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

Sierra Nevada Memorial Hospital is operated by Dignity Health, which is a member of CommonSpirit Health.

Dignity Health Sierra Nevada Memorial Hospital is situated in Nevada County, located at 155 Glasson Way in Grass Valley, California. Since opening in 1958, the hospital has expanded in numerous ways to meet the growing needs of the community. The hospital currently has 104 licensed acute-beds, including coronary, intensive, and perinatal care, a 21-bed emergency department, and is supported by over 800 employees and 100 medical staff. Sierra Nevada Memorial Hospital offers the following specialized services, including:

- Family Birth Center,
- Ambulatory Treatment Center,
- Community Cancer Center accredited by the Commission on Cancer of the American College of Surgeons,
- Diagnostic Imaging Center and Women's Imaging Center,
- Wound Care Healing & Hyperbaric Medicine Center, and,
- Certified Primary Stroke Center by the Joint Commission.

Sierra Nevada Memorial was also recognized in the Human Rights Campaign Foundation's 2022 Healthcare Equality Index (HEI) for its equitable treatment and inclusion of LGBTQ+ patients, visitors and employees.

Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Financial Assistance for Medically Necessary Care

It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay.

This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.

Description of the Community Served

The hospital serves approximately 80,000 residents who reside in the rural, mountainous communities located on the western slope of the Sierra Nevada Foothills, and extending into Tahoe National Forest. A summary description of the community is below, and additional details can be found in the CHNA report online.

The largest incorporated area in the SNMH community is the city of Grass Valley, which is home to 14,126 residents. Nearly adjacent to Grass Valley is the much smaller city of Nevada City, where 3,168 individuals reside. Nevada City serves as the county seat of Nevada County. The Hospital also serves the communities of Alta Sierra, Lake Wildwood, North San Juan, Penn Valley, Smartsville, and Washington, California. The community served by the Hospital includes the following zip codes, as geographically depicted in Figure 1:

- 95945 - Grass Valley and Alta Sierra
- 95946 - Penn Valley
- 95949 - Grass Valley
- 95959 - Nevada City
- 95960 - North San Juan
- 95975 - Rough and Ready
- 95977 - Smartsville
- 95986 - Washington

The hospital does not exclude any low-income or underserved populations and includes all members of the community. The communities served by the Hospital align with the residence location (contiguous zip codes) for more than 75% of all inpatient discharges. Nevada County is also served by Tahoe Forest Hospital in Truckee and the entire County is supported by the Nevada County Public Health Department.

Demographics within Sierra Nevada Memorial Hospital's service area as derived from the U.S. Census include:

- Total population: 79,880
- Median age (years): 50.6
- Percent Hispanic or Latino(a): 9.9%
- Percent White alone, not Hispanic or Latino(a): 81.8%
- Median household income range: $40,099 - $100,909
- Percent of families living in poverty (below 100% federal poverty level): 7.2%
- Unemployment rate: 4.5%
- Percent with less than a high school diploma, 25 years and over: 5.1%
- Percent, age 5 and older who speak English less than "very well": 2.3%
- Percent without health insurance: 5.3%
- No. of Partnership HealthPlan of California Members (Medi-Cal administrator): 28,772

Figure 1. Sierra Nevada Memorial Hospital Communities Served

Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in May, 2025. The CHNA report includes:

- description of the community assessed consistent with the hospital's service area;
- description of the assessment process and methods;
- data, information and findings, including significant community health needs;
- community resources potentially available to help address identified needs; and
- impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment can be found in the CHNA report, which is publicly available on the hospital's website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors or health care services, and also health-related social and community needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Unmet vital conditions, including transportation, finances, housing (including the unhoused population), and education.	This systemic issue compromises access to vital resources like transportation, housing, healthy food, education, and healthcare, leading to increased health risks and reduced life expectancy for residents in impoverished areas. Additionally, the high rates of poverty significantly impact youth and families in several Nevada County communities, as evidenced by high rates of free or reduced-price lunch at schools. Childhood poverty is linked to developmental delays, health issues, and a higher likelihood of lifelong poverty, perpetuating generational cycles.	☑
Access to behavioral health, including substance use disorder treatment and navigation of services.	Mental health is a critical concern in Nevada County, with high rates of overdose deaths and prevalent anxiety and depression. The community recognizes the need for better support addressing trauma and life stressors impacting well-being. Furthermore, a significant portion of local children on Medi-Cal show high Adverse Childhood Experiences scores, highlighting the urgent need for targeted interventions.	☑
Access to primary care and dental care	Obtaining primary and dental healthcare is a major community challenge. Nevada County faces a severe physician shortage and finding a new primary care doctor can take years. For dental care there is only one dental provider that accepts Medi-Cal, which disproportionately affects low-income individuals. These factors make prolonged waits for both medical and dental care common.	☑
Community belonging	Civic engagement capacity and local, self-driven solutions are critical to addressing local needs. Community belonging and civic muscle refers to a community where an individual feels valued. Civic muscle is the power to work across differences for a thriving future.	☑

2025 Implementation Strategy and Plan

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.

Creating the Implementation Strategy

The hospital is dedicated to improving community health and delivering community benefits with the engagement of its staff, clinicians and board, and in collaboration with community partners. Hospital and health system participants included the Community Board and the Community Engagement and Advisory Panel are composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

Additionally, the Community Health and Outreach staff engage a core internal team that may include clinical staff, care coordinators and social workers, members of the hospital leadership team, and Dignity Health leaders at the regional and local levels from Mission Integration, IT, Legal, Administration, and Finance. These core teams help shape initiatives, provide internal perspective on issues and help define appropriate processes, procedures and methodologies for measuring outcomes.

The programs and initiatives described in this report were selected on the basis of a comprehensive set of criteria, aiming for strategic and impactful community health improvement.

These criteria include:

- Alignment with Mission: Ensuring the initiatives support the hospital's core purpose.
- Best Practices Research: Incorporating evidence-based approaches.
- Community Readiness: Considering the community's capacity and willingness to act on the issue.
- Equity Focus: Prioritizing needs that disproportionately affect vulnerable populations and contribute to health disparities.

- Leveraging Existing Strengths: Identifying issues where existing infrastructure (programs, systems, staff) and established relationships with community partners are already in place.
- Measurability: Selecting issues where there is a clear ability to have a measurable impact.
- Problem Assessment: Evaluating the magnitude and severity of the health issues.
- Resource Availability: Assessing the availability of both hospital and external community resources.
- Sustainability: Ensuring there is ongoing investment and commitment of resources (staff time and financial) for the chosen initiatives.

Furthermore, selection involves research on best practices, alignment with local, state, or national health priorities, and a strong emphasis on collaboration with community stakeholders. Where possible, initiatives are designed to employ upstream prevention models to address the social determinants of health, with a critical focus on building and strengthening relationships with community-based providers to ensure long-term success and sustainability.

Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally-identified needs.

- **Core Strategy 1**: Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2**: Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3**: Strengthen community capacity to achieve equitable health and well-being.

Vital Conditions and the Well-Being Portfolio

Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio[1] to help plan and communicate about strategies and programs.

Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

One way to think about any approach is that it may strengthen “vital conditions” or provide “urgent services,” both of which are valuable to support thriving people and communities. A set of program activities may seek to do one or both. Taken together, vital conditions and urgent services compose a well-being portfolio.

[1] The Vital Conditions Framework and the Well-Being Portfolio were created by the Rippel Foundation, and are being used with permission. Visit https://rippel.org/vital-conditions/ to learn more.

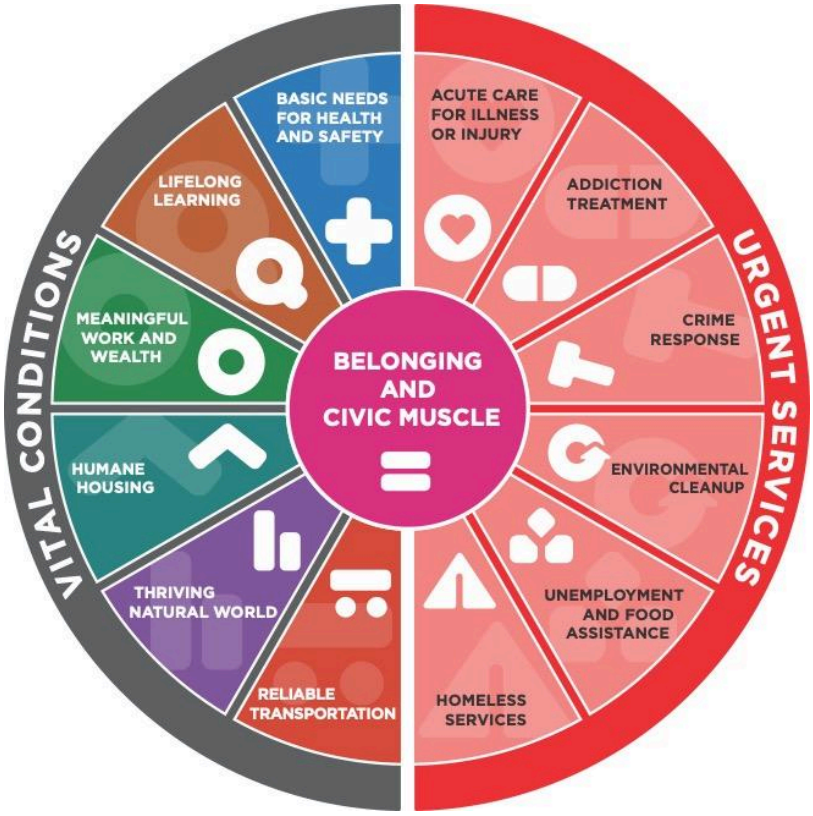
What are Vital Conditions?
These are characteristics of places and institutions that all people need all the time to be healthy and well. The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multi-sector partnerships and the conditions of communities. They help create a community environment that supports health.

What are Urgent Services?
These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.

What is Belonging and Civic Muscle?
This is a sense of belonging and power to help shape the world. Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.

Well-Being Portfolio in this Strategy and Plan

The hospital's planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.



This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.

Strategies and Program Activities by Health Need

Health Need:	Access to behavioral healthcare, including substance use disorder treatment and navigation of services				
Population(s) of Focus:	Vulnerable populations with behavioral health needs				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Nevada County Health Collaborative Integrated Network	A collaborative network to increase access, integration, and coordination of rural health services including primary care, behavioral health, and telemedicine.	☑	☐	☑	Basic Needs for Health and Safety (VC)
Crisis Stabilization Unit	The Crisis Stabilization Unit (CSU), operated by Nevada County, is a 23-hour 4-bed mental health urgent care and crisis unit that provides patients in acute psychiatric crises to receive appropriate care for their psychiatric emergency.	☑	☐	☑	Acute Care of Illness or Injury (US)
Mental Health Crisis Support Partnership	Nevada County contracted mental health crisis workers to assist patients in the hospital's emergency department, providing support, identifying placement, and creating safe discharge plans.	☑	☐	☑	Acute Care of Illness or Injury (UC)
Substance Use Navigation	Funded through grants, the Substance Use Navigation program provides 24/7 high-quality care for individuals with substance use disorder. The program seeks to fully integrate addiction	☑	☐	☑	Addiction Treatment (UC)

Health Need:	Access to behavioral healthcare, including substance use disorder treatment and navigation of services				
	treatment into standard medical practice—increasing access to treatment to save more lives.				
Care Transition Intervention Program	Collaborative focusing on care transition and patient navigation between organizations and develops a "no wrong door" system of referral.	☑	☑	☑	Basic Needs for Health and Safety (VC)
Financial Assistance	Sierra Nevada provides patient financial assistance to patients and families who meet certain income requirements.	☐	☐	☑	Basic Needs for Health and Safety (VC)
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing access to mental/behavioral health and substance use services and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.	☐	☐	☑	Basic Needs for Health and Safety (VC)
Planned Resources:	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators:	The hospital will partner with Nevada County Behavioral Health, FREED Center for Independent Living (Granite Wellness Center), 211 Connecting Point, Bright Futures for Youth, Community Beyond Violence, Western Sierra Medical Clinic, Granite Wellness, and local community based organizations.				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
A strengthened continuum of care for behavioral health, including enhanced substance use navigation and a unified, accessible entry point for all individuals seeking support.	Increase in the the percentage of individuals receiving one type of service (e.g., mental health) who are screened for and, if indicated, referred to another relevant service (e.g., substance use disorder treatment, primary care, social services).	Hospital referral log
Increased awareness of mental health conditions and access to resources, trainings and treatments	Increase in the total number of individuals participating in educational events geared toward the general public and/or caregivers.	Hospital referral log

Health Need:	Access to primary care and dental care				
Population(s) of Focus:	Vulnerable populations with primary care and dental care needs				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Mobile Clinic	A mobile acute care clinic to broaden service delivery. The unit, staffed by an Advanced Practice Provider and Medical Assistant, will provide walk-in services at four designated sites within the hospital's primary service area. This outreach addresses significant barriers to care, including transportation limitations and issues of healthcare professional trust enhancing our community presence and partnerships..	☑	☐	☑	Acute Care for Illness or Injury (UC)
Patient Navigator Program	A collaboration with Partnership to assist patients that rely on the emergency department for non-urgent needs by connecting them to a medical home and schedule follow up appointments	☑	☐	☑	Basic Needs for Health and Safety (VC)
Health Professions Education- Other	Provides a clinical setting for training and internships for students in the greater Sacramento region pursuing health professions other than physicians and nurses. This includes, but is not limited to: EMT, Paramedics, Pharmacy, Respiratory Therapy, Physical Therapy, Radiology Technologist and Surgical Technologist.	☑	☑	☑	Lifelong Learning (VC)

Health Need:	Access to primary care and dental care				
Health Professions Education- Nursing	Provides a clinical setting for nursing students enrolled in education with an outside local college or university for additional training and education. This includes, but is not limited to: Undergraduate Nursing, Undergraduate Nursing-Preceptorship, Nursing BSN and Nursing ADN.	☑	☑	☑	Lifelong Learning (VC)
Dental Care	Explore opportunities to partner with Nevada County Health and Human Services - Public Health Branch to improve access to dental services.	☐	☐	☑	Basic Needs for Health and Safety (VC)
Financial Assistance	Sierra Nevada provides patient financial assistance to patients and families who meet certain income requirements.	☐	☐	☑	Basic Needs for Health and Safety (VC)
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing access to mental/behavioral health and substance use services and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.	☐	☐	☑	Basic Needs for Health and Safety (VC)
Planned Resources:	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators:	The hospital will partner with local medical clinics and local community based organizations to deliver this access to quality primary care health services.				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Increase access to care and reduce Social Determinants of Health barriers to accessing care (e.g. transportation)	A decrease in the identification of social needs via the Social Determinants of Health screening	Electronic Health Record
Individuals experience better access to health care through improved health care utilization	Reduction in unnecessary ED visits and hospitalizations	Electronic Health Record

Health Need:	Unmet vital conditions, including transportation, finances, housing (including the unhoused population, and education)				
Population(s) of Focus:	Vulnerable populations with unmet vital condition needs				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
HealthSpan	A community health collaborative in Nevada County, California dedicated to improving overall well-being by supporting and expanding existing successful projects and activities that support regional wellness.	☐	☐	☑	Basic Needs for Health and Safety (VC)
Community Health Workers for Rural Regions	This program connects health and social services with community members. Community Health Workers educate on health, enhance access to care, and champion health equity by	☑	☐	☑	Basic Needs for Health and Safety (VC)

Health Need:	Unmet vital conditions, including transportation, finances, housing (including the unhoused population, and education)				
	empowering individuals to manage their well-being and navigate complex systems.				
Patient Navigator Program	A collaboration with Partnership to assist patients that rely on the emergency department for non-urgent needs by connecting them to a medical home and schedule follow up appointments.	☑	☐	☑	Basic Needs for Health and Safety (VC)
Medical Respite/Recuperative Care Program	A collaborative partnership with Foothill House of Hospitality, Sierra Nevada Memorial and Partnership located at Hospitality House to provide a respite/recuperative care shelter for those experiencing homelessness and wrap around services for up to 29 days.	☑	☐	☑	Homeless Services (UC)
Resources for Low Income and Unhoused Patients	The hospital partially or fully subsidizes the cost of transportation, medication, medical supplies, basic needs, and short-term room and board in the community for patients unable to access these resources after being discharged from the hospital.	☐	☐	☑	Acute Care of Illness or Injury (UC)
Connecting Youth to Positive Social Determinants of Health	A partnership between Bright Futures for Youth, Community Beyond Violence, Western Sierra Medical Clinic, and Granite Wellness to improve access to basic needs, health care, mental health supports, substance use prevention and intervention services.	☐	☐	☑	Basic Needs for Health and Safety (VC)
Dignity Health Community Health Improvement Grants	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit	☐	☐	☑	Basic Needs for Health and Safety (VC)

Health Need:	Unmet vital conditions, including transportation, finances, housing (including the unhoused population, and education)				
Program	community-based organizations that are focused on increasing access to basic needs such as housing, jobs, and food, and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.				
Planned Resources:	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.				
Planned Collaborators:	The hospital will continue to partner with Nevada County Health and Human Services, Hospitality House, Bright Futures for Youth, Community Beyond Violence, Western Sierra Medical Clinic, and Granite Wellness, and other local community based organizations to deliver this access to increase basic needs such as housing, jobs and food.				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Improved coordination and access to basic needs, recuperative and respite services, and medical referrals.	A decrease in the identification of social needs via the Social Determinants of Health screening	Electronic Health Record
Improved health outcomes for those at-risk of and/or experiencing homelessness.	Reduction in unnecessary ED visits and hospitalizations	Electronic Health Record
Reduction of the prevalence of chronic disease in the community.	Reduction in unnecessary ED visits and hospitalizations related to chronic disease	Electronic Health Record

Health Need:	Community Belonging				
Population(s) of Focus:	Vulnerable populations who are at a higher risk of social exclusion, isolation, and loneliness (e.g. older adults, youth, LGBTQ+, racial and ethnic minorities, people with disabilities, people with low socioeconomic status, immigrants and refugees)				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: **Extend care continuum**	Strategy 2: **Evidence-informed**	Strategy 3: **Community capacity**	**Vital Condition (VC) or Urgent Service (US)**
Cultural Competency and Humility Training	Provide training opportunities for staff and community organizations that address the specific health needs of the community. This collaboration can improve care coordination and strengthen social connections.	☐	☐	☑	Belonging & Civic Muscle (VC)
Community Outreach	Foster an inclusive environment by participating in culturally responsive activities that celebrate diverse populations (e.g., youth summits, pride events, health fairs).	☐	☐	☑	Belonging & Civic Muscle (VC)
Community Engagement	Strengthen trust and relationships with key populations through targeted outreach, activities, and communication.	☐	☐	☑	Belonging & Civic Muscle (VC)
Dignity Health Community Health Improvement Grants Program	Conducted annually by the hospital, the Dignity Health Community Health Improvement Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing community connections and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.	☐	☐	☑	Basic Needs for Health and Safety (VC)

Health Need:	Community Belonging
Planned Resources:	The hospital will provide registered nurses, social workers, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.
Planned Collaborators:	Community Based Organizations

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Reduced disparities and enhanced community relations	Qualitative data from focus groups with key populations regarding their experiences of fairness, inclusion, and trust.	2028 Community Health Needs Assessment