## CACHE

Center to Advance Community Health & Equity
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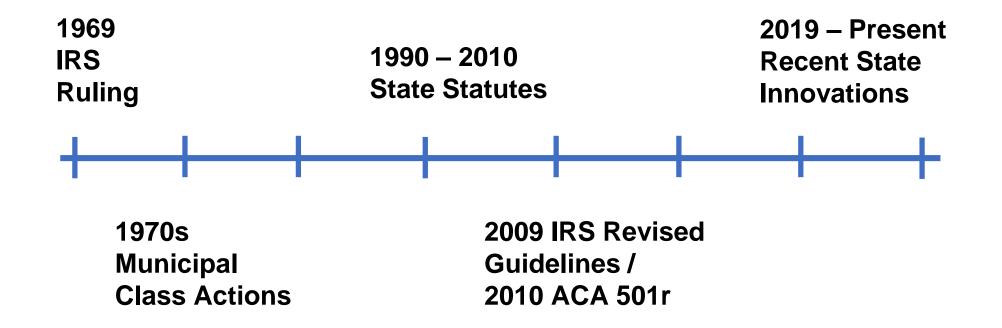


Provide tools and technical assistance to advance health and well-being in communities across the nation with a focus in communities where health inequities are concentrated.





## Timeline: Community Benefit Policies





# Governor's Proposal and CB Status: The Basics

- > Focus on volume consistent with prior state policies
  - Rather than focus on quality/equity
- Current spending on SDoH less than 10% of total
  - Medicaid shortfalls
  - HPE shortfalls for teaching hospitals
- > Shift in expenditures in excess of \$1 Billion



#### Governor's Proposal – Challenges &

- > Challenges
- > Diversity of health care sector
  - Safety net hospitals
  - Teaching hospitals
  - Rural hospitals
- > Lack of clarity in reporting categories
- > Impact of shift in expenditures
  - Reduced access for non-emergent health care services at a time of increased need

- > Opportunities
- Increase transparency/clarity
  - Include community building
  - Deploy GIS analyses of PQIs (HCAI)
- Shift focus to equity
- Incentive for community building
- Mobilize local/regional assets across sectors
- > Accelerate HC transformation
  - Incentives for internal capacity building
  - Leverage CHW, CalAIM, and Care Court funding

## Service Area Exclusion of Geo Areas with Concentrated Poverty

# **Vulnerable Populations Footprint**

#### For Consideration

- > Consistent with primary care spend legislation in other states, first step is secure clarity and consistency
  - Establish common definitions and rules for reporting by categories
  - Establish state database for targeted reporting
- > Establish inclusive advisory structure
  - Ensure strong representation of diverse community and sector interests
- > Establish incentives for voluntary leadership
  - Potential state matches for hospital commitments



### Questions & Answers





