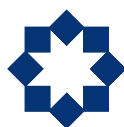
University Health - Vida
Future home of Institute for Public Health

ADVANCING HEALTH EQUITY 2023



University Health

Thinking beyond

Introduction

In March 2022, University Health leaders stood alongside Bexar County Commissioners to announce the establishment of a new public health division that would become the Institute for Public Health under the direction of Dr. Roberto Villarreal.

As the only locally owned health system in Bexar County, Level I trauma center for a 22-county area of South Texas, and the region's academic medical center through its affiliation with UT Health San Antonio, University Health has a deep and long-standing commitment to public health programs, education and research. Additionally, University Health has long been an essential partner with the city, the county and other health organizations when it comes to responding to natural disaster and public health emergencies.

At the outset of the COVID-19 pandemic, University Health quickly stood up COVID-19 drive-thru testing for health care workers and first responders, and took a leadership role in providing the community with accurate, timely and evidence-based information on all aspects of the virus. It moved even further into the public health realm on Jan. 4, 2021, when it opened one of the first, largest and most efficient mass COVID-19 vaccination sites in Texas.

"We have learned a great deal about the important role of public health experts during a worldwide pandemic, and the significant responsibility University Health has to improve the good health of our community in collaboration with the county, the city and other health care providers."

George B. Hernández, Jr
University Health president and CEO
March 15, 2022

As an integrated health system, University Health promotes the health of our community through preventive care, treatment of illness and injury, and access to compassionate health care services. University Health launched the Institute for Public Health to improve population health and health equity throughout Bexar County.

In October 2022, University Health named Dr. Carol Huber as the deputy chief public health and equity officer to lead the Institute and Dr. Leo López III to serve as medical director. With support from executive leaders and the University Health Board of Managers Ad-hoc Committee for Public Health, the team established the mission, vision and values of the Institute and began implementing key initiatives.

As described in University Health's Community Health Needs Assessment and Health Improvement Strategy (2023), the Institute for Public is University Heath's leading strategy for addressing health disparities and advancing health equity. This report describes our frameworks for pursing this work, the accomplished during its first year and the comprehensive scope of activities to educate and engage all areas of University Health and our partners.

Commitment to Public Health and Equity

Defining the Mission

The **mission** of the Institute for Public Health is to promote health, prevent disease and prolong life in our community through a compassionate, collaborative, trauma-informed, data-driven and evidence-informed approach. We are inspired by our **vision:** leading the way to improve the good health of our community by eliminating health disparities and achieving health equity. And we are guided by our **values**:

- We build trust through kind and compassionate care that is trauma-informed and culturally appropriate.
- We invest in and implement data-driven, community-centered solutions.
- We pursue opportunities to contribute what we are learning to the evidence base.

The Institute aligns and coordinates how University Health addresses community needs and helps patients achieve optimal health using the Centers for Disease Control and Prevention's 10 Essential Public Health Services framework (Figure 1). The Institute developed a Health Improvement Model (Figure 2) to communicate these ideals and focus our efforts and resources on the greatest needs of our patients and community. Using this model as our guide, the Institute employs a continuous improvement cycle to assess community needs and assets, identify gaps and opportunities, implement evidence-informed strategies and evaluate University Health's impact on key measures of health.

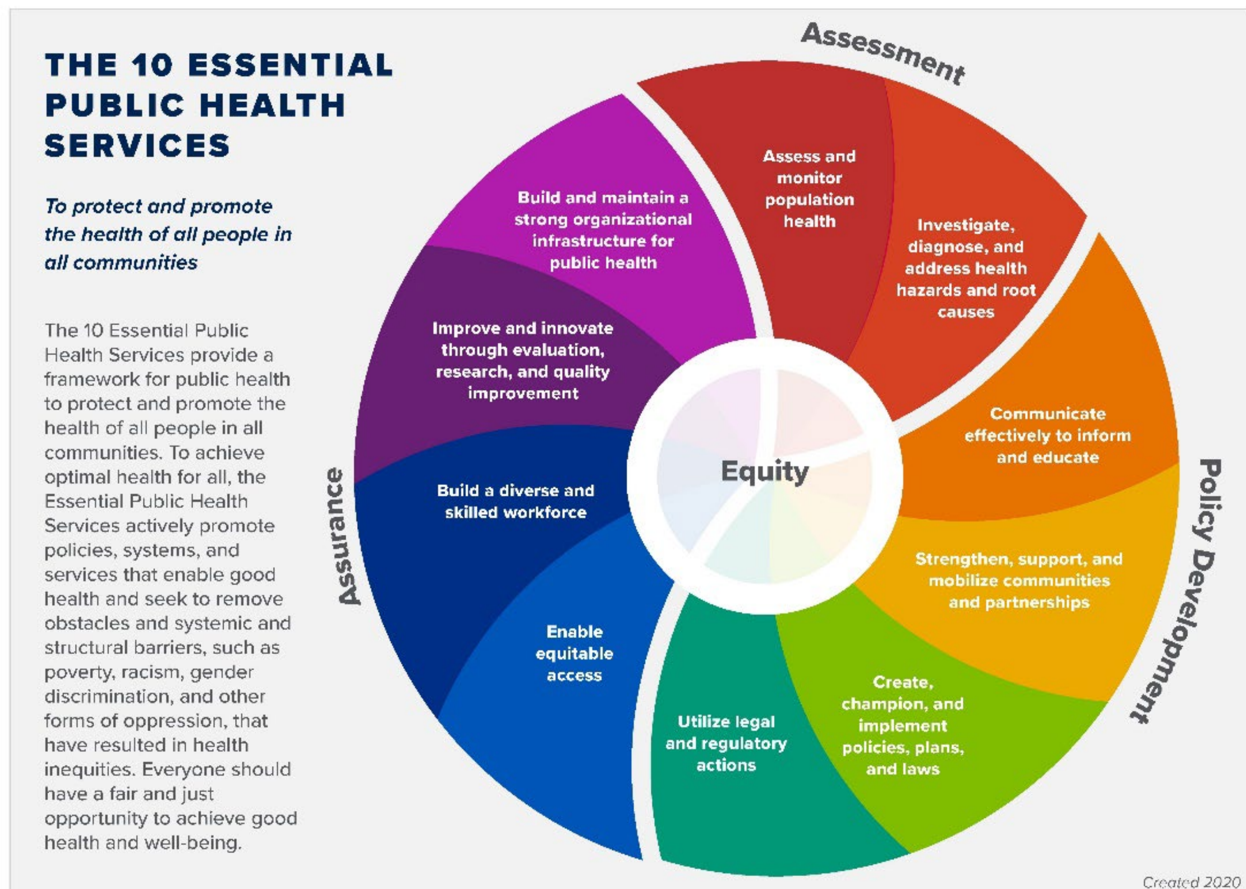


Figure 1: 10 Essential Public Health Services

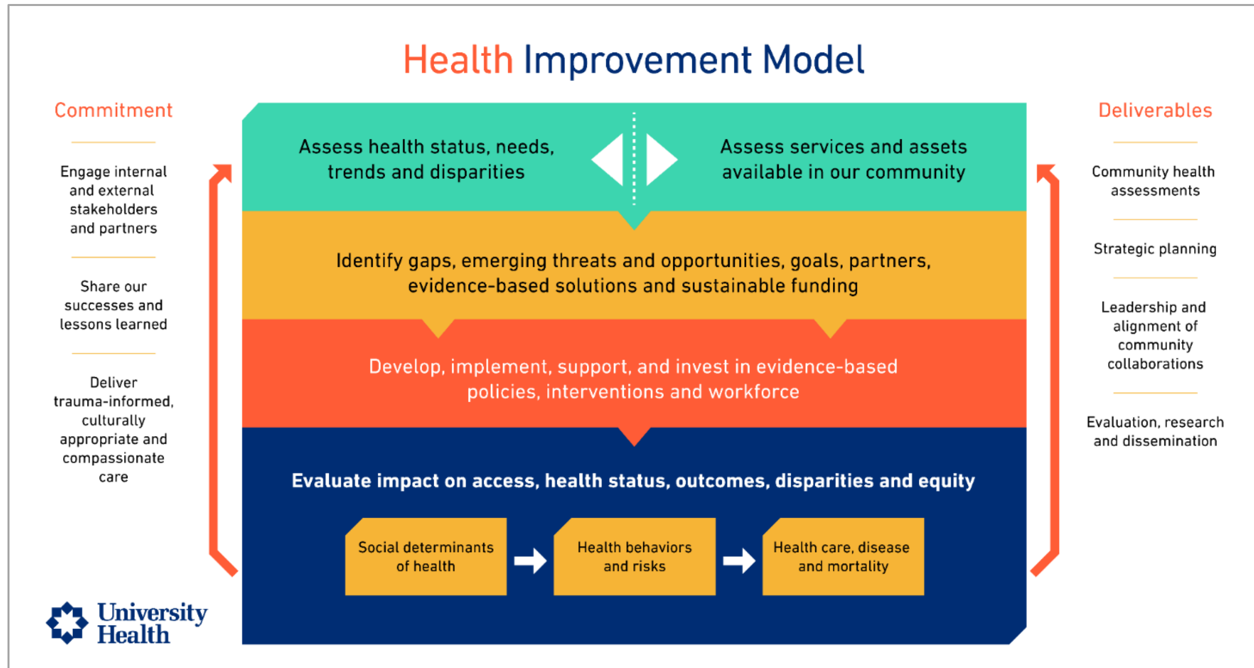


Figure 2: Health Improvement Model adopted by the Institute for Public Health

What Are Non-Medical Drivers of Health?

Texas Health and Human Services defines "**non-medical drivers of health"** (NMDOH) as the "conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks." They include food insecurity, housing instability, transportation needs, difficulty paying bills, interpersonal safety and other factors. The U.S. Department of Health and Human Services uses the term "**social determinants of health**" in its Healthy People 2030 program, and the Centers for Medicare and Medicaid Services is increasingly using "**drivers of health**" to describe the same concept. Other federal programs use the term "**health-related social needs**" to narrow the focus on immediate challenges patients are experiencing that affect their ability to maintain their health and well-being. These terms are often used interchangeably across the industry and throughout this report, depending on the program and audience. Regardless of the terminology, University Health is investing in strategies and partnerships to improve living conditions and help patients remove these barriers to good health.

A Public Health Hub

University Health's mission is to improve the good health of the community through high-quality compassionate care, innovation, education and discovery. University Health created the Institute for Public Health to help achieve this bold mission and lead its public health efforts. Recognizing that all University Health departments, team members and providers have a role in improving health and advancing health equity, the Institute coordinates this work and serves as a critical hub, connecting patients with targeted education and resources. It also actively connects our internal services, programs and professionals with external community partners (Figure 3).

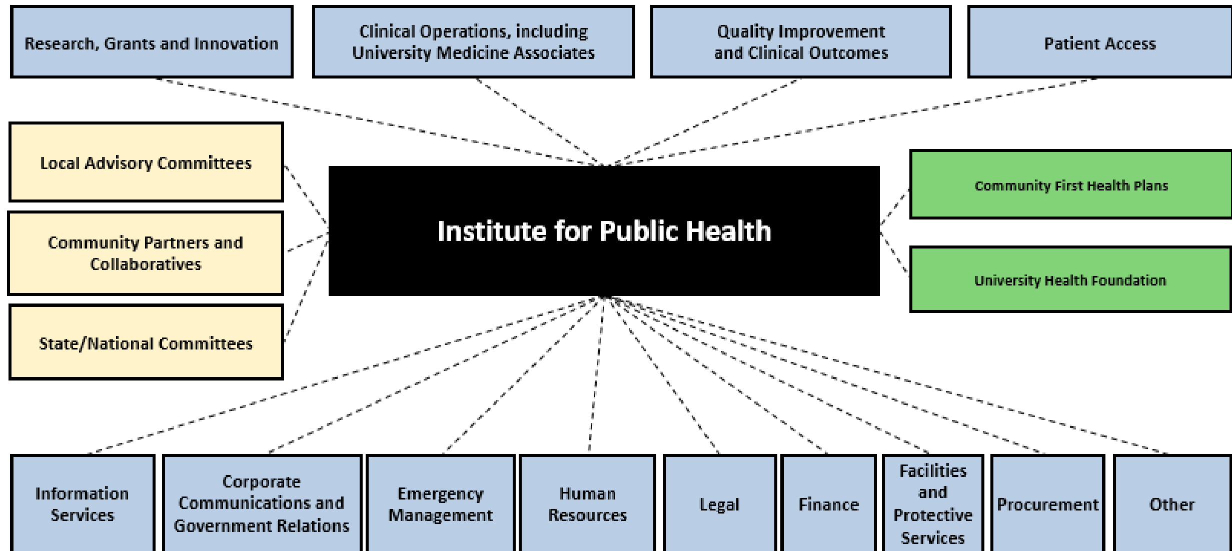


Figure 3: University Health's Comprehensive Approach to Public Health and Equity

With this expanded focus on University Health's role in public health, the Institute began communicating its mission and initiatives to key stakeholders. Institute leaders:

- Engaged monthly in 2023 with the Board of Managers Ad-hoc Committee for Public Health.
- Met with and presented to numerous groups within University Health, including associates, directors, Management Council, Trauma-Informed Care Workgroup, Patient and Family Advisory Council, Community First Health Plans' Health Equity Council and the University Health Foundation.
- Coordinated with valued partners, such as the Bexar County Department of Preventive Health, the San Antonio Metropolitan Health District, community organizations and local universities.

University Health's Corporate Communications and Marketing department led the development of an Institute for Public Health website. Like the Institute itself, this website will serve as an information hub, providing trusted information, resources and data to community members and partners. Multiple stakeholders engaged in conversations about the website design, the audiences it is intended to serve and the content it should include. The Institute for Public Health team helped write and edit content for the site, which launched in February 2024.

Investing in Public Health

Established in 2022, the Institute grew rapidly in 2023 thanks to the strong commitment and investment from University Health leaders, acquiring nine team members through new hires or transfers from other departments. The Institute also welcomed its first administrative resident intern and piloted how the Institute can play a leading role in public health workforce development. The Institute includes three teams (Figure 4):

Community Engagement

- Develops expertise in community priorities
- Identifies gaps and recommends opportunities for improvement, including programs, services and community partnerships
- Communicates about public health topics, including our impact on community priorities

Health Equity

- Develops and coordinates strategies to integrate medical and social care
- Educates, convenes and collaborates with internal and external stakeholders to reduce health disparities and advance health equity

Public Health Informatics

- Conducts community health needs assessments
- Analyzes and stratifies population and subgroup-level data in Epic, our electronic health record (EHR) system
- Integrates patient-level data with community data
- Evaluates programs and initiatives

Figure 4: Institute for Public Health teams

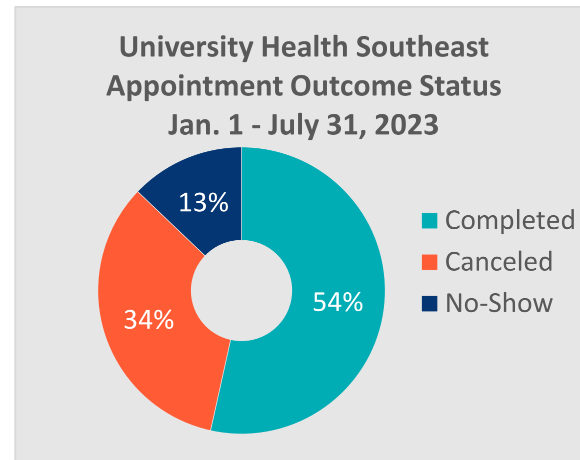
Supporting Operations

As a hub for University Health, the Institute for Public Health actively seeks ways to support University Health operations. The following two examples highlight ways our public health informatics and community engagement teams are collaborating with other departments to collect and analyze data that will guide strategies to improve patient health and experience.

Root Cause Analysis of Patient No-Shows

Appointments that result in a patient "no-show" cost the U.S. health care system more than $150 billion a year and individual physicians an average of $200 per unused time slot.[1] Across all family practice clinics at University Health, the average no-show rate is 13%.

[1] Josh Gray; Athena Health. Report Produced 10/6/2019



University Health Southeast recognized the no-show rate at their clinic was high and formed a team to address the issue. The Institute for Public Health volunteered to analyze data for disparities and root causes. The team analyzed historical data between Jan. 1 - July 31, 2023: 54% of appointments were completed, 34% canceled and 13% resulted in patient no-show. Patients who no-showed were analyzed for disparities by race/ethnicity, age, preferred language, legal sex, health condition, provider, insurance coverage, ZIP code, MyChart status, appointment time, lead time and repeat no-show patterns. The Institute also conducted phone interviews with patients who no-showed between Sept. 27 - Oct. 6, 2023, to learn why these patients were unable to attend their appointments. Of the patients who participated in the interviews, 24% cited personal or work obligations, 21% said they forgot about the appointment and 15% cited lack of transportation to the appointment. The Institute shared these findings with the University Health Southeast team, which is now reviewing the data and developing actionable solutions to aid patients in completing or rescheduling their appointments.

University Health currently offers multiple programs to aid patients in remembering and completing their appointments:

- MyChart is an online portal to Epic that lets patients securely access health information, upcoming appointments, test results, medical bills and price estimates. Patients receive appointment reminders and can cancel and schedule appointments through the portal.
- MyChart for Seniors is a class offered by University Health that provides information and assistance to understand, set up and manage the MyChart application.
- Appointment reminders: Employees at University Health Southeast call patients three business days before scheduled appointments to remind patients of their upcoming appointments and allow patients to cancel or reschedule.

Understanding How University Health Uses Community Health Workers

The Institute for Public Health prioritizes the use of evidence-informed interventions, and a growing body of literature highlights the impact of community health workers (CHWs) in reducing health disparities and promoting health equity. CHWs are trained professionals with lived experiences who serve as health and social service educators in their communities. At University Health, we use various titles for these positions, including but not limited to: community outreach specialists, health educators and patient navigators. Although the team may not all be certified CHWs, they conduct similar work.

The Institute is conducting an analysis of how University Health currently employs and uses CHWs. The Institute's community engagement team is conducting structured interviews with University Health leaders that manage community health workers or similar team members in related positions. They are also conducting interviews of team members employed in these positions. The survey aims to understand four aspects of CHW roles, including: the types of programs CHWs support, the challenges

they experience in their roles, their work in screening and addressing the non-medical drivers of health, and the lived experiences and formal training that equips them to do their best work.

The Institute's public health informatics team will analyze the interview responses using mixed methods of quantitative and qualitative analysis. The Institute will disseminate a report describing the findings and work with other leaders to recommend how University Health can best leverage these professionals in the future.

Understanding Community Needs

Public Health Priorities

The Institute for Public Health aims to promote health, prevent disease and prolong life through collaborative efforts with key stakeholders. The Institute coordinates strategy through the careful prioritization of health needs informed by data and through community engagement.

University Health leaders used data from the 2022 Bexar County Community Health Needs Assessment to determine the highest priorities. These priorities served as the basis for University Health's **Health Improvement Strategy**, which the Board of Managers approved in March 2023. The priorities include:

Health Behaviors and Risks

- Harm reduction, focused on substance use, risk behaviors, injuries, violence, abuse and neglect
- Health promotion, focused on healthy eating and physical activity

Health Care, Disease and Mortality

- Infectious disease prevention and treatment, focused on COVID-19, HIV and hepatitis
- Chronic disease prevention and management, focused on diabetes, cardiovascular disease and asthma
- Cancer screenings
- Women and newborn health
- Mental and behavioral health
- Oral health

Non-Medical Drivers of Health[2]

- Economic stability, focused on low poverty, unemployment, housing insecurity and food insecurity
- Neighborhood and built environment, focused on violence, safety, internet access, water quality, air quality and motor vehicle crashes
- Social and community context, focused on health communication, health literacy and population growth
- Educational access and quality, focused on educational performance and graduation rates
- Health care access, focused on health coverage and health disparities

[2] Based on the Healthy People 2030 model https://health.gov/healthypeople

Engaging with the Community

The Institute's community engagement team is developing expertise in each of these public health topics by conducting literature reviews, attending meetings with subject matter experts in the community, analyzing data and reviewing published reports. Additionally, the Institute actively participates in local coalitions that are addressing community priorities. Working alongside community residents, community-based organizations and other leaders, our team has enthusiastically participated in setting community goals and promoting evidence-based solutions to address health priorities. For example, our team is contributing to development of:

- The Bexar County Community Health Improvement Plan (CHIP), led by the Bexar County Health Collaborative and San Antonio Metropolitan Health District
- The Health Equity Network's Food Insecurity and Housing Workgroups, led by the San Antonio Metropolitan Health District
- The Violence Prevention Plan, led by the San Antonio Metropolitan Health District
- The Social Determinants of Health Consortium, led by Family Service
- 2024 legislative recommendations from Texas' Value Based Payment and Quality Improvement Advisory Committee, chaired by Dr. Carol Huber

During the months of September – December 2023, the community engagement team invested 135 hours in community meetings, covering topics such as food and housing insecurity, behavioral health and chronic diseases. This expertise is helping assess and describe how University Health's programs and resources align with the concerns and priorities of the community. The team uses the Centers for Disease Control and Prevention's 10 Essential Public Health Services framework to inventory how University Health programs optimize health, identify gaps and explore opportunities where we can collaborate with community organizations to address each community priority in comprehensive ways.

South Bexar County Community Health Needs Assessment

In addition to University Health's partnership in the Bexar County Health Collaborative's Community Health Needs Assessment (CHNA) of the entire county, the Institute for Public Health conducted a health needs assessment focused specifically on South Bexar County (Figure 5). With support from U.S. Representative Joaquin Castro and the Health Resources & Services Administration (HRSA), this first-of-its-kind report provided insight into the community health needs of the geographic region south of the Interstate 10 / Highway 90 line. The Institute contracted with local data intermediary Community Information Now (CI:Now) to gather and analyze publicly available data.

The community engagement team conducted an inventory of physical resources in South Bexar County, including grocery and corner stores, schools, libraries, churches and local organizations. We learned where these resources exist and how they serve the community, particularly in the South and East Side ZIP codes near future University Health facilities.

This team also collected insights directly from residents of South Bexar County, organizing five focus groups to learn more about the health needs and living conditions. The conversations centered on topics such as food insecurity, housing, transportation, financial strain and access to health care. The focus groups, hosted in English and Spanish, met at various community locations, including University Health Dr. Robert L.M. Hilliard Center, San Antonio Public Library's Carver Branch Library, Family Service's Neighborhood Place, The Miracle Center Church and Texas A&M University – San Antonio. Local residents, parents, community health workers, students and others working in South Bexar County generously shared their needs, experiences and preferences with the team. Following these focus groups, the Institute analyzed which ZIP codes in South Bexar County were not represented in the conversations, and the team distributed surveys in these targeted areas, inviting residents to share their most pressing health needs and priorities.

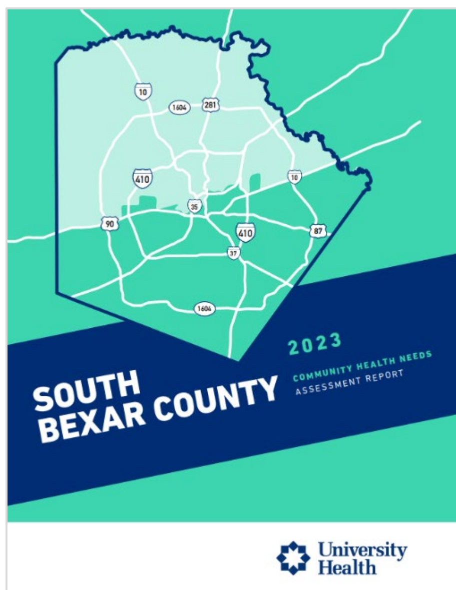


Figure 5: South Bexar County Community Health Needs Assessment Report

The analysis found that South Bexar County faces more challenges than Bexar County overall. This includes higher rates of illness, disease, violence and injury, as well as social and economic drivers of health. For example, the poverty rate in South Bexar is higher than the rates in the county, state and nation. The report found that about half of renter households and one-fifth of owner households in Bexar County are considered housing cost-burdened. The South Bexar CHNA also highlighted significant gaps in available data for a number of important issues such as transportation barriers, environmental health hazards, depression and anxiety.

These findings are guiding University Health's efforts to partner with the community to expand services and address the identified challenges across all of Bexar County, especially in areas that are the most vulnerable.

Advancing Health Equity

With support from executive leaders, the Institute for Public Health drafted a policy describing University Health's commitment and framework to advance health equity. The policy reinforces the shared responsibility of everyone in the organization to reduce health disparities and achieve health equity goals, and the Institute's role in system-wide efforts. Leaders from the Institute and other designated areas of University Health will form the health equity leadership team. This team will develop, implement, evaluate and communicate University Health's plan to advance health equity in alignment with the 10 Essential Public Health Services described by the Centers for Disease Control and Prevention. A health equity strategic plan (in development) will guide the work of the health equity leadership team. This health equity strategic plan follows recognized frameworks from industry leaders like The Joint Commission, Centers for Medicare and Medicaid Services and the Institute for Healthcare Improvement.

What is Health Equity?

The Centers for Disease Control and Prevention defines health equity as "the state in which everyone has a fair and just opportunity to attain their highest level of health."

The Institute for Public Health collaborates with University Health departments and community partners to advance health equity, develop action plans and build a strong foundation to improve access to care and patient experience for all. In 2023, the Institute joined the office of the Chief Medical Officer and the Information Services department to develop a Health Equity Dashboard (Figure 6). This dashboard stratifies key performance indicators by demographic variables to identify equity gaps. Data from this dashboard will help us identify disparities and quantify how we are closing these gaps over time to achieve health equity goals.

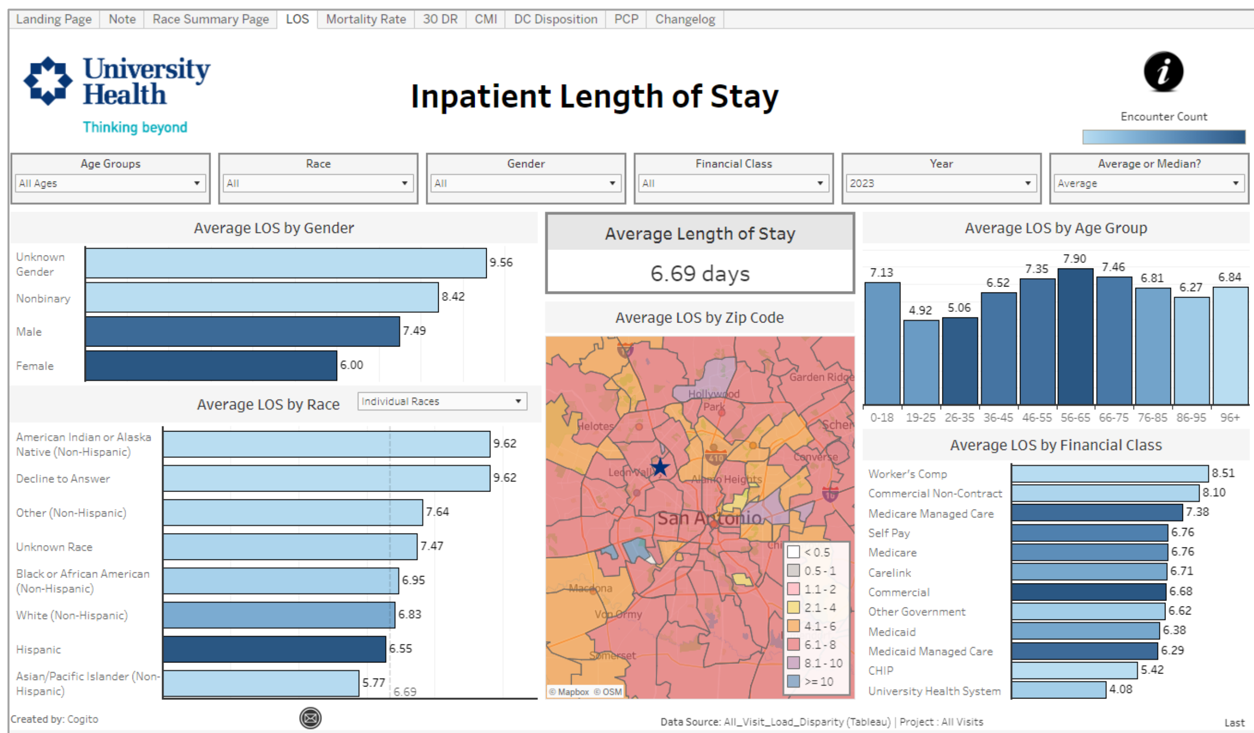


Figure 6: Sample page from the new Health Equity Dashboard

Addressing Non-Medical Drivers of Health

In March 2023, University Health formed the Non-Medical Drivers of Health (NMDOH) Task Force to guide and evaluate the integration of medical and social care with the aim of reducing disparities, advancing health equity and improving patient health outcomes. The Institute for Public Health facilitates the task force, led by Assistant Director Sarah Mohmedali. The task force includes an Operational Steering Committee and four collaborative workgroups chaired by University Health leaders:

- Accreditation and Sustainability
- Workflow for Screening and Addressing NMDOH
- Technology
- Reporting and Evaluation

In June 2023, the Technology Workgroup launched Compass Rose, a care coordination module, in our Epic system (Figure 7). The University Health coordination of care team uses this tool to improve their ability to address the NMDOH needs of our patients. This tool also improves how care management data are extracted and evaluated. Prior to its adoption, the coordination of care team was documenting their efforts in free-text form, which made it difficult to quantify their work and follow up to ensure the patients' needs were met.

Figure 7: Sample screen from Epic's Compass Rose Module

The Accreditation and Sustainability Workgroup reviewed and updated the NMDOH screening assessment embedded in Epic. Now our teams have the ability to screen for food insecurity, financial stability, housing stability, transportation and interpersonal safety in a standardized way. These efforts not only aim to improve the health of our patients but also help University Health achieve accreditation standards.

In October 2023, the task force launched a pilot to screen for and address the non-medical drivers of health for a group of patients diagnosed with congestive heart failure (CHF). We selected this patient

population due to its volume, high risk for readmissions and documented health disparities. The established transitions of care (TOC) workflow between acute and ambulatory settings for this population enhanced our ability to screen for and address NMDOH. For this pilot, University Health partnered with Family Service, a community-based nonprofit organization with experience working with individuals to address their non-medical drivers of health. University Health's nurse navigators screen patients enrolled in the CHF TOC program to identify their social needs. If the patient reports a need, the TOC team sends a referral through Epic to Family Service for NMDOH case management and follow up.

University Health integrated the Family Service team members into Epic and trained them on how to document outreach encounters, referrals and action plans in Compass Rose. As of December 2023, TOC care coordinators referred 40 patients to Family Service for NMDOH case management, and team members are conducting an average of eight outreach encounters per patient. Food insecurity and financial instability are the most common needs these patients experience.

The Evaluation and Reporting Workgroup is currently reviewing data to evaluate processes and outcomes of this pilot to determine opportunities for improvement expansion to additional populations.

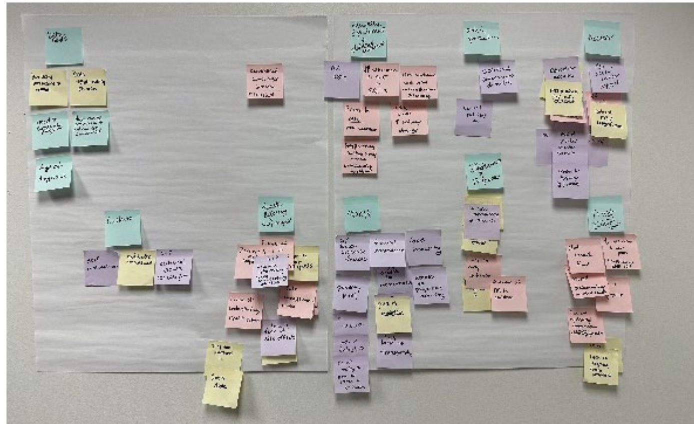
University Health is innovating with NMDOH strategies beyond this pilot, and the Institute is actively identifying all University Health initiatives currently integrating medical and social care. The Institute works with these department leaders to develop workflows and streamline how they collect and document this information in Epic. The Institute is compiling all processes and lessons learned in a manual that will guide and standardize best NMDOH practices across University Health.

A Strategic Improvement Plan for Diabetes

In the fall of 2023, the Institute for Public Health inventoried University Health's current strategies related to diabetes, guided by the Centers for Disease Control and Prevention's 10 Essential Public Health Services framework. We documented challenges and made recommendations for how to address this community priority. In September, Dr. Carol Huber and Katherine Reyes, senior vice president for pre-acute services, formed a Diabetes Steering Committee. This committee established goals and measurable indicators for University Health to pursue. The committee also brought together leaders from University Medicine Associates, the Diabetes Education department, Quality and Health Outcomes department, Corporate Communications, CareLink and Community First Health Plans at a kick-off event held Oct. 30, 2023, at the Texas Diabetes Institute. It was important to have patient and community input in the conversation so the Institute worked with Dr. Erika Bowen, executive director of the Patient Family Advisory Council, to identify and invite a patient representative to attend the strategic planning session.

The purpose of this initial diabetes strategic improvement session was to conduct a root cause analysis of current gaps in the goals and indicators identified by the steering committee. The key themes identified during the root cause analysis included:

- Quality, clinical processes and equipment
- Policy and procedures
- Access to care and programs
- Non-medical drivers of health
- Program effectiveness
- Trust, culture and cultural competency
- Health literacy and self-management



The Diabetes Steering Committee is selecting strategies within these areas to optimize how we prevent diabetes and improve the management of this chronic disease in our patient population and community.

On Nov. 14, 2023, the Texas Diabetes Institute held a World Diabetes Day event to educate the community about risk factors, prevention tools and how diabetes affects patients. Attendees accessed free glucose screenings and information about available health services. Dieticians led cooking demonstrations showing how to cook flavorful meals in healthier ways. Representatives from the Institute for Public Health helped distribute turkeys and bags of produce to attendees.

Aligning and Sustaining Partnerships

University Health seeks to amplify existing public health efforts to address health priorities and the non-medical drivers of health that affect our patients and community. The Institute for Public Health recognizes community-based organizations as valuable partners that supplement traditional health care services and play an essential role in improving public health. The Institute's community engagement team is conducting an analysis of University Health's investment in community partnerships, which can include financial sponsorships, in-kind giving, mutually beneficial contracts and collaborative support. Through this analysis, we aim to understand the degree to which we are integrated with various partners, assess where our investments can be most aligned and identify opportunities to optimize our impact.

Preparing for Growth

New ARPA-funded clinics

When University Health leaders announced the new public health division (now Institute for Public Health) in March 2022, County Judge Nelson Wolff also announced Bexar County would allocate $40 million of American Rescue Plan Act (ARPA) funds to University Health for the construction of two new facilities on the South and East Sides of our community. Working closely with University Health's Planning, Design and Construction team, the Institute for Public Health helped select architect and project management firms. The Institute managed the delivery of monthly invoice submissions to the Bexar County ARPA office to obtain reimbursement for expenses and collaborated with clinicians and administrative leaders to design efficient floor plans to enhance patient and provider experience and engage the community in improving health.

University Health Vida, near Texas A&M University – San Antonio, will be a three-story, 60,000-square-foot medical office building offering primary care, specialty care, pharmacy, laboratory and radiology services. It will serve as the headquarters for the Institute for Public Health. The facility will include indoor and outdoor spaces custom-designed for health education and community engagement. The teaching kitchen, computer resource room and navigation offices will be used to promote healthy lifestyles and connections to community resources.

On Dec. 13, 2023, University Health broke ground on University Health Vida. The Institute for Public Health team attended the special event, and Dr. Carol Huber shared the Institute's vision.

University Health Wheatley, near Interstate 10 and East Houston Street, will be a one-story 15,000-square-foot medical office building offering primary care, urgent care, pharmacy, laboratory and radiology services. The facility will include indoor and outdoor spaces custom-designed for health education, community engagement and connections to helpful resources.

Our three teams within the Institute for Public Health – community engagement, health equity and public health informatics – are working together with other departments and community partners to identify and implement evidence-informed practices in these ground-breaking facilities.

Public Health Informatics

In the Centers for Disease Control and Prevention framework, the first two essential public health services are to understand patient and community needs and to discern the root causes of existing disparities. Accomplishing this requires robust analytics tools and skills. In August 2023, the Institute for Public Health launched a public health informatics team, consisting of Assistant Director Taylor Ridge and two senior business analysts. The team brings with it various backgrounds and experience in analytics, geospatial mapping, coding, public health and health care administration.

The public health informatics team integrates data science capabilities to improve the quality of health care services, reduce disparities and advance health equity. The team is learning how to maximize the use of Epic, including Slicer Dicer and Workbench reports, to understand and improve population health. They are leveraging ArcGIS, a robust geospatial analytics tool to integrate patient records with community data to help visualize disparities in neighborhoods and exploring ways to use artificial intelligence as an innovative tool for qualitative analysis.

The public health informatics team has provided comparative data for the Diabetes Steering Committee, analyzed the patient no-show population for University Health Southeast and identified disparities in quality outcomes within the congestive heart failure patient population. Additionally, the team is supporting the Institute for Public Health's evaluation of health equity initiatives centered on non-medical drivers of health, community health workers and community partnerships.

Institute for Public Health Infrastructure

As the Institute has grown, so has its infrastructure. Our team works collaboratively to create, define and document processes for the new department. The team developed an Institute for Public Health employee handbook, job aids and department emergency operations plan to help new team members learn how to be successful and safe in their workplace. The handbook clearly communicates our department's mission, vision, values, requirements and expectations, and emphasizes that the department has consistent and clear policies for all of its employees. Job aids were established to provide simple instructions on how to complete certain tasks and achieve goals. These are particularly helpful for onboarding new employees and serve as tools to help our team be productive, accurate and effective. They enable a quick recall to tasks that are less often performed. The emergency operations plan defines the Institute's response to events that pose an immediate danger to the health and safety of patients, team members and visitors. It outlines procedures for responding to situations that are likely to disrupt the normal operations of the department. The plan describes processes to account for all personnel and work assignments for the duration of a given emergency situation.

Looking Ahead

University Health is committed to reducing health disparities and advancing health equity. The Institute for Public Health is honored to serve University Health and the people of Bexar County in accomplishing these goals. The first year has been full of growth investment to establish its role, strengthen relationships and plan for the future. In 2024, the Institute will focus on advancing health equity through adoption and implementation of a formal policy and plan. The Institute will complete the analyses described in this report and support new and expanded initiatives driven by its research findings and recommendations. As University Health prepares for new facilities, the Institute seeks to develop sustainable programs that address the highest needs of the communities in which we are embedded. The Institute for Public Health will continue to be guided by data, evidence-informed practices, preferences of our patients and the voices of our community.

Publication Date: March 2024