CHPC BREAKOUT ROOM SWOT ANALYSIS

STRENGTHS

- Strong frontline capacity already in place (testing/diagnosis infrastructure and clinicians serving diverse populations), plus real-world prevention education happening through youth/young adult programming.
- RW-anchored service ecosystem is active, including evolving oral health strategies & community harm reduction delivery models
- Practical, cross-system supports exist that can be leveraged more (e.g., Agencies on Aging supporting insurance choices + transportation coordination for older adults).

WEAKNESSES

- Navigation + awareness gaps are driving unmet need, including inconsistent "pathways" (e.g., 211 variability) and service visibility/health literacy challenges.
- Survey interpretation/red flags: sexual activity and condom-use responses may reflect discomfort or "test-like" dynamics, limiting confidence in the findings without follow-up.
  - Dental needs remain unclear/under-addressed, including "I don't need dental" perceptions & signals of low utilization that require deeper context.
    - Representation gaps (youth + under-30, & people not in RW)
    - Coverage + access friction: insurance/re-enrollment challenges, transportation barriers, and telehealth "offered but not usable"

OPPORTUNITIES

- Standardize pathways + language across partners (housing instability, food, harm reduction/SSP, referrals) to reduce navigation friction & improve data.
- Youth engagement strategy: mini-survey and/or focus groups with youth-specific recruitment (schools/partner programs), to clarify "counterintuitive" results.
- Partnership-based solutions to close basic-needs gaps: food bank coordination/grants, transportation partnerships, & dental school/health fair linkages.
- Stronger accountability + consistency in service delivery (clearer goals/expectations in provider contracting)
- Deeper-dive listening loops / community conversations to validate drivers behind disparities & service utilization patterns.

THREATS

- Rising cost pressures + capped assistance intensify tradeoffs between rent, utilities, and food—creating persistent instability even when supports exist.
- Disparities remain entrenched (Black and Hispanic/Latinx communities, especially women), with safety/trust concerns also impacting immigrant communities' willingness to access care.
- Transportation and access bottlenecks (including difficulty securing state medical transportation) can delay care and increase disengagement.
- Emergency department reliance signals gaps in routine care access and continuity.

SWOT