

COMMUNITY BENEFIT REPORT & IMPLEMENTATION STRATEGY 2021

LOMA LINDA UNIVERSITY MEDICAL CENTER
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL
LOMA LINDA UNIVERSITY BEHAVIORAL MEDICINE CENTER
LOMA LINDA UNIVERSITY MEDICAL CENTER – MURRIETA



LOMA LINDA UNIVERSITY
HEALTH

2021

Community Benefit Report
Fiscal Year
July 2020 – June 2021



LOMA LINDA
UNIVERSITY
HEALTH

Institute for Community
Partnerships

LLUH Community Benefit Office:
11175 Mountain View Ave.,
Suite M
Loma Linda, CA 92354

Juan Carlos Belliard, PhD, MPH
Assistant Vice President

Megan Daly, MHA
Director, Community Benefit

Mark Camarena, MNLM
Manager, Community Benefit

Stephanie Palaad
Program Coordinator,
Community Benefit

For additional information on
previous reports, our community
health needs assessment and
implementation strategy, please
contact our office or visit:

<https://lluh.org/about-us/community-benefit/reports-and-resources>

Office: 909-558-3841
Email: icp@llu.edu



At Loma Linda University Health (LLUH), our commitment to caring for the mind, body, and spirit is part of everything we do. We're combining our educational, clinical care, and research arms to fulfill our institutional mission: to further the teaching and healing ministry of Jesus Christ **to make man whole**.

With our **community partners**, we continued to focus on the health and well-being of people in our region in FY 2021, despite the ongoing challenges posed by COVID-19. At LLUH, our focus on wholeness, health priorities, and the social determinants of health ensures our system is meeting the needs while acknowledging the strengths of our community, as we invest in the health of tomorrow.

The LLUH Community Benefit Objectives are managed by the Institute for Community Partnerships on behalf of LLUH's four licensed hospitals. This report speaks to the implementation of the second year of the Community Health Implementation Strategy 2020-2022 (CHIS) to address the priority areas identified in the 2019 Community Health Needs Assessment (CHNA).

This report features the work done by LLUH & our partners in:

- Workforce development & education;
- Access to green spaces and whole food to foster community engagement;
- Reduction of isolation and access to mental health resources for vulnerable populations;
- Reduction of the burden of lifestyle diseases that disproportionately impact lower income populations;
- Access to the essentials, particularly food in 2021, as a poverty alleviation & reduction strategy.



To Our Valued San Bernardino & Riverside Community Members,

Loma Linda University Health rose to meet the challenges of Covid-19 and like many people, families, and communities, we learned how resilient our community is in the face of an on-going pandemic. Our frontline clinical staff continued to serve, even when exhausted, from the very heart of Christ's mission to care for those in-need. Staff from across our health system helped to extend LLUH's infrastructure to support outreach, vaccination efforts, and the additional work of keeping our populations safe during the pandemic. It has been a truly challenging time and it has been one of the most inspiring and meaningful times to serve.

We witnessed two encouraging sources of hope this past year: the power of vaccines and the hope that came from working alongside our community partners to reach people of color to create equity in vaccine access.

The emergence of the vaccines at the start of 2021 created a collective sigh of relief when, just a few weeks after administration of the first Pfizer vaccines, and hospital infections began to drop dramatically. After a swift roll-out of vaccines at our health system, LLUH was able to then become a mass vaccination source for the community, serving up to 1500 community members a day in the early days of the site opening. When it became clear members of our community were lacking access to the vaccinations, we worked with our partners to create "pop-up" clinics in underserved communities. The critical success factor to pop-up clinics was our community partner organizations: they guided the strategy, helped provide education and outreach to dispel myths or fears about the vaccine, and often sent their community health workers to go out, door-to-door. When Governor Gavin Newsom visited LLUH to tour the mass vaccination sites, he took time to visit a pop-up clinic at the 16th Street Seventh-day Adventist Church in San Bernardino to highlight the critical role of community faith-based partner organizations in helping health systems get out the vaccine.

While Covid-19 responsiveness has become a necessary addendum to our community benefit programs, the Institute for Community Partnership also continued to carry out the four licensed hospital's investments and programs ensuring our community benefit is focused on the implementation strategy priorities: from families in San Bernardino requiring access to the essentials, to children health and education needs in Coachella, to low-income seniors in the Temecula region, to students needing workforce development scholarships to bridge to college, our partners help LLUH make community benefit happen.

This last year, LLUH began a new chapter in our institutional history of 116 years of service on behalf of the people of San Bernardino and Riverside Counties. In August, LLUH opened the new adult and children's hospital towers with a successful move and transition we never thought we would be required to make during a pandemic. Through the peaks and valleys of the pandemic LLUH remains focused on our ongoing, frontline work with community partners to address the social determinants of health so that we may, together, journey towards a brighter and healthier future for the Inland Empire.

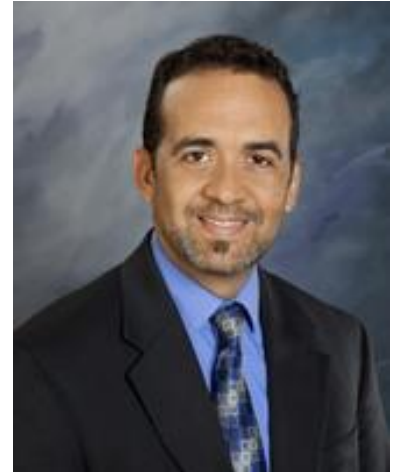


Richard Hart, MD, DrPH
President
Loma Linda University Health

Trevor Wright, MHA, FACHE
Chief Executive Officer
Loma Linda University Health Hospitals

ICP's Commitment to Being Relevant and Responsive

Relevance and responsiveness are at the core of LLUH's community engagement. Throughout this last year, we continued our commitment to serving you on the frontlines, despite the ongoing challenges posed by COVID-19. We at ICP and Loma Linda University Health want you to know just how much **Community Matters** and seek to demonstrate this through our words, informed strategies (thanks to your voice), actions and outcomes. As we reflect on another year, LLUH demonstrated our relevance and responsiveness through our pandemic response, focus on vaccine equity, CHW integration and career pathway investments.



ICP's Pandemic Response: Throughout FY21 LLUH distributed over 13,000 food boxes with the partnership of CAPSBC Food Bank and the assistance of CHWs and student volunteers. Other pandemic response initiatives included continued development of our community garden to promote a safe outdoor activity for community families living in food deserts, our Medi-Cal Enrollment initiatives for increased access to healthcare and direct support for minority-led nonprofits in our community.

ICP's Focus on Vaccine Equity: As the COVID-19 pandemic continues to impact our lives, LLUH committed to providing direct vaccine access through our Drayson Center mass vaccination clinic (served over 50,000 people) and additional pop-up clinics (served over 2500 people) to ensure that those most affected by the pandemic had access to vaccines. Partnerships with Inland Empire Concerned African American Churches (IECAAC), Congregations Organized for Prophetic Engagement (COPE) and El Sol Neighborhood Educational Center allowed us to reach our most vulnerable neighbors in a human-centered way that was accessible to all.

ICP's CHW Integration: Our CHW integration strategy serves two very important purposes: 1) LLUH is committed to creating jobs with livable wages and benefits; 2) Our CHWs are the bridge between health care and the community, connecting community members to health and social services, mental health resources and accompaniment to ensure access to these resources. Our CHW team consistently goes the extra mile to ensure that each member is supported as they navigate in and out of the health care system.

ICP's Pipeline Investments: LLUH is committed to supporting the future of our community by investing in middle school, high school, undergraduate and graduate minority students who will be our future healthcare providers. Our pipeline program is an access, equity and inclusion strategy focused on serving at-promise and **under-estimated** youth in workforce development and poverty reduction.

It is through these **relevant and responsive** actions that we continue to demonstrate to you that we are listening, you matter, and we are stronger together.



Juan Carlos Belliard, PhD, MPH

Assistant Vice President

LLUH - Institute for Community Partnerships



Listen.



Respect.



Engage.

Institute for Community Partnerships



LLUH's Covid-19 Response in FY 21

As we entered 2021, the second year of the Covid-19 Pandemic, our tired but resilient healthcare workers and community felt a gleam of hope with the approval of the coronavirus vaccine. As news of the vaccine became reality, **LLUH leapt into action and brought our hospital, university, and community together to launch a mass vaccination clinic site at Loma Linda University's Drayson Center.** LLUH drew on the strength of its community members, students, and staff to operate the clinic in a majority-volunteer capacity, serving up to 2,000 San Bernardino County residents per day.

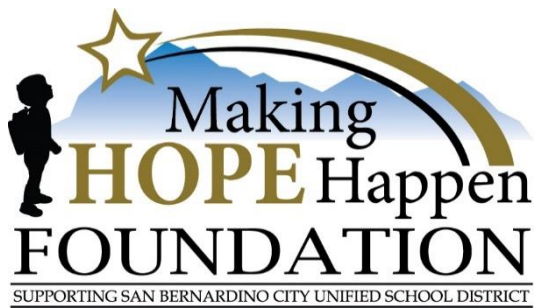
Our community members, connected through fostered community partnerships, fearlessly stepped into both clinical and non-clinical volunteer roles to make the vaccination process as seamless as possible in uncertain circumstances. Many healthcare workers were putting in time at the hospital and coming to aid at the clinic on their days off and after a full shift. Retired healthcare workers stepped back into clinical roles to provide vaccinations. Volunteers signed up for long shifts and countless hours to provide vaccine education, wayfinding, emotional support, and customer service to vaccine clinic guests. Students from Loma Linda University and surrounding colleges stepped in to aid in many different capacities. In all, LLUH engaged over 7,000 volunteers and over 47,000 doses were administered from January to May of 2021. This was a truly herculean effort that was echoed at mass vaccination sites across the nation.

In addition, LLUH and our Community Partners remained committed to our community's well-being. This included the ongoing support of **the community garden (Jardin de la Salud) in the heart of San Bernardino built during the previous pandemic year. This symbol of resiliency brought real food relief and a safe space for physical activity to the community.** We also conducted food box deliveries, provided online tutoring and educational support for students, and organized additional pop-up equity vaccine clinics to provide critical services to over 80,000 people in FY21. This report is the story of 2021 and LLUH's relevance and responsiveness in both our inpatient, outpatient, and community settings.



Continuing the healing ministry of Jesus Christ:
LLUH Staff pray for our region and
our nation in the fight against Covid-19. April 2020

Major Initiative Partners in FY 2021



Inland SoCal United Way



Table of Contents

LLUH Community Benefit Model

LLUH Community Benefit Strategy

LLUH Community Benefit Financials

Community Benefit Implementation FY 21

Special Implementation – Covid-19 Response

Workforce Development & Pipeline to Higher Education

Community Health Worker (CHW) Workforce Integration

Access to Care & Services to Underrepresented Populations

Regional Collaborations & FY 22 Implementation Update

Appendix

List of Partners

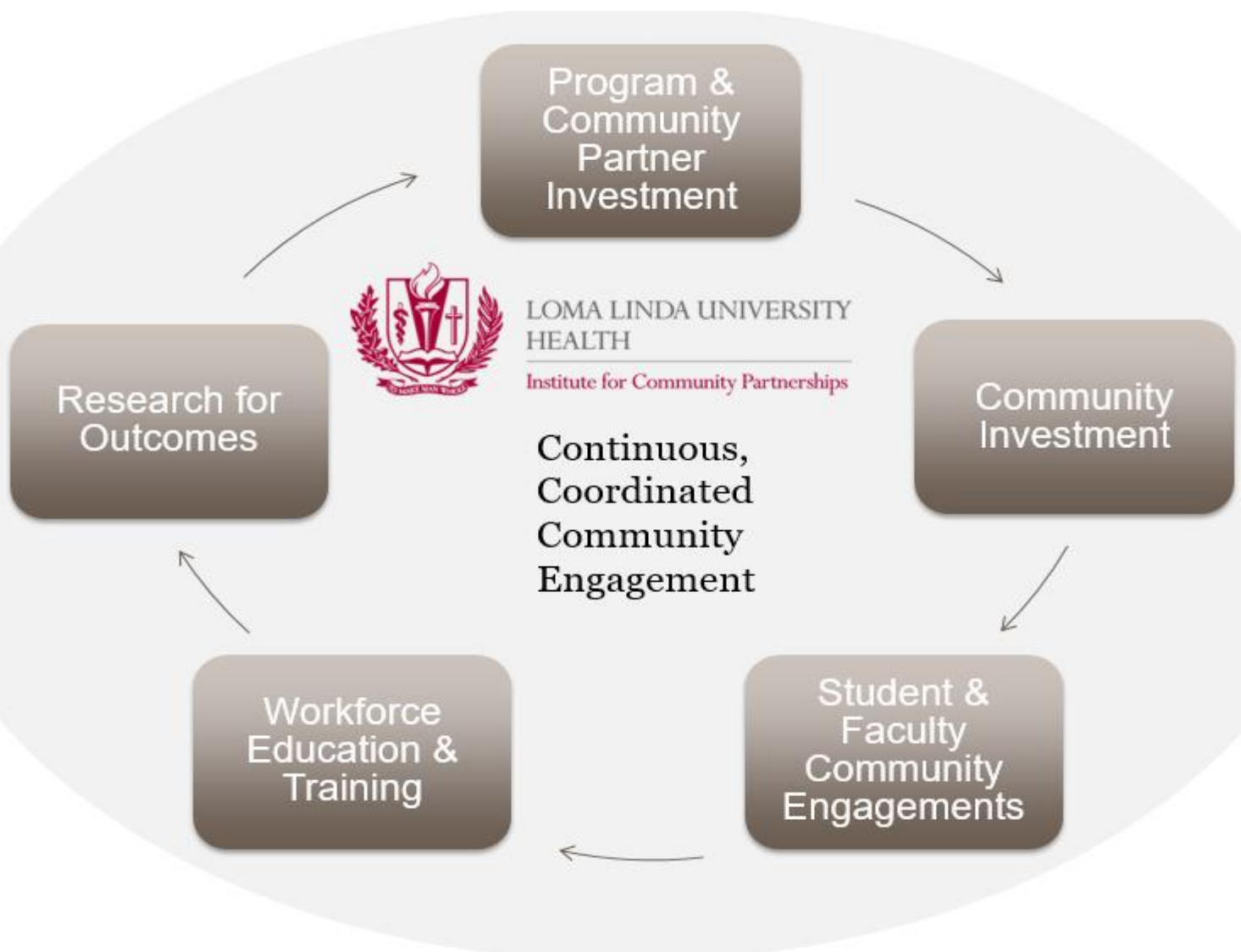
List of ICP Publications

Community Benefit Categories & Accounting

About LLUH – Facts, Figures & People

To continue the teaching and healing ministry of Jesus Christ.

LLUH Community Benefit Model

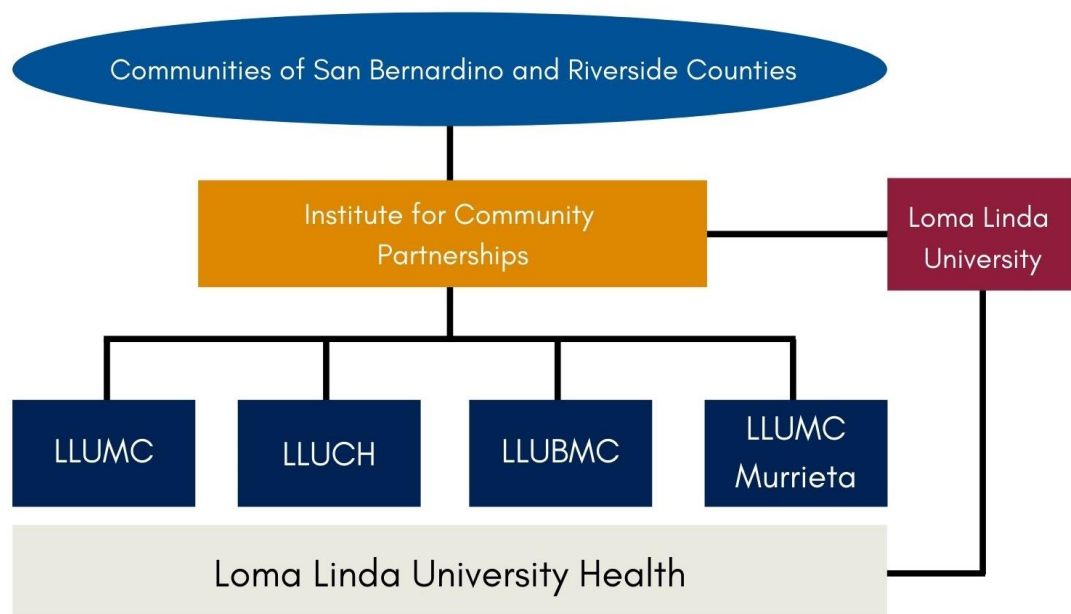


A Centralized Community Benefit Model

Six Hospitals. One Community Benefit Implementation Mission.

LLUH has a unique, best-practice model in the implementation of community benefit in order to achieve collective impact with their investment and program strategy:

- Since 2012, all licensed hospitals within the LLUH system have centralized their community benefit investments through the Institute for Community Partnerships to more strategically align and implement community health investments. Since the beginning, LLUH has reported programmatically at the health system level to maximize outcomes.
- The community benefit numbers are reported financially and independently on each licensed hospital's 990 Schedule H based on their individual hospital financials with attentive management to both the collective and individual programs, activities, and outcomes reported in the annual system community benefit report, in compliance with the ACA (2010) and California's AB 204 (2019).
- The centralized model allows the hospitals to accomplish more impact in the community from the Community Health Implementation Strategy (CHIS) and in more effectively working with partner organizations with similar goals.



LLUH Community Benefit:

Centralized, Coordinated, Collect Impact by Design, Outcomes-Driven

LLUH's Hospitals: Collective Impact



Loma Linda University Medical Center

Medical Center, East Campus & Surgical Hospital

11234 Anderson St.
Loma Linda, CA 92354
Phone: (909) 558 - 4000
Hospital License #: 95-3522679

Loma Linda University Children's Hospital

11234 Anderson St.
Loma Linda, CA 92354
Phone: (909) 558 - 4000
Hospital License #: 46-3214504



Loma Linda University Behavioral Medicine Center

1710 Barton Rd.
Redlands, CA 92373
Phone: (909) 558 - 9275
Hospital License #: 33-0245579



Loma Linda University Medical Center - Murrieta

28062 Baxter Rd.
Murrieta, CA 92563
Phone: (909) 290 - 4000
Hospital License #: 37-1705906



Institute for Community Partnerships

The **Institute for Community Partnerships** is committed to supporting implementation of LLUH's hospital community benefit investments and fulfillment of the priority focus areas, in close collaboration with the community, to community-based research, and to service-learning at Loma Linda University Health (LLUH). The Institute plays a centralizing, coordinating, and implementation function for the four licensed hospitals for LLUH's community benefit investment dollars. Our institute is committed to strategically working with our community partners to better understand and address the needs of the community through activities such as research, teaching, and academic service learning. Community participation is at the core of our efforts, with structured learning opportunities for underrepresented minority students, community engaged research, training programs and workforce integration for community health workers and *promotores*.

The Institute for Community Partnerships:

- Seeks to work "with" the community rather than "in" the community.
- Strives to better understand and address the needs of the community, while recognizing and capitalizing on its assets.
- Seeks to integrate services from research to teaching through community-based participation and academic service learning.
- Provides a supporting and coordinating role across the various schools and the Medical Center.

Our Community Benefit Objectives include:

- Improving access to health services.
- Enhancing the role of public health in health care services.
- Serving those who live in poverty and other vulnerable populations.
- Promoting and enhancing community building activities.
- Committing to community health improvement throughout the organization.

Many Strengths, One Mission



LOMA LINDA UNIVERSITY
HEALTH

Institute for Community Partnerships

Mission

To ensure Loma Linda University Health is relevant and responsive to our community.

Vision

To be the primary portal for community engagement between Loma Linda University Health and our local community.

Values

Collaboration, Respect, Equity,
Compassion, Excellence

[Listen. Engage. Respect.]

About the Community We Serve

Loma Linda University Health's primary service area can be defined, broadly, as California's San Bernardino, Riverside, and Ontario metropolitan areas. San Bernardino and Riverside counties make up the geographic area historically named "the Inland Empire" due to the region's rich diversity of native peoples and agricultural history. The region totals 27,000 square miles and is situated approximately 60 miles east from the Los Angeles metropolitan area and the Pacific Ocean. The Inland Empire is home to a quickly growing population over 4.6 million people and is the 3rd most populous metropolitan area in the State of California and the 13th most populous metropolitan area in the United States. The two counties are home to some of the most diverse peoples in California, with Latinos representing the majority of the population.

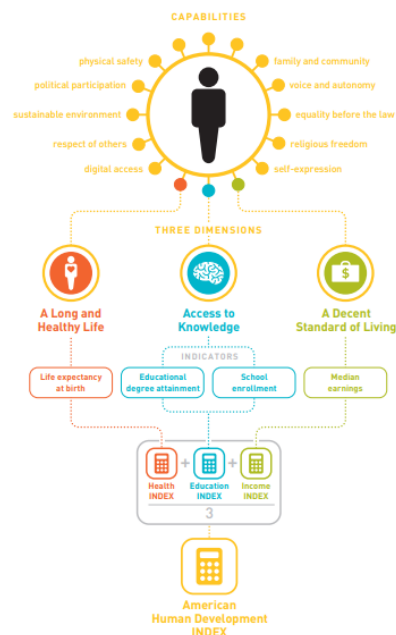
Measure of America's Spotlight on the Inland Empire Using the American Human Development Index (HDI)¹

The American Human Development Index (HDI) is a composite measure of well-being and access to opportunity made up of health, education, and earnings indicators. The index is expressed on a scale of 0 to 10. Measure of America's HDI calculations provide a snapshot of community well-being, reveal inequalities between groups, allow for tracking change over time, and provide a tool for holding elected officials accountable. Broken down by race and ethnicity, by gender, and by census tract, the index shows how communities across the Inland Empire are faring relative to one another and to the state and country as a whole.²

A Long and Healthy Life is measured using life expectancy at birth, which is calculated using data from the California Department of Public Health, population data from the US Census Bureau, and USALEEP data for census tract-level estimates.

Access to Knowledge is measured using data on school enrollment for children and young people ages 3 to 24 and educational degree attainment for adults 25 and older from the American Community Survey of the US Census Bureau.

A Decent Standard of Living is measured using median personal earnings of all full- and part-time workers ages 16 and older from the American Community Survey of the US Census Bureau.



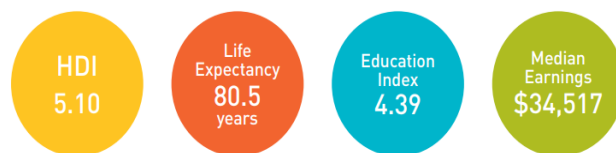
¹ <https://measureofamerica.org/california2021-22/>

² <https://ssrc-static.s3.amazonaws.com/moa/SpotlightontheInlandEmpire.pdf> - Page 5

The HDI score for the Inland Empire is 5.10 out of 10, compared to 5.85 for the state as a whole. This score places the Inland Empire right in the center of the ranked list of California metro areas—fifteen metro areas have a higher score, and sixteen have a lower score. Over the last ten years, the Inland Empire’s score has improved more than the state score; a decade ago, the Inland Empire scored, 4.58 and California scored 5.46. The HDI score of the Inland Empire increased at a slightly higher rate than that of California: 11.4 percent versus 7.1 percent. Today, residents of the Inland Empire live over two years longer, are more likely to hold high school diplomas and bachelor’s degrees, and earn about \$7,000 more than Inland Empire residents in 2009.³

Spotlight on the Inland Empire

This report is part of the **Portrait of California 2021–2022 Regional Report Series**. It shines a spotlight on well-being and access to opportunity in the Inland Empire, providing Human Development Index scores by county, census tract, race and ethnicity, and gender.



San Bernardino and Riverside County Health Rankings

The County Health Rankings (at countyhealthrankings.org) bring to light elements that impact the health of residents and average lifespans by geographic region. The rankings are unique in their ability to measure the current overall health of nearly every county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity and teen births. LLUH’s goal is to bring people together to look at the many factors that influence health and opportunities to reduce health gaps. For programs and interventions to have a lasting impact, they must focus on strategies that improve health from a population standpoint. For LLUH, we are strategically positioned in two counties that together, face significant economic challenges. San Bernardino ranks 40th out of 58 counties in California in terms of health factors while Riverside ranks 32nd. Despite the challenge, LLUH believes in our community’s resilience and that with our community partners, we can address poverty and foster health and wellness through a workforce development strategy.

County Health Ranking (Total 58 Counties in California)	San Bernardino County					Riverside County				
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Health Outcomes	46	41	38	40	43	28	25	26	26	25
Length of Life	32	33	33	33	35	23	22	24	22	22
Quality of Life	52	51	51	53	51	41	33	32	40	30
Health Factors	45	44	47	41	40	40	39	35	35	32
Health Behaviors	39	37	35	35	28	34	31	30	30	19
Clinical Care	50	50	56	55	55	47	44	47	45	45
Social and Economic Factors	34	34	32	31	33	28	26	23	25	30
Physical Environment	55	55	55	55	57	56	56	54	54	56

³ <https://ssrc-static.s3.amazonaws.com/moa/SpotlightontheInlandEmpire.pdf> - Page 7

COVID-19 Impact

With a total of 752,663 confirmed cases as of the time of this report, and over 11,000 deaths due to COVID-19 across San Bernardino and Riverside counties, the pandemic has disproportionately impacted low-income communities and communities of color in the region, with some of the biggest challenges being food insecurity, unemployment, housing burden, and social isolation. As a result of the pandemic, the number of food insecure households has risen considerably, with local food banks more than doubling the amount of their food distributions.

The housing crisis has become another prevalent issue as median home prices rose to \$390,000 in San Bernardino County and \$495,500 in Riverside County during FY21, a 20 and 19 percent increase respectively over a 12 month period. Rental prices have also climbed at a higher rate than anywhere else in the country. Average rent in the Inland Empire has increased 8.5% year-over-year to roughly \$1,662 per month, or a monthly increase of \$130 compared to the same period last year.⁴ This has magnified our region's affordability and caused additional burden to the majority of households in our counties.

Additionally, social isolation, which had already been identified as a great need of our community before the spread of COVID-19, has become even more of a challenge due to physical distancing measures and continued technological divide. *To read the extended community needs and assets profile, visit our 2019 CHNA: <https://lluh.org/about-us/community-benefit/reports-and-resources>*

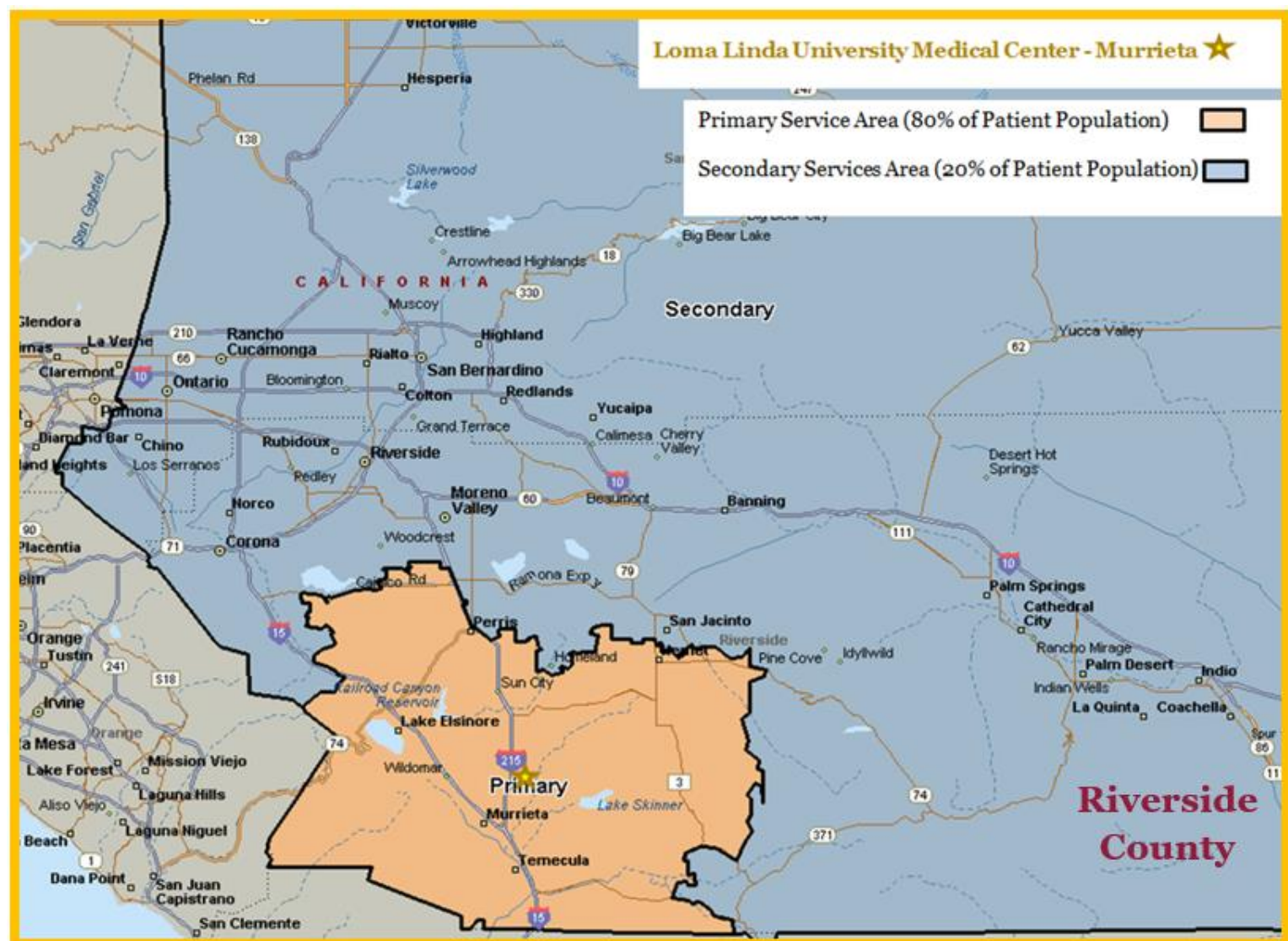
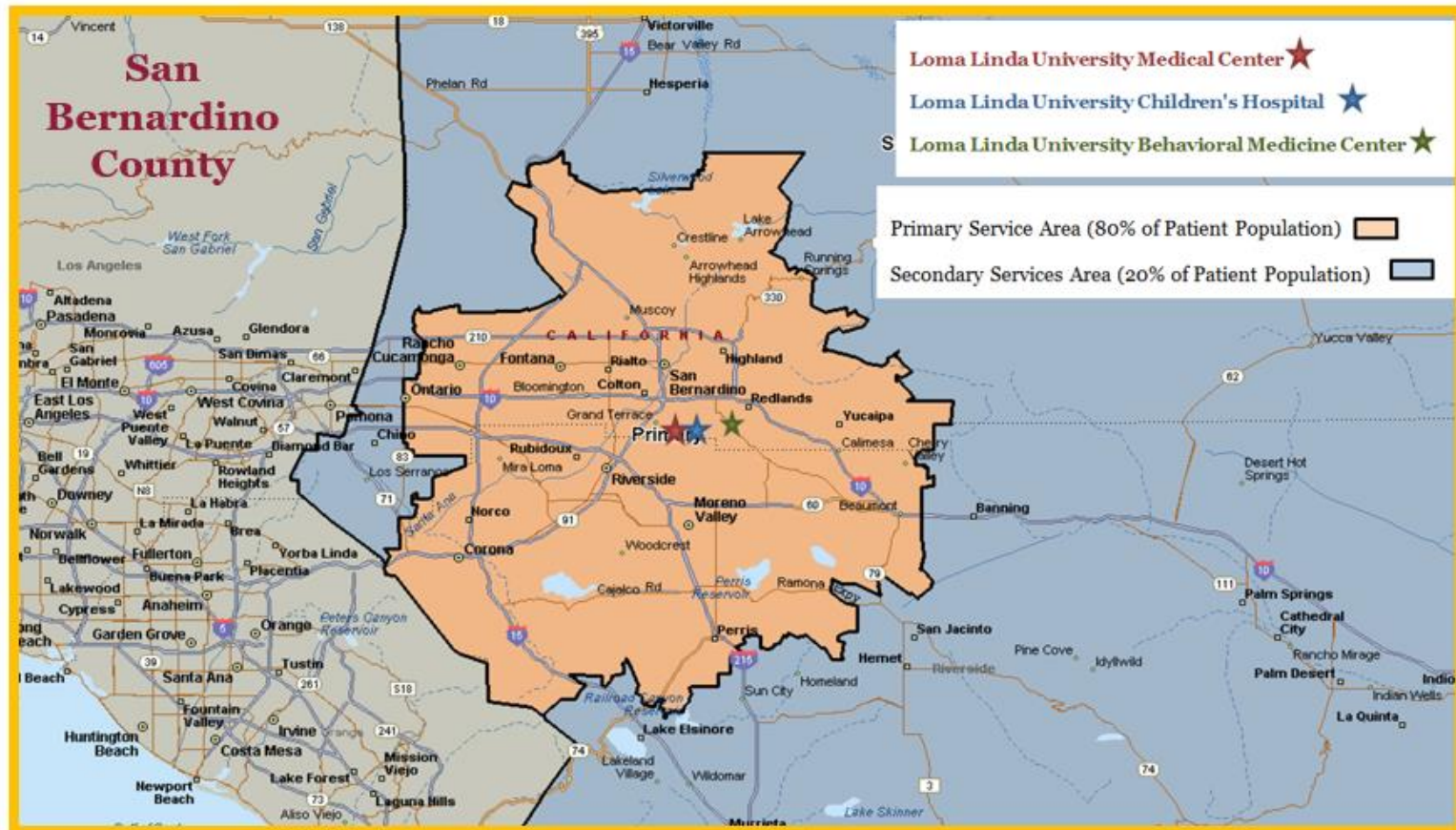
Service Region of LLUH Hospitals

As the regional academic, quaternary care center, and specialty care provider, the LLUH service region covers almost one quarter of the geographic landmass of the state of California, especially when accounting for the service region of Children's Hospital into Inyo and Mono Counties. In addition to the 4.6 million residents of these two counties, it is estimated due to seasonal agricultural work that there are an estimated **259,000** immigrants who are undocumented in our two counties, with LLUH as the main regional safety-net provider for all people. In 2020, LLUH hospitals treated **48,343** people in our hospitals and **1.8 million** people in the outpatient system with **135,603** of those outpatient visits to our Emergency Departments as a Level 1 Trauma center.

1 in 3

People who visit LLUH's hospitals are insured by Medi-Cal. Making LLUH an essential safety-net provider offering the most specialized and advanced medical care to people of our region.

⁴ <https://therealdeal.com/la/2021/05/12/inland-empire-rent-hikes-highest-in-nation/>



LLUH Community Benefit Strategy

Community Benefit is reported according to four major categories and broken into different types of activities that are reported in each hospital's 990, Schedule H. For more information on each category, see the appendix.



Community Health Benefit investment dollars are reported programmatically, by priority area and outcomes, in fulfillment of LLUH's current implementation strategy. **All dollars are carefully accounted for and reported according to the appropriate fiscal year in hospital 990 Schedule H, though programs and outcomes reporting may span multiple years.**

The Community Health Benefit Strategy



LOMA LINDA UNIVERSITY
HEALTH

Community Health Implementation Strategy (CHIS) 2020 - 2022



**Poverty and access
to essentials**
(income, housing, food)



**Green
spaces**



**Behavioral
health**



**Access to
healthcare**

Highest priority needs identified by the 2019 Community Health Needs Assessment (CHNA)

Relevant and Responsive to Our Community

LLUH Community Benefit Investments 2020 - 2022

Primary Focus Area

Workforce Development



**Poverty and access
to essentials**
(income, housing, food)

Secondary Focus Area

Health and Wellness



**Green
spaces**



**Behavioral
health**



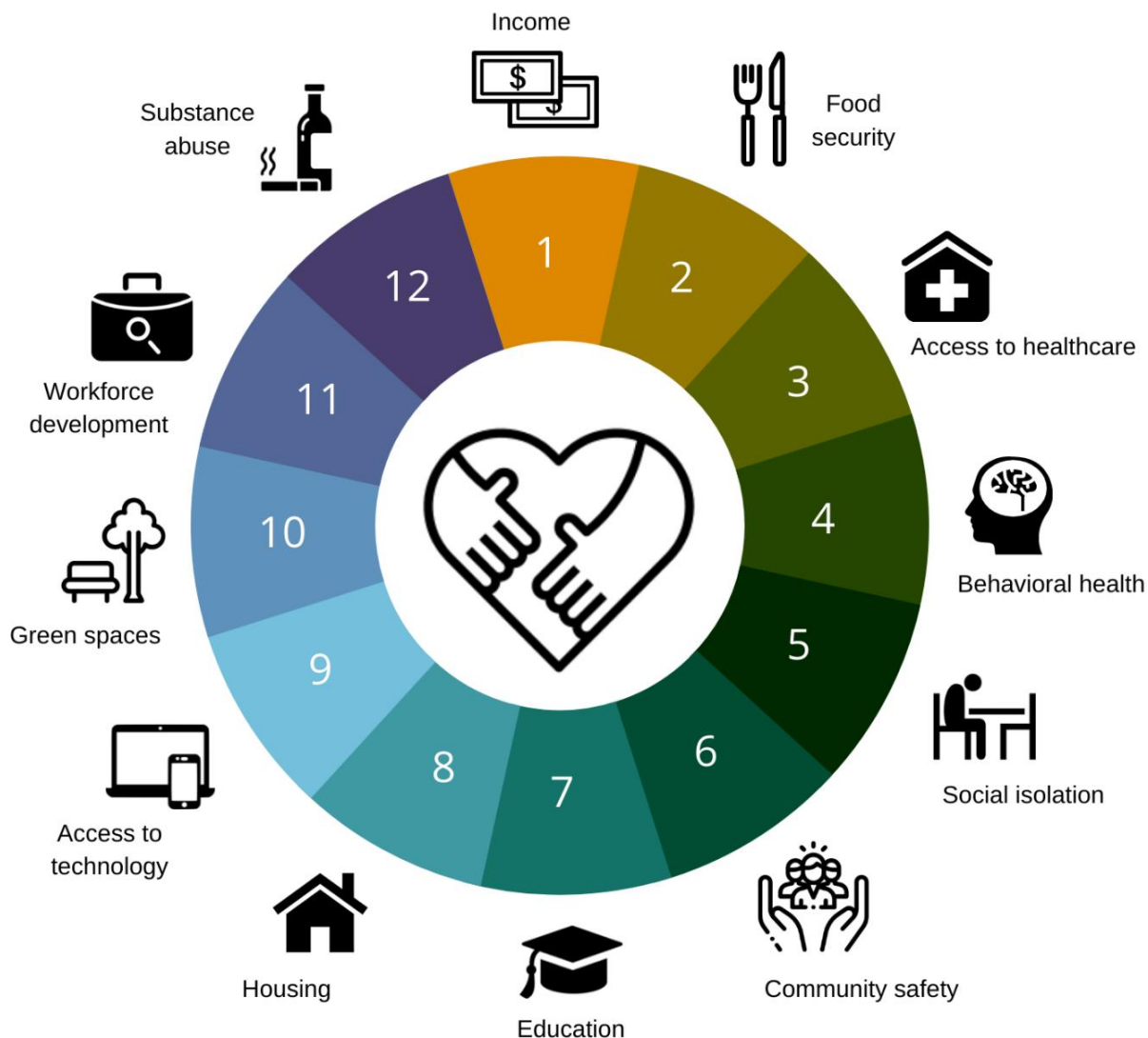
**Access to
healthcare**

This is a high-level summary of the 2019 CHNA priorities that the 2020-2022 implementation strategy is based on and what that guides LLUH's community investments and program implementations. To read the full CHNA & CHIS reports, please visit: <https://lluh.org/about-us/community-benefit/reports-and-resources>

Targeting the Social Determinants of Health

The focus areas guide our Social Determinants of Health **Targets** for program design and implementations. The social determinant targets help ICP design interventions or invest in partner interventions on behalf of **priority populations**. While our community investments are primarily focused on **Workforce Development & Education and Health & Wellness**, the hospitals' collective impact in working across the social determinants is evident by our programs and services and **screening for SDOH risk** and increased system responsiveness to demonstrated needs is in the pilot and demonstration phase for specific children and adult populations at LLUH.

Social Determinants of Health



- | | | |
|-------------------------|---------------------|---------------------------|
| 1. Income | 5. Social isolation | 9. Access to technology |
| 2. Food security | 6. Community safety | 10. Green spaces |
| 3. Access to healthcare | 7. Education | 11. Workforce development |
| 4. Behavioral health | 8. Housing | 12. Substance abuse |

Target SDOH & Populations Served FY 21



Workforce Development

- Youth/adults from San Bernardino & Riverside Counties
- Households at 350% below federal poverty line
- 1st Generation college students
- Internship and workforce development programs to extend access to job experience for underrepresented groups, communities, and people of color
- Community Health Worker integration into health care and educational systems



Education

- Students from underrepresented groups, communities, or people of color
- School-age youth experiencing chronic absenteeism from school
- Pipeline programs to link middle and high school youth to workforce opportunities in multiple sectors, especially health care
- Bridge scholarships for youth to increase access to higher education



Green Spaces

- San Bernardino residents living in food deserts and those who lack access to affordable produce
- Families within a 5-mile radius of the SAC Norton 3rd Street Clinic in need of safe green spaces for recreation



Behavioral Health

- Engagement with youth experiencing behavioral health concerns
- Outpatient treatment scholarships to extend access to underserved populations.



Food Security

- Access to healthy, organic food for people living in food deserts
- Community engagement through gardening in outdoor community centers and locally grown food and safe green spaces that promote physical activity
- Emergency access to produce and relief food pantry distribution (Covid- 19)



Social Isolation

- Isolated seniors experiencing financial insecurity



Access to Healthcare for Under-Represented Populations

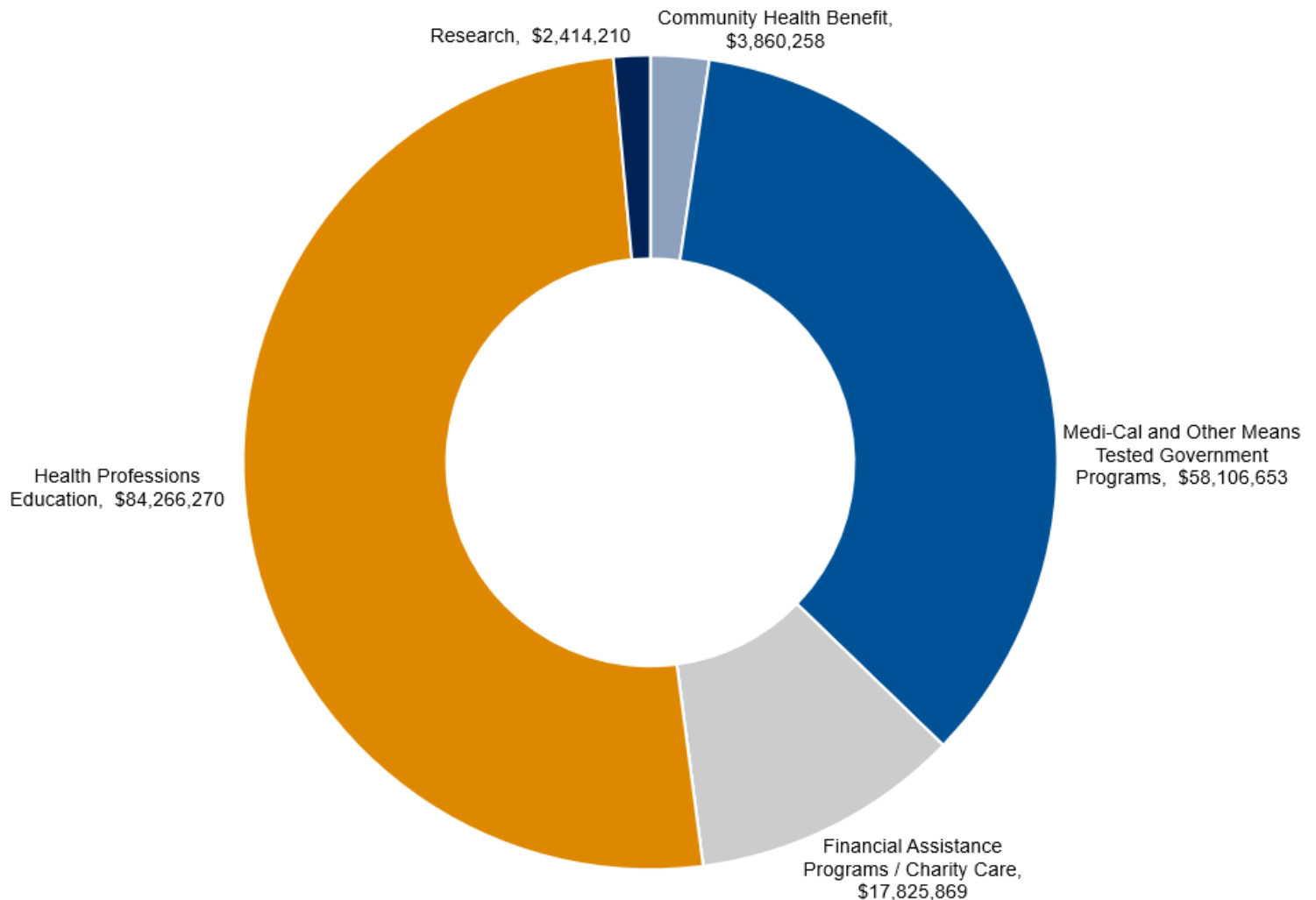
- FQHC populations
- Rural communities & agricultural workers
- Community injury prevention
- Mothers & medically fragile infants
- Lifestyle: Metabolic Syndrome
- People experiencing: Homelessness,
- Disability, Cancer, Pre-Diabetes and Diabetes

Community Benefit Financials



Total System Community Benefit

\$166,473,260



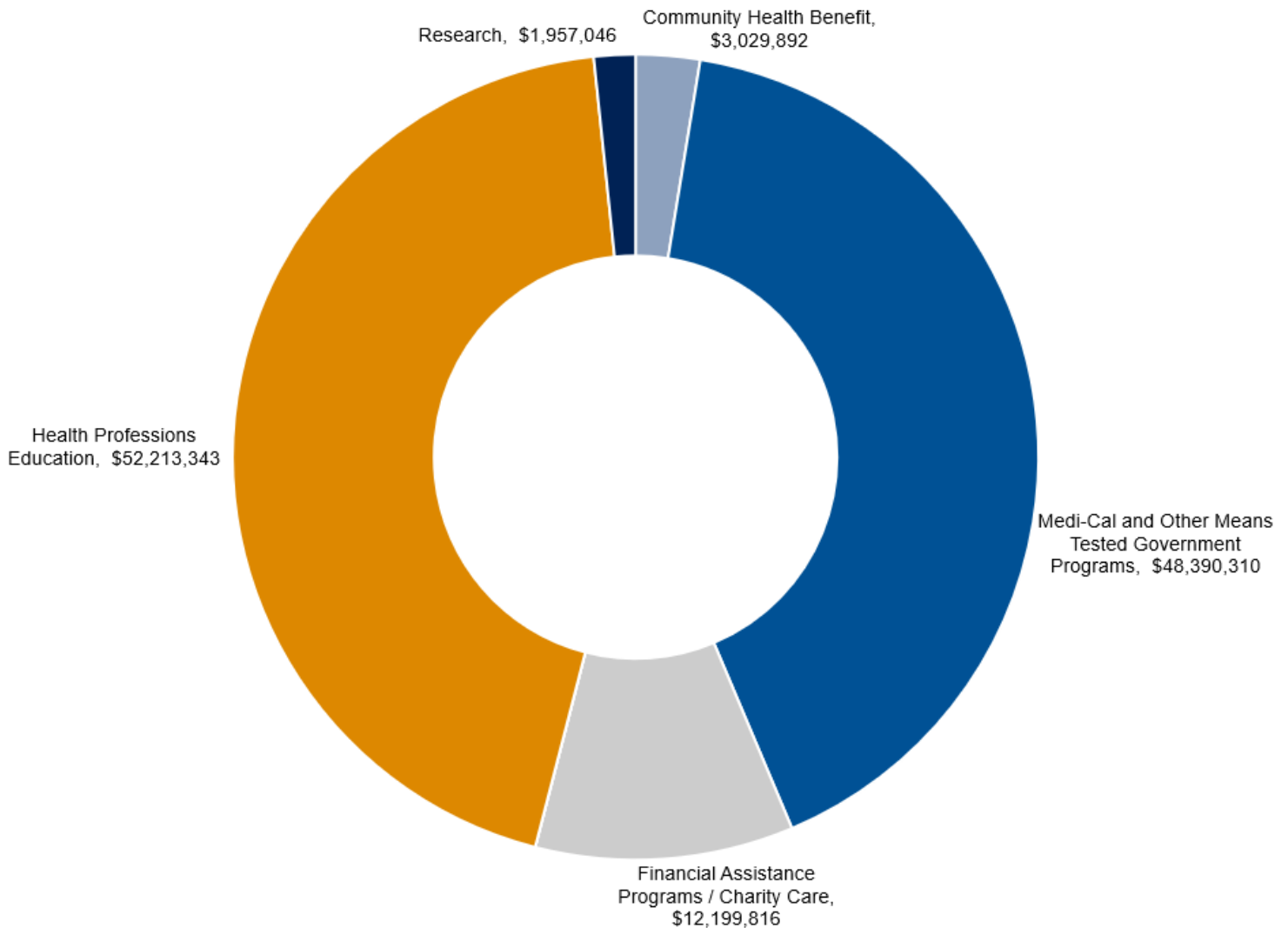
Service 2020: 48,343 inpatient Visits
1,846,829 outpatient Visits

Total Licensed Beds: 1,076

This report is prepared based on audited financials and Medi-Cal cost reporting as of the time of the publishing of this report. The numbers are available by April every year in each hospital's Schedule 990.

Loma Linda University Medical Center

\$117,790,407

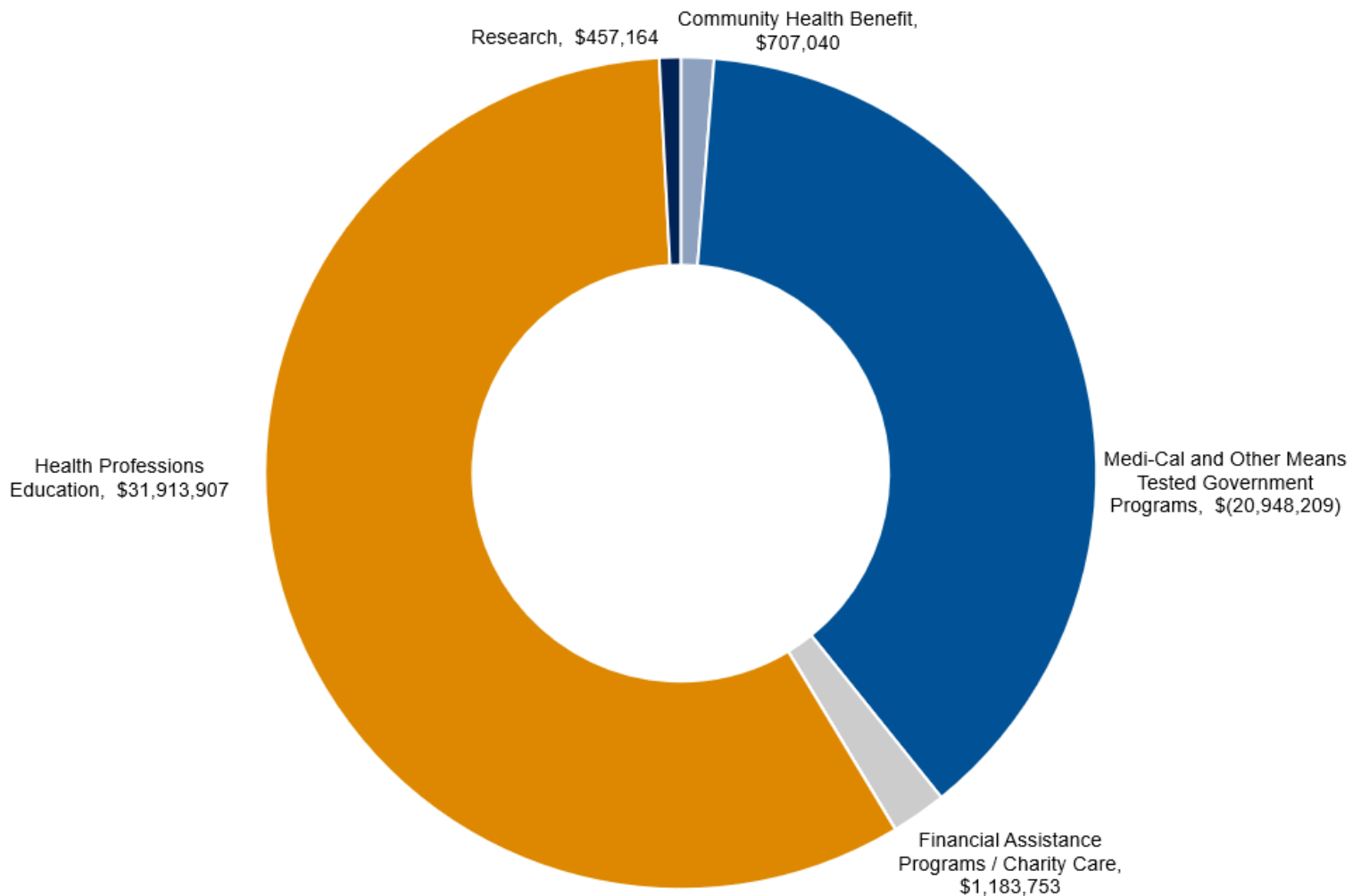


About ... LLUMC

- Is the “University Hospital” and comprised of 3 hospitals under one license:
 - Loma Linda University Medical Center, Loma Linda University Surgical Hospital, and Loma Linda University Medical Center – East Campus.’
- Is the adult health services hospital & providers
- Ranked by U.S. News & World Report as the No. 1 hospital in the Riverside and San Bernardino metro area for 2021-2022
- Total Beds (all campuses): 533 Beds

Loma Linda University Children's Hospital

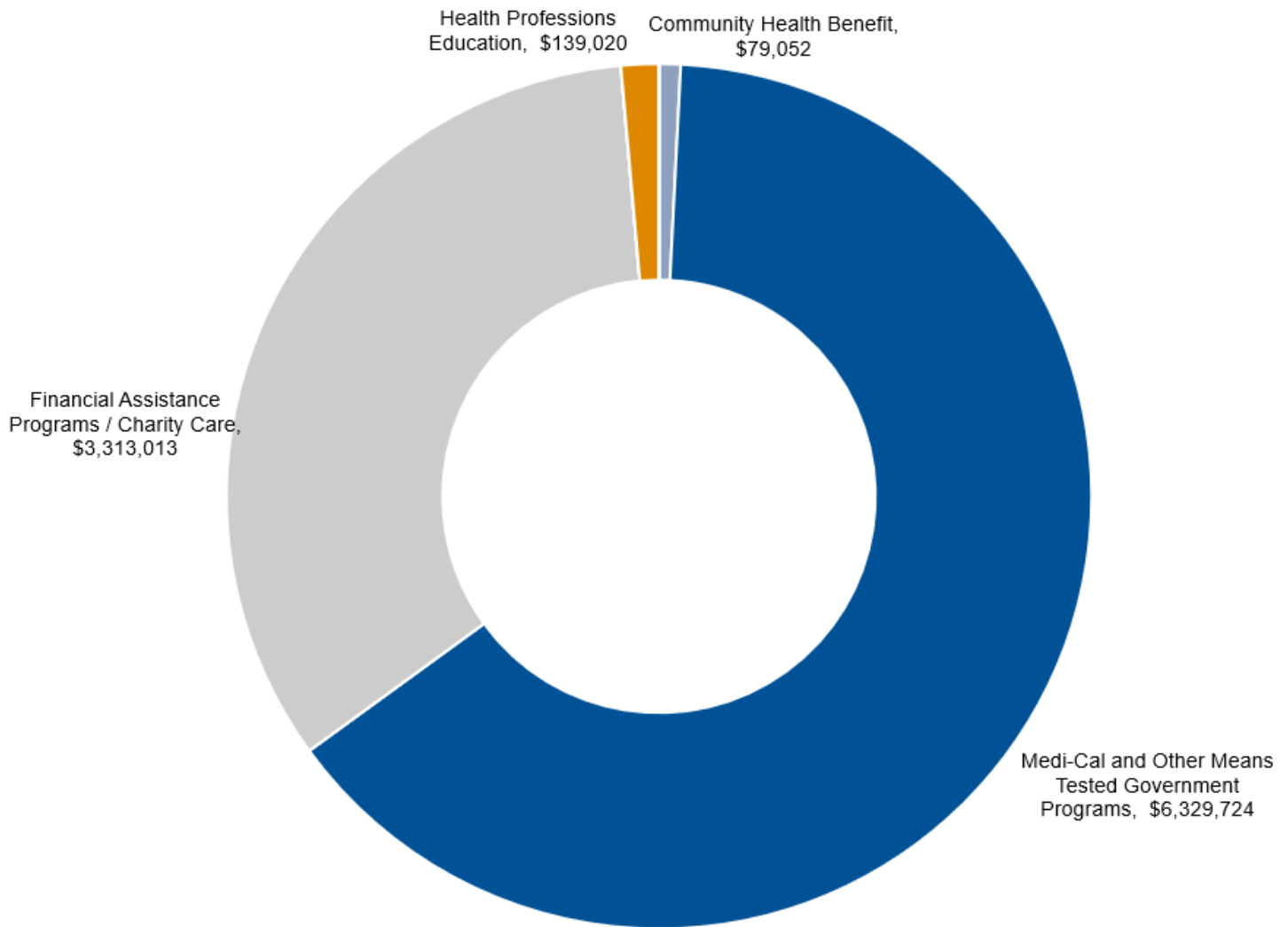
\$13,313,655



About ... LLUCH

- The children's provider in advanced care at the hospital & specialty clinics
 - Includes an 84-bed NICU, one of the largest in the country
 - Includes the Indio Clinic in the Coachella Valley, serving vulnerable and at-risk residents and families
- Service Area includes two additional, rural counties: Inyo & Mono Counties
- Named a "Top Children's Hospital" from 2017-2019 by The Leapfrog Group
- Total Beds: 343 Beds

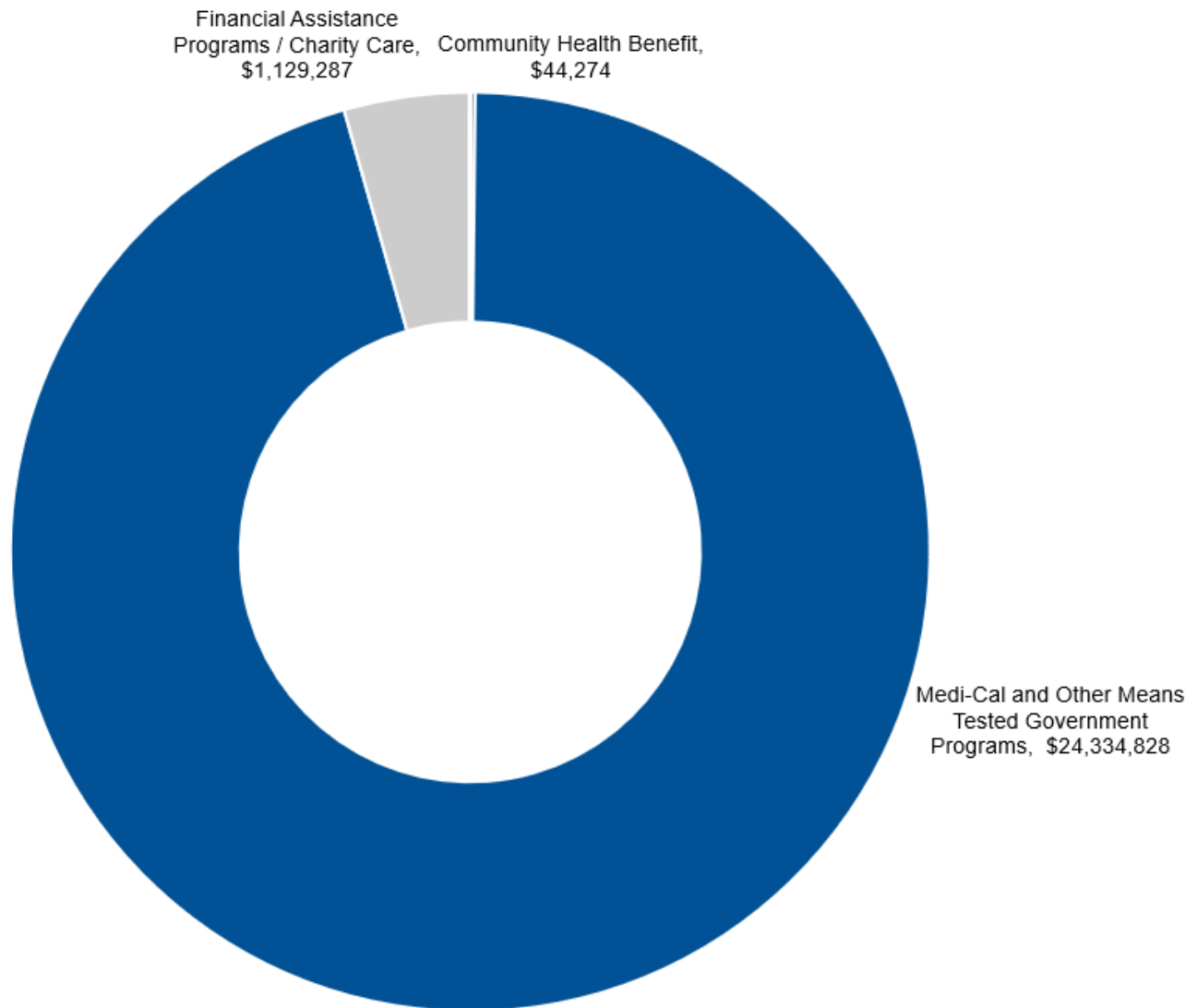
Loma Linda University Behavioral Medicine Center \$9,860,809



About ... LLUBMC

- Leading provider of inpatient, partial hospital, and outpatient behavioral health services in our region specializing in:
 - Major depression, eating disorders, chronic pain, specialty adult & youth programs, and programs for seniors
- A critical access inpatient provider for:
 - 14-bed inpatient child psychiatry unit (ages 13 and younger)
 - 30-bed inpatient adolescent psychiatry unit (ages 14-17)
- Total Beds: 89 Beds

Loma Linda University Medical Center – Murrieta \$25,508,389



About ... LLUMC-Murrieta

- As LLUH's hospital in Riverside County, is a critical access hospital for families in the region for emergency care
 - In 2020, LLUMC-Murrieta set up booths in the parking lot to screen patients, tents in the parking lot to triage patients as they arrived, and a second Emergency Department was constructed in the hospital's lobby to serve COVID-19 patients.
- In FY21, LLUMC-Murrieta became the first center in the southwest Riverside County community to reach 200 TAVR (transcatheter aortic valve replacement) procedures in two years.
- TotalBeds: 111 Beds

LOMA LINDA UNIVERSITY HEALTH NET COMMUNITY BENEFIT**

This report is prepared based on unaudited financial statements and will be updated with filing of 990 Schedule H for FY 2021.

ECONOMIC VALUE (FY 2021): \$166,473,260

COMMUNITY BENEFIT (FY 2021)	LLUMC (MC + EC +SH)	LLUCH	LLUBMC	LLUMC - Murrieta	Loma Linda University Health (Four Licensed Hospitals)		
Reporting Period: July 1, 2020 - June 30, 2021	Net Benefit	Net Benefit	Net Benefit	Net Benefit	Expenses	(Offsets)	Net Benefit
Patient Care Services	\$60,590,126	(\$19,764,456)	\$9,642,737	\$25,464,115	\$821,218,138	(\$745,285,616)	\$75,932,522
1) Medi-Cal and Other Means tested Government Programs	\$48,390,310	(\$20,948,209)	\$6,329,724	\$24,334,828	\$803,392,269	(\$745,285,616)	\$58,106,653
2) Financial Assistance Program/ Charity Care	\$12,199,816	\$1,183,753	\$3,313,013	\$1,129,287	\$17,825,869	\$0	\$17,825,869
3) Subsidized Health Services (Home Care)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Professions Education	\$52,213,343	\$31,913,907	\$139,020	\$0	\$139,901,778	(\$55,635,508)	\$84,266,270
1) Medical Residents, Fellows & Interns	\$21,367,254	\$13,102,098	\$176,343	\$0	\$90,281,203	(\$55,635,508)	\$34,645,695
2) Paramedical Education (Pharmacy & Chaplain Residencies) & Other	\$167,381	(\$46,082)	(\$37,323)	\$0	\$83,976	\$0	\$83,976
3) Physician Group Equity Transfer for Medical Education	\$29,178,708	\$18,857,891			\$48,036,599	\$0	\$48,036,599
4) University Equity Transfer for Medical Education	\$1,500,000				\$1,500,000	\$0	\$1,500,000
Research (Offsets Included)	\$1,957,046	\$457,164			\$2,414,210		\$2,414,210
1) Clinical Trials	\$1,957,046	\$457,164			\$2,414,210		\$2,414,210
2) Community Health Research							
Community Health Benefit (Offsets Included)	\$3,029,892	\$707,040	\$79,052	\$44,274	\$3,860,258		\$3,860,258
1) Community Health Services	\$2,196,235	\$256,017	\$34,778	\$0	\$2,487,030		\$2,487,030
2) Cash and In-Kind Donation	\$9,500	\$2,875	\$1,000	\$1,000	\$14,375		\$14,375
3) Community-Building Activities and Programs	\$659,326	\$358,518	\$34,619	\$34,619	\$1,087,082		\$1,087,082
4) Community Benefit Operations	\$164,831	\$89,630	\$8,655	\$8,655	\$271,771		\$271,771
TOTAL	\$117,790,407	\$13,313,655	\$9,860,809	\$25,508,389	\$967,394,384	(\$800,921,124)	\$166,473,260

**This report is prepared based on financial statements at the time of publication and numbers are reported on the 990 Schedule H. Health Professions Education expenditures are only reported after subsidies, grants, and payments (DME & IME) are offset.

Community Benefit Implementation FY 21



*Community Partner El Sol Neighborhood Educational Center
Promotores at a COVID-19 pop-up equity street clinic
Spring of 2021*

Special Implementation: Covid-19 Response



*So powerful is the light of unity that it can
illuminate the whole earth. – Baha'U'Llah*



Food Security Response – Food Box Delivery Program

With the continuation of the pandemic and ongoing needs of the community in 2021, LLUH along with the support of our partners, was able to maintain our implementation plan for community benefit on behalf of the hospitals. In addition to maintaining our routine operations, LLUH ICP and community partners adopted additional implementation objectives to strengthen our relevance and responsiveness to our community this year.

The Community Safety-net Response to Covid-19

Expanded partnerships and outreach with Feeding America food banks in our two-county region: LLUH-ICP provided coordinated distribution and volunteer labor in partnership with **Community Action Partnership of San Bernardino (CAPSBC)** to deliver food boxes and community investment dollars to **FIND Food Bank** in the Coachella Valley to reach lower-income, isolated, and disenfranchised or disconnected communities in order to increase food security in the region.

Prior to the pandemic, feeding America estimated 1-in-10 people in San Bernardino County were food insecure. That estimate is now **1-in-6 people in San Bernardino County will be food insecure** by the end of 2020.⁵ CAPSBC served over 1.5 million individuals in calendar year 2020 that includes the distribution of 16.3 million pounds of food. The total food distribution in 2020 for CAPSBC far exceeded previous years as they have been coordinating the distribution of 1,000 food boxes weekly in the community, with LLUH-ICP coordinating nearly 300 of those boxes per week for delivery to local families.

Since the start of the pandemic, FIND Food Bank went from serving 90,000 people a month to 190,000 people a month: **this is more double in the demand for food.** FIND Food Bank estimates now that **1 in 5 people in the Coachella desert region of Riverside County are now food insecure.**⁶

Additionally, Loma Linda University Health became involved in setting up a mass vaccination site for the public, with staff from across the institution serving at the clinic alongside 60 community volunteers a day, when the site first opened, to administer the first injections to our community. While this was not a community benefit programming, it was an example of LLUH pivoting our operations in order to support the priority needs of the community in collaboration with local Department of Public Health, County, and government partners to combat the spread of Covid-19.

⁵ “Community Organizations to provide food to over 1,000 families,” Highland Community News. July 30, 2020.

⁶ FIND Food Bank’s website: <https://www.findfoodbank.org/finds-covid-response/>



LOMA LINDA UNIVERSITY
HEALTH

Institute for Community Partnerships

COVID-19 RESPONSE

INSTITUTE FOR COMMUNITY
PARTNERSHIPS

FY 21

11,089



Grocery boxes delivered
to families

3,832*



1,804**

Community Health Education
Worker Touchpoints*
Resources Provided**

5,283



Community Health Worker phone calls
& assistance to those in-need

153



Student volunteers
involved in response

Vaccination Programs

LLUH Mass Vaccination Clinic

In January 2021, LLUH committed to service in action by organizing one of the largest community vaccination sites in the Inland Empire. Taking place at the Drayson Center, LLUH was at the center of a truly collaborative effort. The mass vaccination center operated five days per week, 10-12 hours per day from late January through the end of May 2021. More than 43,000 vaccine doses were administered to residents of San Bernardino County and the surrounding community. Team members from across the organization provided essential administration, operations, safety, planning and logistics functions. This unique initiative provided leadership, students, staff and community volunteers the opportunity to serve at a time when all of us were eager to be a part of the solution.

The Institute for Community Partnerships played a critical role in leading the coordination of up to 100 volunteers per day, while applying an equity lens to the community clinic ensuring it was accessible and welcoming to all.⁷ LLUH was determined to do what it could to help keep our community safe and to turn the tide of this pandemic.

Vaccine Equity through Pop-Up Vaccine Clinics

LLUH recognized that ensuring community members disproportionately impacted by COVID-19 have access to life-saving vaccines required us to expand vaccine efforts beyond the mass vaccination center. Structural racism and existing disparities in wealth, education, job access, health care access, working conditions, transportation and neighborhood conditions made it challenging for local Black and Latino community members to participate in vaccination efforts. LLUH's commitment to COVID-19 vaccine equity meant we needed to meet our community members where they live and work.

“After feeling so helpless for close to a year watching from the sidelines as COVID concerns consumed our daily lives, I enjoyed helping and being a part of the solution.”

-Vaccine Clinic Volunteer

Beginning in early February of 2021, LLUH teamed up with trusted organizational partners IECAAC, COPE, and El Sol, to offer COVID-19 vaccines in Black and Brown communities that have been hardest hit by the pandemic. Together, these partners have conducted more than 30 pop-up vaccine clinics, providing more than 2,700 vaccinations in communities across San Bernardino County.

⁷ For purposes of Community Benefit reporting, ICP has only reported its cost associated with staff time operations in its hospital community benefit dollars.

How the LLUH Covid-19 Response is supported by hospital's Community Benefit dollars

The hospitals' investment in the operational costs of ICP provided the staff time to support LLUH's overall community and public health responsiveness in the community during Covid-19 to accomplish:

- Food Distribution with the help of key community partners
- LLUH system-employed Community Health Workers made phone calls to families, delivered hundreds of food boxes to community members, collected and delivered breastmilk for NICU mothers that were COVID positive, and were key support to mobile vaccination clinics
- Investments in “Jardin de la Salud”, a local community garden that supports outdoor education and access to healthy food options.
- Capacity Building investments with partner organizations during a difficult time for local community nonprofits.

In Fiscal Year 2021, ICP continued to support Covid-19 rapid responsiveness by deploying CHWs, LLU students and ICP staff to deliver food boxes to families in the region with high SDOH risk factors. This focus on improved access to healthy food options became vital during a time when families and community members needed it most.

ICP also provided technical assistance to support our nonprofit partners during the challenges brought forth by COVID-19. This included a robust Self-Assessment tool, financial review and recommendations, and the development of a new staff position. This allowed our nonprofit partners to not only navigate through the challenges brought forth by the pandemic, but continue to grow and sustain their organizations for long-term community support.

In summary, LLUH hospitals provided, through their existing investments in the Institute, the staffing to work as part of the emergency responsiveness in the community allowing our health system response to be relevant, responsive, coordinated, and part of the network of community-based organizations reaching out to the community.

Workforce Development & Pipeline to Higher Education





Workforce development

LLUH's primary focus areas for the 2020-2022 CHIS Cycle are initiatives related to workforce development and education to impact, over the long-term, the effect of poverty in our region.

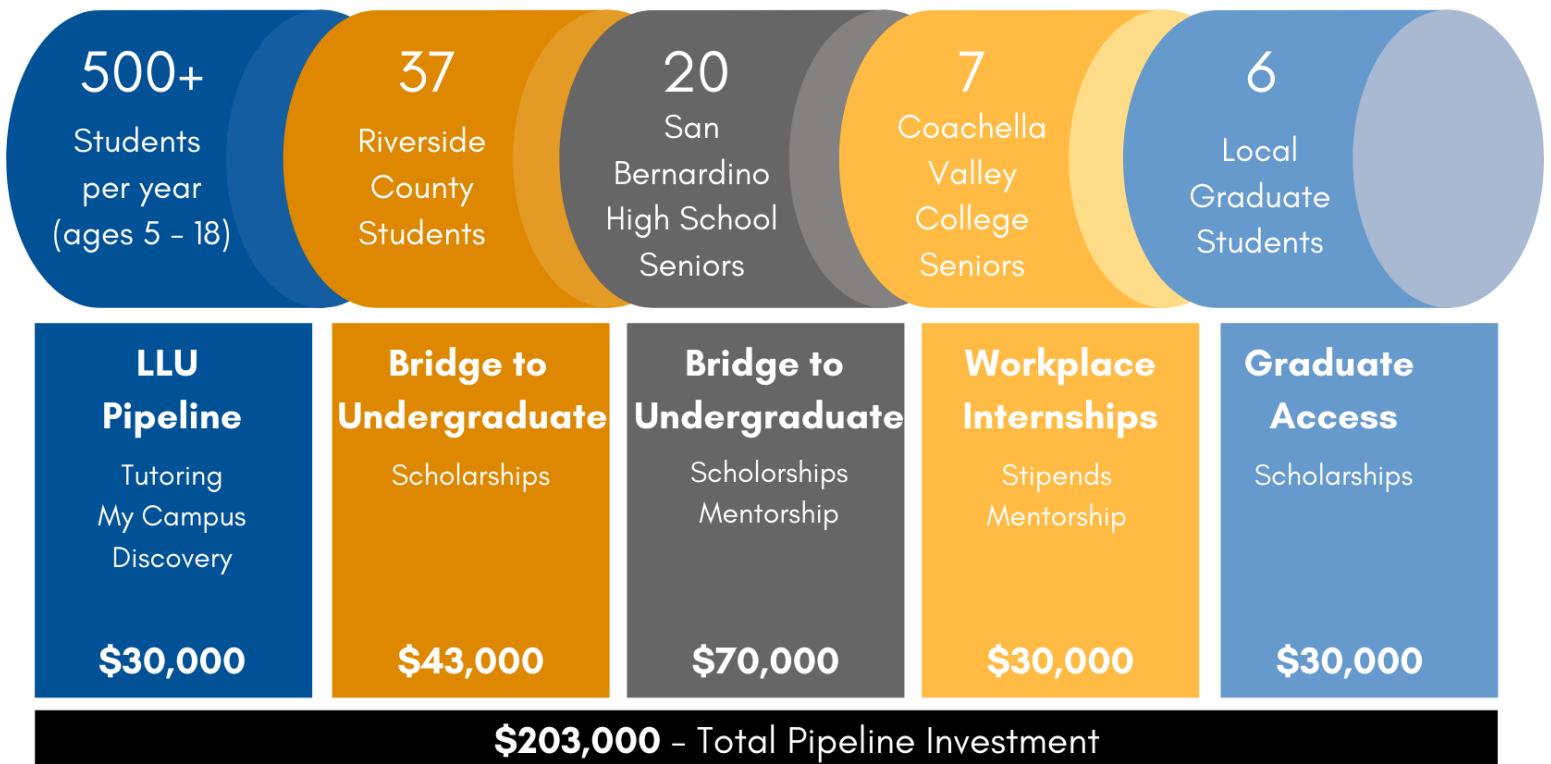


Education

Jobs and education are a primary investment area of the hospitals in order to work with partners who are providing access to traditionally under-represented, under-served, and often under-estimated youth and young adults who are low-income and/or people of color.

In FY 21, LLUH ICP worked with three partners to expand the outreach to middle & high-school youth to bridge them to workforce education, entry, and bridge scholarship. Partners continued to meet virtually to keep students focused on thinking about their future.

PIPELINE & POVERTY REDUCTION



Community-Academic Partners in Service (CAPS)

The pipeline programs operated by the Institute for Community Partnerships' are coordinated by the Community-Academic Partners in Service (CAPS) program and intended to provide disadvantaged youth exposure and access to exercise, healthy lifestyle education, and career options in health care in order to increase access to education, a community benefit investment of LLUH hospitals.

The primary goal of the Pipeline program over the 2020-2022 funding cycle is to bring more community organizations doing similar work together to strengthen the regional response and resources available to our youth.

Investing in the Youth of San Bernardino and Riverside is the long-term strategy to move the needle on poverty in our region.

The pipeline program activities are funded by hospital community benefit:

- My Campus – quarterly outreach with health professionals to introduce students to health professions.
- Discovery Program – A three-week summer intensive where students learn about health careers,
- Robotic Surgery Simulation Event
- Pipeline Alumni Association



Other wellness and health interventions implemented through CAPS include:

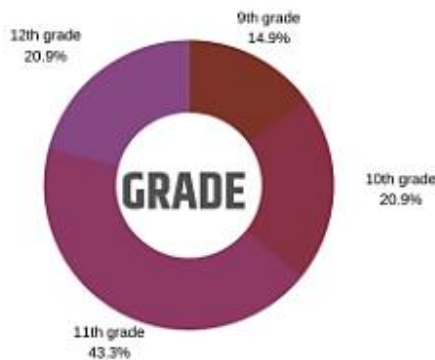
- Tutoring and school-based support services (online in FY 21)
- Family resource center, La Escuelita at a local school (and online)
- Goal 4 Health, a soccer league for underserved youth to increase access to safe green spaces, recreation, and safe play (suspended in FY 21 due to Covid-19).



DISCOVERY 2021

*Inspiring Health
Professionals of Tomorrow*

**83 STUDENT APPLICANTS
70 ACCEPTED STUDENTS
67 PROGRAM GRADUATES**



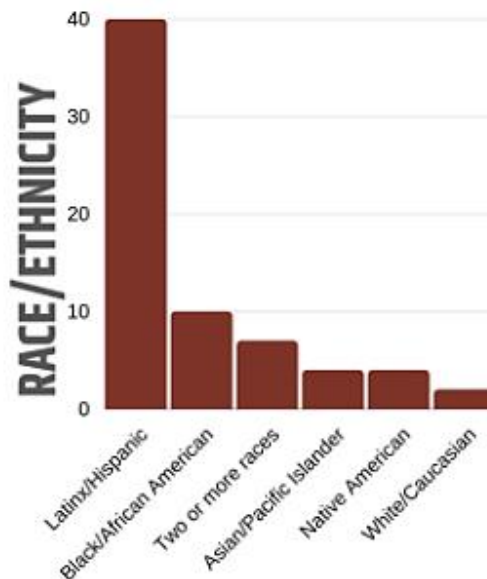
**47 YOUNG WOMEN
20 YOUNG MEN**



3.88 GPA AVERAGE

SCHOOL DISTRICTS REPRESENTED

SBCUSD (34)
CHAFFEY JOINT UNIFIED (10)
SDA ACADEMY (6)
CORONA-NORCO (5)
CHARTER-REDLANDS (3)
RIVERSIDE UNIFIED (2)
PERRIS UNION (2)
GLENDALE UNIFIED (1)
HESPERIA UNIFIED (1)
ORANGE UNIFIED (1)
PRIVATE SCHOOL (1)
HOMESCHOOL (1)



What do we mean by Pipeline Programs?

LLUH has been building a pipeline to higher education to connect local minority and under-served youth to health careers as an access, equity, and inclusion strategy. This is in alignment with mission of service and participation in the local community through the Institute for Community Partnership's CAPS program and hospital community benefit investment strategy and implementation with community and other regional partners.

Oversight of Jardin de la Salud & Produce Rx programs

The CAPS program as part of ICP also oversees the implementation of “Jardin de la Salud”, a community-based garden located at the previous La Escuelita site next to SAC Norton Clinic and the Helping Hands pantry. This garden functions to serve families in our community, and engages students of LLU and Discovery 2021 participants from local high schools into community service. Thanks to the CAPS and Huerta del Valle collaboration in Winter Quarter of 2020, this project now in FY21 has 30 active family plots and is in Phase 2.

Additionally, the CAPS team helped provide 64 CSA (Community Supported Agriculture) produce boxes to community members and conducted various workshops to promote healthy living. This included workshops on mental health, gardening, diabetes prevention and many others.

More on the Jardin de la Salud is covered in the following sections of this report, as well as the FY 21 growth of the Produce Rx program with SAC Health. For more information, visit: <https://caps.llu.edu/>

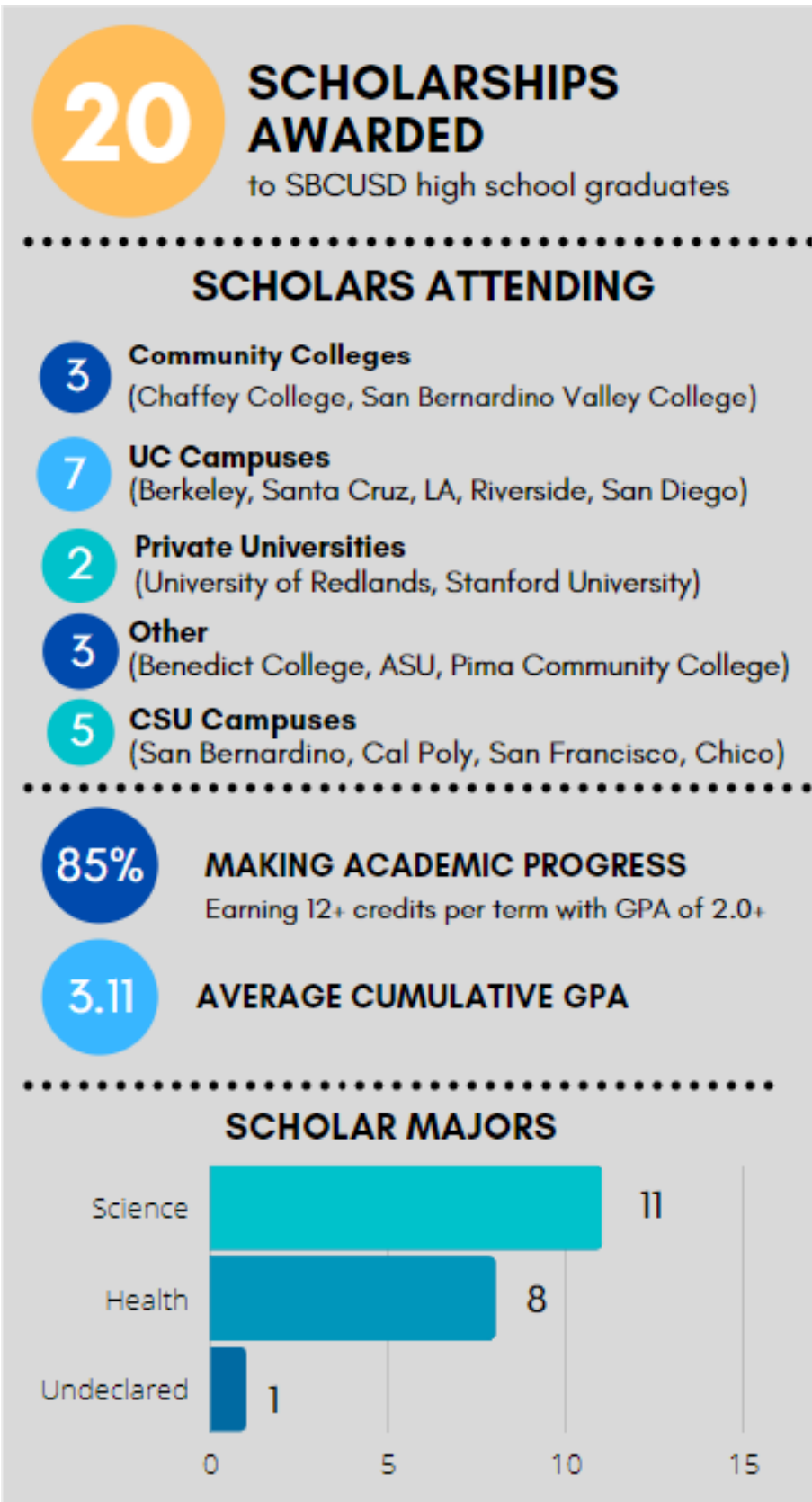
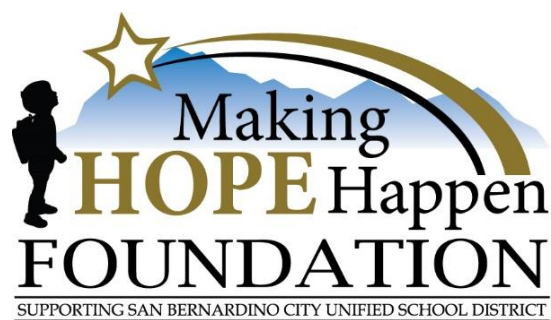
Because of the Jardin de la Salud project, over 30 families are now growing organic produce in the heart of San Bernardino City, with room to grow to a total of 52 family plots!



Making Hope Happen Foundation

San Bernardino City Unified School District

LLUH has made a sustained investment in Making Hope Happen, a bridge scholarship program that provides San Bernardino students a bridge scholarship of \$3,000. This scholarship is distributed to 20 students, as well as a stipend for a mentor. The graduating seniors who will become freshmen are paired with a past recipient. Older undergraduate students who understand the unique challenges many first and second-generation college students face, support them to as they bridge to higher education.



Pipeline Graduate Access Scholarships

In FY 21, LLUH-ICP continued to provide access scholarships with two of the schools in the LLU system to open access to higher education for under-estimated youth and students of color who have traditionally lacked access to graduate education in the health professions, a lifelong game-changer for local residents who come from low-income earning families in the region. The requirements of the scholarships were the schools had to match the community benefit investment in order amplify the impact on the greatest number of students who met the Community Benefit guidelines.

Over the current CHIS cycle, ICP will engage more partners in working to open access scholarships as part of the long-term commitment to growing the healthcare workforce of tomorrow with local students who understand the community and show an interest in continuing to work in this region. This investment highlights the effort to uplift families and make generational changes that reduce the impact of poverty in our region.

A Letter of Gratitude from a FY21 Scholarship Recipient:

“I was honored to receive the Community Benefit scholarship. This scholarship helped relieve the financial burden that comes with pursuing higher education and has allowed me to spend more time volunteering and working in the community. I am immensely grateful to Community Benefit for supporting local students to serve the region. As a future public health professional, I hope to serve the community that raised me by addressing social determinants of health and advocating for equitable healthcare access. It is a great pleasure to be able to work with the community that inspired and supported me in reaching my academic goals.”

Investing in Health Professional Education

Workforce Development at San Manuel Gateway College

In 2016, thanks to a seed investment made by the San Manuel Band of Mission Indians, the LLUH system was able to build and establish a technical and vocational training college, the San Manuel Gateway College (SMGC), in the heart of San Bernardino. The college is co-located with the SAC Health System to provide a community-setting for the training of future healthcare workers. As Loma Linda University (LLU) is a graduate medical education campus with over eight graduate schools, the health system recently committed a year-over-year investment to support SMGC operations and extend access to community members seeking access to vocational and technical training in order to strengthen the pipeline to education in the region. SMGC students also rotate through LLUH's many clinical settings for training during their programs.

In FY 21, Loma Linda University Medical Center invested \$1.5 million in SMGC to support health professional education operational costs and training as an access strategy to address workforce development and education needs of local youth.

The SMGC Student Population proudly represents:

- Students of Color
- First Generation students or “first few in their family” to attend post-secondary education
- Residents of San Bernardino and Riverside Counties
- Over 50% receive financial aid or scholarships to attend SMGC.

Students are provided support from the SMGC staff and faculty given the challenges and life experiences many of the SMGC students face regarding risk factors related to the social determinants of health. Every year, the SMGC graduates are included in the annual graduation ceremonies and celebrations at Loma Linda University to honor their success and accomplishment and association with a health care system and institution of higher education. For more about SMGC visit the website at: <https://sanmanuelgatewaycollege.llu.edu/>

The Goal of SMGC

SMGC provides local youth and adults from San Bernardino and the surrounding areas access to professional training and certification as a workforce development strategy.

In 2021, SMGC provided the following technical training programs and certifications:

- Certified Nursing Assistant
- Medical Assistant
- Promotores Academy (Community Health Worker Basic Certification; and Clinic-based Community Health Workers)
- Pharmacy Tech
- Surgical Tech

SMGC is developing the health care workforce of tomorrow while providing the bridge to help our community's youth and adults find a path to higher education to set them on a life-long path of career development and economic advancement.



How the LLUH hospital's Community Benefit dollars support Workforce Development & Education

In FY 21, ICP continues to engage more partners in the regional pipeline to support, align and engage in collective impact with regional partners in an effort to align to the local School District and County's similar efforts in workforce development and education. While CAPS also includes oversight of the service learning and coordination of Loma Linda University student volunteers, only the cost of operations and CAPS programs that are funded by the hospitals are reported as community benefit. In Fiscal Year 2021, the hospitals invested the following in workforce development and education efforts in the community: \$70,000 in access scholarships to high school students; \$30,000 to pipeline programs, including scholarships to high school students bridging to undergraduate school; \$30,000 to support workplace internships in Public Health; \$20,000 access scholarship dollars in Nursing; and \$10,000 access scholarships dollars in Public Health. The LLUH partners awarded scholarships to over 50 students bridging to education.

In Fiscal Year 2021, ICP also committed to investing in workforce development and education with partners in the Murrieta/Temecula region. This included investments of \$43,000 for an additional 37 scholarships.

The hospitals report dollars invested in Health Professions Education for the training of medical professionals above and beyond our federal or state subsidies and grants, or indirect or direct medical education dollars received. LLUH provides operational support to San Manuel Gateway College as part of the commitment to sustain the operations of this critical workforce access strategy.



Community Health Worker (CHW) Workforce Integration





Workforce development

LLUH-ICP is stewarding workforce development for community health workers as a major initiative in the 2020-2022 CHIS cycle in order to pilot integration in school districts, hospital systems, and with non-profit partners where CHW's have traditionally not been hired in our region. LLUH-ICP provides the management and oversight of programs as part of our operations and supports FTE dollars to pilot CHW work in order to prove the return on investment for sector partners to sustain the workforce over time.

To view this video visit: <https://icp.llu.edu/our-work/chw-integration>

“Community Health Worker – She saw me as human.”



Community Health Worker "Saw Me as a Human"

CHW Health System Integration

In FY 2019 LLUH initiated a pilot with three CHWs who integrated into high-risk areas where vulnerable populations access our health system but face undue health burdens in trying to address their health and wellness post-encounter in either inpatient or outpatient settings. This includes linkages to LLUH's priority on disease related to poverty through a focus on at-risk infants and mothers and Black infant health in the NICU and at-risk adults with diabetes in the outpatient Diabetes Treatment Center. Due to the initial success of the pilot program in 2019, LLUH is formally creating a CHW Integration and Intervention Program through the Institute for Community Partnerships based on the following parameters:

CHWs at LLUH spend hours with patients who face multiple social determinant burdens as our team motto is: "Time is the Medicine"

To date, LLUH hospitals invested in four CHW positions and a manager to run the program. The ICP management/operations positions support the El Sol CHEWs and school district contracts in addition to the establishment of the CHW program at LLUH. The LLUH CHWs will be entirely focused on the target population, those from underserved communities who lack access to services and face poverty, based on the community benefit investment in this community intervention. It is the goal of this program to use the hospital's investment to intervene and lighten the burden of the social determinants of health through community peers who are expertly trained in recognizing and navigating the social determinants of health. While the CHWs are employed by LLUH and meet people who represent vulnerable populations in our region, they are assigned to work in the community with patients and their families who represent the target population, as defined by community benefit parameters. To ensure this is upheld, CHWS working within the LLUH program will abide by the following metrics: A 51% minimum of time in the community with a stretch goal of 60% time spent in the community will serve as the macro indicator for the program.

Secondary outcomes related to special populations, as well as demographic information, will be captured to study the impact of CHWs working with underserved or marginalized populations. Outcomes will be presented in community benefit reporting and in research published and presented in professional journals and conferences by ICP to help increase the access and technical assistance available to health systems who wish to replicate the CHW integration model. LLUH CHWs will focus on home visits and community

LLUH System CHWs spend a minimum of 51% of their time out in the community with a target intervention of 60% or 3 days a week.

outreach classes/peer support groups for vulnerable populations with the following programmatic goals:

Time is the Medicine – Unlike health care providers and clinical staff, the CHWs are able to provide time-intensive interventions outside the four walls of our clinical settings. This is accomplished through a trusted relationship as CHWs are able to quickly establish themselves as community peers and engage with community members once they are home. CHWs work with community members and their family members to navigate complex social and health systems to address, manage, and maintain their help once these community members are no longer “patients” in our facility, but integrating back to the home to get the follow-up care they need.

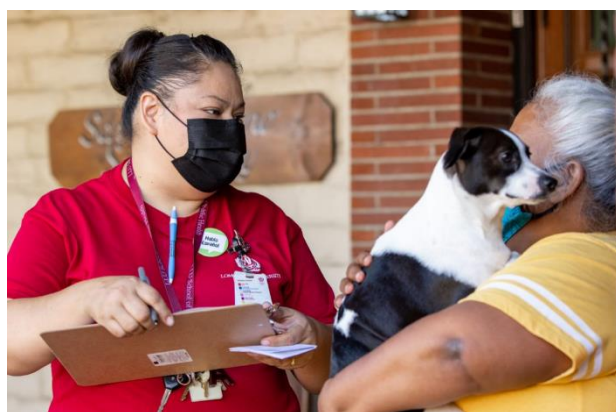
Intervention & Accompaniment – CHWs provide supportive coaching and mentoring to help those they work with navigate complex social services and benefits like (DMV, Social Security, Veterans Affairs, etc.). CHWs are also able to accompany community members to follow-up medical appointments. CHWs are able to support individuals in accessing essential resources like food banks, housing and rental assistance, behavioral health, substance use support and other critical resources in the community.

Special Populations Focus – The LLUH CHWs will be stationed in critical access areas of the health system in order to become connected to community members who are experiencing the highest levels of need. The following are special populations the CHW program will address:

- At-risk infants and mothers
- Adults with diabetes
- Children and youth with diabetes
- Homeless individuals in our Emergency Department
- Individuals experiencing escalation of symptoms related to Sickle Cell Diseases
- Individuals in need of mental health or behavioral health resources;
- Victims of violent crime who receive trauma-related surgical interventions;
- High utilizers of the LLUH system who experience undue social determinant burden and require extensive, supportive accompaniment and linkage to health and social services upon discharge from LLUH.

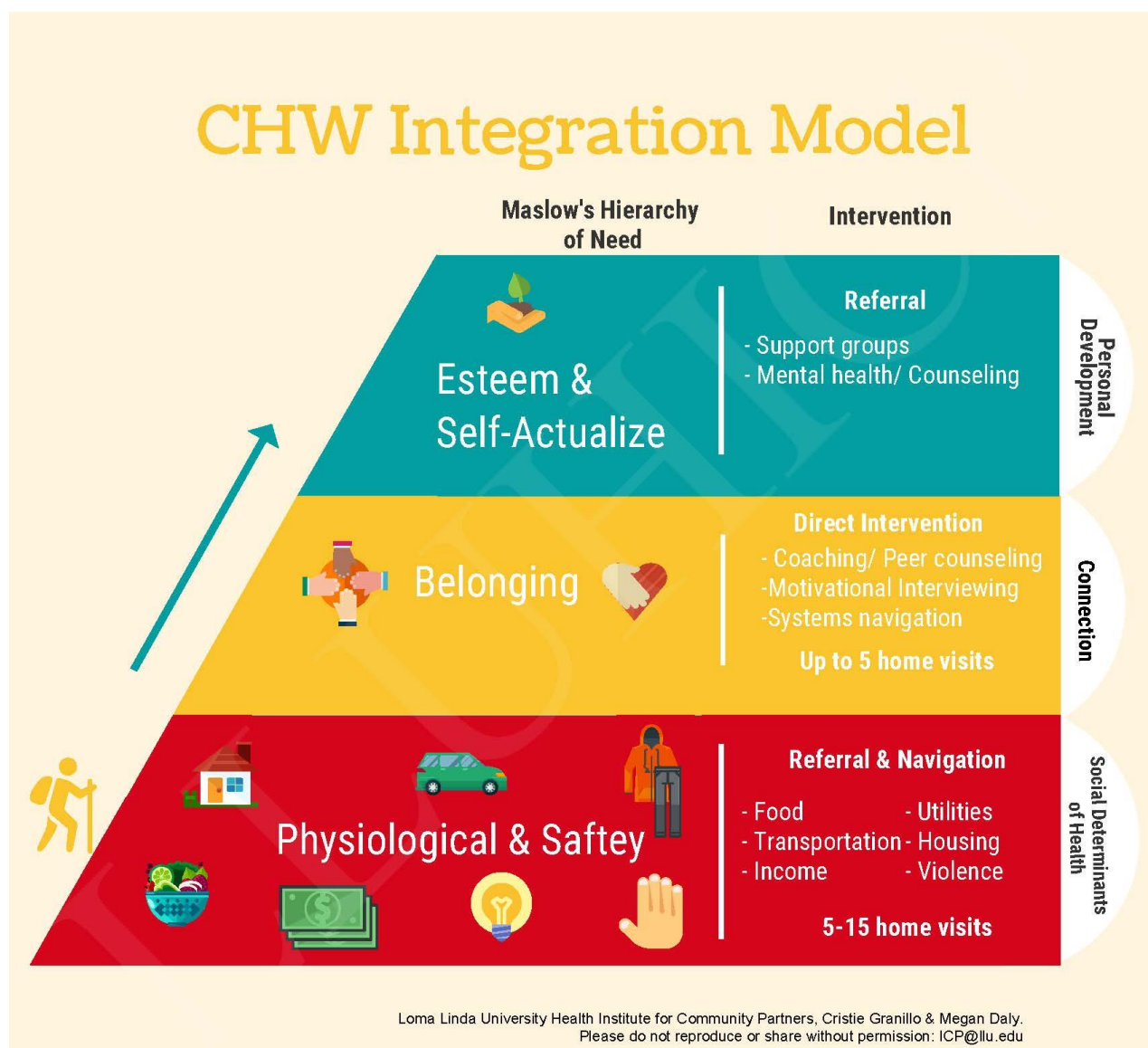


Finally, special to this program is the triple investment where CHW workforce development helps the CHW, the patients they assist, and the system. Creating CHWs jobs is an economic development strategy since CHWs often need *the same access* to employment as those they are tirelessly serving. Historically, CHWs have not been part of the formal workforce with workplace benefits. Employment reduces the reliance on grant-based or project—based employment for CHWs, a source of income insecurity and provides the stability of full-time benefitted employment. In addition to the programmatic outreach and intervention provided by the CHWs, the creation of the jobs for community members who are trained in this work is also a fulfillment of the community benefit workforce development strategy as priority hiring is reserved for people with lived experience in navigating the social determinants of health.



In FY 21, LLUH's CHWs were deployed to:

- Provide outreach and enrollment to the Diabetes Treatment Center and engage Hispanic and Latino community members experiencing metabolic syndrome and pre-diabetes into Diabetes Prevention Program (based on the CDC programs) free of cost, year-long classes and mentoring in improving health outcomes.
- Provide outreach and CHW intervention (accompaniment, home and phone follow-up calls and visits, and ongoing support) to mothers with medically fragile infants who are discharged from the NICU and face multiple social determinants of health risks upon returning to community.
- Outreach and engagement with the unsheltered and victims of traumatic injury in the Emergency Room to support with linkages to services and alternative options for community members (Violence Intervention Program).



- Outreach and engagement with patients living with Sickle Cell Disease in the emergency room to provide peer support.
- Food security screening calls and delivery of food boxes to known community members with SDOH risk factors.
- Resource screening calls in partnership with the PossAbilities program to members of the Sickle Cell and *Angeles Especiales* (Mother's with special needs children) support groups.

The CHW Integration Model at LLUH developed by ICP staff is undergoing testing through implementation and research for ongoing outcomes reporting and to support future capacity building of partners integrating CHWs into their programs:

Vision

Our vision is to bring together community and academia by developing a work force that is reflective of the communities we serve to address social determinants of health. By effectively integrating Community Health Workers into systems, they become bridge builders to engage and highlight community strengths to increase health and education outcomes.



Goal 1: Address immediate physiological and safety barriers of participant

* Quantitative discrete data



Goal 2: Strengthen relationship between participant and institutions (hospitals, schools, social services)

* Qualitative data- focus groups, satisfaction surveys



Goal 3: Follow up with participant at 3, 6, 9, 12, and 24th month markers

* Quantitative survey

-Home visits are used to **refer, link, accompany and stabilize** participant. CHW's will focus on top 3 areas of need assisting participant in removing barriers and navigating systems

We can evaluate impact and provide support when needed

Outcomes – CHW Integration FY 21

Community Health Worker (CHW) Program

Diabetes Treatment Center, Emergency Department, NICU

July 2020 – June 2021

Emergency Department

48

Patients
Assisted

Trauma

160

Patients
Assisted

Sickle Cell

25

Patients
Assisted

Diabetes Treatment Center

164

Patients
Assisted

NICU

85

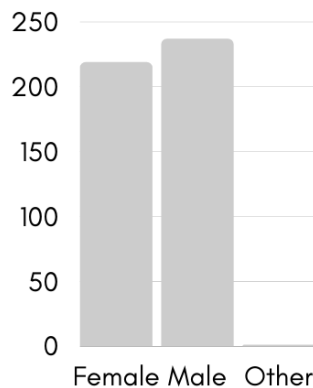
Patients
Assisted

TOTALS

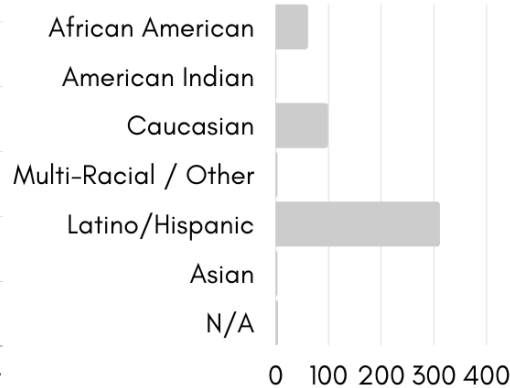
482

Patients
Assisted

Gender



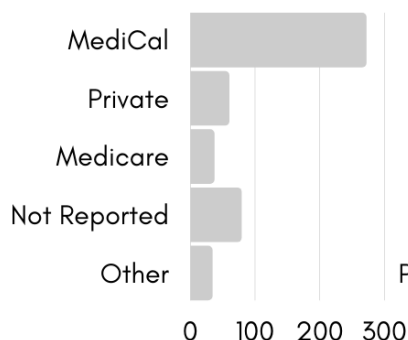
Race/Ethnicity



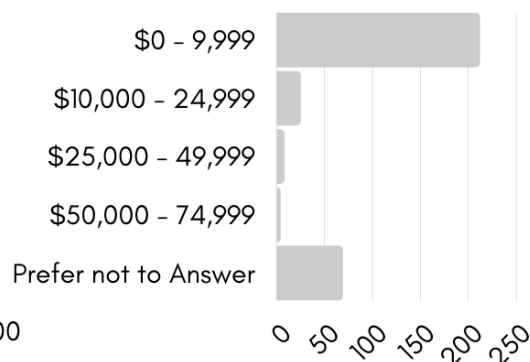
Employment



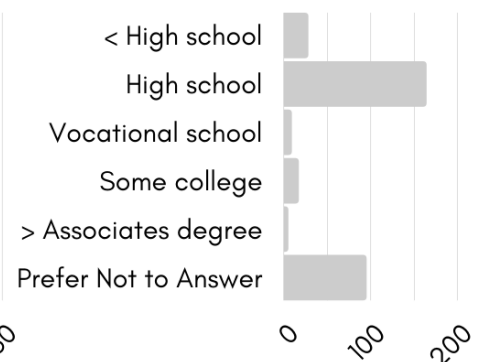
Insurance



Income



Education Attained



School Districts – Community Health Education Workers

ICP contracts and provides technical assistance to School Districts to create CHEW jobs in partnership with El Sol Neighborhood Educational Center: LLUH through ICP is building community health education worker teams (CHEWs) in local school districts in order to extend outreach to at-risk populations of students, or youth who are at-risk, based on the district's greatest needs. The CHEWs are trained to work in the education system and through relationship building and home visits, extend outreach, social supports, linkages and accompaniments to families, resource support, and informal peer counseling to help students who are chronically absent, face undue health challenges, or are experiencing mental or behavioral health crisis have additional, intensive supportive resources.

ICP currently contracts with two school districts (San Bernardino City Unified School District and Chaffey Joint Union High School District) and employs six CHEWs working in the community, a manager of integration to oversee the project, and is conducting interventions with families with children who are chronically absent, need COVID-19 response (education, access to technology/vaccines/etc.), are food insecure and address the barriers associated with the social determinants of health.

ICP's contracts with the local school districts provide workforce development dollars for CHW integration into school districts with ICP contributing the management time and infrastructure to support the integration and outcomes. Future school sites are intended in the coming years to grow the program and root community health and education workers into the fabric of the school district's workforce to provide sustained and critical outreach to families of school-age youth who suffer undue burdens from multiple social determinants of health risk factors.

CHEWs have intervened in the 2020-2021 school year specifically to address:

- Vaccine compliance (increase access to school)
- Behavioral health risk assessment and risk-factor reduction for suicide among school-age children & youth
- Chronic absenteeism
- Food & housing insecurity due to Covid-19



Outcomes – CHEW Team in FY 21

COMMUNITY HEALTH WORKER PROGRAM

CHEWs

8 MOTHER'S DAY
GIFTS



213 OPERATION
SCHOOL BELL
BACKPACKS

160 THANKSGIVING
FOOD BOXES



200 CHRISTMAS
TOYS

**"They came in with immense
commitment... every single
one of them shows up with
such comitment in their heart"**

-FOCUS GROUP PARTICIPANT

3,832



TOUCHPOINTS



1,804

RESOURCES

- FOOD
- HYGIENE
- WORKSHOPS
- CLOTHING
- EMPLOYMENT

5,283



PHONE CALLS

CHW Integration Project – FIND Food Bank

ICP invested (dollars reported in FY 19 numbers) in non-profit, community-based organizational partners who want to expand outreach to their populations through the



addition of community health workers through either seed funding for community health worker positions or, through technical assistance with grant activities to help increase partner potential to acquire dollars to hire community health workers. ICP invested in a community health worker integration program with a non-profit partner in the Coachella Valley where FIND Food Bank added a CHW to their outreach team. The CHW is able to support families in both CalFresh & SNAP benefits with potential reimbursement for these services as part of the longer sustainability plan as the CHW supports the FIND team focusing on intensive outreach visits to at-risk families.

FIND Food Bank is a critical food security partner in the Coachella Valley. Because of LLUH's investment in a CHW to join, FIND was able to deploy the LLUH sponsored CHW to support emergency food relief.

FIND Food Bank helped LLUH reach an additional 1,271 people with the work of 1 CHW.



Community Health Worker Integration Program



1,271

**# of Individuals
Assisted**

247

**# of Seniors
Assisted**

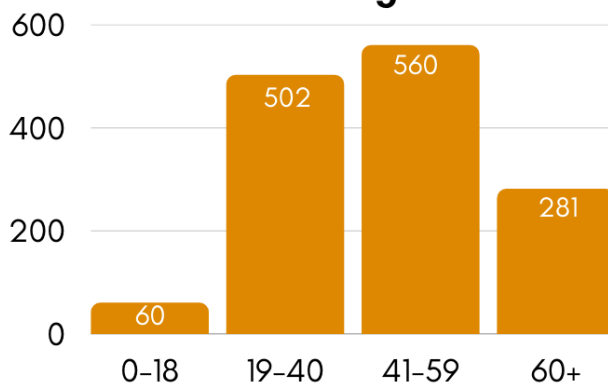
192

**# of Immigrant
Households Assisted**

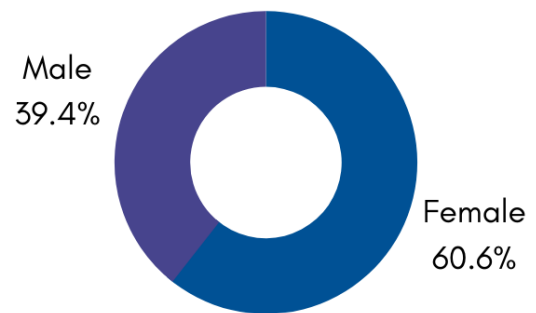
217

**# of Working
Families Assisted**

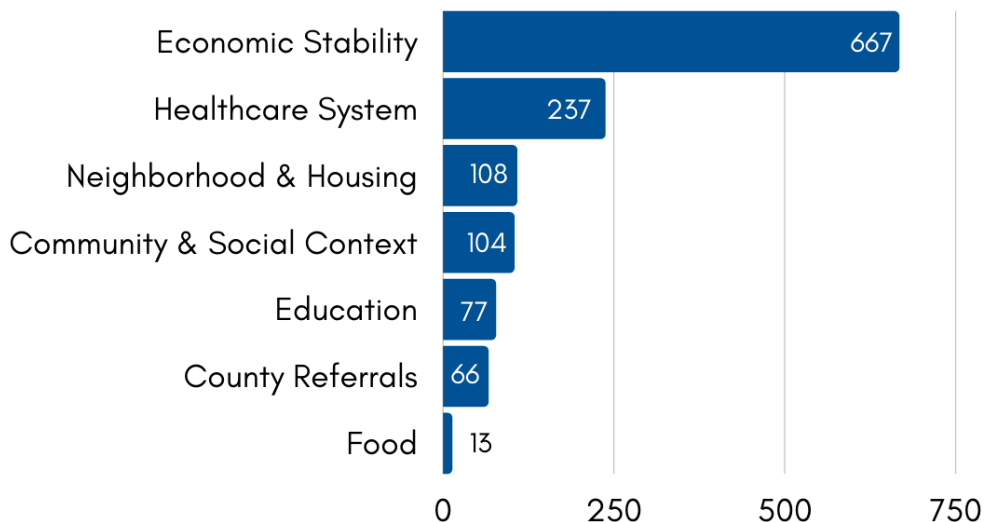
Age



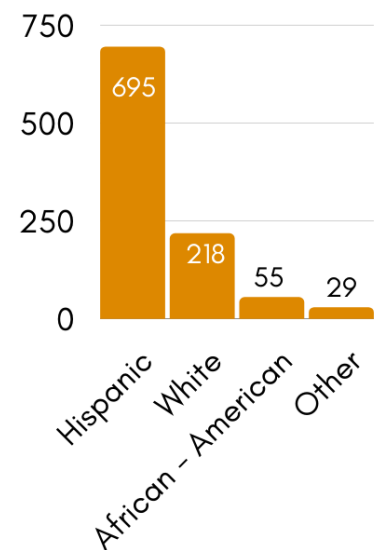
Gender



Intervention Type



Ethnicity



How the LLUH hospital's Community Benefit dollars support CHW Workforce Integration



All four licensed hospitals invest in ICP operations to carry out this level of partnership, responsiveness, and stewardship of the integration of CHWs into the health system.

The CHWs in the health system are hired by the Institute for Community Partnerships and integration is managed to guarantee that 51% or more of the CHW labor is time spent outside the health system following patients as they re-integrate into community and follow their recommended health and social plans of care. Additionally, through food security efforts in FY 21 and other public service programs, LLUH CHWs help community members regardless of their relationship to LLUH.

In the case of ICP contracts, like with school districts, only operational expenses above and beyond contractual revenue for FTEs are reported as community benefit. Investments in partners hiring CHWs are made in programmatic agreements to ensure outcomes reporting in alignment with community outreach and impact outcomes.

In fiscal year 21, with the ongoing pandemic, CHWs continued to provide intensive support services as their special populations, program operations also resumed supporting discharged patients, providing navigational support community members to access resources, making referrals for people with increasing social determinant needs, and supporting food security and delivery efforts.

LLUH –ICP is investing in non-profit partners who hire CHWs and support workforce development.

Green Space: *Jardin de la Salud*





Green spaces



Food security

52 Community Gardner Plots. 35 rows for production to support local food markets.

In 2020, Huerta del Valle, LLUH-ICP, and SAC Health partnered to install a community garden at the SAC Norton Clinic on 3rd Street in downtown San Bernardino. Huerta del Valle is a non-profit with a pioneering vision to place “one community garden per mile of our region.” More than a garden, Huerta is an outdoor community center: families rent plots for affordable rates, there are community education and training efforts to help people learn to grow food and buy local, and there is a larger scale agricultural production and CSA (community supported agriculture) program to get organic, fresh food out to the community. Huerta has done what many community gardens fail to do, they have created a vibrant place for community. Jardin de la Salud (the garden of health) is an incredible equity effort to bring organic, nutritious food to a food desert area of San Bernardino where the neighborhoods lack access to affordable, healthy produce.



Huerta del Valle



LOMA LINDA
UNIVERSITY
HEALTH

Institute for Community
Partnerships

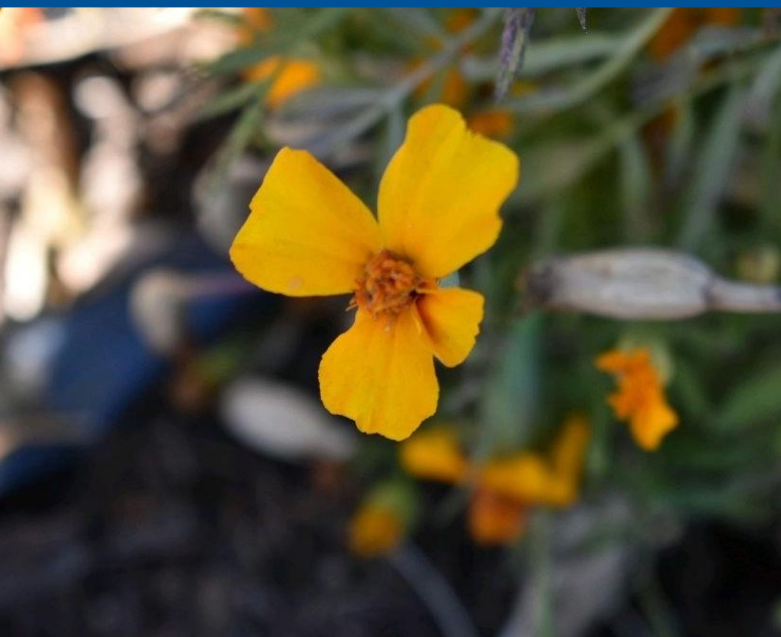
SAC+
HEALTH

A Garden Grows During Covid-19



“Hope for the future is at the heart of all gardening”

~Unknown



How the LLUH hospital's Community Benefit dollars supported *Jardin de la Salud*

Loma Linda University Medical Center and Loma Linda University Children's hospitals have made historic year-over-year investments in SAC Health to support the transition to FQHC status with bridge funding to ensure operational sustainability. Additionally, ICP has allocated staff time to support the implementation, installation, and community engagement in the garden.

Beginning in 2020, LLUH was able to invest community benefit dollars to support community members to plan and create a garden.

Additionally dollars for fencing, lighting and daily maintenance were contributed by the hospitals through community health investment dollars and the health system provided additional infrastructure support through campus engineering (not reported as hospital community benefit dollars), but part of LLUH's overall investment in the success of this community green space.





2020

JANUARY - FEBRUARY

On MLK Service Day, sod is removed from the land as CAPS coordinates student and community volunteers.

MAY - JUNE

Iron fencing is installed, water begins to flow in the garden, and families begin working on their plots.

SEPTEMBER - OCTOBER

Community artists raise funds to paint the mural and families and volunteers come out to help.

MARCH - APRIL

As LLU students, community members, and volunteers from LLU Maintenance and Landscaping continue to prep the land while Huerta begins weekly delivery of organic food to the local community.

JULY - AUGUST

Community members and LLU students volunteer in the garden despite the summer heat and masking requirements!

OCTOBER - NOVEMBER

Produce Rx program is funded by the Ardmore Foundation to produce workshops on health related topics for local community members.

2021

JANUARY

MLK Day of Service engages LLU students for further garden development.

More than a Garden

Jardin de la Salud is not just a healthy food access strategy: it is an outdoor community center. The garden is milestone in fulfillment of the 2019 CHNA when *the community* asked for safe green spaces along with jobs, food, and housing as top priorities. 30 families are now coming weekly to the garden to tend their food plots and over 130 volunteers have safely worked to support this community effort during Covid-19.

Medi-Cal Enrollment Grant

Loma Linda University Health – Institute for Community Partnerships was awarded \$610,149 in grant funding⁸ from the San Bernardino County Transitional Assistance Department during 2021 to help uninsured San Bernardino County residents enroll in Medi-Cal health insurance. The target populations for this program are diverse, including people with substance use disorders, mental or physical disabilities, unhoused, seniors, young people of color, immigrants and families of mixed immigration status, those with limited English proficiency, low-wage workers and their families or dependents, and uninsured children. The goal of this program is to connect eligible community members to quality, affordable health coverage from Medi-Cal.

Health for All

Enroll in health care programs today!

What is Medi-Cal?
Medi-Cal is a no-cost or low-cost health care program. It provides medical, dental, and vision services to qualified low-income residents.

Who is eligible?
Medi-Cal is available for individuals and families, children, and pregnant individuals with limited income.

Where can I sign up for Medi-Cal in San Bernardino County?

- Over the phone:** You can call a certified enroller to apply for Medi-Cal over the phone. Call 909-257-0328 to apply today.
- Online:** Apply for Medi-Cal online through <https://benefitscal.com>

What information may be asked?
You may be asked the following details about each person in your household:

- Age
- Income
- Employment
- Identification
- Marital status
- Citizenship

The information required for each family member depends on their age, disability status and other factors.

Partners:

San Bernardino County, Loma Linda University Health, Inland SoCal United Way, 2-1-1, C.O.P.E. (Congregations Organized for Prophetic Engagement)

The “Health for All” partner organizations collaborating on this program include **El Sol Neighborhood Educational Center, Inland SoCal United Way, and Congregations Organized for Prophetic Engagement (COPE)**. LLU ICP provides project oversight, strategy development, and technical assistance. Inland SoCal United Way serves as the project’s call center for phone-based Medi-Cal enrollment, screens all 211 callers for health insurance status, refers eligible clients to the call center’s health navigators for application assistance, and assists clients in submitting Medi-Cal and CalFresh applications by phone. El Sol and COPE employ various strategies to educate community members about Medi-Cal and assist them in applying, providing on-site application assistance and outreach at pop-up COVID-19 Vaccine Clinics, health fairs, food banks, and other community events.

The collaborative model ensure we reach diverse populations where they live and work.

⁸ For purposes of Community Benefit reporting, ICP has only reported its cost above the grant in its hospital community benefit dollars.

Access to Care & Services for Underrepresented Populations





Making people whole. Serving populations with additional social determinant burdens and or those who require intentional efforts to gain access to health care is part of the heart of the mission at LLUH to continue the teaching and healing ministry of Jesus Christ to make man whole.”



Behavioral health

Every year, ICP works with hospital leadership to ensure the programs and services that are included in the community benefit report are part of “what counts” and support the fulfillment of priorities and needs identified in the Community Health Needs Assessment.

The following programs are existing hospital outreach and supportive services and include some of ICP’s work on behalf of the hospitals with special populations of focus.



Social isolation

All programs represented in this report are carefully reviewed in accordance with best-practice and guidance for community benefit accounting and are included in the implementation strategy as part of LLUH’s inclusion, disparity-reduction strategies.

The following programs are featured as part of our access to health & behavioral health care and services:

- **Agricultural Essential Workers and residents of the Coachella Valley**, the region of the Inland Empire with the highest rates of poverty per capita;
- Access to **people living with disabilities** through the PossAbilities program;
- Access to **behavioral health services**;
- Regional alignment on early childhood development screening, intervention, partner coordination, and service integration through Help Me Grow;
- Specialty intervention services to **victims of violent trauma**;
- Providing patients **whole-person cancer care** and state and national research efforts through the Cancer Registry services;
- Access to care through safety-net FQHC providers of primary, behavioral, and specialty health care to meet the needs of **lower-income people with compounded social determinant of health burdens**.

Access to Health Services:

Rural Communities & Agricultural Essential Workers in the Coachella Valley

The Coachella Valley, located in Riverside County, contains some of Southern California's most iconic desert landscapes and destinations from Palm Springs to the Salton Sea. Lesser-known by visitors to the region, the Coachella Valley is also a major agricultural center in the State, and an important part of California's agricultural economy along with the Central Valley. According to Growing Coachella Valley,⁹ the region contributes over \$4 Billion in agricultural produce and employs almost 19,000 people. Most notably the region produces 95% of the dates in the United States along with other critical crops such as bell peppers, lettuce, grapes, artichokes, broccoli, watermelon, carrots and citrus.



The Coachella Valley is one California's most economically impoverished regions in the state ...

- Nearly half of all Coachella Valley residents live at or below 200% of the Federal Poverty Level.
- That is 21.8% of the population in 2019, compared to the state average in California of 12.3%.

... with some of the most inspiring community-mobilization and resiliency efforts in the state due to the work of partners like FIND Food Bank, Lift to Rise, Desert Health Care District, and the faith-based Catholic Church partners in the region.

Community Outreach & Liaison Support Service in the Coachella Valley

In collaboration with the Loma Linda University Children's Hospital Indio Clinic and ICP to support the clinic's outreach and supportive services are integrated, relevant, and responsive to the unique needs of the community. CH funded a position in order for a community outreach coordinator (liaison) to facilitate conversation, outreach, and integration of these vital children's services. Prior to the opening of the clinic, residents of the region had to drive almost 75 miles west for children's primary and specialty care services. With the opening of the Indio clinic as a vital safety-net service for children's health care and a future site for SAC Health to bring dental care for families, the Community Outreach Coordinator helps ensure the community has access to the range of services provided.



Outreach Efforts in Coachella Valley

- A **Community Outreach Coordinator (Liaison)** provides vital linkages to specific schools, neighborhoods, churches, and community members to assess their on-going needs and report back to the health system (ICP) and local LLUCH children's clinic to ensure support services and health outreach is targeted and tailored to the needs of the community.
- The **Coachella Youth Advisory** was launched to represent the communities of the Eastern Coachella Valley to strengthen the connection of families from those neighborhoods to local health care resources and increase opportunities for health career development and inclusion in pipeline workforce development programs. The advisory is building up to eight local youth group who are the core representatives and an extended group of 15-20 youth as local advocates.



Access for People Living with Disabilities: PossAbilities

The mission of PossAbilities is to provide new direction and hope through physical, social, and educational interaction with peers and their community. This free membership program is tailored to persons with physical disabilities such as limb amputation, stroke, spinal cord injury, traumatic brain injury, multiple sclerosis, muscular dystrophy, spina bifida, and sickle cell disease. Loma Linda University Medical Center funded the program since 2019.



The program offers physically disabled individuals who were born with or have suffered a permanent physical injury a sense of community and a healthy social network. PossAbilities is one of LLUH's longstanding community benefit program as a free community outreach program developed by Loma Linda University Health. Membership is open to both disabled and able-bodied peoples: with support groups providing community safety-net and supportive services.

Benefits Provided through PossAbilities:

- Social and recreational activities
- Peer mentoring
- Adaptive sports
- Support groups
- Discounted membership to the Drayson Center with adaptive equipment
- Discount prescription program
- On-campus cafeteria and snack shop discounts
- Grant and scholarship opportunities

Outreach in FY 21

While many of the events coordinated by the program faced ongoing suspension in FY 21 due to Covid-19 restrictions, PossAbilities continued to offer support services to virtual support groups and outside outreach events, with a focus on social, mental, and behavioral health stabilization and supports.

Additionally, the LLUH CHW's provided supportive outreach to the Sickle Cell and *Angels Especiales* support groups to screen PossAbilities members for increased risks due to the economic and isolating impact of Covid-19.

Thanks to the collaboration between the PossAbilities program and LLUH health system CHWs, PossAbilities program members were provided individual outreach and screening calls to ensure access to critical resources.

2020 IMPACT REPORT

Providing new direction and hope!



Virtual Support Groups & Activities

Number of support groups & activities: 106
Number of people served: 1375

FOOD GIVEAWAY

Total number boxes distributed: 250
Total individuals in households: 780

In partnership with



Virtual Women's Luncheon

Meals provided: 60
Number of disabilities represented: 12
Caregivers: 6
Veterans: 1

Paralympic Training Program

Sponsored athletes: 7
Number of different sports: 5
Athletes on Team USA: 3
National Champions: 5



PROTECTIVE EQUIPMENT DRIVE THRU

Total number of masks distributed: 2000
Total number of sanitizer bottles distributed: 200
Total number of households: 480

VIRTUAL CHRISTMAS EVENT

Total online views: 896



Christmas Gift Drive Thru

Children with disabilities that received Christmas gifts: 105
Siblings that received Christmas gifts: 180
Age range of children: 2 to 18
Total families served: 105
Volunteers: 7

MONEY RAISED

Total: \$128,885



Access to Behavioral Health Services

While many of the LLUH programs in this report provide social engagement and reduction of isolation, there are other services provided through Loma Linda University Behavioral Medicine Center (LLUBMC) to address critical access issues pertaining to some of the barriers to behavioral and mental health care in our counties.

Referral Support Services to Other Providers of Mental Health Care

LLUBMC sponsors the psychology interns in training to conduct screenings geared towards the general community in the Inland Empire, senior facilities, and or employer organizations, or with vulnerable populations who may require treatment with a clinical therapist conducting program-specific questions and interpretations of depression screening and mental health assessment results. This is a non-reimbursed service with the benefit of this service is that patients referred to BMC who do not qualify for care at Loma Linda's facility are provided extensive referral and support to link them to care provided by other facilitates or providers in the region to reduce the risk of people falling between the gaps between California's tier-based system of care.

Treatment Scholarships for Intensive Outpatient Treatment

The LLUBMC created the seed investment for treatment scholarships for low-income youth and adults who lack access to outpatient, intensive care programs. Many of the outpatient intensive programs that treat severe behavioral health conditions or coping behaviors are often not covered by Medi-Cal or are not accessible to uninsured people. The BMC restricted community benefit dollars starting in FY 21 to give treatment scholarships to people who are lower income, with a focus on students of color to address equity in access to mental health services. FY 21 and FY 22 community benefit dollars are overseen by a committee that reviews residents who meet criteria and determines based on severity, to use the funds to help them with transportation and treatment costs that would otherwise be billed to them as individuals.

Access to Early Intervention & Prevention Services for Children

Loma Linda University Children's Hospital (LLUCH) currently holds a First 5 Grant¹⁰ for the Help Me Grow initiative. Help Me Grow (HMG) is a system that builds multi-sector collaborations and assists families, child health care providers, early education providers, and human service providers to recognize early signs of developmental or behavioral concerns. HMG motivates providers to conduct systematic, standardized developmental screenings of young children and providing them the electronic linkages to improve care across the region for children with developmental delays. HMG assists, when needs are identified, in finding programs designed to address those needs. It is an efficient and effective system that builds on existing resources by improving access to services for families, infants and children through age eight. First 5 San Bernardino and First 5 Riverside, in partnership with Loma Linda Children's Health, convened key stakeholders and experts across diverse sectors, including health departments, early intervention and preschool education, and medical providers to engage in the planning of a dual county HMG system model for the Inland Empire. LLUCH is investing significant workforce time in the leadership of this regional collaboration to ensure it improves the health and well-being of the children not only served by the hospital, but in our entire region.



¹⁰ Only costs incurred by LLUH above and beyond grant funding are counted as community benefit in the reporting of dollar amounts

Between the two counties of the Inland Empire, over 400,000 children ages 0-5 have the potential to benefit from the Ages and Stages (ASQ-3) screening tools and benefit from referrals and increased provider connectivity in addressing their needs.

LLUH and regional pediatric care providers will now have the ability on the LLUH Epic platform, the electronic health record system, to access the screening and resource needs of children in the program. Making the LLUH Epic platform available to LLUH physicians, non-LLUH physicians, and other providers of care for children in early start programs is one way LLUH is operating above and beyond the standard of care for people in our region. Linkages provider on behalf of children enrolled in the program will help all providers in responding to critical and preventative interventions early in children's lives.¹¹



¹¹ Only costs incurred by LLUH above and beyond grant funding are counted as community benefit in the reporting of dollar amounts

Increasing Access to Care for School-Age Children

LLUH and the FQHC Partner SAC Health, is providing consultative support on the establishment of school-based districts in order to extend care to families where they are more easily able to access community-based services: local schools. In October 2019, the San Bernardino City Unified School District and SAC Health launched a school-based clinic in the district's Enrollment Center where families can access health care resources for their children and family members.

While the clinic is currently closed due to the impact of Covid-19, the clinic is vital infrastructure that now exists and is ready for implementation once students can safely return to school sites. It is focused on providing access to children who currently lack access to care and for children who need vaccines and annual check-ups in order to enroll in school. With school-based clinics and CHEWs working in school districts, the collaboration potential between LLUH and the multi-sector partners is opening a new chapter of increasing access to care for at-risk populations: this is a new phase of development and possibility in the region.

Hospital-Based Violence Intervention Program (VIP)

LLUH hospitals are Level-1 trauma centers in the region and frequently provide the emergency and trauma care to victims of crime or gun violence in our region. Trauma surgeons began to notice that gunshot victims were often returning to emergency rooms from multiple incidents in a cycle of violence perpetrated by their life circumstances and association with local gangs. To begin to provide supportive services to multiple gunshot wound victims and other victims of community violence, LLUMC invests in program managers to support safety outreach and education to prevent injuries based on trends in our emergency department. The program convenes community partners in monthly discussions to address trends and needs of populations of people at-risk for violence and through a community-informed steering committee, works reduce risk of violence in our community. The Hospital-based violence prevention program works closely with community partners and the CHW in the ED. With Community Benefit funding, this hospital-based violence intervention program has started providing tattoo removal services to patients who are or were gang affiliated and want a new start.

In FY 21, the ICP CHW in the Emergency Room continued to partner with the Trauma Prevention Program linked services in order to provide peer-supportive services to victims of violence while they recuperate in the hospital and to support patient's re-entry to community with supportive services and alternatives as a way out of the cycle of violence.

Coordinated Cancer Center Care

LLUH's Cancer Center is at the forefront through whole person cancer care and the Cancer Registry team in providing the comprehensive services to the community that are critical to our region.

The cancer objectives for Healthy People 2021 support monitoring trends in cancer incidence, mortality, and survival to better assess the progress made toward decreasing the burden of cancer in the United States. The objectives reflect the importance of promoting evidence-based screening for cervical, colorectal, and breast cancer by measuring the use of screening tests. For cancers with evidence-based screening tools, early detection must include the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment. LLUH committed to treating interrelated factors that contribute to the risk of developing cancer. These same factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES). SES is most often based on a person's: income, level of education, occupation, social status in the community, and geographic location.

Identified Needs – Specific to our region:

1. Lower than average breast cancer risk although higher than average breast cancer mortality in the Inland Empire.
2. Higher than average lung cancer rates in the Inland Empire.
3. Higher rates of colorectal cancer incidence and mortality rates among Inland Empire males than the statewide average.
4. Higher incidence and mortality rates for cervical cancer among Inland Empire women than the statewide average.
5. Higher incidence and mortality rate of prostate cancer among Inland Empire African American men than the statewide average.

Services Provided

With the ongoing challenges of Covid-19, full services were provided where possible, while some continued in an online environment in FY21.

1. Cancer Outreach Events & Health Service Fairs
2. Celebration of Life- National Cancer Survivors Day
3. Cancer Screenings:
 - *Breast Cancer Genetic Testing-BRAC 1 & 2 & Ambry Genetic Testing*
 - *Lung Nodule Testing for Possible Lung Cancer*

- *Mammogram Screening for Women for BIRADS¹²*
4. Cancer Support Groups (Weekly) and cancer therapy education: Support groups are offered for our patients and their families as they undergo proton therapy treatment. This is a forum where patients learn from guest speakers and from each other about cancer and proton therapy:
 - a. *Prostate Cancer Support Group* - Educational speakers every week and helpful information presented to make your stay in the area more pleasant.
 - b. *Women's Cancer Support Group* - This group is for any woman who has been diagnosed with cancer. You may join before, during or after treatment, and our team will openly address your concerns.
 5. Cancer Support Services
 - *Lebed Method of Exercise*
 - *Look Good Feel Better*
 - *Cancer Fighting Foods Cooking Demonstration*

The healing environment of the Loma Linda University Cancer Institute is critical access point for specialty care in cancer services and a unique health asset in San Bernardino & Riverside Counties, allowing community members to heal and undergo cancer treatment close to home.



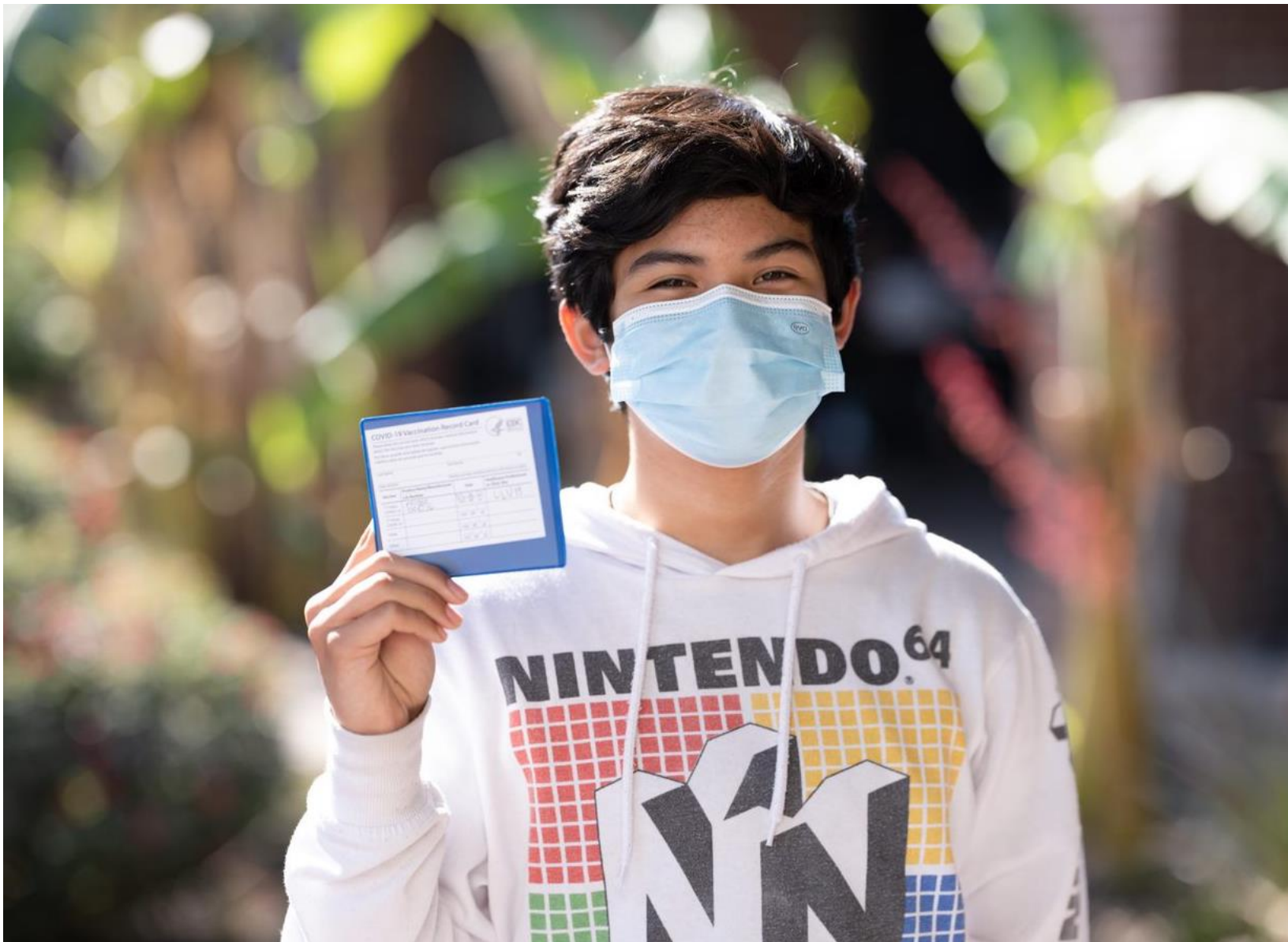
How the LLUH hospital's Community Benefit dollars support programs & special populations

In addition to investments in ICP operations, partner investments on behalf of the hospitals, and implementation of programs in fulfillment of the CHNA priorities and CHIS plan, programs in the hospitals that meet the needs of the community benefit target populations and identified in the CHNA are reviewed annual to ensure that the number of people served, and dollars reported are in alignment with the implementation strategy.

ICP and the hospital finance teams review all community benefit categories and program and operational costs to ensure cost accounting expenses incurred are reported per licensed hospital in this annual community benefit report and on each hospital's 990 Schedule H.



Regional Collaborations & FY 22 Implementation Update



The Final Year of the 2020-2022 LLUH CHIS Cycle

Fiscal year 22 (July 1, 2021 – June 30, 2022) continues to present a unique and unprecedented year in community benefit implementation with the ongoing impact of Covid-19 and the recent holiday surge. The guiding priorities defined by the 2019 CHNA remain the focus as well as LLUH's commitment to the implementation strategy continued with the added work of addressing Covid-19. Throughout the shifting landscape of FY21, LLUH through ICP was able to continue routine operations with modifications to virtual or field-based services (with appropriate safety protocols).

Development Objectives of the 2020-2022 CHIS¹³

The community benefit partnership macro implementation goals that direct community benefit health investments are:

1. Scholarships that support workforce entry for adults, youth, and people from marginalized or populations of focus.
2. Pipeline programs to introduce underserved middle & high school students to healthcare careers and healthy lifestyle choices.
3. Support the integration of community health workers into multiple sectors: health care, education, and non-profit organizations.
4. Increase access to healthy and affordable food options through community health worker interventions, community gardens, and access to safe outdoor green space.
5. Decrease social isolation through multi-generational community engagement and increase access to mental health resources, screenings, and support for parents and children.
6. Invest in lifestyle interventional programs that support at-risk populations in improving health by reducing social determinants of health burden and increase social cohesion and access to care.

LLUH will continue community benefit investments in these areas in FY 22 with additional emphasis on working with partners or programs that alleviate the additional burdens caused by Covid-19 and the economic impact on community members.

¹³ The CHIS Report is available on the LLUH ICP website at: <https://lluh.org/sites/lluh.org/files/docs/about-us/lluh-chis-2020-2022.pdf>

Collaborations in Development - FY 22

ICP and partners are working to adjust implementations and community partner planning efforts that have been in development with a long-term focus on effort and attention to our work in the community in a post-Covid-19 world. The following collaborations in development in 2022 are a sign of hope and encouragement that the infrastructural work to strengthen the safety-net of community-based providers continues and will continue to align with community members to build resiliency.

The following collaborations are in-development FY 22:

1. LLUH participated in **regional data collection efforts** and advance the efforts for ongoing data collection and evaluation through community conversations and surveying in real-time, year-over-year. LLUH ICP has joined **Measure of America** in a macro regional data and is developing a second round of community conversations virtually on Zoom and through community surveying. Due to LLUH and other organization's investment in the survey effort, Measure for America was able to do a deep-dive assessment in our region, making the large survey data set available to the public.¹⁴ LLUH ICP will be utilizing these findings to further support the needs of our community in FY22. Key findings include:

Inland Empire HDI by Race and Ethnicity and by Gender

RANK	HDI	LIFE EXPECTANCY AT BIRTH (years)	LESS THAN HIGH SCHOOL (% of adults 25+)	AT LEAST BACHELOR'S DEGREE (% of adults 25+)	GRADUATE OR PROFESSIONAL DEGREE (% of adults 25+)	SCHOOL ENROLLMENT (% ages 3 to 24)	MEDIAN EARNINGS (\$)	HEALTH INDEX	EDUCATION INDEX	INCOME INDEX
United States	5.33	78.8	11.4	33.2	12.8	77.3	36,533	5.33	5.41	5.24
California	5.85	81.0	15.9	35.0	13.1	79.5	39,528	6.25	5.51	5.79
Inland Empire	5.10	80.5	17.9	22.9	8.2	76.6	34,517	6.05	4.39	4.85
GENDER										
1 Men	5.30	84.3	17.2	23.6	8.9	77.4	29,316	7.63	4.56	3.71
2 Women	4.93	77.1	18.7	22.2	7.5	75.9	40,343	4.63	4.23	5.93
RACE/ETHNICITY										
1 Asian	6.86	85.1	10.5	46.3	18.4	87.8	37,083	7.95	7.28	5.34
2 White	6.74	81.6	4.0	41.5	15.7	80.0	44,131	6.50	6.49	6.55
3 Latino	4.93	85.5	36.2	13.3	4.2	77.1	29,066	8.13	3.02	3.65
4 Black	3.99	71.0	10.1	32.1	4.8*	69.3	38,511	2.07	4.30	5.60
5 Native American			13.5	10.4*	2.4*	94.8	28,864		5.51	3.61
6 Native (NHOPI)			11.1	23.7*	11.3*	77.2	26,378*		4.93	2.98*
GENDER AND RACE/ETHNICITY										
1 Asian Men	7.64	84.9	9.1	52.1	18.6	86.5	51,024	7.88	7.49	7.56
2 Asian Women	7.50	90.2	10.5	51.2	15.8	86.6	36,455	10.00	7.27	5.22
3 White Men	5.82	76.4	6.5	31.0	11.6	76.6	52,371	4.32	5.41	7.74
4 White Women	5.68	81.1	5.7	29.2	13.2	77.3	36,438	6.31	5.50	5.22
5 Black Women	5.07	78.5	7.6	27.6	9.8	73.3	36,432	5.19	4.81	5.22
6 Latina Women	4.71	85.8	29.5	13.0	4.1	76.7	25,112	8.24	3.26	2.64
7 Latino Men	4.65	80.9	31.4	10.4	2.5	75.0	34,897	6.22	2.82	4.92
8 Black Men	4.04	72.3	11.5	23.3	6.9	75.0	35,461	2.61	4.49	5.03
9 Native American Men			7.4	11.0*	2.2*	75.5	55,430*		3.96	8.13*
10 Native American Women			11.5	23.0*	11.4*	62.6	29,718		3.49	3.81
11 NHOPI Men			6.4	26.1*	14.8*	84.2	40,325*		6.06	5.92*
12 NHOPI Women			6.5	18.7*	9.5*	84.6	48,351*		5.53	7.18*

DATA SOURCES:

Life expectancy: California and Inland Empire: Measure of America calculations using mortality data from the California Department of Public Health and population data from US Census Bureau ACS Public Use Microdata Sample. Estimates for California use 2019 data, and estimates for the Inland Empire use 2014-2019 data. US: Centers for Disease Control and Prevention, National Center for Health Statistics, 2019.

Education and earnings: Measure of America calculations using US Census Bureau ACS Public Use Microdata Sample, 2019.

*Estimates with an asterisk have a greater degree of uncertainty. Due to small population sizes and survey sampling the standard error of the estimate is greater than 20% of the estimate.

¹⁴ <https://ssrc-static.s3.amazonaws.com/moa/SpotlightontheInlandEmpire.pdf>

2. Supporting the County with **Enrollment Outreach, Retention, and Recruitment for at-risk populations eligible for Medi-Cal**.¹⁵ In FY 21, LLUH ICP was awarded a contract to support the San Bernardino County Transitional Assistance Department (TAD) by conducting specialized outreach services to engage or re-engage Medi-Cal members into their insurance status. The target populations for this outreach are previously incarcerated, black youth, families or people with mixed immigration or documentation status, the homeless, those living with severe mental or behavioral health disorders, and those living with disability and/or are otherwise eligible for Medi-Cal due to annual income. Notable about this partnership is ICP is providing the technical assistance on this outreach service by aligning three community partners to share the intervention goals, focus each partner by their strengths in the implementation strategy, and through collective impact report outcomes. United Way Inland Empire is providing rapid enrollment as the hub with El Sol and Cope deploying field and virtual outreach to the target populations to engage and refer to 2-1-1 United Way hub for rapid, electronic enrollment and re-enrollment services.
3. LLUH ICP is providing **Technical Assistance** to build organizational capacity with nonprofit partners. As many nonprofits continue to struggle with the challenges posed by Covid-19, ICP will assist selected nonprofits in one or more of the following activities: 1) Support in grant development and management; 2) Financial and/or project financing consultation; 3) Program design and evaluation; 4) Pilot testing of integrating community health workers into operations with a plan for sustainability to ensure job creation. **The workforce development and technical assistance projects piloted by ICP are one of the implementation strategies so LLUH can leverage the investment in the institute's operations and staff on behalf of the community so our professional team working in community partnerships also professionally contributes to workforce development.**
4. Finally, LLUH ICP is **running special projects and engagements in areas of development to remain in real-time responsiveness to community priorities in FY 22 and fulfill our implementation strategy:**
 - a. LLUH ICP is engaging with new partners in the Murrieta/Temecula region of Riverside County, as well as a continued partnership with Health Career Connections to create more workforce apprenticeship and workforce opportunities for students of color across the region.

¹⁵ Only costs to operate services at ICP above contractual or grant revenue are counted as community benefit dollars.

- b. The **development of adolescent psychiatry** services with local community-based partners to provide rapid access for students in local school districts to psychiatric services, especially considering the shortage of this resource in the region.
- c. **Covid-19 Vaccine education and outreach to people of color and disenfranchised communities** where trust in government-run vaccination programs has historically been a burden. ICP is conducting virtual education sessions with health, mental health, and the health care professionals to answer questions and build trust in communities of color. As of the writing of this report, over 275 people have had special access to health professionals with vaccine expertise in community virtual question and answer forums and over 7,500 people on social media. Additionally, the pre-and-post findings from the IECAAC Covid Faith Summits show there was a significant change in attitude among participants in favor of the vaccine. According to Rev. Casey, “People are still thanking us and mentioning the summit [recording] even if they are not in favor of the vaccine.”
- d. **Development of Produce Rx program and linkage between SAC Health and *Jardin de la Salud* through a community health worker:** Thanks to the partnership and support of the Ardmore Institute for Health LLUH ICP and SAC Health have developed a prescription program where physicians can write a prescription and refer patients to the garden for community-based services, health food, and recreation. A community health worker provides peer support and linkage to ensure families access services.



Appendix



List of Partners

- A Greater Hope Foundation for Children
- Air Quality Management District (AQMD)
- ALSAD Seventh-day Adventist Church
- American Cancer Society
- American College of Cardiology
- American Heart Association
- American Lung Association
- American Red Cross
- AmeriCorps
- Ardmore Institute for Health
- Assistance League of Temecula Valley
- Benjamin E. Jones Community Resource Center
- Big Brothers Big Sisters Inland Empire
- Bing Wong Elementary School
- California Association of Marriage & Family Therapists
- California Safe Program
- California Thoracic Society
- California Bicycle Coalition
- Catholic Diocese of San Bernardino
- Central City Lutheran Mission
- CEO San Bernardino
- C.E.R.T. - Community ER Response Team
- Chaffey Joint Union High School District
- Chamber of Commerce – Inland Empire
- Child Advocates of San Bernardino County
- Childhood Cancer Foundation of Southern California, Inc.
- Community Advisory Council, LLUMC-Murrieta
- Community Clinic Association of San Bernardino County
- Community Health Development, LLUMC-East Campus
- Community Health Systems, Inc.
- Consulado de Mexico en San Bernardino
- CVEP Career Pathways Initiative
- DAP Health
- Desert Healthcare District & Foundation
- El Sol Neighborhood Educational Center
- First 5 of San Bernardino and Riverside
- FIND Food Bank, Indio
- Faith Advisory Council for Community Transformation (FACCT)
- Faith Based Communities
- Feed Black Futures
- Health Career Connection
- Hospital Association of Southern California
- Huerta del Valle
- Inland Coalition for Health Professions
- Inland Empire Children's Health Initiative
- Inland Empire Concerned African American Churches
- Inland Empire Women Fighting Cancer
- Latino Health Collaborative
- Jefferson Transitional Program
- La Escuelita
- Making Hope Happen Foundation
- Mary's Mercy Center
- Measure of America
- NAMI Alliance on Mental Illness
- Nu Voice Society Inland Empire
- Omni Trans
- Path Live Ministries
- Partners for Better Health
- Pediatric Advisory Council, LLUMC-Murrieta
- Reach Out
- Restaurando Vidas
- Riverside County Emergency Medical Services (RCEMS)
- Riverside County Department of Public Health
- Rotary Club of Temecula
- SAC Health System
- Sanctuary of Our Lady of Guadalupe (Mecca)
- Safe Kids Inland Empire Coalition
- San Bernardino Associated Governments (SANBAG)
- San Bernardino City Schools Wellness Committee
- San Bernardino City Unified School District
- San Bernardino Diocese
- San Bernardino County Department of Public Health
- San Bernardino County Healthy Communities 2020
- San Bernardino County Medical Society
- San Bernardino County Youth Advisory Board
- San Manuel Gateway College
- San Manuel Band of Mission Indians
- The Garcia Center for the Arts
- Think Together
- Torres Martinez Desert Cahuilla Indians
- United Way Inland Empire
- Uplift San Bernardino
- Victor Valley Family Resource Center
- Voice in the Desert
- Youth Hope Foundation

List of Publications – ICP

CHW Textbook

- St. John, J., Mayfield-Johnson, S., Hernández-Gordon, W. Promoting the Health of the Community. Contributions by Drs. Juan Carlos and Anastasia Belliard, Alejandra Morales Martinez, Megan Daly and a team of CHWs contributed to the chapter titled: “A Dose of Cultural Humility” utilizing CHW experiences in the healthcare system.

Journal Publications

- Charlot, B., Anaya, M., Lee, M., Hinds, G., Malika, N., & Belliard, JC. The implications of familial incarceration on the hope of at risk youth. Manuscript in review at Journal of Adolescence.
- Lee, M., Hinds, G., Anaya, M., Charlot, B., Portney, J., Malika, N., & Belliard, JC. The community classroom: students as learners and forgers in bridging the community-academic partnership through service learning. Manuscript in review at Journal of Service Learning and Community Engagement. Manuscript in Preparation.
- Lee, M., Malika, N., Belliard, J.C. Stewarding Community Based Participatory Research through Community Empowerment. Manuscript in Preparation.
- Malika, N., Alemi, Q., Van Dyk, T., Belliard, JC., Fisher, C., Ortiz, L., & Montgomery, S. What’s keeping kids up at night? Examining risks associated with sleep disturbance and mental health in underserved youth. Manuscript in Review at *Sleep Health*.
- Malika, N., Arthur, K., & Belliard, J. C. (2019). Addressing the health of a marginalized population in the US: impact and policy implications for community health workers. *Community, Work & Family*, 1-11.
- Malika, N., Granillo, C., & Belliard, JC. Bridging the Gap Between Resources and Families of Students in Marginalized Communities. In Press at *Journal of Childhood Education International*.
- Malika, N., Montgomery, C., Belliard, JC. & Montgomery, S. ACEs as reported by low-income minority youth: correlations with risky behaviors and mental health. Manuscript in Review at *Journal of Child and Family Studies*.
- Malika N, Granillo C, Irani C, Montgomery S, Belliard JC. Chronic Absenteeism: Risks and Protective Factors Among Low-Income, Minority Children and Adolescents. *J Sch Health*. 2021 Dec;91(12):1046-1054. doi: 10.1111/josh.13096. Epub 2021 Oct 11. PMID: 34636035.
- Malika, NM., Desai, AK., & Belliard, JC. (2017). Herbal Use and Medical Pluralism Among Latinos in Southern California. *Journal of Community Health*, 42(5), 949-955.

For a complete list of ICP publications, newsletters, reports, and presentations:

<https://icp.llu.edu/publications>

Community Benefit

Categories & Accounting



All System Community benefit is evaluated for counting by the following criteria LLUH is committed to upholding the standards of excellence established by the 2010 Affordable Care Act and California's AB 204 (2019) for excellence in Community Benefit:

- Access to care (health and behavioral)
- Focus on vulnerable populations: low socio-economic status, under-insured, the un-insured
- Disenfranchised and marginalized communities
- Addressing the social determinants of health for low-income people who experience undue, multiplied burden

PATIENT CARE SERVICES

LLUH is committed to providing patients with the very finest possible medical care. Our community benefit patient care services program offers free or low-cost coverage for children and adults with limited resources. LLUH reports only net benefit, or the amount unreimbursed care provided after all revenue has been accounted for, and reports uncompensated dollars as community benefit patient care services.

1. Medi-Cal and other Means tested Government Sponsored Programs:

a. Medi-Cal

Medi-Cal offers low-cost or free health coverage to eligible Californian residents with limited income. Medi-Cal covers low-income adults, families with children, seniors, persons with disabilities, pregnant women, children in foster care and former foster youth up to age 26. Covered California is the state's health insurance marketplace where Californians can shop for health plans and access financial assistance if they qualify and LLUH serves patients enrolled in Covered California plans.

b. State Children's Health Insurance Program (CHIP)

The Children's Health Insurance Program (CHIP) is a partnership between the federal and state governments that provides health coverage to uninsured children whose families earn too much to qualify for Medicaid, but too little to afford private health coverage. Benefits vary by state and by the type of CHIP program, but all states provide comprehensive coverage, like immunizations and well-baby/well-child care, at no cost. The federal government establishes general guidelines for the administration of CHIP benefits. Eligibility depends on your income, the number of people in your family and state rules. In almost every state, children in families with income up to 200 percent of the federal poverty level are covered. In more than half the states, the income eligibility for children can be even higher.

c. California Children's Services

California Children's Services (CCS) is a state program for children with certain diseases or health problems. Through this program, children up to 21 years old can get the health care and services they need. CCS connects families to doctors and trained health care providers and professionals who know how to care for children with special health care needs. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases. CCS also provides medical therapy services that are delivered at public schools.

2. Financial Assistance Program/Charity Care

Charity Care is defined as any medically necessary inpatient or outpatient hospital service provided to a patient who has an income below 200% of the current federal poverty level and who has established qualification in accordance with requirements outlined in the LLUH Charity Care and patient financial assistance policies.

To access any of LLUH's Financial Assistance policies in multiple languages, you can find these on our website:

<https://lluh.org/patients-visitors/patients/billing-insurance/financial-assistance>

3. Subsidized Health Services

Discount Payment through the Subsidized Health Services is defined as partial charity care which results from any medically necessary inpatient or outpatient hospital service provided to a patient who is uninsured or whose insurance coverage does not otherwise provide a discount from the usual and customary rates of LLUMC. The requirements for subsidized care are that a patient 1) desires assistance with paying their hospital bill; 2) has an income at or below 350% of the federal poverty level; and 3) has established qualification in accordance with requirements contained in the LLUMC Charity Care Discount Payment Policy.

HEALTH PROFESSIONS EDUCATION

At Loma Linda University Health, our experienced health care workforce is committed to helping health professionals in training succeed in their graduate medical education. Students from various medical professions such as medicine interns and residents, and pharmacy, chaplaincy and the allied health professionals are offered diverse clinical experiences and are mentored through a collaborative, team-based learning environment to complement their education as they discover ways to improve patient care. The residency programs give students the unique opportunity to learn at the only Level 1 Trauma Center in San Bernardino County and the Inland Empire. LLUH the only Level 3 Neonatal Intensive Care Unit (NICU) in the region and is the only area facility equipped to provide pediatric transplants in Southern California. Residents and students receive comprehensive education and an opportunity to participate in clinical trials and train on multidisciplinary teams in the medical simulation laboratory. Our Medical Simulation Center (MSC) is one example of how we combine technology and practical clinical simulations to create a compressive learning experience to enhance patient safety, quality of patient care, and inter-professional health care provider education. The MSC provides:

- An adequately staffed, professional, and cohesive team;
- A leadership role in providing best practices in simulation methodology;
- Proactive standardized processes in providing quality simulation learning experiences
- Investments in partner organizations that specialize in providing access and certification or training for lower-income populations

Community Health Services

LLUH has made a significant community benefit health services investments in a partner organization that provides access to health services for the most underserved residents near downtown San Bernardino. SAC Health System (SACHS) is a non-profit community health care corporation serving the Inland Empire and a regional partner of LLUH in the care of vulnerable populations. The SACHS clinics provide affordable health care services for all, and primarily serve uninsured patients and their families. SAC Health System Leadership and LLUH work closely together in collaboration as federally qualified health center and academic health system in primary and specialty care services. In 2018, the SAC Health System had 120,695 total patient visits and LLUH had over 1.6 million outpatient visits. Together the two systems are committed to health care and service to all people, especially the underserved people of our region.

RESEARCH

The world-renowned scientists at Loma Linda University are striving to advance the understanding and care of human health in order to fulfill the institution's mission "To further the teaching and healing ministry of Jesus Christ to make man whole." The office for Research Affairs facilitates and promotes high quality research conducted at Loma Linda University, Loma Linda University Medical Center and all affiliated entities. As an academic medical provider, LLUH offers the research community a shared responsibility for the ethical conduct of research and compliance. Our research program is an integral part of learning and important to the development scientists for the health care workforce of tomorrow. The institution is invested in growing not only clinical research, but has an extensive portfolio of community health and community-based research projects offering students and medical professionals in-training a diverse range of settings for research studies.

1. Clinical Trials and Research

Operating as a centralized logistics office with the highest level of efficiency and customer service, the Clinical Trial Center promotes clinical trial quality and development through consultation, training, and the pursuit of new trial opportunities. The center ultimately seeks to ensure that stakeholders have the information that they need to facilitate the compliant execution of clinical trials. The Clinical Trial Center (CTC) offers various services to assist Loma Linda investigators and their study staff with all aspects of clinical research. From the planning stages to the study close-out and everything in between, the CTC staff brings extensive training and years of experience.

2. Community Health Research

LLUH through the tracking and reporting of grants sponsors Community Health Research in our community through Loma Linda University and when the hospitals participate in supporting these activities, they are included in community health research reporting.

Cash Sponsorships and In-Kind Donation

LLUH is committed to supporting community-based organizations with our cash and in-kind donation program to empower and build capacity at these organizations. Our contributions to annual resource fairs, health initiatives, health fairs and community programs are strategically designed to help and serve the in-need members of our community. In-kind services include hours contributed by staff to the community while on health care organization work time, the cost of meeting space provided to community groups and the donations of food, equipment, supplies, and operational support for non-profits.

LLUH has internal policies and procedures to comply with federal, state, and industry guidelines regarding our annual community benefit activities, as well as financial policies that govern charity care and subsidized care.

About LLUH: Facts, Figures & People



LOMA LINDA UNIVERSITY HEALTH

2020 FACTS AND FIGURES

Loma Linda University Health

Loma Linda University Medical Center

University Hospital/Adult Services
 Loma Linda University Children's Hospital
 Loma Linda University Medical Center East Campus
 Loma Linda University Behavioral Medicine Center
 Loma Linda University Surgical Hospital
 Loma Linda University Medical Center – Murrieta
 Loma Linda University Health Beaumont-Banning

Loma Linda University

School of Allied Health Professions.....1,307
 School of Behavioral Health.....356
 School of Dentistry.....631
 School of Medicine.....832
 School of Nursing.....752
 School of Pharmacy.....275
 School of Public Health.....272
 School of Religion.....37

Global Outreach

Adventist Health International (AHI)

Countries served.....40
 Hospitals.....45
 Clinics.....70

International Service Program (ISP)

Faculty and employees who served.....305
 Countries served.....59

International Professional Development Program (IPDP)

Professionals mentored.....216
 Countries served.....30

Deferred Mission Appointee (DMA) Program

Serving abroad.....28
 Physicians.....23
 Dentists.....5
 Countries served.....13
 In the pipeline.....47

Global Service Award (GSA)

Serving abroad.....4
 Countries served.....4

Students for International Mission Service (SIMS)

Students, faculty and trip participants.....872
 Countries served.....27

Pioneering Research

- Lifestyle and longevity
- Maternal/fetal/neonatal
- Proton treatment
- Regenerative medicine
- Infectious disease
- Cancer
- Stroke/traumatic brain injury/neurology
- Dental materials
- Health disparities among diverse populations



LOMA LINDA UNIVERSITY
HEALTH

Many Strengths.
One Mission.

Outpatient Visits

Loma Linda University Health Total	1,846,829
Medical Center	
(University Hospital/Adult Services)	547,718
Children's Hospital	79,662
Medical Center East Campus	142,371
Behavioral Medicine Center	43,442
Surgical Hospital	27,991
Medical Center – Murrieta	167,201
Beaumont-Banning	39,663
Faculty Medical Offices	798,781

OB-Delivered Discharges Total	3,616
Children's Hospital	2,690
Medical Center – Murrieta	926

Emergency Department Visits Total	135,603
Medical Center	
(University Hospital/Adult Services)	84,241
Medical Center – Murrieta	51,362

Inpatient Visits

Loma Linda University Health Total	48,343
Medical Center	
(University Hospital/Adult Services)	16,798
Children's Hospital	13,511
Medical Center East Campus	4,244
Behavioral Medicine Center	3,307
Surgical Hospital	1,167
Medical Center – Murrieta	9,316

Areas of Clinical Leadership

- Behavioral medicine
- Cancer treatment
- Cardiac care
- Orthopaedics
- Pediatrics and neonatal
- Proton treatment
- Rehabilitation
- Transplantation
- Women's services



Faculty Physicians of
School of Medicine

924

Number of Accredited Residency Programs 28

Number of Accredited Fellowship Programs 28

Number of Resident Physicians and Fellows

Residents (not including non-LLU Medical Center
residents rotating at LLU Medical Center) 695

Fellows 117

Employees

Loma Linda University Health Total	16,712
Loma Linda University	2,664
Medical Center (University Hospital/ Adult Services), Children's Hospital, Medical Center East Campus and Surgical Hospital	7,694
Behavioral Medicine Center	373
Medical Center – Murrieta	1,154
University Health Care	1,411
Shared Services	2,592
Loma Linda Inland Consortium Health Education	824



Number of Licensed Beds

**Loma Linda University
Medical Center Total**

1,076

University Hospital/Adult Services	371
Children's Hospital	343
Medical Center East Campus	134
Medical Center – Murrieta	111
Behavioral Medicine Center	89
Surgical Hospital	28

Total Philanthropic Support and

Raised Towards Vision 2020 **\$39.67 million**

LLUHEALTH.ORG

Financial Aid
909-558-4509

Medical Center
909-558-4000

Philanthropy
909-558-5010

Admissions
909-558-1000

General
1-877-LLUMC-4U

Office of Enrollment
909-558-8161

Welcome Center
909-558-7000

INSTITUTE FOR COMMUNITY PARTNERS (ICP) - 2021

Juan Carlos Belliard, PhD, MPH

Assistant Vice President | Community Partnerships & Diversity
Director | Institute for Community Partnerships

Marti Baum, MD

Medical Director | Community Health Development

Megan Daly, MHA

Associate Director | Institute for Community Partnerships
Director | Community Benefit

Mark Camarena, MNLM

Manager | Community Benefit

Stephanie Palaad

Coordinator | Community Benefit

Karla Fuentes, MPH

Director | Community-Academic Partners in Service

O. Siquem Bustillos, MPH

Program Manager | Community-Academic Partners in Service

Nery Pereira

Administrative Assistant

Crissy Irani, MBBS, MPH

Research Analyst | Institute for Community Partnerships

Johanny Valladares

Administrative Assistant

Lucia Cloud

Community Health Worker

Adriana Dominguez

Community Health Worker

Jasmine Hutchinson MSPH

Program Manager
Special Implementations

Cristie Granillo, MEd, MS

Manager | Community Health Worker Integration

Alejandra Morales Martinez

Community Health Worker

Nicole Martinez

Community Health Worker

Regan Kelso

Community Health Worker

Charles Brown

Community Health Worker



LOMA LINDA
UNIVERSITY
HEALTH

Institute for Community
Partnerships



Loma Linda University Health Board of Trustees

Lisa	Beardsley-Hardy	General Conference of SDA
G. Alexander	Bryant	North American Division
Shirley	Chang	Retired Nursing Educator
Richard	Chinnock	LLUH Children's Hospital
Jere	Chrispens	Retired IT Executive
Wilfredo	Colón	Rensselaer Polytechnic Institute
Carlos	Craig	Southwestern Union Conf. of SDA
Paul	Douglas	General Conference of SDA
Steven	Filler	University of Alabama School of Dentistry
Wayne	Harris	Emory University School of Medicine
Richard	Hart	LLUH
Douglas	Hegstad	LLU School of Medicine
Lars	Houmann	AdventHealth
Mark	Johnson	Canadian Union Conf. of SDA
Melissa	Kidder	LLU School of Medicine
Erton	Köhler	General Conference of SDA
Peter	Landless	General Conference of SDA
Robert	Lemon	General Conference of SDA
Thomas	Lemon	General Conference of SDA
Robert	Martin	LLU School of Medicine
Patrick	Minor	Public Health Administrator
Sheryl	Moorhead	AdventHealth
Bradford	Newton	Pacific Union Conf. of SDA
Ricardo	Peverini	LLUH
Scott	Reiner	Adventist Health
Herbert	Ruckle	LLU School of Medicine
Zareh	Sarrafian	Riverside University Health System
Eunmee	Shim	Fort Washington Medical Center
Ron	Smith	Southern Union Conference of SDA
Tamara	Thomas	LLUMC
Max	Trevino	Retired Financial Administrator
David	Williams	Harvard School of Public Health
Ted	Wilson	General Conference of SDA
Roger	Woodruff	LLU School of Medicine
Trevor	Wright	LLUH

Loma Linda University Health Leadership

President & CEO	Richard H. Hart, MD, DrPH
CEO for LLUH Hospitals	Trevor Wright, MHA, FACHE
Chief Financial Officer for LLUH	Angela M. Lalas, MBA, CPA
Exec VP for Medical Affairs & Dean, +School of Medicine	Tamara L. Thomas, MD
COO for LLUH & VP for Health Facilities	Lyndon C. Edwards, MBA, MHS
Sr VP for Children's Hospital.....	Peter Baker, JD, MBA
Sr VP for Clinical Faculty.....	Ricardo L. Peverini, MD
Sr Vice President for LLUMC-Murrieta.....	Jonathan Jean-Marie, MHA
Sr VP for Patient Care Services.....	Helen Staples-Evans, DNP, MS
Vice President for Behavioral Medicine Center	Edward L. Field, MBA
Vice President for Business Development	Daryl L. "Rusty" Oft, MBA
Vice President for East Campus & Surgical Hospital	Darryl VandenBosch, CPA
Sr VP for Finance, Hospital Operations	Alan Soderblom, MBA
Vice President for Planning, Design & Construction	Eric N. Schilt, MBA
Chief Information Officer for LLUMC	Mark Zirkelbach, MS
Compliance & Privacy Officer	Tonya Okon-Johnson, JD
Chief Medical Officer for LLUCH	Richard Chinnock, MD
Chief of Medical Operations	Adrian Cotton, MD
Chief Nursing Officer for LLUCH	Sherry Nolfé, MS
Chief Nursing Officer for LLUMC-Murrieta	Linda Soubrious, MS
Chief of Quality/Patient Safety	Ihab Dorotta, MD
Sr VP for Advancement.....	Rachelle B. Bussell, MA

Vice President for Graduate Medical Education Daniel W. Giang, MD
 Sr VP for Risk Management & Human Resource Management Mark L. Hubbard
 Vice President for Revenue Cycle Sondra L. Leno, CPA
 Vice President for Finance Llewellyn L. Mowery, MS, CPA
 Vice President for Finance, FP&A and LLUSS Emily Ndela, MBA, CPA
 Vice President for Human Resource Management Lizette Norton, MBA
 Vice President for Institutes Mark E. Reeves, MD, PhD
 Vice President for Spiritual Life and Mission Randall L. Roberts, DMin
 Vice President for Research Affairs Michael Samardzija, PhD, JD
 Corporate Secretary Myrna L. Hanna, MA
 Assistant Secretary Orlando L. Huggins
 Assistant Secretary Whitney P. Henderson, MBA
 Provost Ronald Carter, PhD
 Vice President for Student Experience Karl M. Haffner, PhD
 Dean, School of Nursing Elizabeth A. Bossert, PhD, RN
 Dean, School of Behavioral Health Beverly J. Buckles, DSW
 Dean, School of Dentistry Robert Handysides, DDS
 Dean, School of Pharmacy Michael Hogue, PharmD
 Dean, School of Allied Health Professions Craig R. Jackson, JD, MSW
 Dean, School of Public Health Helen Hopp Marshak, PhD
 Dean, School of Religion Leo S. Ranzolin, Jr., ThD
 Vice President & Chief Information Officer David P. Harris, PhD
 Sr VP for Financial Affairs Rodney D. Neal



LOMA LINDA UNIVERSITY
HEALTH