

COMMUNITY BENEFIT REPORT & IMPLEMENTATION STRATEGY 2020



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

2020

Community Benefit Report
Fiscal Year
July 2019 – June 2020



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

Rees Reiner, MPH
Manager, 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,** this took on new meaning in 2020 with the impact of Covid-19 in how we worked with our partners to improve the health and wellness of people in our region to support everyone in health and well-being, truly public health, in FY 2020. At LLUH, our focus on wholeness, health priorities, and the social determinants of health ensures our system is meeting the needs of our community as we invest in the health of tomorrow.

The LLUH Community Benefit Objectives managed by the Institute for Community Partnerships on behalf of LLUH's four licensed hospitals, the implementation of the first 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 organic 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 unduly impact lower income populations;
- Access to the essentials, particularly food in 2020, as a poverty alleviation & reduction strategy.



To Our Valued San Bernardino & Riverside Community Members,

There is no question that 2020 has been a year like none other. As we reflect on the challenges we've faced, not only as a nation but in our region with infection rates of Covid-19 at all-time highs, we understand the deeper meaning of what it means to be of benefit to our community and the impact during an unusual time.

No one could have predicted how the pandemic and social movements would change our awareness, our thinking, and our lives individually and collectively. And yet, through the difficulties, the isolation, the mask wearing and hand washing, and the worry of this past year, we here at Loma Linda University Health believe that at the end of 2020, there is **hope for the future ahead**: Vaccines are being distributed and every day, our hospital and clinical staff carry on with courage in care of our patients, those here for routine and emergency care, day-after-day to provide excellent, compassionate care. The courage of health providers in the face of risk and exhaustion is why many answer the call to be in the health and healing professions. "Love thy neighbor", as Christ showed us, is why the women and men of this institution believe in their work in making all people healthy and whole.

And we have **great hope** because of our partners who work alongside our Loma Linda University Health to achieve the same mission beyond the borders of our health campus. 2020 provided our broader community network the chance to strengthen and tie together through our Community Health Implementation Strategy (CHIS 2020-2022) some unique and new focus areas. While we were able to maintain the larger strategic implementation plan, we found **new ways of creating an ever-increasing, stronger safety net of community partners** to support our community in the face of increased unemployment and decreased access to the essentials. Never before has staying relevant and in-step with the needs of our community been so evident than in the responsiveness and impact LLUH and our community partners have in creating the safety net for members of our community who experience an undue burden of the pandemic and economic instability. Our investments in **workforce development and education** and in community-health building through our **Community Health Workers, community garden and food security investments**, and focus on the social determinants of health on lower-income families, the story of these efforts in 2020, is one of hope and optimism for the **power of community**.



Richard Hart, MD, DrPH
President
Loma Linda University Health

Kerry Heinrich, JD
Chief Executive Officer
Loma Linda University Medical Center

LLUH's Commitment to Equity

Listen, Respect, and Engage are three powerful words that encompass the LLUH's intentions towards equity in our communities. Loma Linda University's Institute for Community Partnership's (ICP) mission is to ensure that LLUH is both **relevant** and **responsive** to the needs of our community. The COVID pandemic has introduced unprecedented difficulties in which marginalized and "minoritized" communities are disproportionately affected. Unfortunately, during the last year, we also experienced the continued and senseless killings of our Black brothers and sisters. This loss of Black lives occur within the context of a history rooted in institutional prejudice, systemic discrimination, and hostility. For the Black community, this is an inter-generational reality and a burden that Black families, parents, and children and people of color have had to carry. It has left many in our community weakened, discouraged, angry, anxious, and struggling to cope with a collective physical and psychological burden. And now with the urgency of vaccinations due to Covid-19, additional work must be done in our communities to **build trust** in communities of color to **heal mistrust** and to **build trust to help gain access to the vaccine** to the communities that have been disproportionately impacted by the virus.



At LLUH, we are joining with our community partners to facilitate and support conversations that will allow us to listen, respect, and engage in active ways that lead to healing and systemic change.

LLUH is committed to Listen: I am honored, along with Dr. Hart and Mr. Heinrich, to be part of a health system that is inviting and listening to the experience of our brothers and sisters of color, to the stories of our employees and students who have faced difficulties and discrimination. In the year ahead, our Institute will be producing a "listening" podcast project to lift up the voices and stories of people in the community and we will focus some of our ongoing community health needs assessment activities on listening to those with lived experience.

LLUH is committed to Respect: We create respect for what is shared by acting on the feedback for how we can improve our health system and, in the work we do with our partners and the community to improve health and well-being of our communities and we will thoughtfully learn and take action. .

LLUH is committed to Engage: We will work with our partners and with the community members together to implement solutions so our community work is partner-driven and community-member involved.

Only through increased equity can we create wholeness in individuals and communities and at LLUH, we are committed to equity as a social determinant of health.

Juan Carlos Belliard, PhD, MPH
Assistant Vice President
LLUH - Institute for Community Partnerships



LLUH's Covid-19 Response in FY 20

With the unexpected onset of Covid-19 and a global pandemic, LLUH has been impacted like many hospitals that put the safety of patients first by preparing to take care of a surge of intensive care patients. LLUH cancelled elective surgeries and procedures in the spring of 2020 to support California's "Stay at Home" orders. In our region, the surge of patients did not hit our county until July of 2020 and now again in November and December of 2020 (at the time of the writing of this report) the hospital, like all other hospitals in Southern California, is at zero capacity for ICU beds with the *Los Angeles Times* declaring in a news article on December 17th, 2020, "ICU availability in Southern California at 0%, and it's going to get worse, officials warn." LLUH and our regional hospital peers are facing an unprecedented and unimaginable, regional challenge: a regional 0% capacity of critical care beds across the entirety of Southern California. While our health system has been preparing, the **courage and commitment of our health care providers** to fulfill our primary mission to take care of critically ill patients is heroic. Our teams at LLUH are working tirelessly, making the mission of caring for patients more real and more vital than it has ever been.

2020 was also a year of hope: LLUH and our Community Partners mounted a community safety-net response and with our partners, **we created a community garden in the heart of San Bernardino during a pandemic year as the ultimate symbol of resiliency and the belief in the future.** We conducted food box deliveries, provided tutoring online educational support for students, and worked with Loma Linda University's School of Public Health to create validated health literature in multiple languages to increase access to factual, public health advisories. This report is the story of 2020 and LLUH's relevance and responsiveness in both our inpatient, outpatient, and community settings.

All the programs in this report served community members in-person prior to the March 2020 restrictions or, continued outreach and converted their operations to virtual outreach. While our total number of people served by community benefit programs reduced to about a third of that in a typical year (120,000 in FY 2019), the value and impact of these critical services to **over 30,000 people in FY 20** is detailed here as a testimony to the resiliency of our region.



*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 2020

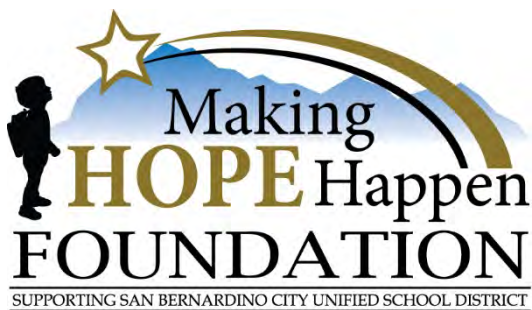


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To continue the teaching and healing ministry of Jesus Christ.

LLUH Community Benefit Model

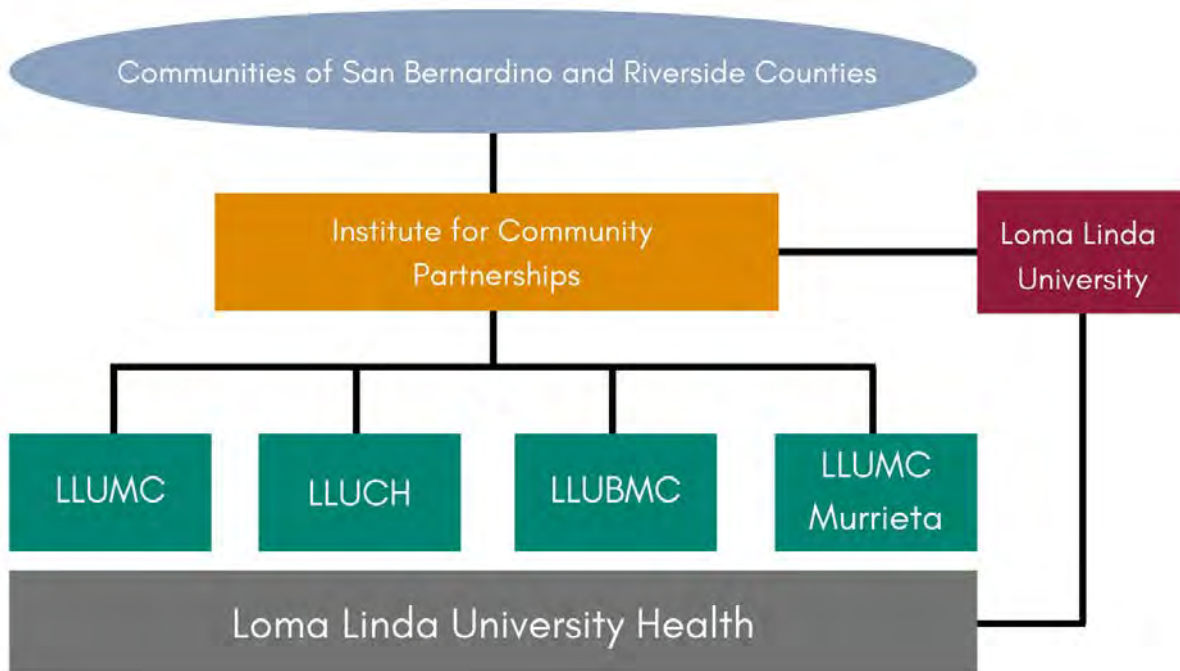


A Centralized Community Benefit Model

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 2006, 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 and 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 at 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 service-based learning. Community participation is at the core of our efforts, with structured learning opportunities for underrepresented minority students, training programs for community health workers, and community research projects.

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 service-based 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 or 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 people in California, with Hispanic populations now representing the majority of the population.

San Bernardino and Riverside County Health Rankings

Published online at countyhealthrankings.org, the rankings help counties understand what influences 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 41st out of 58 counties in California in terms of health factors while Riverside ranks 35th. Despite the challenge, LLUH believes that our community is resilient and with our community partners, we are addressing poverty through workforce development and health & wellness.

County Health Ranking Total of 58 Counties in CA (1 = Best, 58 = Worst)	San Bernardino County					Riverside County				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
Health Outcomes	42	46	41	38	40	29	28	25	26	26
Length of Life	32	32	33	33	33	24	23	22	24	22
Quality of Life	49	52	51	51	53	42	41	33	32	40
Health Factors	47	45	44	47	41	39	40	39	35	35
Health Behaviors	41	39	37	35	35	33	34	31	30	30
Clinical Care	52	30	50	56	55	47	47	44	47	45
Social and Economic Factors	41	34	34	32	31	32	28	26	23	25
Physical Environment	57	55	55	55	55	56	56	56	54	54

COVID-19 Impact

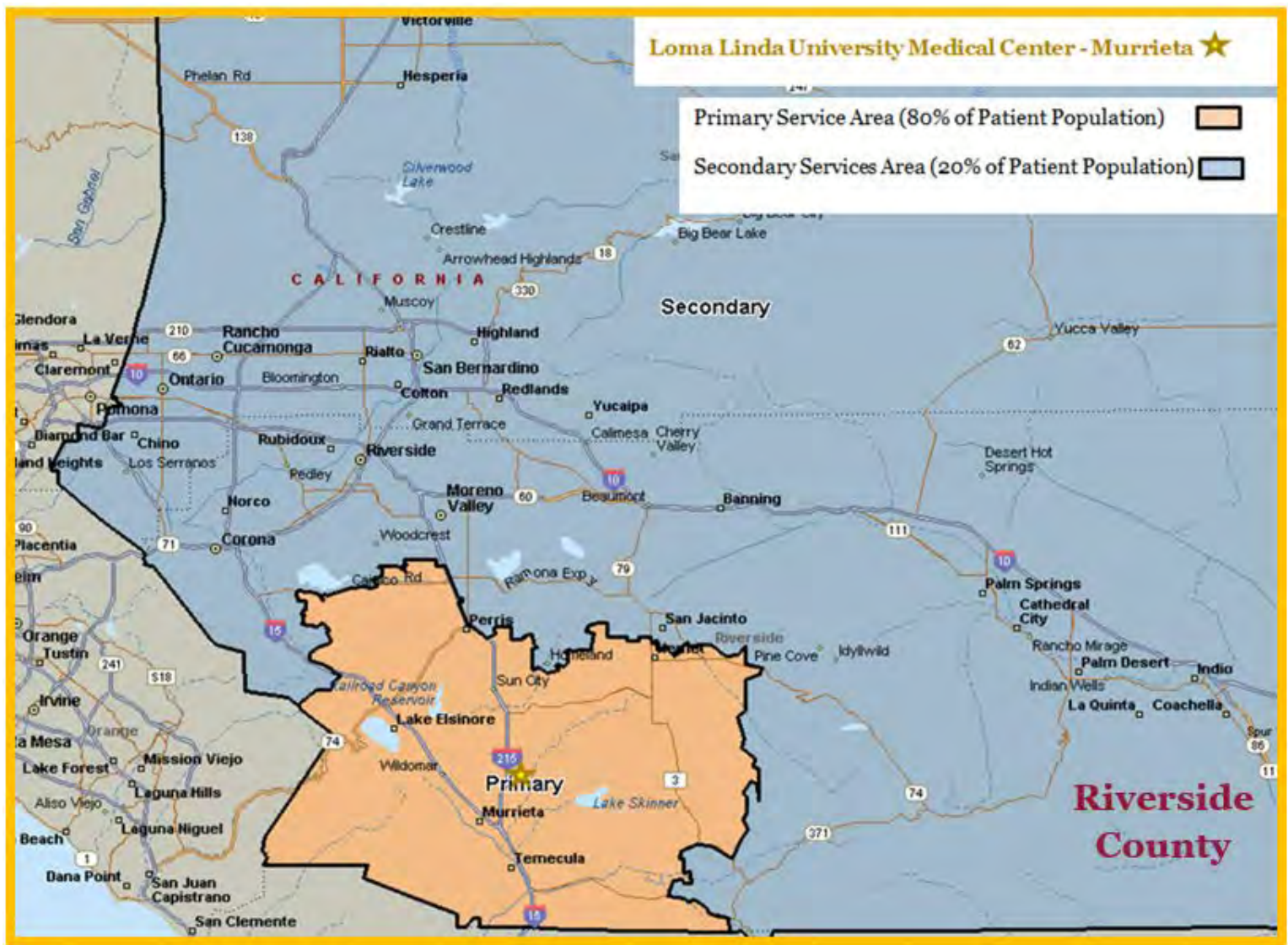
With a total of 249,000 confirmed cases as of the time of this report, and over 2,800 deaths due to COVID-19 across San Bernardino and Riverside counties, the pandemic has a greatly impacted those living in the region, with some of the biggest challenges being food insecurity, unemployment, housing burden, 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 most greatly impacted by the lack of access to food has been minority populations and families with children. Unemployment in San Bernardino and Riverside Counties reached a peak of 15% leaving 300,000 people without work, a significant increase from the previous, pre-pandemic rate of 4%. However, unemployment rates in the region have since been recovering slowly but steadily (as of October 2020, the unemployment rate is at 9%). Less income, combined with an already expensive housing market that has rent prices rising at a faster rate than other Southern California counties, has increased the housing burden on many households in the region. Additionally, 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 a lack of access to technology. *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, and specialty care provider, 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 estimated to be **296,000** immigrants who are undocumented in our two counties, with LLUH as the regional safety-net provider for all people. In 2019, LLUH hospitals treated **53,455** people in our hospitals, with **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.



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

Regional priority **needs** are identified by the community
(CHNA 2019)

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)

Needs inform the Community Investment **Focus Areas**
(CHIS 2020-2022)

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

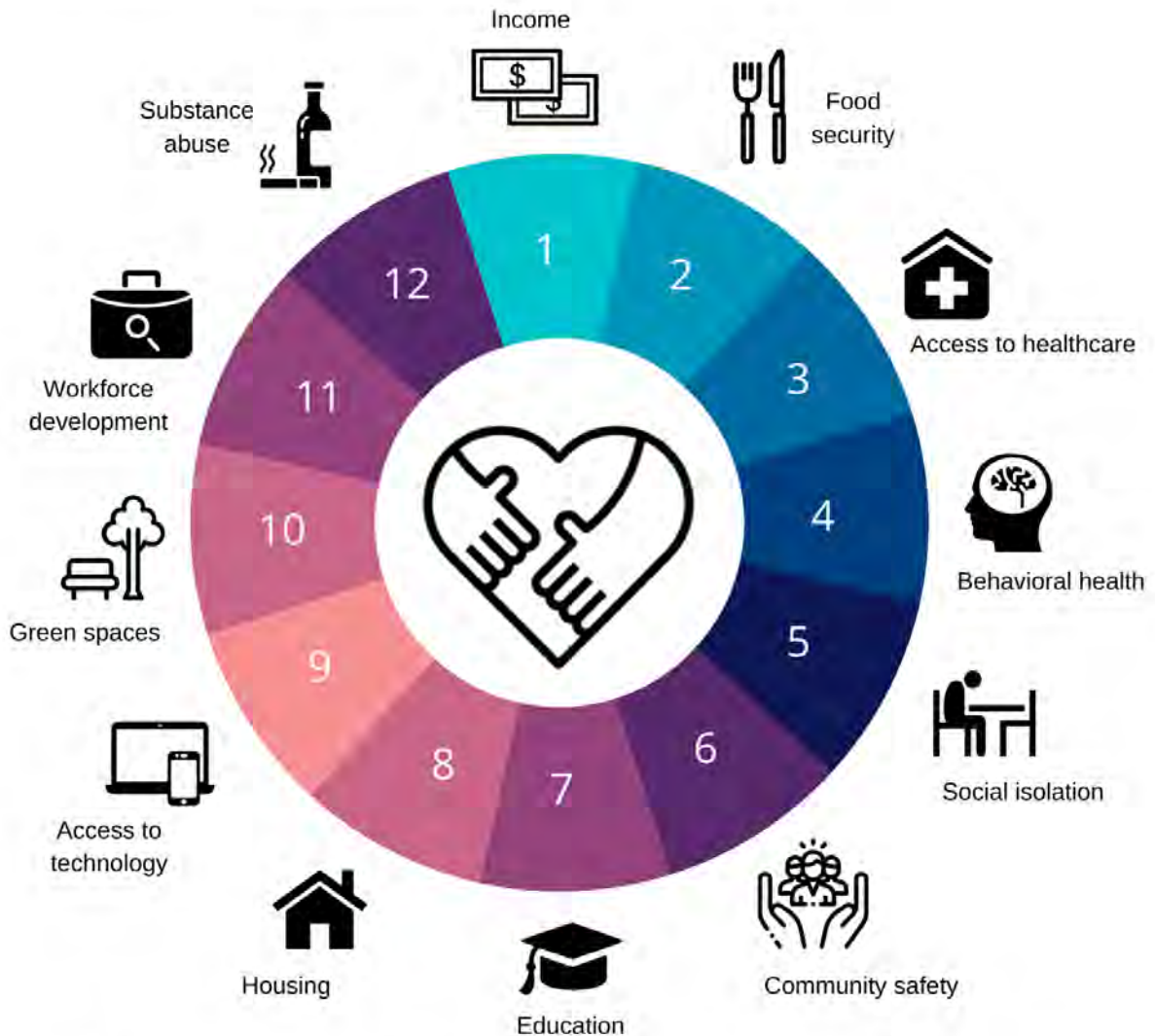
Relevant & Responsive to Our Community

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 Determinant 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 20



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



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

- Outreach to middle and high school youth experiencing behavioral health concerns
- Access to behavioral health resources for adolescents and teens



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
- 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

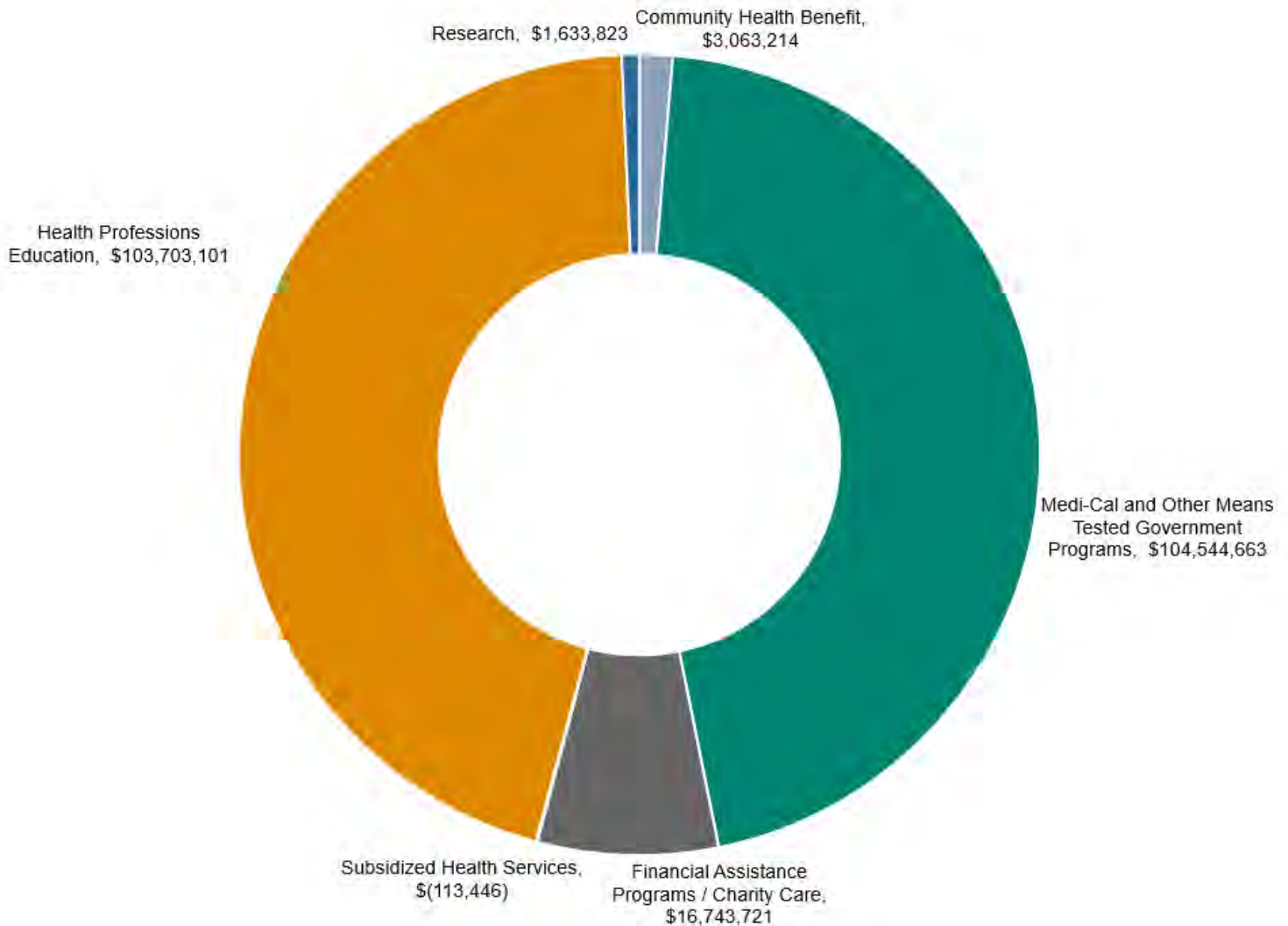
- FQHC populations
- Rural communities & agricultural workers
- Community injury prevention
- Mothers & medically fragile infants
- Lifestyle: Metabolic Syndrome
- People experiencing: Homelessness,
- Disability, Cancer, Pre-Diabetes and Diabetes

Community Benefit Financials



Total System Community Benefit

\$229,575,076



Service 2019: 53,455 inpatient Visits

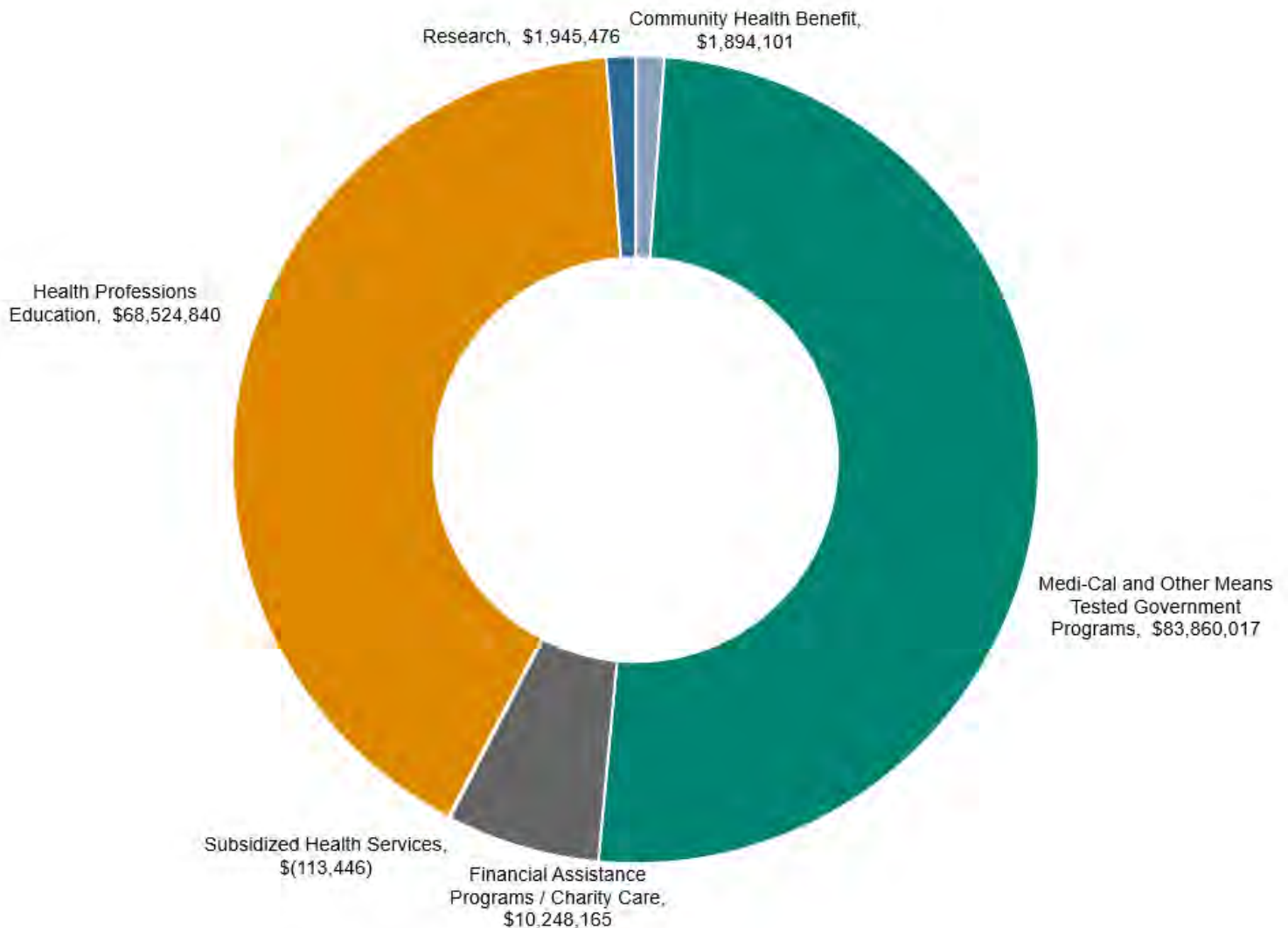
1,857,307 outpatient Visits

Total Licensed Beds: 1,077

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

\$166,359,153

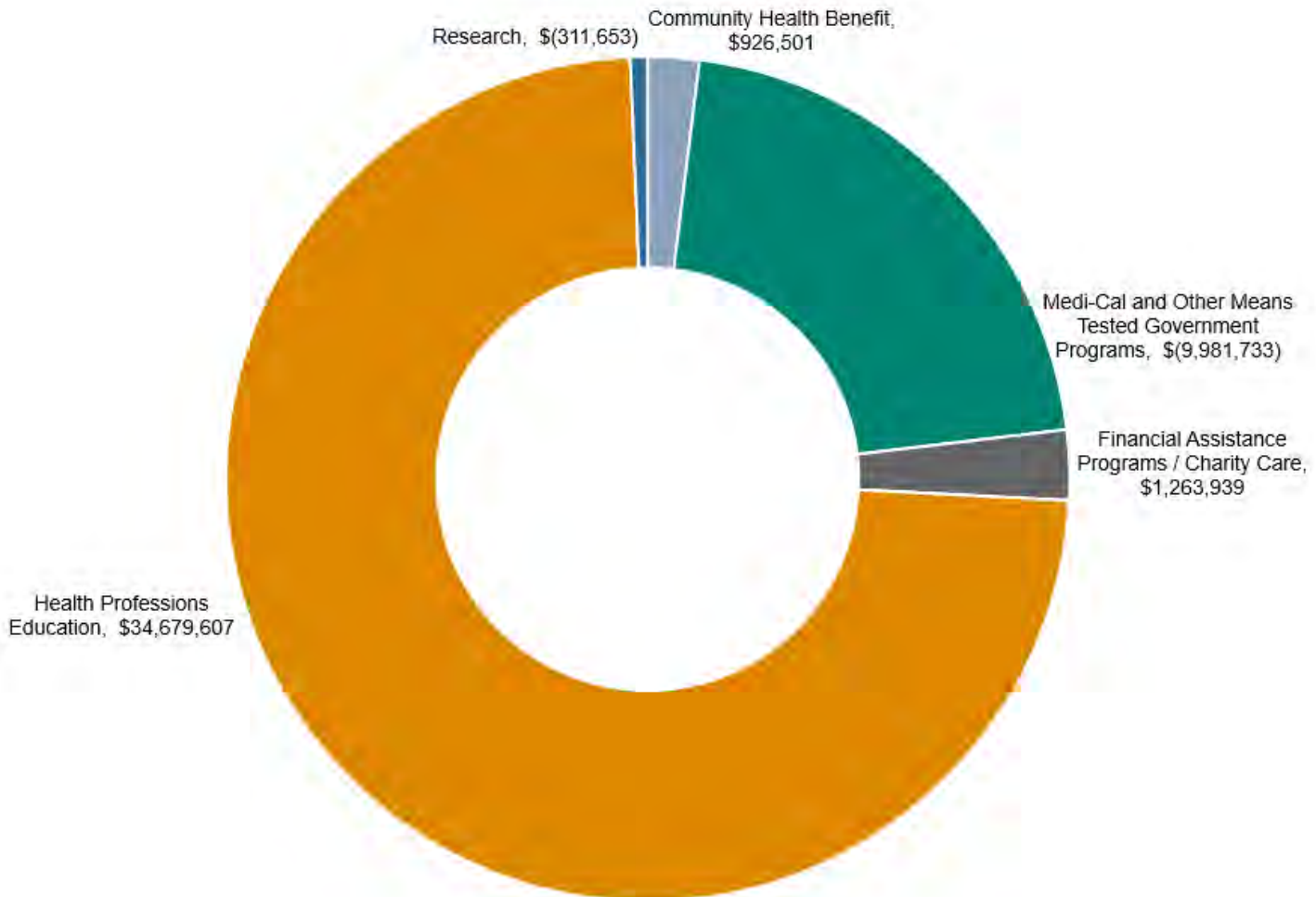


About ... LLUMC

- 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
- Received “A” for patient safety by The Leapfrog Group (Fall 2020)
- Total Beds (all campuses): 533 Beds

Loma Linda University Children's Hospital

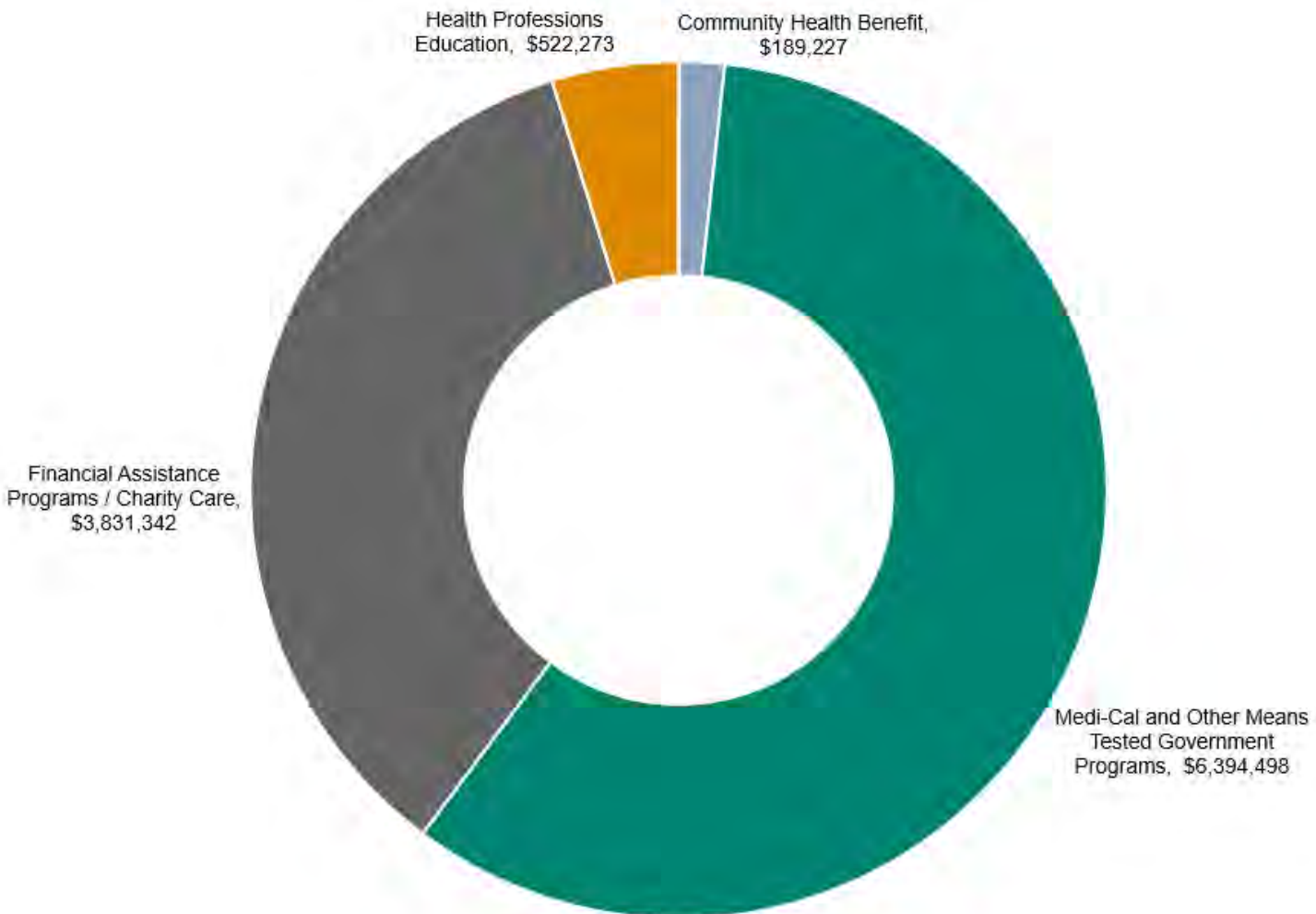
\$26,576,661



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 "Top Children's Hospital" in 2017 & 2018 by The Leapfrog Group
- Total Beds: 343 Beds

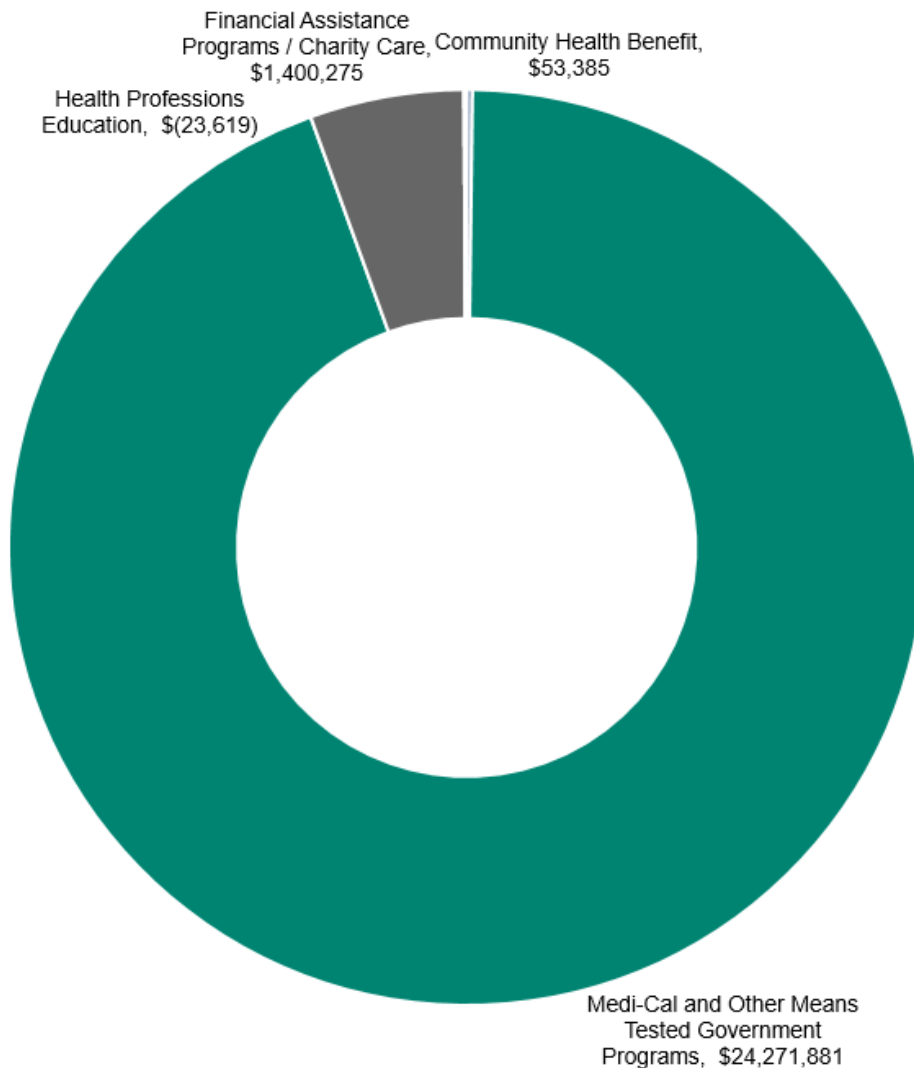
Loma Linda University Behavioral Medicine Center \$10,937,340



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 \$25,701,922



About ... LLUMC-Murrieta

- As LLUH's hospital in Riverside County, is a critical access hospital for families in the region for emergency care
 - In 2019, LLUMC-Murrieta expanded the Emergency Room to meet demand in the community with additional 5,000 square feet taking treatment rooms from 25 to 37.
- In FY 20, partnered with LLUBMC to expand behavioral health care services to the Murrieta campus as a critical access strategy in behavioral health, particularly the Youth Partial Hospital Program.
- Total Beds: 112 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 2020.

ECONOMIC VALUE (FY 2020): \$229,575,076

COMMUNITY BENEFIT (FY 2020)	LLUMC (MC + EC +SH)	LLUCH	LLUBMC	LLUMC - Murrieta	Loma Linda University Health (Four Licensed Hospitals)		
	Net Benefit	Net Benefit	Net Benefit	Net Benefit	Expenses	(Offsets)	Net Benefit
Reporting Period: July 1, 2019 - June 30, 2020							
Patient Care Services	\$93,994,736	(\$8,717,794)	\$10,225,840	\$25,672,155	\$860,065,345	(\$738,890,408)	\$121,174,937
1) Medi-Cal and Other Means tested Government Programs	\$83,860,017	(\$9,981,733)	\$6,394,498	\$24,271,880	\$836,145,045	(\$731,600,383)	\$104,544,662
2) Financial Assistance Program/ Charity Care	\$10,248,165	\$1,263,939	\$3,831,342	\$1,400,275	\$16,743,721	\$0	\$16,743,721
3) Subsidized Health Services (Home Care)	(\$113,446)	\$0	\$0	\$0	\$7,176,579	(\$7,290,025)	(\$113,446)
Health Professions Education	\$68,524,841	\$34,679,607	\$522,273	(\$23,619)	\$153,145,235	(\$49,442,133)	\$103,703,102
1) Medical Residents, Fellows & Interns	\$25,376,231	\$19,349,886	\$522,273	\$0	\$94,690,523	(\$49,442,133)	\$45,248,390
2) Paramedical Education (Pharmacy & Chaplain Residencies) & Other	\$27,618	(\$99,373)	\$0	(\$23,619)	(\$95,374)	\$0	(\$95,374)
3) Physician Group Equity Transfer for Medical Education	\$41,620,992	\$15,429,094			\$57,050,086	\$0	\$57,050,086
4.) University Equity Transfer for Medical Education	\$1,500,000				\$1,500,000	\$0	\$1,500,000
Research (Offsets Included)	\$1,945,476	(\$311,653)			\$1,633,823		\$1,633,823
1) Clinical Trials	\$1,945,476	(\$311,653)			\$1,633,823		\$1,633,823
2) Community Health Research							
Community Health Benefit (Offsets Included)	\$1,894,101	\$926,501	\$189,227	\$53,385	\$3,063,214		\$3,063,214
1) Community Health Services	\$765,430	\$349,880	\$134,342	\$0	\$1,249,652		\$1,249,652
2) Cash and In-Kind Donation	\$24,125	\$3,000	\$1,500	\$0	\$28,625		\$28,625
3) Community-Building Activities and Programs	\$883,637	\$458,897	\$42,708	\$42,708	\$1,427,950		\$1,427,950
4) Community Benefit Operations	\$220,909	\$114,724	\$10,677	\$10,677	\$356,987		\$356,987
TOTAL	\$166,359,154	\$26,576,661	\$10,937,340	\$25,701,921	\$1,017,907,617	(\$788,332,541)	\$229,575,076

** 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 20



Special Implementation: Covid-19 Response



Food Security Response – Food Box Delivery Program

With the onset of the pandemic and unexpected changes in 2020, 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.



Food security

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 2020.¹ CAPSBC served over 120,000 individuals in calendar year 2019 that include the distribution of 12.7 million pounds of food valued at \$21.2 million dollars². The total food distribution in 2020 for CAPSBC is expected to far exceed previous years as they have been coordinating the distribution of 1,000 food boxes weekly in the community, with LLUH-ICP coordinating 100-200 of those boxes 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.**³

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

² Agency Website: <https://www.capsbc.org/accomplishments>

³ 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

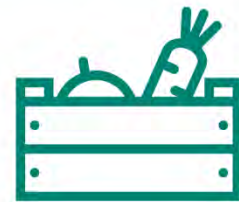
March 2020 - June 2020

2,496



Grocery boxes delivered
to families*

350



Produce boxes provided
to families

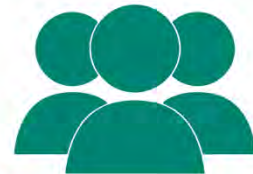
5,900 +
Community members
directly reached with
COVID-19 response**

7,898



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

224



Student volunteers
involved in response

*An additional 5,380 grocery boxes delivered July 2020 - Dec 2020

**845 individual families (4,229 individuals) + 32 families x average household size of 4.38 (140 individuals) received grocery boxes. 350 families x average household size of 4.38 (1,533 individuals) received fresh produce boxes

LLUH Community Care Corps

Responding to Outreach & Health Information Needs of Disenfranchised Communities

Community Care Corps is a collaboration that started with a focus on COVID-19 that brought together three partners: School of Public Health, Institute for Community Partnerships, and School of Behavioral Health. Teams met weekly to discuss how best to deliver relevant and responsive messaging regarding community issues to the areas of San Bernardino County and Riverside County, with a focus on San Bernardino City.



Initially divided into an information gathering or Development team, and a message Dissemination team - students and staff found that messaging took a long time to develop and get back to the community. Additionally, students found they wanted more information on local resources that were currently available. Therefore, some of the student group focused on gathering and mapping resources in the area and the others focused on picking individual topics to both research and then create flyers, graphics, and info graphs. Currently, there are 4 volunteer students and 3 staff collaborating with multiple partners to focus on feedback from the community on relevant issues. Messaging is delivered in both English and Spanish via food box deliveries, websites, text messaging, and social media through agencies and community partners. Community Care Corps represents **six LLUH staff providing over 200 hours of work** to create materials and engagement of **20 future health professions graduate students who contributed over 450 hours** of time to design, translate and circulate materials.

The primary objectives of Community Care Corps are to eliminate health literacy and/or access to information and technology disparities and to get verified and validated health information out to communities of color to dispel rumors about Covid-19 and build trust in recommended prevention.

Community Care Corps resources are free and available to the community: <https://sites.google.com/llu.edu/community-care-corps/home>

Support to African American Churches – COVID Testing Sites

As part of the regional response to address the disparity in the burden on black and African American communities, ICP partnered with the Inland Empire Concerned African American Churches to set-up COVID testing sites as way to engage and reach more members of the black community and provide access to COVID testing.

ICP invested in the partial cost of purchasing the non-touch thermometers for volunteers to use in screening participants. IECAAC also coordinated multiple community events to help increase access to people of color in the region.

Reverend Samuel Casey, of the New Life Christian Church and the Executive Director of COPE (Congregations Organized for Prophetic Engagement, was quoted in the *Fontana Herald News* article, “African American faith leaders coordinate coronavirus testing event on June 12,” June 8, 2020) stated:



"The stark racial disparities in COVID-19 cases and death rates is a call for extra caution and safety. Before churches 're-gather,' African American churches will serve as testing sites for COVID-19 to promote the health of our communities and their congregants," said Rev. Casey.

Building Community Trust in the Vaccine

To address the concerns of Black and Hispanic community members and increase confidence and trust in the vaccine, ICP and partners are holding virtual vaccine information sessions with a Loma Linda Health Providers and public health faculty and scientists in order to provide outreach, education, and access to a physician for question and answer. From the two virtual outreach sessions held so far, over 275 community members have received access the provider sessions to answer questions and over 2,500 views on Facebook Live as recordings have circulated. More seminars are intended throughout 2021.

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:

- Coordination of the food distribution program with partners.
- LLUH system-employed Community Health Workers made phone calls to families and delivered hundreds of food boxes when diverted from inpatient and clinical areas during Stay at Home periods.
- Community Care Corps to manage, design, and distribute outreach materials.

In Fiscal Year 2020, ICP added the implementation of our Covid-19 rapid responsiveness by deploying the CHW teams to support the effort to deliver food to known families in the region with high SDOH risk factors before Covid-19 and through CHW outreach, was able to maintain the relationship with over 800 families to ensure food security and support the local food bank effort to change the delivery system in order to accommodate Stay at Home.

ICP also provided technical assistance in support of our partners in the work to address the immediate concerns of lower-income or disenfranchised community members. Partners of the corps circulated the critical public health messaging in these communities from credible sources, by partnering with the Loma Linda University School of Public Health to ensure that information was vetted for local partner distribution. This involved translating materials into Spanish and working to put flyers in food bank boxes as well email and social media ads for partners to use in their communication chains.

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 in order to make an impact, over the long-term, in alleviating poverty in our region.

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.



Education

In FY 20, LLUH ICP worked with three partners to expand the outreach to middle & high-school youth in order to bridge them to workforce education, entry, and bridge scholarship. Partners shifted outreach to virtual meetings to keep students focused on thinking about their future.

Pipeline & Poverty Reduction



Workforce development



<p>LLU Pipeline</p> <p>Goal 4 Health Tutoring My Campus Discovery</p> <p>\$60,000</p>	<p>Bridge to Undergraduate</p> <p>Scholarships Mentorship</p> <p>\$70,000</p>	<p>Workplace Internships</p> <p>Stipends Mentorship</p> <p>\$30,000</p>	<p>Graduate Access</p> <p>Scholarships</p> <p>\$45,000</p>
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\$205,000 - Total Pipeline Investment

Community-Academic Partners in Service (CAPS)

The pipeline programs operated by the Institute for Community Partnerships' are housed in the Community-Academic Partners in Service 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, as part of the community benefit investments made by the 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 shift 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 20)
- 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 20 due to Covid-19).

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 Salud & Garden Rx programs

The CAPS program as part of ICP also oversees the implementation and work with Huerta del Valle in the Jardin de Salud, as well as the family engagement and coordination with the garden and coordination of service learning by engaging graduate of LLU into community service. Thanks to the CAPS and Huerta del Valle implementation, over thirty families established garden plots in FY 20 with future implementations.

Additionally, the CAPS team assisted Huerta del Valle in weekly distributing 100 boxes of organic produce to community members at the new and developing site to help with food security and access to health food during Covid-19.

More on the Jardin de 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 System. For more information, visit: <https://caps.llu.edu/>



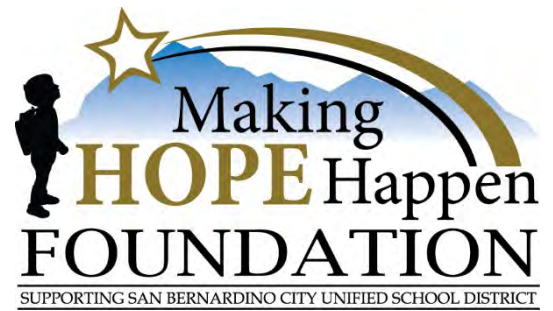
Because of the CAPS & Huerta del Valle teams, over 30 families are now growing organic produce in the heart of San Bernardino City, with room to grow to a total of 52 family plots!



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 to 20 students, as well as a stipend for a mentor. The graduating seniors who will become freshmen are paired with a past recipient in order to have an older undergraduate student who understand the unique challenges many first-and-second generation college students face in bridging to higher education.



20

SCHOLARSHIPS AWARDED

to SBCUSD high school graduates

SCHOLARS ATTENDING

7 San Bernardino Valley College

7 UC Campuses
(Berkeley, Davis, LA, Riverside, San Diego)

6 CSU Campuses
(San Bernardino, Dominguez Hills)

85%

MAKING ACADEMIC PROGRESS

Earning 12+ credits per term with GPA of 2.0+

2.98

AVERAGE CUMULATIVE GPA

SCHOLAR DEMOGRAPHICS



Pipeline Graduate Access Scholarships

In FY 20, LLUH-ICP established access scholarships with two of the schools in the LLU system to open access to higher education for under-served 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 most number of students who met criteria possible.

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 in an effort to uplift families and make generational changes and reduce the impact of poverty in our region.

A Letter of Gratitude from a FY20 Scholarship Recipient:

“I am a first generation college graduate, and further pursuing my second degree. Belonging to a low income family has posed its struggles, however thanks to this amazing scholarship which I was gifted I am furthermore encouraged to finish my education without the added stress of paying for a big portion of it. I was in utter stress, yet today I stand with relief that somehow I was chosen to be a recipient of this scholarship. This gift has lifted a weight off of my shoulders that I did not perceive would be resolved without a consequence of my grades being affected. Now I can focus directly on performing well in my coursework, **to be the best nurse that I can be.”**

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 20, 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 2020, SMGC provided the following technical training programs and certifications:

- Certified Nursing Assistant
- Medical Assistant
- Promotores Academy (Community Health Worker Basic Certification; and certifications for specialization as Community Health Education Workers or Clinical 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 20, ICP began to engage more partners in the regional pipeline to support, align and engage in collective impact on the part of the regional partners in 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 2020, the hospitals invested the following in workforce development and education efforts in the community: \$70,000 in access scholarships to high school students; \$60,000 to pipeline programs, including scholarships to high school students bridging to undergraduate school; \$15,000 access scholarship dollars in Public Health; and \$15,000 access scholarship dollars in Nursing.

The LLUH partners awarded scholarships to over 50 students bridging to education. In Fiscal Year 2021, ICP is working to invest workforce development and education dollars in partners in the Murrieta/Temecula region, and to partner with Health Career Connections to increase access to health care sector workplace internships for students of color.

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.”



Search



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 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 three CHW positions and manager to run the program. The ICP management/operations positions oversee the CHEW contracts in school districts 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 on in professional circles by ICP to help increase the access and technical assistance available to health systems on how to integrate and create this

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.

**In 2020, due to outreach calls and food box deliveries,
This was closer to 60-70%.**

resource in other health systems. LLUH CHWs will focus on home visits and community 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 do 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 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 care they need.

Intervention & Accompaniment – CHWs are able to 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 provide accompaniment by meeting with community members at appointments and in outpatient and inpatient systems of care (both LLUH and non-LLUH), and CHWs are able to support individuals in accessing resources for survival needs like food banks, housing and rental assistance, and other supportive sources in the community offered by non-profits and community organizations.



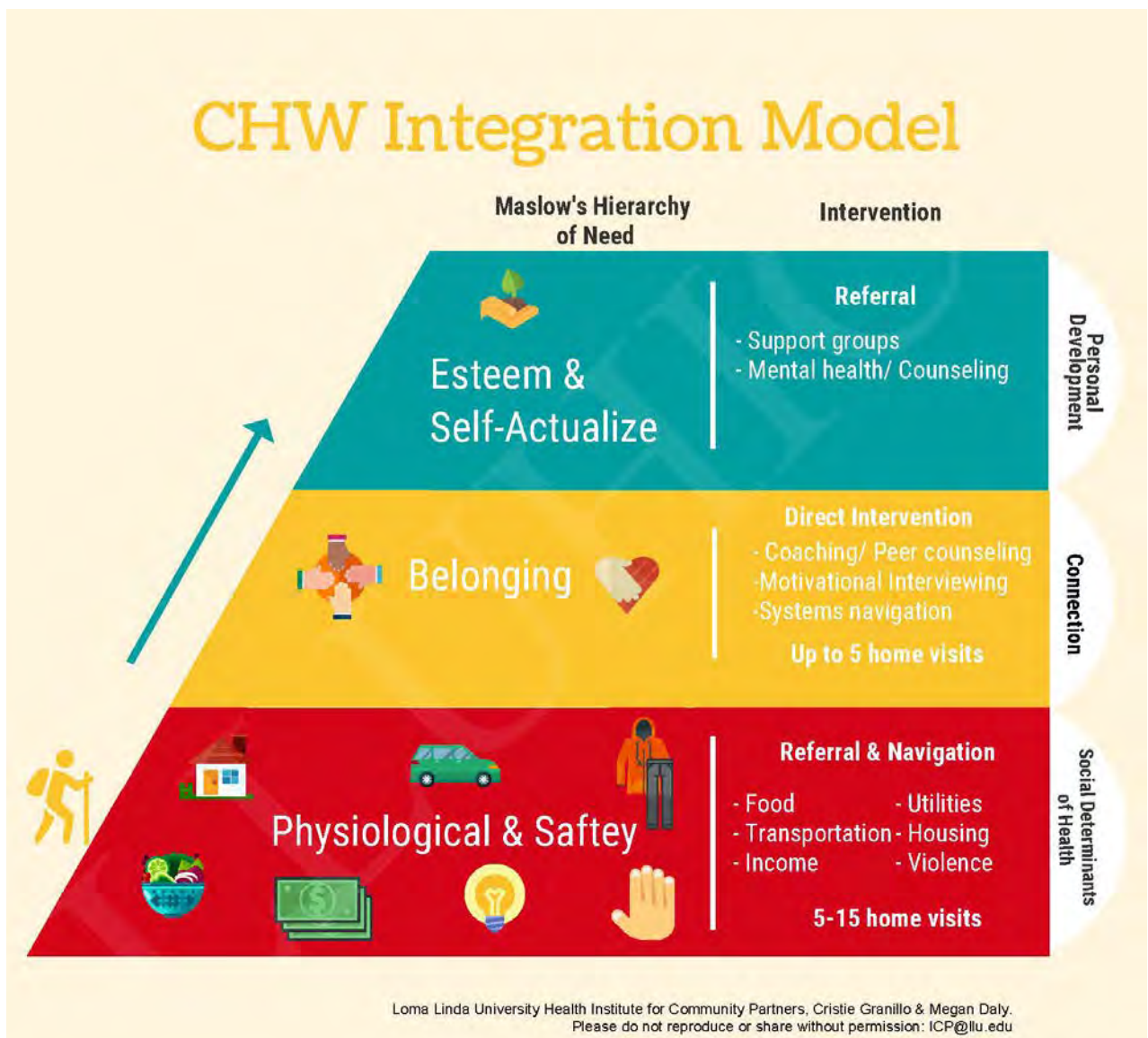
Special Populations Focus – The LLUH CHWs will be stationed in critical access areas of the health system in order to become connected to community members who are experiencing the highest levels of need. The following are special populations the CHW program will address:

- 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 experiencing a lack of access to mental health or behavioral health services and resources;
- Victims of violent crime or injury 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 the LLUH inpatient system.

Finally, special to this program is the two-for-one investment that creating the CHW workforce does to create jobs and develop the workforce. To give CHWs jobs is an act of economic development as people doing the work of a CHW often need *the same access* to employment as those they are tirelessly serving. CHWs are traditionally not part of the systems they support, nor do they have access to the workplace benefits. Employment reduces the reliance on grant-based or project—based employment for CHWs, a source of income insecurity and provides them full benefits. 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, having lived experience with poverty, and those who have received training to become community health workers in the communities from which they are from or with special populations of which they have special knowledge or lived experience.

In FY 20, 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) for free, 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 determinant of health risks upon returning to community.
- Outreach and engagement with the homeless and victims of traumatic injury in the Emergency Room to support with linkages to services and alternative options for community members.



- Outreach and engagement with patients living with Sickle Cell Disease in the emergency room to provide peer supportive services and supports.
- 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:



Outcomes – CHW Integration FY 20

Community Health Worker (CHW) Program

Diabetes Treatment Center, Emergency Department, NICU

July 2019 - June 2020

Emergency Department*

53

Patients Referred

16

Patients Assisted

Trauma*

58

Patients Referred

21

Patients Assisted

Sickle Cell*

25

Patients Assisted

Diabetes Treatment Center

80

Patients Referred

90

Patients Assisted

NICU

78

Patients Referred

65

Patients Assisted

TOTALS

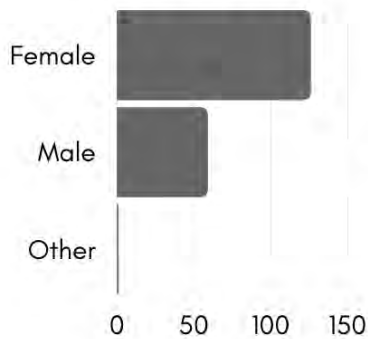
269

Patients Referred

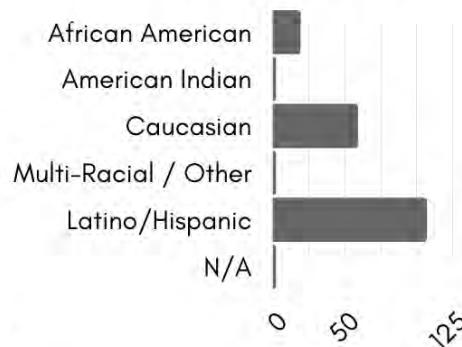
217

Patients Assisted

Gender



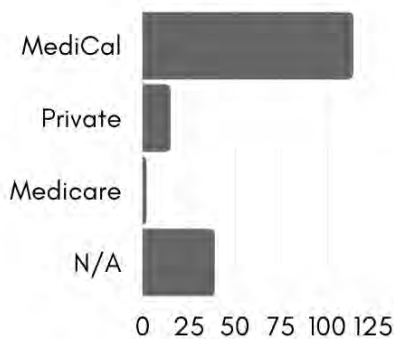
Race/Ethnicity



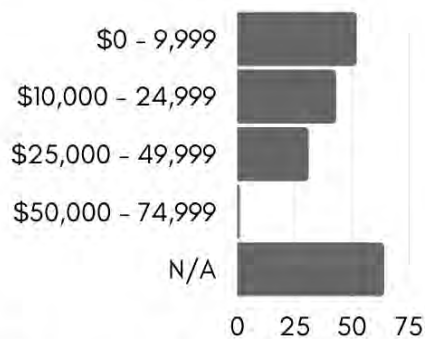
Employment



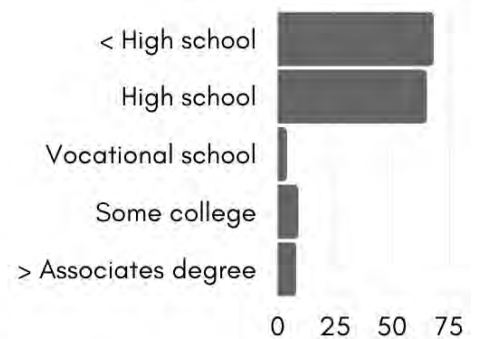
Insurance



Income



Education Attained



*Program data from February 2020 - June 2020 due to hiring of new CHW
 Patients assisted refer to those receiving intensive CHW case work

School Districts – Community Health Education Workers

ICP contracts and provides technical assistance to School Districts to create CHEW jobs: 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 what districts most need addressed. 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 2 school districts and employs eight CHEWS working in the community, a manager of integration to oversee the project, and is conducting interventions with families who have children who are chronically absent (one district) and the other district is a focused intervention to prevent against suicidal ideation or action (behavioral health prevention).

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 determinant of health risk factors.

CHEWS have intervened in the 2019-2020 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 20

Community Health Education Worker (CHEW) Program San Bernardino City Unified School District & Chaffey Joint Union High School District July 2019 - June 2020



of Families Served

182



of Home Visits

449



Food Boxes Delivered

954



Average Household Size

5.4



Median Household Income

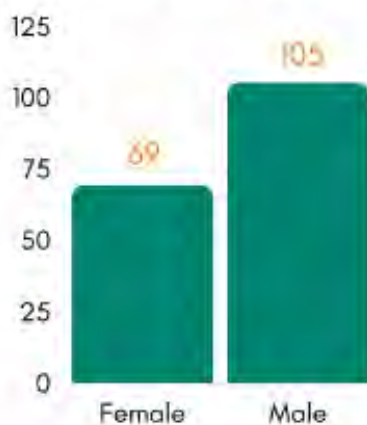
\$10,000 - \$24,999



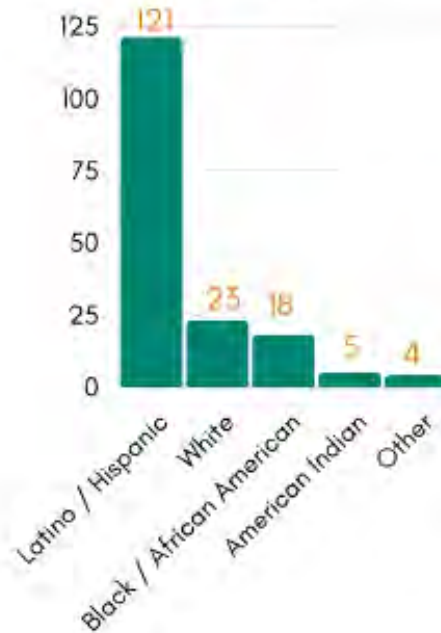
Students Receiving Free / Reduced Lunch

96.4%

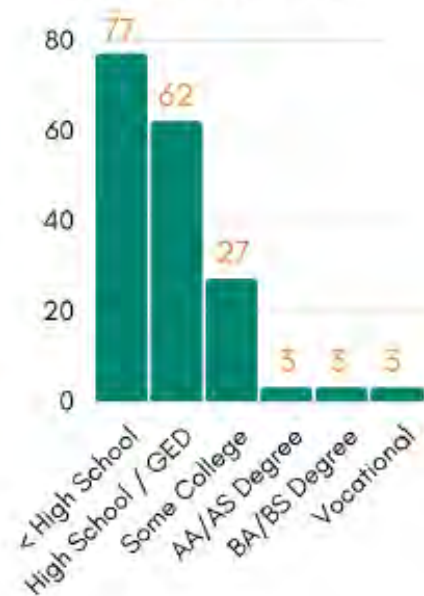
Gender of Guardian



Race / Ethnicity



Education Attained



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 997 people with the work of 1 CHW.



Community Health Worker Integration Program

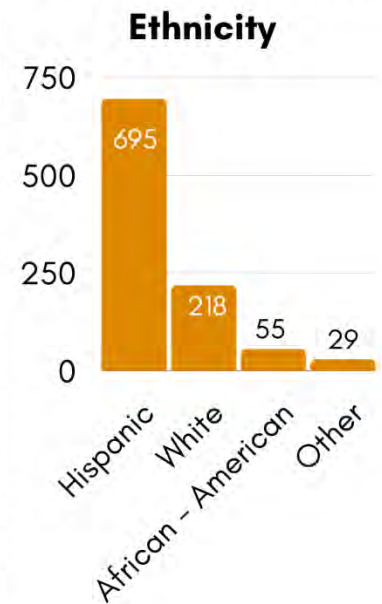
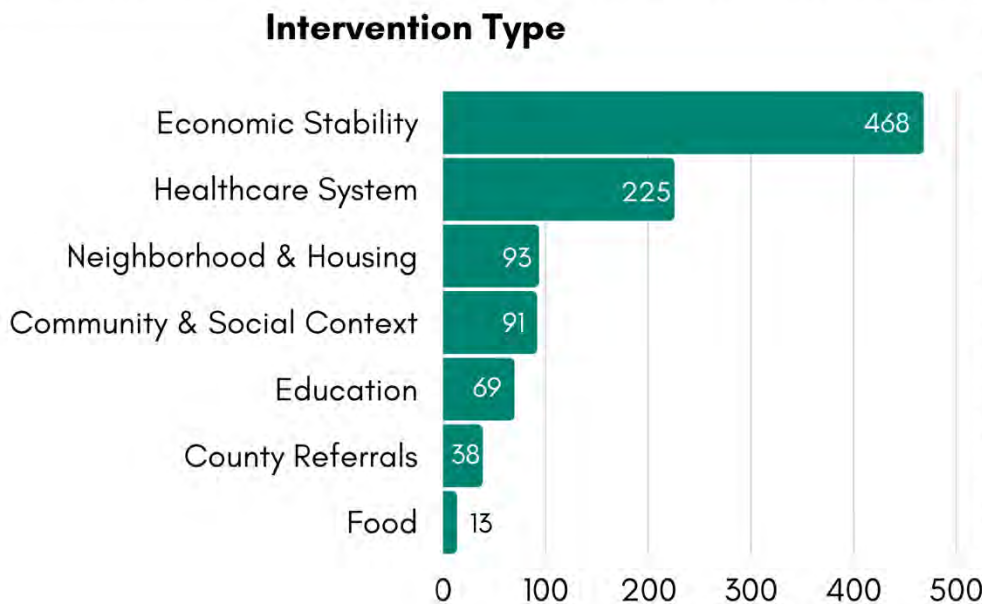
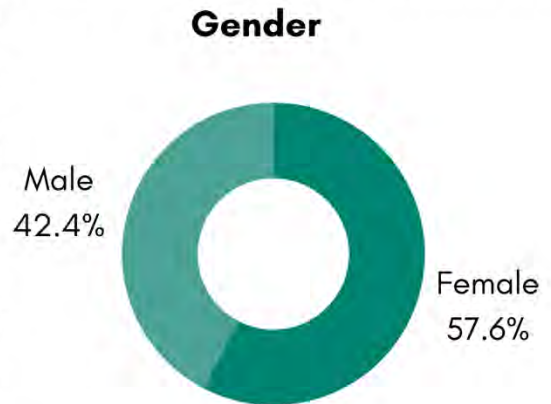
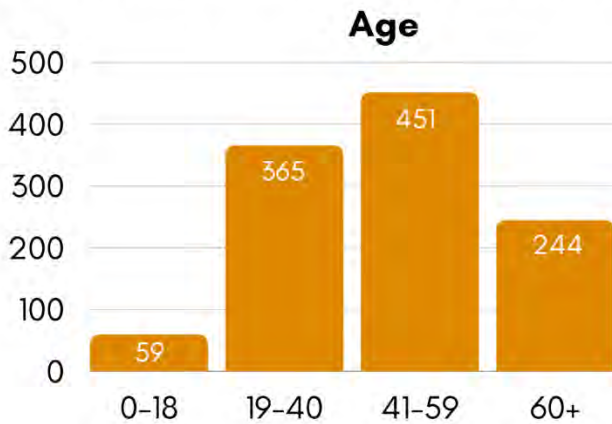


997 # of Individuals Assisted

218 # of Seniors Assisted

169 # of Immigrant Households Assisted

157 # of Working Families Assisted



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

All four licensed hospitals invest in ICP operations in order 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 20 and other public service programs such as 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 20, with the onset of the pandemic, CHWs spent over 70% of their actual work days providing intensive support services in the community and in clinical settings: to discharged patients, providing navigational support community members to access resources, making referrals for people with increasing social determinant needs, and served as the backbone of food security and delivery efforts.

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

Green Space: *Jardin de 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 System 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 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.



LOMA LINDA
UNIVERSITY
HEALTH

Institute for Community
Partnerships



A Garden Grows During Covid-19



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!





“The Lord will guide you always; he will satisfy your needs in a sun-scorched land and will strengthen your frame. You will be like a well-watered garden, like a spring whose waters never fail.” Isaiah 58:11 (NRSV)





“To plant a garden is to believe in tomorrow.”

- Audrey Hepburn



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

Loma Linda University Medical Center and Loma Linda University Children's hospitals have made historic year-over-year investments in SAC Health System 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, with the transition of the SAC Health System through the rate setting process as an FQHC, SAC Health System made available the land and LLUH was able to invest community benefit dollars to support community members to plan and create a garden.

Additionally dollars for fencing and other major infrastructure supports 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.

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.

More than a Garden

Jardin de Salud is not just a healthy food access strategy: it is an outdoor community center and more relevant to the community than the partners could have imagined due to Covid-19. 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.

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*,⁴ 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 2018, compared to the state average in California of 12.8%.

... 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.

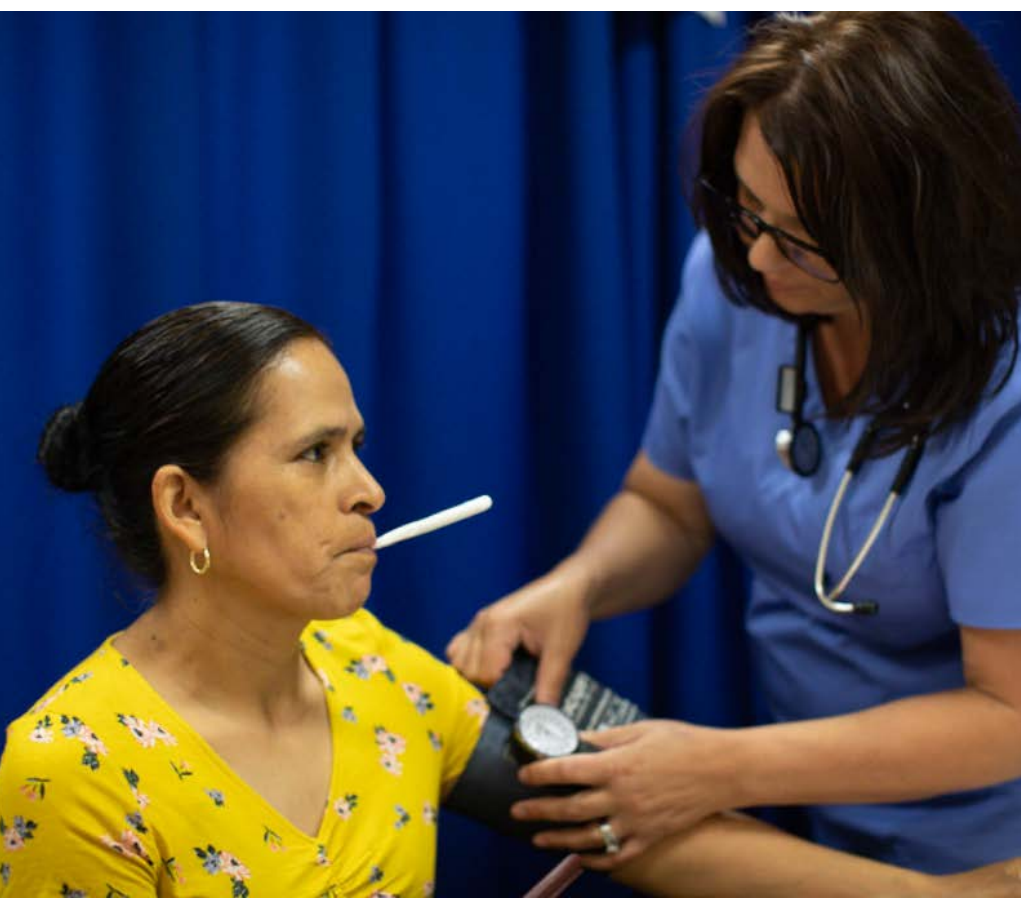
ICP & Partners: “Coachella Connect” Health Service Fairs

ICP, local community partners, and local partner health systems organized community health services fairs before the impact of Covid-19 in order to bring basic medical and dental services to under-served populations out in the East Coachella Valley; populations that often lack access to services due to socioeconomic, and geographic realities. Services provided by the LLUH team focused on vision, and comprehensive dental services, basic health screening to refer at-risk community members for primary care, and other social supportive services. The Community Partners Involved in Health Service Fairs have been: Our Lady of Guadalupe Church (Mecca), the San Bernardino Diocese, Consulate of Mexico in San Bernardino, Galilee Center, Riverside University Health System, Loma Linda University Health: Eye Institute, School of Dentistry, Children’s Hospital, Department of Psychiatry, School of Medicine. **ICP intends to reconvene partners to continue health service fairs in rural or under-served areas in our counties in the coming years once the Covid-19 restrictions are lifted to provide this vital safety-net service in our region.**

For FY2020 there were two Coachella Connect events: 11/17/19 and 2/23/20

Total Participants: 160 Community Members

- # of volunteers: 113
 - # of staff: 22
 - # of students: 60
 - # of other volunteers: 31
- # of volunteer hours: ~904



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 System 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 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 8 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.

In 2019, the program averaged approximately 7,000 members with over 3,400 followers on the Facebook page.

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 20

While many of the events coordinated by the program were suspended in FY 20 due to Covid-19 restrictions, PossAbilities shifted 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. A survey was also conducted to assess the needs of the broader program population and found among members as part

of ICP's ongoing Community Health Needs Assessment efforts and summarized in the implementation update section

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.

PossAbilities Community Assessment Outcomes in FY 21

LLUH ICP & PossAbilities conducted a joint survey of members in August of 2021 and from the needs assessment of this group, are reviewing options to increase supportive services based on these findings. The survey was the same as was used in the 2019 broader Community Health Needs Assessment and as additional groups are surveyed in FY 21, ICP will research and review the changing landscape of community needs over the 2019 baseline.



The following are data and indicators identified in the August 2020 survey:

Participant Demographics

(N= 93 Participants)

- 60.2% female, 39.8% male
- 40-49 average age
- 36.7% of Hispanic/Latino
- Employment:
 - 22.6% employed full time
 - 16.1% employed part time
 - 11.8% not employed but looking for work
 - 6.5% unemployed and not looking for work
 - 16.1% retired
 - 26.9% disabled and not able to work
- \$50,000 – \$74,999 average household income

Insurance Status:

- 41.4% had private insurance
- 27.6% were covered by MediCal
- 17.2% were covered by Medicare
- 11.5% had other insurance

Population SDOH Indicators:

- 68.8% have a permanent disability
- 14.6% had a place to live, but was worried about losing it in the future; 1.1% did not have a steady place to live
- 20.7% want help with finding work, 6.5% want help with keeping a job
- 22.6% felt lonely or isolated fairly often or frequently
- 22.6% felt crime in their community was serious or very serious
- 35.5% say that crime has increased in their communities in the past three years
- 12.0% were without health insurance within the last 12 months



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.

Community Outreach

The LLUBMC staff conduct Behavioral Health Education and Awareness activities involve trainings, presentations, and in-service opportunities typically geared towards professionals, clinicians, general community and/or employer organizations. LLUBMC staff provides outreach and education in the community to reduce the stigma of mental health and increase awareness of services available throughout the region through county and local providers. The goal is to provide information on topics within the scope of behavioral health that will reduce stigma, increase knowledge, and assist community members in accessing services with focus on mental health and substance abuse for children, adolescents, and adults. The primary locations for this outreach is school districts, community centers, and local non-profit organizations who request speakers.

Community Support – Meeting Space

While the onset of Covid-19 shifted community support groups, like Alcoholics Anonymous (AA), the LLUBMC provides meeting space for organizations that support the continued and ongoing health and well-being of people who have overcome substance use and/or challenges in their behavioral health experience. For the first half of 2019, prior to the Covid-19 restrictions, LLUBMC provided weekly meeting space to AA.

Access to Early Intervention & Prevention Services for Children

Loma Linda University Children's Hospital (LLUCH) currently holds a First 5 Grant⁵ 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.



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. The linkages provider on behalf of children enrolled in the program will help all providers in responding to critical interventions, preventions early in children's lives.⁶

Increasing Access to Care for School-Age Children

LLUH and the FQHC Partner SAC Health System, 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, San Bernardino City Unified School District and SAC Health System 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. 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.

⁶ Only costs incurred by LLUH above and beyond grant funding are counted as community benefit in the reporting of dollar amounts

Hospital-Based Violence Prevention: Trauma Prevention Program

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.

In FY 20, the ICP CHW in the Emergency Room partnered 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 2020 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 onset of Covid-19, full services were provided through February of 2020 and adjusted in reporting due to the impact of "Stay at Home."

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 BIRADS⁷*
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.



Access to Care through FQHC 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



History of SACHS

Social Action Corps (SAC) began in the late 1960s as an outreach effort from students and staff at Loma Linda University and Medical Center. Over the course of 30 years these volunteers offered temporary medical clinics in donated spaces within the community. In the early 1990's, SAC began to look for a permanent location and by 1992 Norton Air Force Base was closing and provided an opportunity for SAC to acquire a medical facility. SAC incorporated into a 501(c) (3) community health care corporation and evolved into an independent community health system operating community clinics. SACHS has recently received the Teaching Health Center Graduate Medical Education Program designation for Family Medicine, Pediatrics and Psychiatry resulting in one of the nation's largest programs. In 2015, SACHS acquired the Federal Qualified Health Center Status. 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.

LLUMC Investment in Health and Wellness: SAC Health System is a non-profit community health care corporation serving the Inland Empire and major partner of LLUH in the care of vulnerable populations. The clinics provide affordable health care services for all, but primarily serve uninsured patients and their families. They accept Medi-Cal and Medicare, and offer many federal, state and local programs to those who qualify. For those who are ineligible for programs, they offer a sliding fee scale based upon income.

SAC Health System is a critical access provider for the most vulnerable and underserved members of our communities.

LLUH invests Community Health Services in primary care providers to increase access to vulnerable populations.

Family Medicine & Adult Primary Care:

The family Medicine team is dedicated to provide adults and families with health information and expertise in community-based primary care services for children and families. SACHS provides vital screening and preventive treatments such as well adult and child care, reproductive care, vaccines, and cancer screening.

Behavioral Health:

SACHS Behavioral Health Services assists individuals, couples, and families confronted with behavioral and mental health issues and the daily stresses of life. A dedicated team of psychologists, psychiatrists, and licensed clinical therapists, as part of the over-all integrative health care team at SACHS, are committed to meeting the behavioral and mental health needs of our community.

Dental Services:

Comprehensive Oral Health Care Services for the families in the Inland Empire including neighboring counties. Services include: Diagnostic & Preventive Care; Emergency Dental Services; Basic Dental services including Restorative, basic Endodontic, Periodontal and Oral Surgery (routine extractions); Other rehabilitative services such as dentures, partials, crown & bridge and other elective oral surgical procedures.

Community Resource Center: SACHS Community Resource Center (CRC) supports access to health care and encourages the physical, emotional, and spiritual health of families in the Inland Empire. Services and referrals include assistance for food, clothing, utilities, rent, housing, health, and various other needs. The SACHS food pantry provides immediate food assistance for families with food insecurity.



SAC Health System



144,000+

Patients Seen Since 2019



35

Specialties



580+

Physicians



7

**SAC Health System
Locations**



900+

**LLU Medical Residents
and Students**



100+

Community Partners

EDUCATION

- SAC Health System is the largest specialty-based and teaching health center (THC) FOHC in the nation.
- Provides over 900+ medical residents and students from Loma Linda University a unique opportunity to serve our most vulnerable population which will allow them to continue to be leaders in our community. tients with whole-person care.

HEALTHCARE

- Recognized as a Level-3 Patient-Centered Medical Home by the National Committee for Quality Assurance (NCQA).
- All physicians are affiliated with Loma Linda University Health, allowing our patients to receive world-class care from providers trained in over 35 different specialties.
- Unique model of care allows patients to see integrated behavioral health, dieticians, clinical pharmacists, social workers, and even a chaplain all within the same office visit if needed.

PARTNERSHIP

- Has developed partnerships with more than 100 community partners and leveraging the expertise of partner organizations to ensure we provide our patients with whole-person care.

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 21 Implementation Update



The Second Year of the 2020-2022 LLUH CHIS Cycle

Fiscal year 21 (July 1, 2019 – June 30, 2020) represents a unique and unprecedented year in community benefit implementation with the impact of Covid-19 impacting Southern California more heavily in July and December of 2020 with surges of cases and inpatient hospitalizations pushing the local ICU capacity to well below the 15% state benchmark and at times to 0% capacity. The guiding priorities defined by the 2019 CHNA remain the focus as well as LLUH's commitment to the implementation strategy remains strong. Throughout the shifting landscape of 2020, 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 CHIS⁸

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 21 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.

⁸ 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 21

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 2021 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 21:

1. **Increased alignment on partner responsiveness to Homeless:** LLUH ICP is working with local health system partners at **Kaiser, Dignity, and Providence** hospital partners in our region to collaborate on how we can capacity-build CBO's in the region and better align partners to shared protocols in managing the "community system of care" network in our region. The goals are increased alignment, providing technical assistance and facilitation to strengthen the existing network between partners, and reviewing potential collective impact through development or investment in gaps in the network where additional recuperative care services would support target populations within the broader homeless population.
2. **Alignment to county workforce development programs** as they come back online with the alleviation of Covid-19. With a county-wide investment and focus on youth, LLUH through ICP is involved in regional collaborations to increase the bridge from high school to college by connecting our pipeline programs to the larger county efforts. Uplift SB City is an initiative to incentivize students to do well, achieve good grades, and stay in school in order to decrease disengaged youth and increase graduation rates. Uplift SB City engages a multi-stakeholder advisory to help guide the strategic plan for change in the county and unify partners on collective goals, below. The program is focused on the long-term outcomes for local youth in graduating from college, getting jobs in our region, climbing career ladders in the local market, owning local businesses, and buying homes in the region.
3. Participate 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 for America** in a macro regional data and is developing a second round of community conversations virtually on Zoom and through community surveying.

4. Supporting the County with **Enrollment Outreach, Retention, and Recruitment for at-risk populations eligible for Medi-Cal:**⁹ 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.

5. Finally, LLUH ICP is **running special projects and engagements in areas of development to remain in real-time responsiveness to community priorities in FY 21 and fulfill our implementation strategy:**
 - a. The development of a **“Community Fellows Scholarship Program,” African American Mentoring Program (AAMP)**, and survey efforts with workforce development partners to better align regional non-profit partner resources and strategies on workforce development and to bring more partners to the table to invest in scholarships. The AAMP was launched at the end of 2020 with 25 LLU health professions students signed-up to mentor black students from San Bernardino City Unified School District. LLUH ICP is engaging with new partners in the Murrieta/Temecula region of Riverside County and a new partnership with Health Career Connections to create more workforce apprenticeship and workforce opportunities for students of color across the region.

 - 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.

⁹ Only costs to operate services at ICP above contractual or grant revenue are counted as community benefit dollars.

- 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 physicians 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 Summit 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 Healthy System and *Jardin de Salud* through a community health worker:** Thanks to the partnership and support of the Ardmore Institute for Health LLUH ICP and SAC Health System 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 will provide the peer support and linkage to ensure families access services.



LLUH to Open New Hospital in FY 21

As part of LLUH's continued commitment to our community, the campus transformation project that has been underway the past decade is culminating with the opening of a new adult and children's hospitals in FY 21 with the highest level of safety features through the steel structure and seismic requirements in the state.

The adult and children's hospitals reflect our continued commitment to primary, specialty, and trauma services in the region with individual patient rooms to provide the best healing environment.

While Covid-19 has impacted many aspects of the hospital this year, the new hospitals are still on-target and very close to their original opening for late Spring/early summer of 2021.

While LLUH maintains focus on the on-going effort to improve health in our region and strengthen utilization of care services in the outpatient and community-based systems of care, we are building the 21st century inpatient care infrastructure that is tailored to the safest seismic requirements possible in our region so LLUH can continue to be a safety-net provider of comprehensive care to the diverse peoples of the Inland Empire.



Appendix



Community Care Corp (Covid-19 Partners & Resources)

Location

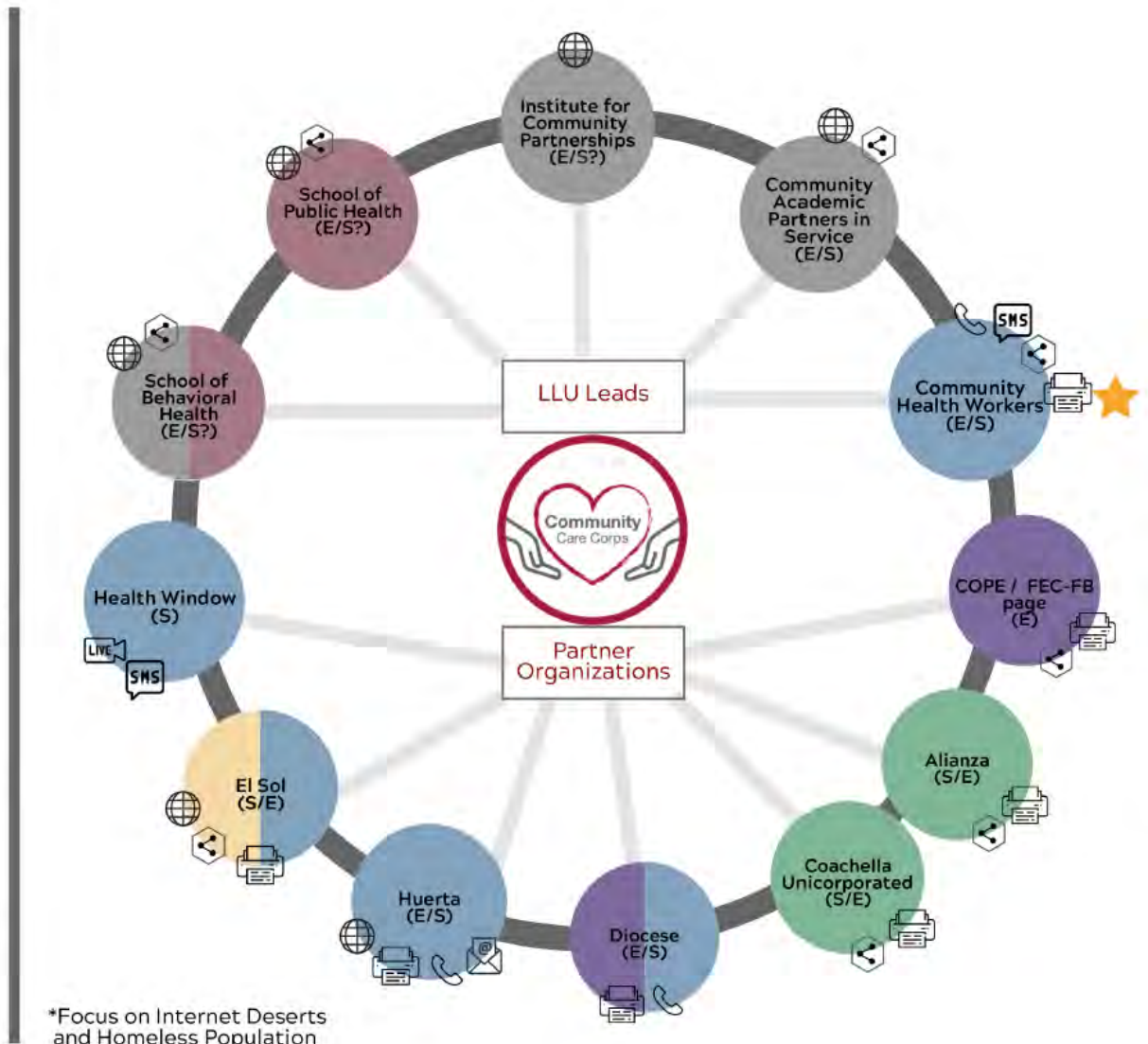
- San BerDo
- ECV
- LLU
- Riverside
- High Desert
- General

Media

- Print*
- Email
- Social Media
- Website
- Hotline Call
- Live
- Radio
- Text

Language

- (E) English
- (S) Spanish
- (V) Vietnamese
- (K) Khmer
- (A) Arabic



Partner Organization Map

Sample Outreach Materials

CREES QUE TIENES
¿CORONAVIRUS?
VAYA A VER A UN MÉDICO



Los inmigrantes en California tienen acceso a servicios de emergencia independientemente de estatus migratorio y / o si no tienen seguro médico.



COVID-19 Testing

WHEN SHOULD YOU GET TESTED?

If you are symptomatic or if you have been in close contact with a known case of COVID-19, **getting tested will help you *and* the community.**



WHY IT'S IMPORTANT

- Those who have the virus can quickly receive the care they need.
- We can keep communities safe by preventing the spread of the virus.
- Public health professionals can better understand the virus and how it spreads.



TESTING METHOD

Viral test: Uses a nasal swab and determines if a person is currently infected.

Note: An antibody test does not detect current infection. This is a blood test that determines if a person was previously infected.



TESTING SITES

Free, walk-up testing locations are available throughout San Bernardino and Riverside Counties. Appointments required. For information on testing site locations and hours, see below.

Find a site:

San Bernardino County: Visit sbccovid19.com or call (909) 387-3911

Riverside County: Visit rivcoph.org/coronavirus/testing.

As the community continues with phases of reopening, testing for COVID-19 will remain an important part of slowing the spread and preventing outbreaks.

Samples: Social Media Outreach

It is normal to feel



during a crisis



Talking to people you trust can help.
Contact your friends and family.



Adapted from WHO Coping with stress during the 2019-nCoV outbreak

If you must stay at home, maintain a

healthy lifestyle



proper diet



exercise



sleep



social contacts with
loved ones at home

email and phone with
other family and
friends.



Adapted from WHO Coping with stress during the 2019-nCoV outbreak

These materials are free for use and available at:
<https://sites.google.com/llu.edu/community-care-corps/home>

Don't use smoking, alcohol or other drugs
to deal with your emotions.



If you feel overwhelmed, talk to a health
worker or counsellor. Have a plan, where
to go to and how to seek help for physical
and mental health needs if required.



Adapted from WHO Coping with stress during the 2019-nCoV outbreak

Get the facts.

Gather information that will help you accurately determine your risk so that you can take reasonable precautions.

WHO, CDC, Local and State Public Health Department

Find a credible source you can trust.



Adapted from WHO Coping with stress during the 2019-nCoV outbreak

List of Partners

- 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
- Bing Wong Elementary School
- Boys and Girls Club
- C.E.R.T. - Community ER Response Team
- California Association of Marriage & Family Therapists
- California Bicycle Coalition
- California Safe Program
- California Thoracic Society
- Catholic Diocese of San Bernardino
- Central City Lutheran Mission
- CEO San Bernardino
- Chamber of Commerce – Inland Empire
- 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
- 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
- Health Career Connections
- 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
- Measure for 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
- Ronald McDonald House
- Riverside County Department of Public Health
- 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
- Think Together
- Torres Martinez Desert Cahuilla Indians
- United Way Inland Empire
- Uplift San Bernardino
- Voice in the Desert
- Youth Hope Foundation

List of Publications – ICP

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., 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., 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, NM., Desai, AK., & Belliard, JC. (2017). Herbal Use and Medical Pluralism Among Latinos in Southern California. *Journal of Community Health*, 42(5), 949-955.
- 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., 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. Manuscript in Review at *Journal of At-Risk Issues*.

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 uninsured
- 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 comprehensive 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 FACTS AND FIGURES

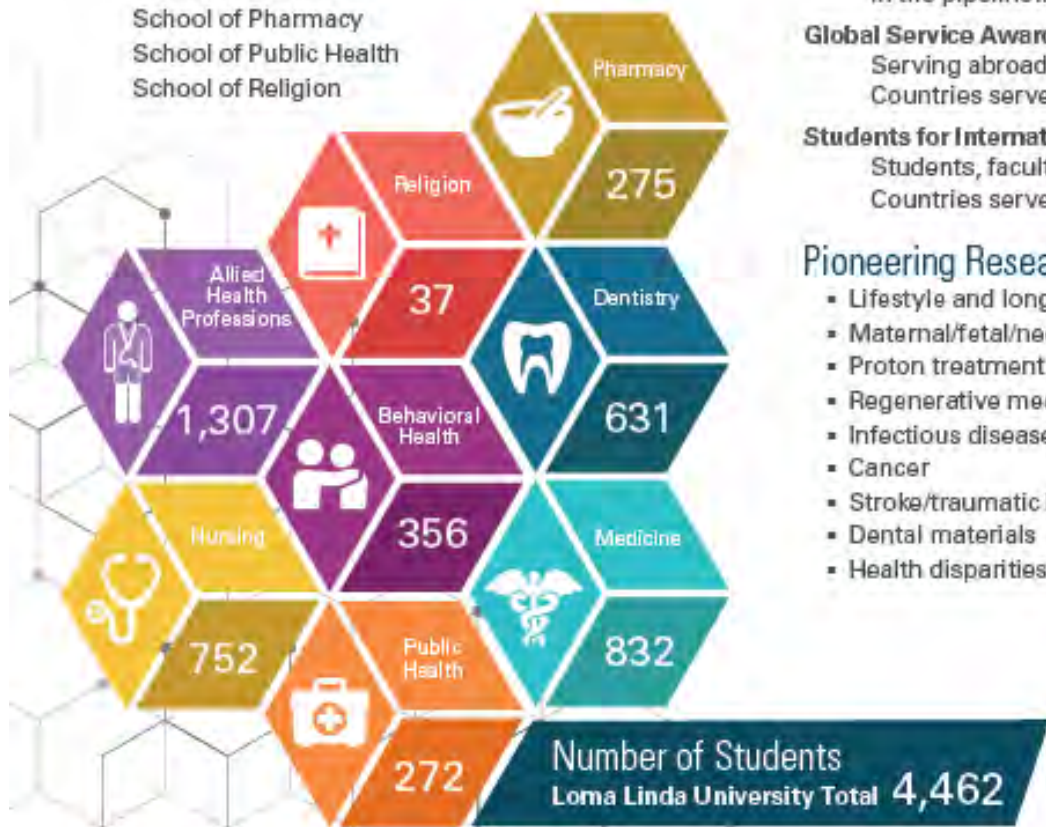
Loma Linda University Health

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
- School of Behavioral Health
- School of Dentistry
- School of Medicine
- School of Nursing
- School of Pharmacy
- School of Public Health
- School of Religion



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	1,457,307
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.....	809,259

OB-Delivered Discharges Total	3,416
Children's Hospital.....	2,690
Medical Center – Murrieta.....	926

Emergency Department Visits Total	195,603
Medical Center (University Hospital/Adult Services).....	84,241
Medical Center – Murrieta.....	51,362

Inpatient Visits

Loma Linda University Health Total	53,455
Medical Center (University Hospital/Adult Services).....	19,053
Children's Hospital.....	15,347
Medical Center East Campus.....	4,388
Behavioral Medicine Center.....	3,869
Surgical Hospital.....	1,228
Medical Center – Murrieta.....	9,570

Areas of Clinical Leadership

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



Faculty Physicians of
School of Medicine

936

Number of Accredited Residency Programs 27

Number of Accredited Fellowship Programs 28

Number of Resident Physicians and Fellows

Residents (not including non-LLUMC residents
rotating at LLUMC) 686

Fellows 111

Employees

Loma Linda University Health Total **16,939**

Loma Linda University..... 2,930

Medical Center (University Hospital/
Adult Services), Children's Hospital,
Medical Center East Campus
and Surgical Hospital 7,685

Behavioral Medicine Center..... 379

Medical Center – Murrieta 1,100

University Health Care..... 1,390

Shared Services..... 2,557

Loma Linda Inland Consortium
Health Education..... 797



Number of Licensed Beds

Loma Linda University
Medical Center Total

1,077

University Hospital/Adult Services 371

Children's Hospital 343

Medical Center – East Campus 134

Medical Center – Murrieta 112

Behavioral Medicine Center 89

Surgical Hospital 28

Total Philanthropic Support for 2019 **\$70.23 million**

Raised Toward Vision 2020 Priorities..... **\$60.98 million**

LLUHEALTH.ORG

Admissions
909-558-1000

Financial Aid
909-558-4509

General
1-877-LLUMC-4U

Medical Center
909-558-4000

Office of Enrollment
909-558-8161

Philanthropy
909-558-5010

Welcome Center
909-558-7000

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Director | Community Benefit

Rees Reiner, MPH

Manager | Community Benefit

Angelina Duran

Administrative Assistant

Karla Fuentes, MPH

Director | Community-Academic Partners in Service

O. Siquem Bustillos, MPH (c)

Program Coordinator | Community-Academic Partners in Service

Crissy Irani, MBBS, MPH

Research Analyst | Institute for Community Partnerships

Nery Pereira

Administrative Assistant

Johanny Valladares

Administrative Assistant



LOMA LINDA
UNIVERSITY
HEALTH

Institute for Community
Partnerships

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Program Manager
Special Implementations

Cristie Granillo, MEd, MS

Manager | Community Health Worker Integration

Alejandra Morales Martinez

Community Health Worker

Nicole Martinez

Community Health Worker

Charles Brown

Community Health Worker



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