



LOMA LINDA
UNIVERSITY
HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT 2025

Loma Linda University Medical Center
Loma Linda University Children's Hospital
Loma Linda University Medical Center – Murrieta

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Executive Summary

Loma Linda University Health (LLUH) is committed to listening to our community, learning from a variety of lived experiences, and building on community strengths to respond to the most pressing needs in the Inland Empire. Every three years, we formalize this commitment through a Community Health Needs Assessment (CHNA). The FY 2025 CHNA defines the community we serve—including San Bernardino and Riverside Counties—identifies key health needs and assets, incorporates input from underserved populations, and outlines LLUH's strategic priorities for action. Findings will inform the development of LLUH's FY 2026 – FY 2028 Implementation Strategy, guiding our investments and programs to align with community priorities and evidence-based solutions.

Centering Community Voice

This CHNA reflects the insights of more than 1,300 community members across the Inland Empire. In partnership with the Loma Linda University School of Public Health and over 30 community organizations, LLUH collected feedback through more than 1,100 surveys, 21 focus groups, and 16 key informant interviews with

leaders in public health, education, faith-based, and nonprofit sectors. In compliance with IRS regulations, special emphasis was placed on hearing from those who are medically underserved, low-income, and from marginalized communities.

Using a Shared Framework

LLUH uses the Vital Conditions for Health and Well-Being framework to identify the elements that all people and places need to thrive: basic health and safety, humane housing, meaningful work and wealth, lifelong learning, reliable transportation, a thriving natural world, and belonging and civic engagement. By aligning our data collection, analysis, and reporting with this framework, we are better able to collaborate across sectors, evaluate impact, and invest in multi-solving opportunities.

In addition to community input, the CHNA incorporates secondary data, including public health indicators and social determinants of health, to provide a comprehensive picture of health needs and disparities across the region.

LLUH's Priority Areas for Action

LLUH is uniquely positioned as an Academic Medical Center, Level I Trauma Center, and the Inland Empire's only dedicated Children's Hospital. Grounded in LLUH's regional role and the priorities identified through the 2025 CHNA process, LLUH will focus on four strategic areas over the next three years:

- **Basic Needs for Health and Safety:** Improving access to healthcare, nutritious food, preventive services, and safe outdoor environments.
- **Lifelong Learning:** Supporting early learning, school attendance, and career pathways in health.
- **Meaningful Work and Wealth:** Addressing healthcare workforce shortages and expanding opportunities for Inland Empire residents to reduce debt and build wealth through quality, stable employment.
- **Thriving Natural World:** Strengthening environmental stewardship across our health system and building climate resilience in both our facilities and the communities we serve.

While these areas are a central focus, LLUH remains committed to working alongside partners across all seven vital conditions to advance health and well-being throughout the region. Together, we can create an Inland Empire where every person has the opportunity not just to survive—but to thrive.



OUR COMMUNITY INLAND EMPIRE

Loma Linda University Health is a Level One Trauma Center and key safety-net provider for the Inland Empire. The Riverside-San Bernardino-Ontario metropolitan area is **expected to grow from 4.6 million to 7.2 million people by 2050**, which will make it one of the top 10 most populous metropolitan areas in the United States. The region currently faces severe problems with health disparities and

poor health outcomes, which could be exacerbated by rapid population growth if left unaddressed. San Bernardino and Riverside Counties span over 27,000 square miles, representing more than 16% of California's total landmass. The two counties are home to some of the most diverse peoples in California, with Latinos representing a majority of the population.

Regional Demographics

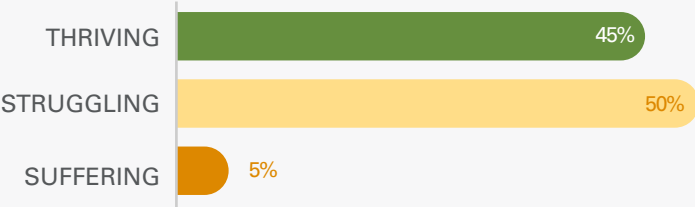
1 IN 9 CALIFORNIANS LIVE IN THE INLAND EMPIRE



Inland Empire
Population: **4.6** Million

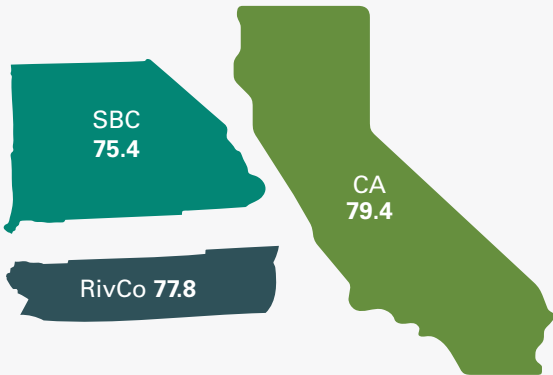
Thriving, Struggling & Suffering in the Inland Empire

The Cantril Ladder measures well-being by asking people to rate their lives today and in five years on a 0-10 scale, and then sorts them into three groups based on their answers: thriving, struggling, or suffering. Questions were administered in the CHNA Survey.



Life Expectancy¹

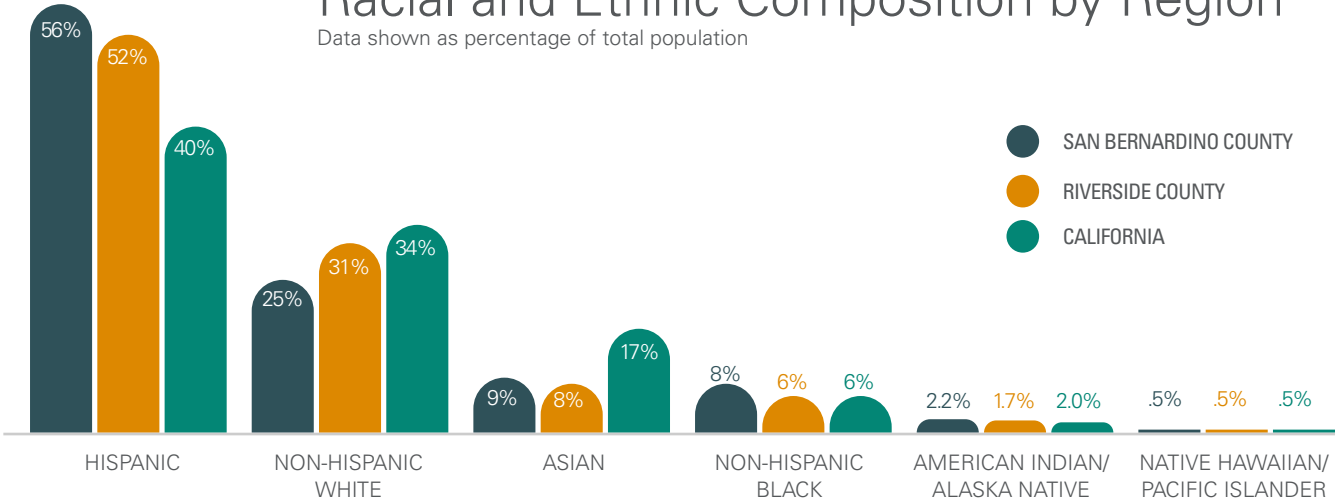
IN YEARS



THE INLAND EMPIRE HAS A HIGHER PROPORTION OF **HISPANIC, BLACK AND NATIVE AMERICAN** RESIDENTS THAN CALIFORNIA

Racial and Ethnic Composition by Region¹

Data shown as percentage of total population



VOICES OF OUR COMMUNITY

Fresh Qualitative & Quantitative Findings

LLUH Institute for Community Partnership's Community Benefit Office collaborated with Loma Linda University School of Public Health to ensure a robust and academic approach to our CHNA process. The School of Public Health provided an impartial lens to the collection, analysis and reporting of the most critical health needs in our region. This high-level expertise brought to the table by the School of Public Health team ensured a valid and useful analysis to identify the most important priorities to improve health outcomes in our region. Community input was obtained by primary data collection that involved both quantitative and qualitative methods. Community surveys, community conversations and key informant interviews were conducted to capture the diverse perspectives and voices of a range of people from different socio-economic and cultural backgrounds.

1,304

COMMUNITY VOICES

LLUH's Community Health Needs Assessment incorporates 1,304 unique community voices

1,138

COMMUNITY SURVEY RESPONDENTS

Collected online and paper-based surveys in English and Spanish

21

COMMUNITY CONVERSATIONS

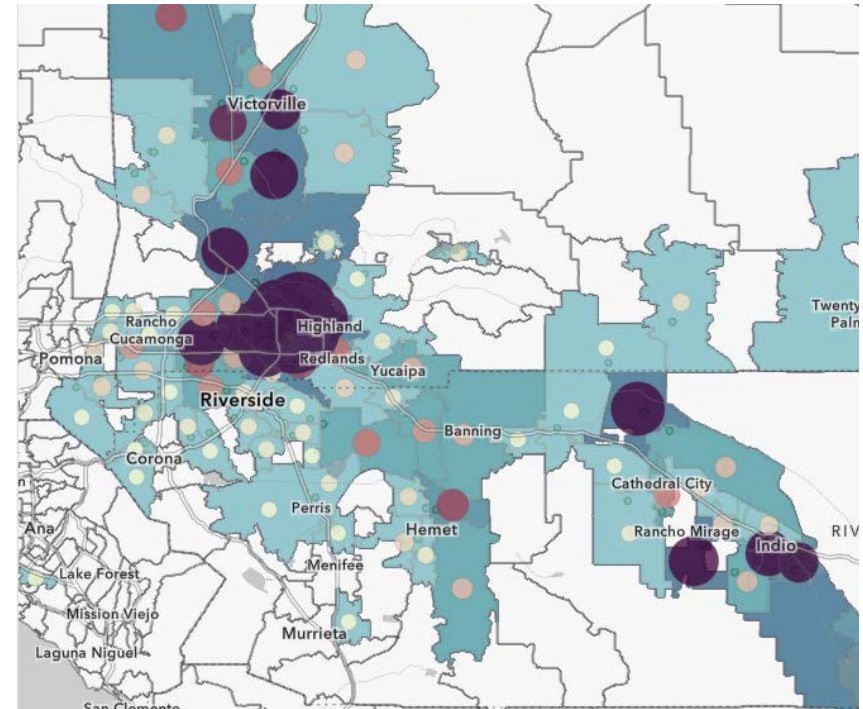
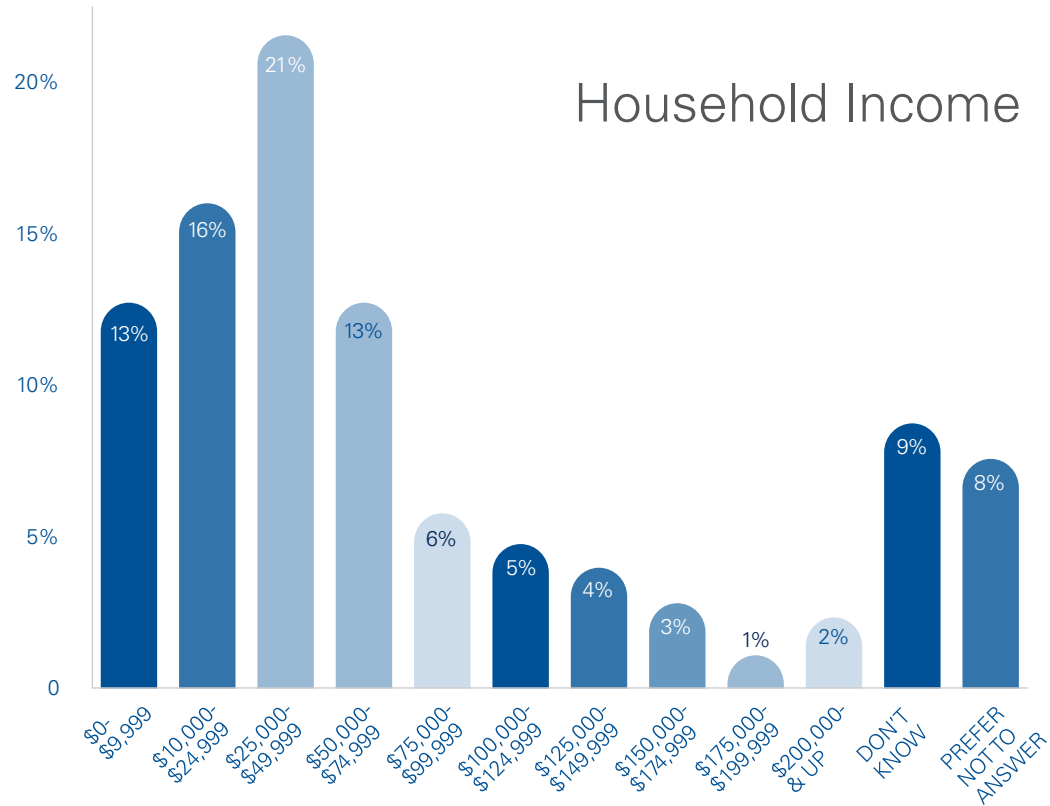
Facilitated Focus Groups in both English and Spanish with 150 Community Residents

16

INTERVIEWS WITH KEY INFORMANTS

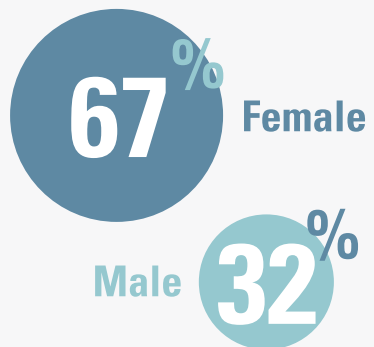
Interviewed experts in public health, education, advocacy, faith-based and non-profit organizations

CHNA Participants

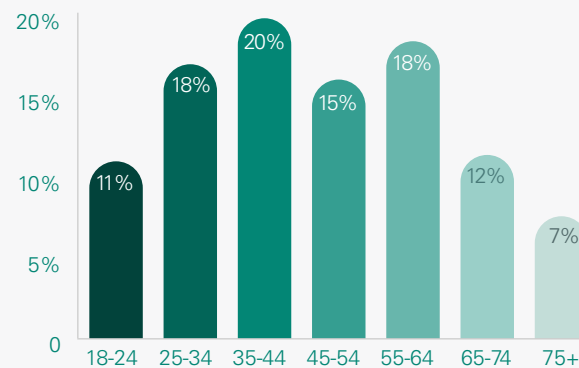


Participants were concentrated in the San Bernardino-Riverside metro area, High Desert, and Low Desert regions.

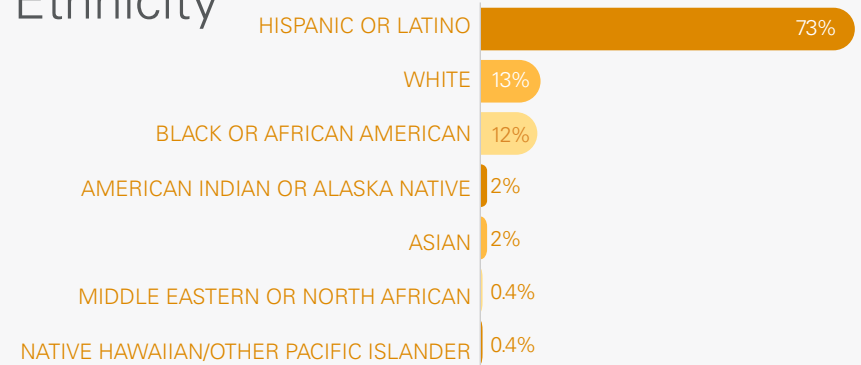
Gender



Age



Ethnicity



Multiple responses allowed; percentages may exceed 100%.

THANK YOU TO OUR CHNA PARTNERS



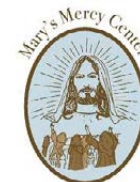
A GREATER HOPE



SymbaCenter
One Community. One Mission.



IEHP
Foundation



Fostering Thriving Communities

Reframing Community Health through the Vital Conditions Framework

For the first time, LLUH has fully integrated the **Vital Conditions for Health and Well-being Framework** into our Community Health Needs Assessment. From the survey questions we asked to the way we analyzed and structured this report, the seven Vital Conditions serve as our foundation. This integration reflects a broader shift already underway across our Community Benefit work—shaping how we invest, measure impact, and collaborate with partners. The framework helps us identify **“multi-solvers”**: programs and investments that generate benefits across multiple areas of well-being.

It also reveals gaps and blind spots, enabling us to address unmet needs and strengthen cross-sector collaboration through a shared language. By organizing this report through the lens of the Vital Conditions, we aim to tell a more complete story—one that reveals how the conditions that shape health are deeply interconnected.



IE Vital Conditions Network

Together for Thriving People and Places

LLUH collaborates with the **Inland Empire Vital Conditions Network**, a regional initiative dedicated to advancing equitable well-being for all residents of California’s Inland Empire. As a “Network-of-Networks”, this initiative unites diverse sectors to collectively address the seven Vital Conditions. By fostering shared stewardship and leveraging existing strengths, the network aims to create a future where all people and places thrive without exception. Learn more and [join the network](#).



“THIS FRAMEWORK DOESN’T JUST HELP US UNDERSTAND WHAT’S MISSING—IT HELPS US IMAGINE WHAT’S POSSIBLE. IT SHIFTS OUR FOCUS UPSTREAM FROM SYMPTOMS OF DISEASE TO THE BUILDING BLOCKS OF HEALTHY, THRIVING COMMUNITIES—LAYING THE FOUNDATION FOR LASTING IMPACT.”

JASMINE HUTCHINSON, COMMUNITY BENEFIT DIRECTOR, LOMA LINDA UNIVERSITY HEALTH

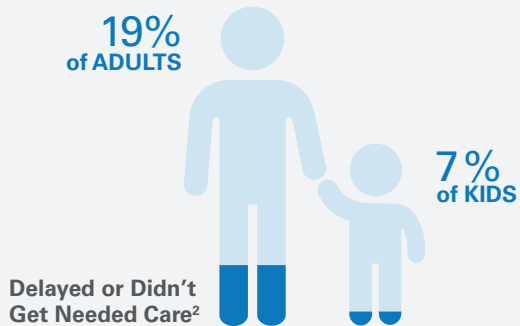


Basic Needs for Health & Safety

When people have access to nutritious food, clean water, safe environments, and essential health services, they are better able to prevent disease, recover from illness, and thrive. Meeting these basic needs creates a strong foundation for lifelong health.

Access to Quality Care

19%
of ADULTS



MORE THAN
2Million

people in the Inland Empire rely on Medi-Cal for essential health care³

BLACK MOTHERS ACCOUNT FOR 21% OF MATERNAL DEATHS IN CALIFORNIA

despite representing only 5% of births statewide⁵

50+ HOSPITAL LABOR & DELIVERY UNITS CLOSED
across California since 2014⁴

Food Access

14%

of hospitalized LLUH patients screened positive for food insecurity in 2024⁶

Chronic Diseases

53% of CHNA survey respondents reported that they or someone in their household had at least one chronic health condition⁷

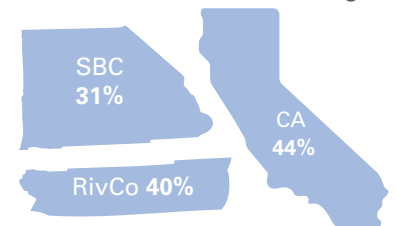
SAN BERNARDINO COUNTY'S DIABETES MORTALITY RATE IS 61% HIGHER than the state average⁸

Communicable Disease Prevention

17%

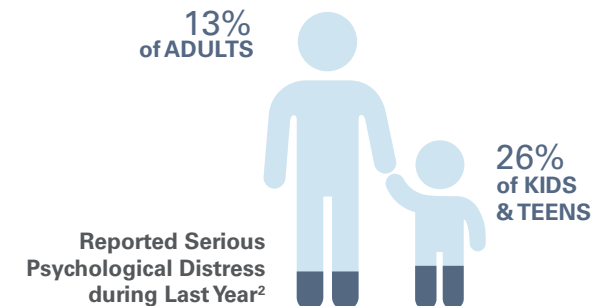
of CHNA survey respondents either disagreed, strongly disagreed, or were unsure whether vaccines were important for their child's health⁷

Flu Vaccination Rates for Fee-for-Service Medicare Enrollees are lower than the state average¹

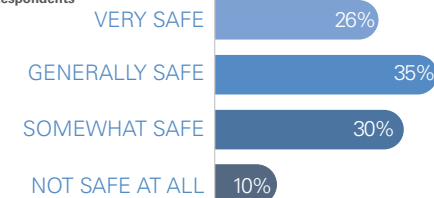


Mental Health

13%
of ADULTS



How safe do you feel in your community?
CHNA Survey Respondents⁷



Community Safety

Healthcare Workforce

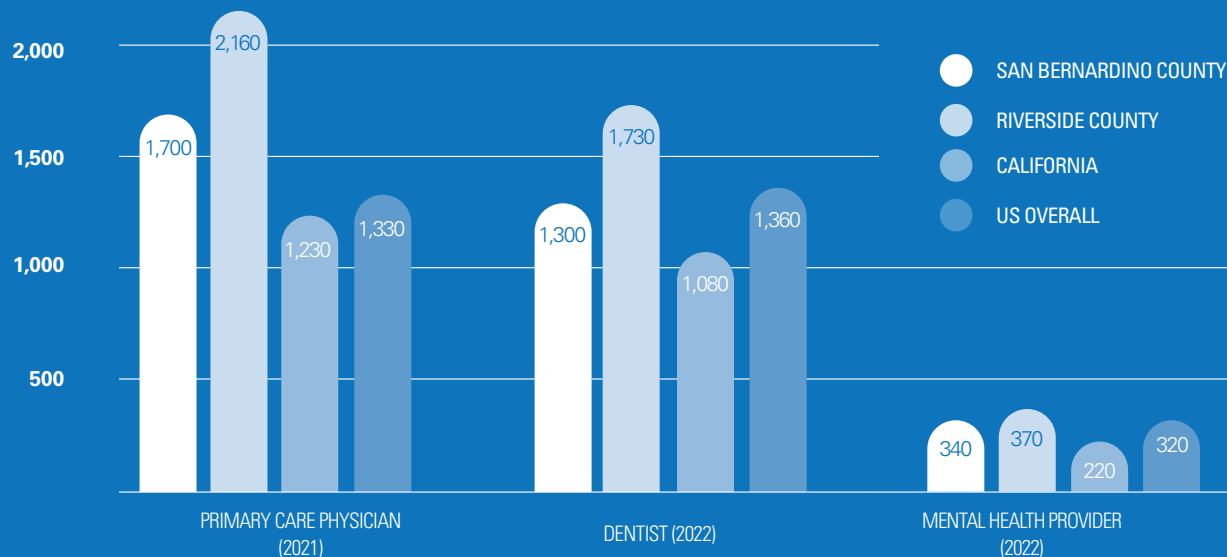
San Bernardino and Riverside counties face a significant shortage of healthcare professionals.

According to the California Health Care Foundation, approximately 1.37 million residents in the region live in areas with too few primary care providers, including physicians, nurse practitioners, physician assistants, and certified nurse midwives.⁹ These shortages are most severe in rural and less populated areas, where residents experience longer wait times and reduced access to essential services. At the same time, the region is also experiencing a shortage of registered nurses, with hundreds of vacant nursing positions contributing to staffing challenges in hospitals and clinics.

Hospitals and healthcare systems struggle with recruitment and retention, leading to staff burnout, capacity constraints, and limited access to preventive and specialty care. The Inland Empire has fewer physicians, dentists, nurses, and behavioral health professionals per capita than state and national averages. While efforts such as expanding medical education, increasing residency slots, and offering loan repayment programs aim to close these gaps, high provider burnout and an aging workforce continue to pose challenges.

Hospitals play a key role in strengthening the healthcare workforce by partnering with medical schools, residency programs, and community organizations. Supporting pathways programs that encourage students from diverse backgrounds to enter healthcare careers can help build a more sustainable and representative workforce. Collaborative efforts will be essential to ensuring Inland Empire residents have access to quality care now and in the future.

2024 County Health Rankings
Average Population Served by a Single Provider¹



**APPOINTMENT AVAILABILITY IS A HUGE ISSUE.
PEOPLE WAIT MONTHS, ONLY TO HAVE THEIR
APPOINTMENTS CANCELED AT THE LAST MINUTE—
THEN THEY'RE TOLD THE
NEXT ONE IS MONTHS AWAY TOO."**

-COMMUNITY MEMBER

A group of diverse healthcare professionals, including women of various ethnicities, are shown in a close-up, smiling and looking towards the right. They are wearing white lab coats, suggesting they are medical professionals. The image is used as a background for the text overlay.

“THIS COMES AS NO SURPRISE—AS WE TALK ABOUT ACCESS TO HEALTHCARE, WE’RE REALLY FOCUSING ON THE SHORTAGE OF PHYSICIANS AND SPECIALISTS IN OUR REGION. THAT’S A MAJOR BARRIER TO GETTING PEOPLE THE CARE THEY NEED.”

– KEY INFORMANT



ACCESS TO HEALTHCARE

From language barriers to financial strain, many residents face overlapping obstacles that delay or prevent access to timely, quality care.

Community conversations conducted as part of this assessment revealed the many ways residents struggle to access healthcare. These challenges span social, systemic, and individual levels—often compounding one another.

One of the most pervasive obstacles is language and communication. Many individuals, especially in immigrant communities, struggle to understand

medical information due to limited English proficiency and health literacy. This issue is further complicated when children are tasked with relaying medical details to non-English-speaking parents, creating intergenerational misunderstandings and emotional strain. The absence of cultural and linguistic congruence deepens this gap, leaving patients ill-equipped to manage their conditions effectively.

Immigrants and undocumented individuals face a unique set of access barriers. Misinformation or fear about eligibility often prevents them from seeking care. A lack of awareness about available resources, combined with fear, discourages these communities from accessing even basic health services, which later leads to more severe and costly health complications.

Unhoused populations similarly confront substantial obstacles. Discrimination, mental health struggles, and the chaos of daily survival make navigating the healthcare system overwhelming. These challenges are magnified when individuals have multiple or complex medical conditions, which require continuity of care and trust—both often lacking.

Financial burdens are a major deterrent to care, even for insured individuals. High premiums, co-pays, and out-of-pocket medication costs can deter people from filling prescriptions or attending follow-up visits. Some patients resort to sourcing cheaper medications across the border, as costs in the U.S. become untenable.

Equally impactful are health and disease literacy

barriers. Many patients lack a clear understanding of their diagnosis or treatment plan, which leads to delays in seeking care or mismanaging medications. These gaps can result in avoidable complications, hospitalizations, and poorer outcomes.

Underlying all of these issues are stigma and fear. Whether it's fear of a serious diagnosis, such as dementia, or anxiety about the healthcare system itself, emotional and psychological barriers can be just as obstructive as financial ones.

Systemic inefficiencies further frustrate access. Patients often report difficulty navigating the healthcare system, encountering long wait times, confusing paperwork, or even unprofessional conduct. Poor communication, limited time with

providers, and punitive rather than problem-solving approaches erode trust and interrupt care continuity.

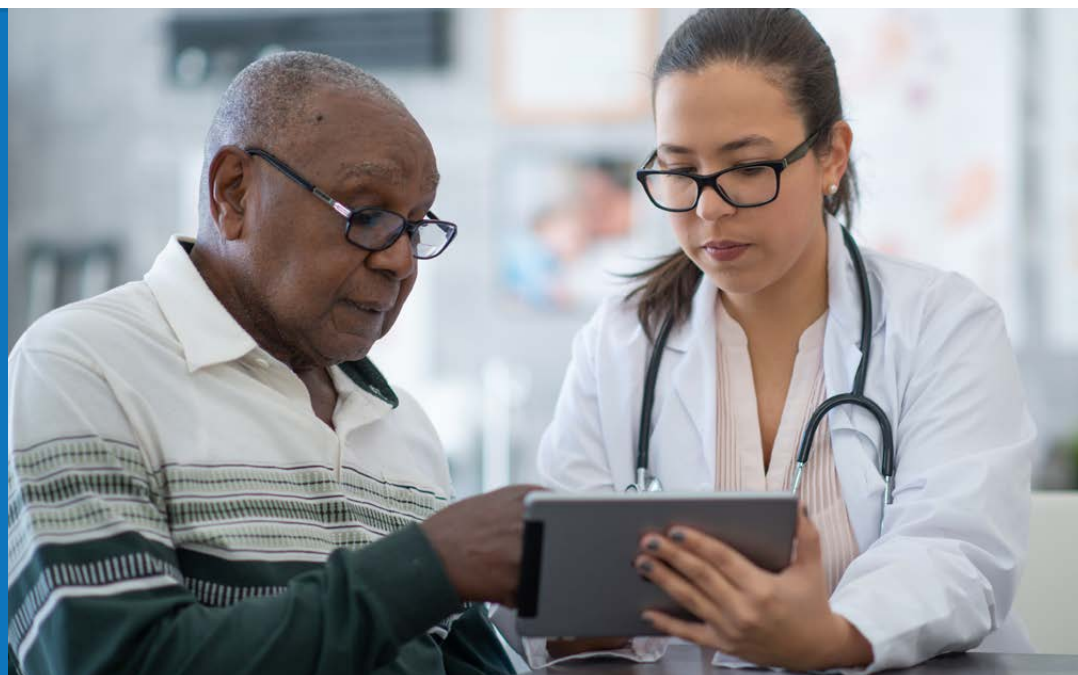
Moreover, there's a need for greater transparency and health system education. When patients understand their rights and how to navigate the system, their outcomes improve. Yet many are unaware of the services available—especially community clinics and alternative treatment options. Poor signage and outreach fail to connect resources with the people who need them.

Finally, there are gaps in access to specific health services—such as mental and behavioral health services—and community-based infrastructure, like safe spaces for exercise, which are essential to preventative care and overall wellbeing.

“

“SOME PEOPLE SAY, ‘I WAS TOLD I’M DIABETIC, BUT I HAVEN’T SEEN A NUTRITIONIST OR MONITORED MY BLOOD SUGAR.’ THERE’S A BIG DISCONNECT—PEOPLE DON’T ALWAYS UNDERSTAND WHAT THESE DIAGNOSES MEAN OR WHAT TO DO NEXT, AND THEY OFTEN DON’T KNOW WHAT QUESTIONS TO ASK.”

-COMMUNITY MEMBER



Medi-Cal Access

Medi-Cal is the backbone of health care access for nearly half the population in the Inland Empire—and it's at risk.

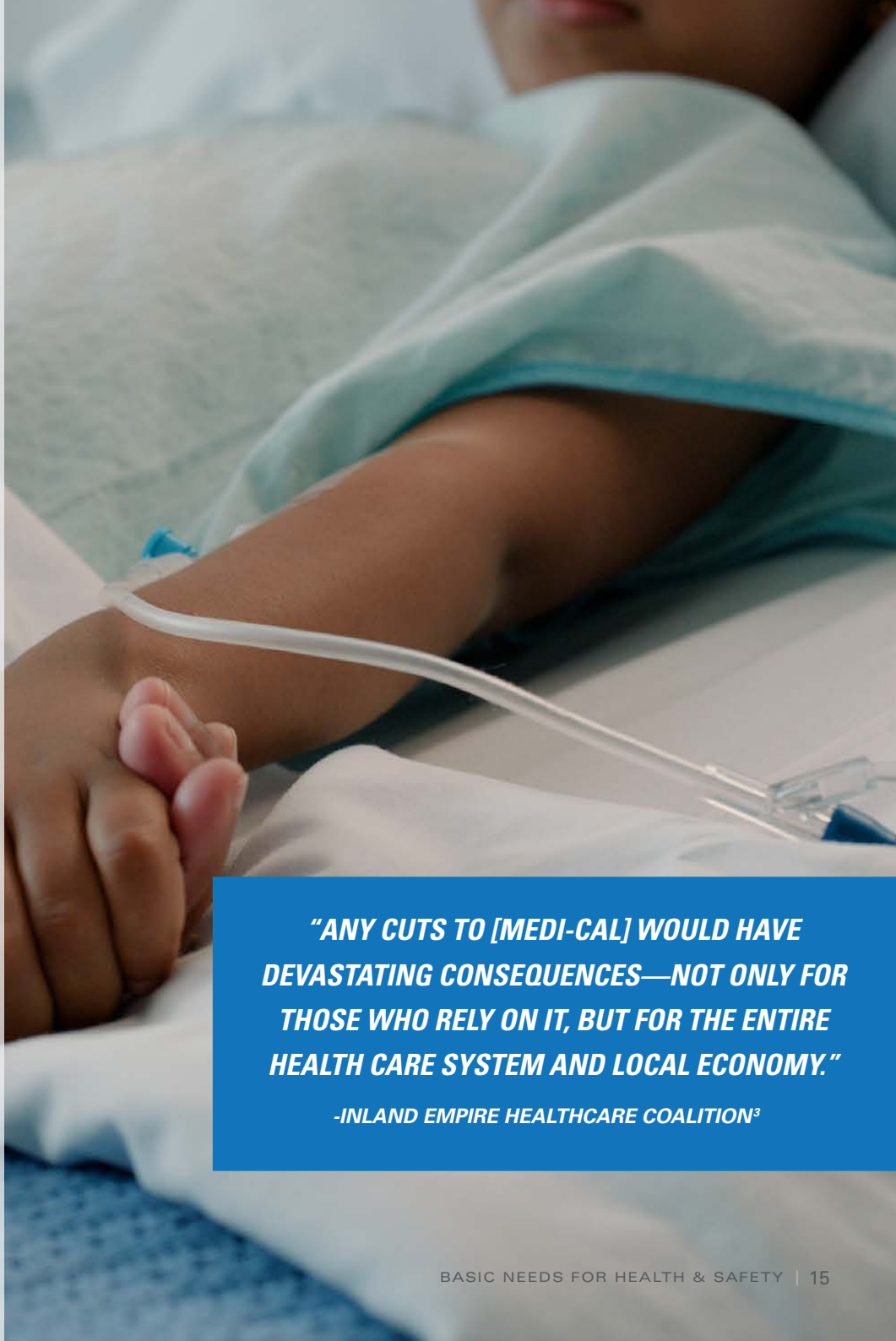
For more than 15 million Californians, Medi-Cal is not just a safety net—it is the foundation of access to care. In the Inland Empire, over 2 million people, or 40% of the region's population, rely on Medi-Cal for essential health services.³

Medi-Cal supports families, seniors, pregnant women, people with disabilities, and working adults in low-wage jobs. Nearly 50% of children in the Inland Empire are enrolled, and for children with complex medical needs—a large share of the patients served at Loma Linda University Children's Hospital—the rate climbs to almost 80%. Medi-Cal also covers about 40% of all births in California,¹⁰ including 70-75% of maternity patients at Loma Linda University Children's Hospital.

Nationally, Medicaid covers nearly 37 million children, providing preventive care, early screenings, and access to pediatric specialists not always available through private insurance. Research shows that children with Medicaid coverage have better long-term health outcomes, higher school attendance, and greater economic success.¹¹

Medi-Cal is critical to the stability of the Inland Empire's health system and economy. Across the region, hospitals that serve high numbers of Medi-Cal patients are major employers and safety nets. Cuts would threaten not only patient access but also local jobs, emergency services, and mental health programs. Medi-Cal also strengthens the broader economy by supporting working adults—more than half of non-disabled enrollees are employed in jobs without affordable health coverage.³

Any cuts would have ripple effects on all patients, not just those with Medi-Cal.¹² In an already medically underserved region like the Inland Empire, the consequences would be especially severe. Preserving Medi-Cal is not just a health care priority—it is a moral, economic, and public health imperative.



"ANY CUTS TO [MEDI-CAL] WOULD HAVE DEVASTATING CONSEQUENCES—NOT ONLY FOR THOSE WHO RELY ON IT, BUT FOR THE ENTIRE HEALTH CARE SYSTEM AND LOCAL ECONOMY."

-INLAND EMPIRE HEALTHCARE COALITION³

Maternal & Infant Health

Despite medical advances, disparities in maternal and infant health persist—driven by systemic barriers before, during, and after pregnancy.

These inequities are especially evident among Black mothers and infants in San Bernardino and Riverside Counties, where preventable complications and poor outcomes occur at significantly higher rates. Maternal mortality rates among Black women are nearly three times higher than for White women nationally,¹³ and Black infant mortality in both San Bernardino and Riverside Counties remains more than twice that of White infants.^{14,15} Contributing factors include chronic stress, preexisting conditions, social and structural inequities, and limited access to respectful, timely care.

Disparities often begin before pregnancy. Preconception care—supporting people in managing

health, medications, and family planning—is essential for identifying high-risk pregnancies early and improving outcomes. Once pregnant, access to timely prenatal care remains critical. Barriers include provider shortages, long wait times, cost, and logistical challenges like transportation and childcare. Access challenges are even more pronounced in rural areas, where shortages of maternal health providers and longer travel distances make early and adequate care harder to obtain. Many families share a single vehicle, and public transit is often unreliable—especially for urgent or follow-up visits.

These delays in care contribute to poorer outcomes. In 2023, Black infants in San Bernardino County

had a preterm birth rate of 13.6%, far above the county average of 9.9% and the state average of 8.9%.¹⁴ Maternal mental health is another concern. Depression, anxiety, and other maternal mental health conditions often go undiagnosed and untreated, especially among women facing stigma or language barriers.

A regional response is underway. The Maternal Health Network of San Bernardino County, in partnership with local agencies and community organizations, has outlined key priorities: improving access to early prenatal and preconception care, expanding the maternal health workforce, and strengthening culturally responsive services.¹⁶



FAMILIES THRIVE WHEN SYSTEMS WORK TOGETHER TO ENSURE A STRONG AND HEALTHY START.

Hospitals and health systems play a vital role—providing respectful, trauma-informed care, addressing implicit bias, managing obstetric emergencies, and extending postpartum support. Beyond clinical care, partnerships with doulas, midwives, and community organizations help strengthen outcomes and build a more connected system of care.

Communicable Disease Prevention

Vaccines are a cornerstone of public health, but gaps in trust, access, and follow-up are limiting coverage.

Routine immunizations protect against serious illness, yet not all families in the Inland Empire are accessing—or confident in—these preventive tools. In LLUH’s community survey, nearly 1 in 6 respondents (17%) either disagreed, strongly disagreed, or were unsure whether vaccines are important for their child’s health. This local insight mirrors broader concerns: in San Bernardino County, 90.5% of kindergarteners received all required vaccinations in 2023-2024, while Riverside County had slightly higher coverage at 93.4%—both below the 95% threshold needed for herd immunity against diseases like measles.¹⁷

The COVID-19 pandemic further disrupted routine care. Nationally, vaccination rates for children born during 2020-2021 were lower than for those born just two years earlier — reflecting delays in well-child visits, spread of misinformation, and growing mistrust in health systems.¹⁸ LLUH survey results also found that 13% of parents said their child had not received all recommended vaccines, and 18% expressed hesitancy about vaccines for themselves.

Barriers to vaccination include appointment delays, language and transportation challenges, missed follow-ups, and confusion about schedules. These challenges are especially acute in underserved or historically marginalized communities, where trust in the healthcare system may be lower and access to reliable information more limited. In rural areas, provider shortages and long travel distances compound these gaps. Healthcare systems can help close them by offering vaccines during routine visits and scheduling the next dose before families leave the clinic. Building trust and addressing misinformation alongside improving access will be critical to rebuilding confidence and ensuring families can complete recommended immunizations.



Food Security

Despite California's agricultural abundance, food insecurity remains a pressing issue in the Inland Empire, impacting physical and mental health.

Food insecurity—defined as the lack of consistent access to enough food for an active, healthy life—continues to affect many residents across San Bernardino and Riverside Counties. According to the U.S. Census Bureau, the share of households experiencing food insecurity in the Riverside–San Bernardino metro area rose from 9.8% in 2018 to 15.7% in 2021, exceeding state and national averages.¹⁹ Lacking reliable access to food is closely associated with a higher risk of chronic conditions like diabetes, hypertension, depression, and delayed recovery after illness. For children, it can impact growth, development, and school performance.

Our CHNA survey of more than 1,100 residents found that nearly half (47%) of respondents reported worrying their food would run out before they had money to buy more—32% said “Sometimes” and 15% said “Often.” Among those respondents, 65% had household incomes below \$50,000, and 20% were over age 65. Community conversations revealed that while food banks and pantry programs exist, they are often inaccessible to full-time workers or those with transportation barriers.

Local organizations like Feeding America Riverside | San Bernardino report that over 530,000 people in the region are food insecure.²⁰ Federal nutrition programs such as CalFresh offer vital support, but many families face barriers to accessing these benefits due to stigma, language barriers, or difficulties with the application process.

Improving food security is a critical public health strategy—one that reduces nutrition-related illness, strengthens community well-being, and helps alleviate strain on healthcare systems. Consistent access to healthy, affordable food is essential to achieving better long-term health outcomes across the region.



Chronic Disease Prevention

Chronic diseases are a leading driver of poor health, disability, and early death, with clear links to lifestyle, social conditions, and healthcare access.

Chronic diseases—such as diabetes, asthma, heart disease, hypertension, and obesity—are long-term conditions that require ongoing management and limit daily functioning. Nationally, 6 in 10 adults live with at least one chronic disease, and 4 in 10 live with two or more.²¹ These conditions are the leading causes of death and disability in the U.S., driven largely by risk factors like smoking, poor nutrition, physical inactivity, and excessive alcohol use.

Locally, LLUH's CHNA survey found that over half (53%) of Inland Empire respondents reported having at least one chronic condition. Among those, diabetes was the most common (50%), followed by asthma (28%) and obesity (24%). Lower-income households (those earning under \$50,000 per year) reported disproportionately higher rates of these conditions, highlighting the connection between poverty and chronic disease burden.

Prevention and management rely not only on individual behavior but also on social and environmental supports. Yet many Inland Empire residents face barriers to healthy living, including limited access to affordable nutritious foods, lack of safe spaces for exercise, and challenges accessing preventive healthcare. LLUH survey findings showed that over half of respondents rarely or never check nutrition labels, and many reported exercising once or less per week. These trends reflect both personal challenges and broader systemic gaps.

Healthcare systems have a key role to play, offering screening, education, and connections to community resources that support healthy eating, active living, and chronic disease management. At the same time, broader community investments—such as expanding affordable fitness programs, increasing access to healthy foods, and addressing neighborhood safety—are critical to creating the conditions that allow residents to make and sustain healthy choices. By strengthening healthcare systems and community partnerships, we can reduce the burden of chronic disease and help residents lead longer, healthier lives.



“THE FOOD WE EAT IS CULTURAL—IT’S WHAT I’VE EATEN ALL MY LIFE. AND WE DON’T HAVE TIME OR SPACE FOR THE KIND OF EXERCISE THE DOCTOR SAYS WE SHOULD DO.”

-COMMUNITY MEMBER

Substance Use Treatment

Opioid-related overdoses remain a major cause of preventable death in the Inland Empire.

While the U.S. saw a nearly 24% decrease in drug-related deaths from their peak in August 2023, California experienced a 20% decline by September 2024.^{22,23} Locally, San Bernardino County reported 436 fentanyl-related deaths in 2023, compared to 427 in 2022, indicating a continued high toll.²⁴ Riverside County also saw a slight increase, with 543 fentanyl-related deaths in 2023, up from 528 in 2022.²⁵

Fentanyl, a synthetic opioid up to 50 times more potent than heroin and 100 times stronger than morphine, remains a key driver of overdose deaths.²⁶ Data from 2017 to 2023 shows a sharp increase in opioid-related deaths in San Bernardino County, with fentanyl responsible for the majority. Despite broader declines across the U.S. and California, overdose deaths in the Inland Empire remain high, reinforcing the urgency for sustained action.

Sustaining progress will require more than overdose prevention—it demands comprehensive support systems. Access to naloxone, treatment programs, education, and pathways to long-term recovery are essential to saving lives and supporting those affected by substance misuse in our communities.²⁷ Hospital systems play a vital role in this work—through early identification, stigma-free care, and connection to recovery resources both inside and outside the clinical setting.

"I'VE LOST THREE PEOPLE IN THE LAST FOUR MONTHS—TWO TO OVERDOSE AND ONE TO SUICIDE. THAT'S JUST IN THE PAST COUPLE OF MONTHS. OVERDOSES ARE A BIG ISSUE OUT HERE."

-COMMUNITY MEMBER



Trauma Prevention

Preventable injuries and violence affect thousands of Inland Empire residents each year, leaving long-term physical, emotional, and financial impacts.

In San Bernardino County, injury-related deaths rose from 46.1 per 100,000 in 2016 to 75.4 per 100,000 in 2021, resulting in over 1,600 lives lost in a single year.²⁸ Between 2016 and 2020, Riverside County averaged 60 injury-related deaths per 100,000 residents, surpassing the California state average of 55 during the same period.²⁹

In 2024, unintentional injury was the leading cause of emergency department (ED) visits in San Bernardino County, accounting for 89.7% of injury-related visits, followed by assault as the second most common cause.²⁸ These trends reflect a broader public health concern that

intensified during the COVID-19 pandemic. A trauma study in Southern California found a 21% increase in penetrating injuries and a 24% rise in gunshot wounds following the implementation of stay-at-home orders.³⁰

In Riverside County, ED visits related to domestic violence increased by 27% between 2017 and 2021, with 80% of those visits involving physical injuries.³¹ In San Bernardino County, community input from a 2024 survey revealed that rape and sexual assault were identified as major threats to community health, with 29% of all respondents and 48% of respondents who identified as people

of color naming these issues as top concerns.²⁸

Exposure to violence—particularly in childhood—has long-term health impacts. Research on Adverse Childhood Experiences (ACEs) shows that early exposure to trauma increases the risk of chronic illness, mental health conditions, and substance use later in life.³² In 2024, Riverside County reported 42,367 allegations of child maltreatment, up from 41,939 in 2023.³³ While San Bernardino County saw a slight decrease in reports—from 30,631 in 2023 to 29,995 in 2024—these figures remain alarmingly high.³³



PREVENTING TRAUMA & INJURY REQUIRES A MULTI-LAYERED, COLLABORATIVE RESPONSE.

Hospitals can play a critical role—not only by providing care, but by partnering with community organizations, applying trauma-informed practices, and supporting programs that promote violence prevention, safer environments, and survivor support. Advancing health equity means investing in a future where fewer residents suffer preventable harm—and more have the opportunity to heal and thrive.

Q Lifelong Learning

Learning at every stage of life—from early childhood to adulthood—supports health, employment, and resilience. Education builds skills, confidence, and opportunities, helping individuals and communities adapt, grow, and flourish.

Early Childhood Education

EVERY DOLLAR INVESTED IN EARLY CHILDHOOD EDUCATION CAN RETURN UPTO 13% EACH YEAR

by reducing healthcare costs, boosting academic success, and increasing lifetime income^{34,35}

Only
42%

of children ages 3 to 5 were enrolled in preschool or kindergarten programs³⁶

LICENSED CHILDCARE IS AVAILABLE FOR ONLY

15%

OF WORKING PARENTS IN THE INLAND EMPIRE³⁷

Educational Outcomes

Key indicators linked to lifelong learning and opportunity

| Indicator | Why it matters | SBC | RivCo | CA |
|---|---|-----|-------|-----|
| 3rd Grade Reading % Meeting ELA Standards | Early reading skills predict later academic success | 36% | 38% | 43% |
| 8th Grade Math % Meeting ELA Standards | Middle school math links to STEM readiness | 23% | 24% | 32% |
| HS Graduation 4-Year Rate | Graduation affects health, income and stability | 86% | 92% | 86% |

2023-2024 Data^{38,39}

Educational Aspirations & Barriers

CHNA Survey Respondents⁷

64%

would like to go back to school for additional training, certifications, or degrees

46%

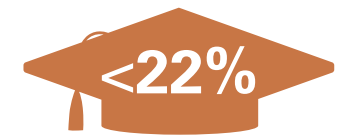
had to pause or stop their education to provide for their family financially

56%

say affordability is a major concern in pursuing higher education

Opportunity Gaps

1 IN 4 ADULTS HAS STARTED COLLEGE BUT NOT FINISHED⁴⁰



of adults 25+ have a bachelor's degree or higher, compared to 34% statewide⁴⁰

Only
10%

of Hispanic adults hold a college degree, despite representing 51% of the population⁴⁰

Early Childhood Education

High-quality early childhood education is foundational to long-term health and opportunity—but for many families in the Inland Empire, it remains out of reach.

The early years of life—from birth through age five—are critical for brain development, school readiness, and lifelong well-being. Children who participate in high-quality early learning programs are more likely to succeed academically, experience better health outcomes, and avoid chronic illness and justice system involvement. Research shows that investing in early childhood education yields up to a 13% annual return, driven by long-term gains in health, education, and employment.^{34,35}

Despite these benefits, access across the Inland Empire remains limited. As of 2023, only 42% of children ages 3 to 5 in San Bernardino and Riverside counties were enrolled in preschool or kindergarten programs.³⁶ Meanwhile, the number of licensed family child care spaces in San Bernardino County declined by 20% between 2019 and 2021, while licensed center-based spaces dropped by 17%.⁴¹ In the Inland Empire, licensed childcare is available for just 15% of children with working parents.³⁷

For many families, the issue isn't just availability—it's affordability. Childcare and preschool costs often rival housing payments, placing a major burden on working parents. At the same time, childcare workers in the Inland Empire earn a median of \$18.55 per hour, making it difficult to recruit and retain qualified providers.⁴²

Addressing these challenges is also a health issue. Children who attend high-quality early education programs are more likely to experience better long-term physical and mental health, reducing future health care costs and improving community well-being.^{35,43} In a region striving to advance well-being, early childhood education isn't just an educational priority—it's a vital upstream investment in health.



School Attendance

Chronic absenteeism signals unmet needs—and highlights opportunities to improve student support, health and equity.

Defined as missing 10% or more days of school in a school year, chronic absenteeism remains a significant issue in K-12 systems since the COVID-19 pandemic.^{44,45} Post-pandemic chronic absenteeism rates have doubled, with an estimated 16,000,000 students not attending school consistently, and schools struggling to return attendance rates to pre-pandemic levels.⁴⁶ Vulnerable communities—including students from racially and ethnically diverse backgrounds and low-income households—experience the most barriers to school attendance. These barriers span access to healthcare, behavioral health, educational services, social supports, and transportation.⁴⁷⁻⁵¹

Ensuring all students can equitably access school is essential for closing opportunity gaps—especially between lower- and higher-income households and communities. Effectively removing barriers to attendance leads to higher standardized test scores, improved math and language proficiency, and increased graduation rates.⁵²⁻⁵⁴

San Bernardino County faces significant barriers not only to consistent school attendance but also to accessing the services and resources needed to support that attendance. These challenges are compounded by the large geographic service area, high numbers of Spanish-speaking households, racially and ethnically diverse populations, lower rates of college readiness, and higher rates of poverty compared to the state.⁵⁵

Additionally, San Bernardino experiences major disparities in the availability of service providers—including physicians, dentists, and behavioral health therapists—as the largest county in the United States. These social determinants intersect with factors influencing school attendance. Agencies and systems tasked with supporting children and families often remain disconnected from the populations they are intended to serve.

When school attendance improves, so do health, learning, and long-term opportunity—making it a key indicator of student and community well-being.



Youth Mental Health

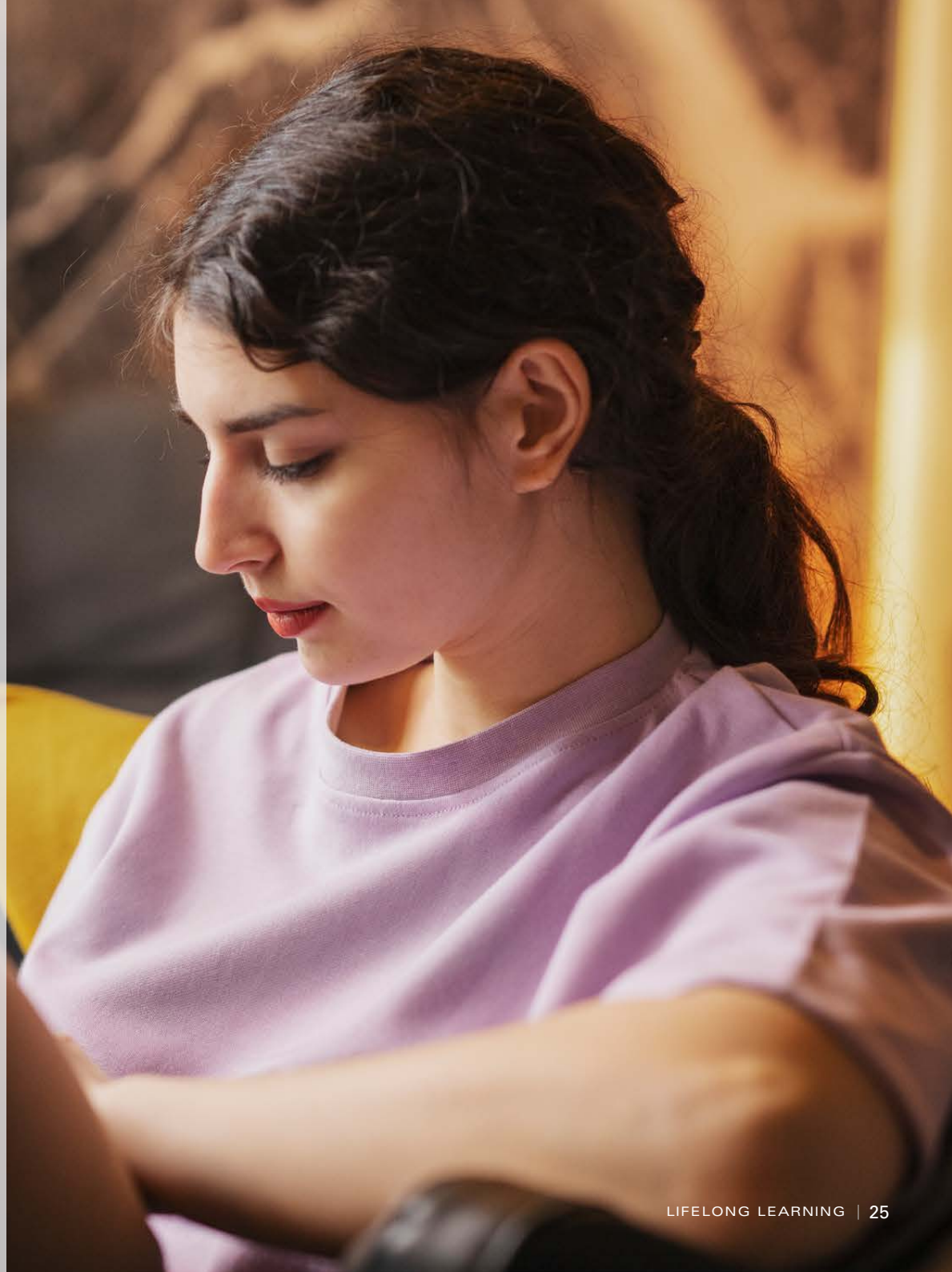
Supporting youth mental health is essential to helping students stay engaged, succeed in school, and reach their full potential.

In 2023, the U.S. Surgeon General issued an advisory warning that social media use is contributing to rising rates of anxiety, depression, and cyberbullying among adolescents—calling it a significant threat to youth mental well-being.⁵⁶ These concerns are closely tied to school outcomes. When students experience emotional distress, it often disrupts attendance, focus, and academic progress.

A 2024 CDC-supported study found that teens who spent more than four hours per day on screens were significantly more likely to report symptoms of anxiety (27%) and depression (26%).⁵⁷ Cyberbullying has also become increasingly common—reported by 54% of adolescents in 2023, compared to 35% in 2019.⁵⁸

In California, 45% of youth ages 12 to 17 are coping with mental health issues and nearly a third of youth struggle with serious psychological distress.⁵⁹ The Inland Empire faces even greater challenges, with the second-lowest number of mental health providers per capita in the state.⁶⁰

Health systems are uniquely positioned to support youth mental health by expanding access to adolescent-focused services, partnering with schools, and integrating digital well-being guidance into pediatric care. These strategies help students feel supported, emotionally safe, and better equipped to thrive in both health and learning environments.

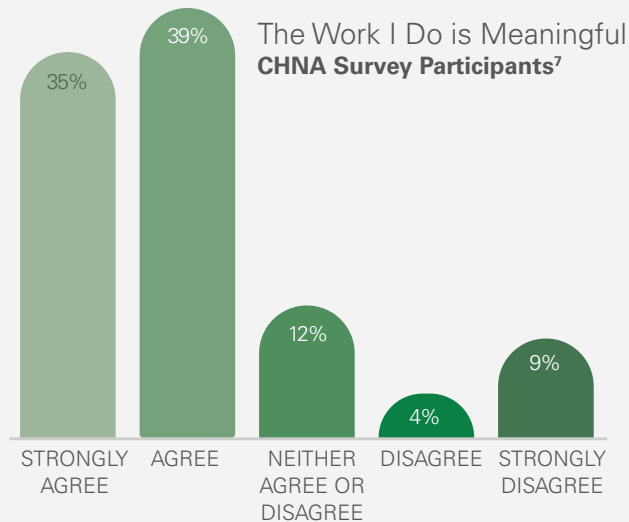




Meaningful Work & Wealth

Good jobs, fair wages, and the ability to build savings create financial security and peace of mind. These factors not only support daily living but also enable people to invest in their health, pursue their goals, and contribute to community life.

Employment & Income



4.7%
Average unemployment
rate for the region in 2023⁶¹

31%
of CHNA survey
respondents said they
did not have the childcare
they needed while they
were at work⁷

12.5% of residents live below the federal poverty line,
a basic national threshold of income⁶²

39% of households fall below the Real Cost Measure, which
reflects the actual income needed to afford housing, food,
childcare, and transportation in California⁶³

Wealth, Savings & Debt

CHNA Survey Respondents⁷

Only
50%
say their job pays enough
to cover their basic bills

1 IN 3 RESPONDENTS
OWES MORE THAN \$500
IN MEDICAL DEBT



89% of those have incomes below
400% of the Federal Poverty Level

53%
said they were unable to afford
childcare when they needed it

52%
said they did not have enough savings to
cover an unexpected expense of \$500

8%
carry debt for a student degree
they never completed


42%
are not saving money

Economic Stability

Job growth has been strong, but low wages and rising living costs are making it harder for families to stay financially stable.

The Inland Empire has been one of California's fastest-growing job markets, but many residents are still struggling to keep up with the rising cost of living. While the region has seen significant job growth compared to other areas in California, much of this growth has been in lower-wage industries such as transportation and warehousing—sectors where jobs are often temporary, part-time and lack employer-sponsored benefits. As of May 2023, the largest employment sectors were Transportation and Material Moving (16%), Office and Administrative Support (11%), and Food Preparation (10%).⁶⁴ While the median personal annual income in the region is approximately \$36,000, the MIT Living Wage Calculator estimates that a single adult in the Inland Empire needs at least \$58,780 per year to afford basic necessities such as food, healthcare, housing, transportation, and taxes.⁶⁵

LLUH's CHNA survey findings reflect similar challenges. Fewer than half of respondents reported earning enough to cover their basic bills, and more than 80% said their housing costs—including rent, mortgage, utilities, and insurance—had risen by at least \$100 per month over the past year. As the cost of living continues to outpace wage growth, financial strain remains a significant barrier to economic stability and wealth-building for many residents.

A close-up photograph of a person's hands holding a white receipt. The person is wearing a light blue button-down shirt. The background is a blurred grocery store aisle with shelves of products.

"I HAD TO LIVE ELSEWHERE FOR WORK BECAUSE I COULDN'T FIND JOBS THAT WERE MEANINGFUL TO ME. AND WHEN I DID, THEY EITHER DIDN'T PAY WELL OR DIDN'T OFFER HEALTH INSURANCE."

-COMMUNITY MEMBER

Medical Debt Relief

Medical debt is not just a financial issue—it's a growing public health concern that affects access to care, health outcomes, and long-term stability.

Medical debt affects over 100 million Americans, or 41% of adults, making it one of the most widespread financial burdens in the country.⁶⁶ In California, 38% report having medical debt.⁶⁷ For many, the burden is substantial—a quarter owe more than \$5,000, and 1 in 5 don't expect to ever fully repay what they owe.⁶⁶ National studies have found that medical debt is a leading cause of personal bankruptcy, contributing not only to financial instability but to long-term health and social consequences.⁶⁸

In the Inland Empire, the impact is similarly significant. LLUH CHNA survey data found that one-third of respondents owe more than \$500 in medical debt, with 89% of those living below 400% of the federal poverty level. Lower income levels and higher rates of chronic illness in the region increase the likelihood of residents incurring medical debt and struggling to pay it off.

Rising healthcare costs, high-deductible insurance plans, and gaps in coverage—including for those who are uninsured—have pushed many

into debt, forcing difficult trade-offs between paying for food, housing, or medical care. This burden disproportionately affects people of color, low-income families, and individuals with chronic conditions, leading to delayed or skipped treatments, worsening health outcomes, and increased risk of housing instability, credit damage, and chronic stress.⁶⁹ Together, these effects reinforce cycles of poverty and poor health across vulnerable communities.

REDUCING MEDICAL DEBT IS CRITICAL TO IMPROVING BOTH HEALTH EQUITY & ECONOMIC STABILITY.

Though many residents qualify for Charity Care under the Affordable Care Act, accessing assistance remains difficult due to low awareness, complex applications, and frequent denials.⁷⁰ Hospitals and health systems can play a vital role by improving access to financial assistance, streamlining application processes, and ensuring patients are informed of their rights and options.



Wealth-Building Opportunities

The path to building wealth is hindered by low savings, rising debt, and limited homeownership.

Household wealth is generally held in two distinct ways: owning real estate and maintaining retirement or investment accounts. These assets tend to appreciate over long periods and make up the largest share of a household's net worth. By contrast, liabilities such as personal, credit card, vehicle, and student loan debt work against a household's ability to build financial security. Each year, Bankrate releases an "Annual Emergency Savings Report" that focuses on Americans' ability to build savings. In 2025, Bankrate found that 33% of Americans had more credit card debt than emergency savings, 59% would not have sufficient savings for an unexpected emergency of \$1,000 or less, and 73% are saving less for emergency expenses due to inflation and rising prices.⁷¹

With these national indicators in mind, LLUH CHNA survey efforts focused on understanding our region's ability to save, reduce debt burden, and build wealth in the Inland Empire. 42% of CHNA survey respondents stated, "I am not saving money," 52% said they could not cover an unexpected expense of \$500 without borrowing or using a credit card, and 35% said they are unable to afford gasoline and car maintenance without relying on credit. These findings highlight that many families are living paycheck to paycheck, where even basic expenses can quickly push them into debt. In many cases, poverty itself adds financial penalties through higher fees, interest rates, and the elevated costs of everyday necessities, making it even harder to break the cycle. Only 25% of respondents reported saving for retirement, and that number rises only slightly to 29% when including individuals who are already retired.

Homeownership, another traditional pathway to wealth, is also out of reach for many. Only 32% of CHNA survey respondents reported owning a home. Among the 61% of respondents who rent, just 20% reported saving toward retirement. Nearly half of the more than 1,000 community voices we heard (49%) are neither building wealth through home equity nor saving for retirement. Without addressing these structural barriers, it will be difficult to break cycles of poverty and create pathways to financial security for families in our region.





Humane Housing

Stable, safe, and affordable housing promotes well-being and supports recovery, safety, and a sense of stability. When families can count on a secure place to live, it strengthens physical health, reduces stress, and creates a foundation for future opportunity.

Housing Affordability

2 IN **5** HOUSEHOLDS SPEND **30%** OR MORE OF THEIR INCOME ON HOUSING⁷²



What prevents home ownership?

CHNA Survey Participants⁷

41% reported being unable to afford a down payment

17% cited low credit scores

8% said they didn't know how to begin the homebuying process

Housing Conditions

8%

of people live in overcrowded housing⁷³

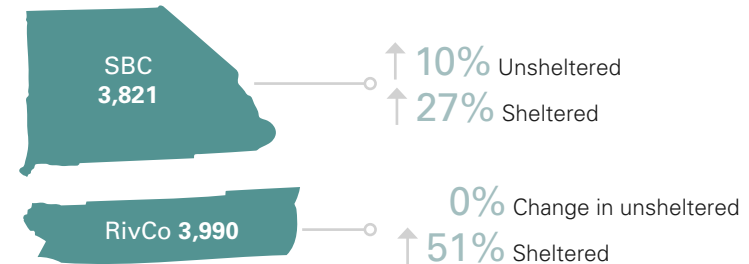
35%

of CHNA survey respondents reported health and safety concerns in their housing—most commonly pests, lack of air conditioning or heat, pests, and mold⁷

Housing Stability

Total Number of Homeless Individuals⁷⁵⁻⁷⁷

2025 total shown; % change since 2022 in sheltered & unsheltered



110,000 HOUSEHOLDS ARE AT RISK OF LOSING THEIR HOUSING IN THE NEAR FUTURE⁷⁷

15% of CHNA survey respondents are worried about losing their housing in the near future⁷

Affordable Housing

Home prices in the Inland Empire have outpaced wages, pushing many families into overcrowded living situations

The Inland Empire has long been considered one of the more affordable regions in Southern California for homeownership. However, in recent years, housing prices have increased at a much faster rate than wages—particularly in dominant local industries like warehousing, transportation, and food preparation. According to major real estate platforms, median home prices in San Bernardino and Riverside Counties now exceed \$500,000 and \$600,000, respectively.⁷⁸⁻⁸³

To purchase a median-priced home, households must typically provide a minimum 3.5% down payment, or about \$17,500, in addition to closing costs. Ongoing costs of homeownership—such as mortgage, taxes, and insurance—require annual household incomes between \$125,000 and \$160,000, assuming minimal existing debt.⁸⁴ These financial demands leave many families unable to afford a home, while others cope by doubling up in overcrowded households.

LLUH survey data highlights three major barriers to homeownership in the region: 41% of respondents reported being unable to afford a down payment, 17% cited low credit scores, and 8% said they didn't know how to begin the homebuying process. These findings underscore that while the desire for homeownership is strong, many Inland Empire families lack both the resources and guidance to make it attainable.

In response to housing affordability challenges, many households are consolidating. Nearly 37% of surveyed households reported having more than three adults—up to ten, excluding children—living in the home. Among these, 85% had total household incomes below \$100,000.⁷ This trend reflects the widening gap between what families earn and what housing costs, illustrating the urgent need for expanded access to affordable homeownership options.



Housing Stability

With thousands experiencing homelessness and hundreds of thousands at risk, housing instability is a growing crisis in the Inland Empire.

Homelessness continues to affect thousands of Inland Empire residents each year. In 2023, both Riverside and San Bernardino County conducted a Point-in-Time Count, during which thousands of volunteers surveyed unhoused individuals to understand their situations and connect them with resources. The count identified 4,195 homeless adults and children in San Bernardino County and 3,725 in Riverside County.^{77,85} Beyond those experiencing homelessness, rising living costs and a limited housing supply have left approximately 110,000 households—about 333,000 residents—at risk of losing their housing in the near future.⁷⁷

LLUH CHNA survey efforts further explored housing stability among more than 1,100 respondents. When asked about their living situation, only 78% reported having a “stable, permanent place to live.” This means that nearly one in four survey respondents faced some form of housing instability, whether staying in a shelter or motel (2%), living temporarily with others (4%), sleeping outside (2%), or actively fearing the loss of their housing (15%).

CHNA survey data also highlighted key risk factors among those experiencing housing instability: 44% had household incomes under \$25,000 per year, 46% were primarily Spanish speakers, and 42% had at least one child. These findings underscore the urgent need not only to support those currently experiencing homelessness but also to strengthen resources for low-and middle-income households at-risk of becoming unhoused in the near future.

EVICTIION NOTICE
NOTICE NONPAYMENT OF RENT

To: Tenant

You are hereby notified to vacate the premises at the address above within seven (7) days of the delivery of this notice to you. Your tenancy is terminated when you fail to pay the rent due, if you fail to vacate within the time specified, proceedings will be taken to remove you from the premises.

***“THE COST IS VERY HIGH, AND YOU WORK, BUT IT’S NOT ENOUGH—
SO IT’S EITHER YOU DON’T PAY RENT OR YOU DON’T EAT.”***

-COMMUNITY MEMBER





Reliable Transportation

Accessible, safe, and efficient transportation connects people to care, work, school, and community. Whether by car, bus, bike, or foot, transportation options that meet people's needs support independence, opportunity, and healthier lives.

Access

1 IN 5 CHNA SURVEY RESPONDENTS SAID THEY WERE UNABLE TO REACH A NEEDED LOCATION DUE TO LACK OF TRANSPORTATION DURING THE PAST YEAR⁷



33 MINUTE AVERAGE COMMUTE TIME⁸⁶



8% of hospitalized LLUH patients screened positive for transportation-related needs in 2024, reporting difficulty reaching medical care, work, or essential services in the past year⁶

Public Transit & Active Options



Only **2.3%**

of people in the region commute to work via public transportation, bicycle, or walking⁸⁷

73%

of CHNA survey respondents never use public transportation⁷

Safety

797

pedestrians were killed in the Inland Empire between 2018-2022, a **39% increase**⁸⁸

13.9

motor vehicle crash deaths per 100,000 residents in the Inland Empire annually—above the statewide average⁸⁹

Transportation to Care

Transportation remains a critical barrier to accessing healthcare services within the community.

Many families rely on a single vehicle, which must be shared among members for multiple responsibilities such as work, school, and medical care. This often leads to difficult decisions about which obligations to prioritize, especially when transportation needs conflict. For those without a vehicle, the challenge is even greater, as available transportation options are either limited in coverage or require extensive planning that does not accommodate urgent or short-notice healthcare needs.

Public transportation, while present in some areas, is often unreliable, slow, and inaccessible, particularly for rural residents or those living on the outskirts of city centers. Long travel times, indirect routes, and safety concerns at poorly lit or inadequately maintained bus stops further discourage its use for medical appointments. Seniors and individuals with limited mobility face additional challenges in navigating these systems, particularly when they are unaware of available resources or feel uncomfortable asking for help. These transportation gaps can lead to missed appointments, delayed treatment, and in some cases, loss of care continuity.

Healthcare system policies can make transportation barriers even more difficult to navigate. Some community members shared experiences where scheduling policies or responses to missed appointments felt rigid or unsupportive, especially when delays were due to transportation challenges beyond their control. This can lead to increased stress and anxiety for individuals already facing logistical hurdles. Creating a more flexible, understanding approach—such as offering grace periods, alternative appointment times, or problem-solving support—can make a meaningful difference. Strengthening collaboration between healthcare providers and transportation services may also help ensure patients are able to access care when they need it, reducing the risk of missed appointments or interrupted treatment.



Walkable & Bikeable Communities

Creating safe, walkable neighborhoods is one of the most powerful ways to improve health, reduce emissions, and connect communities.

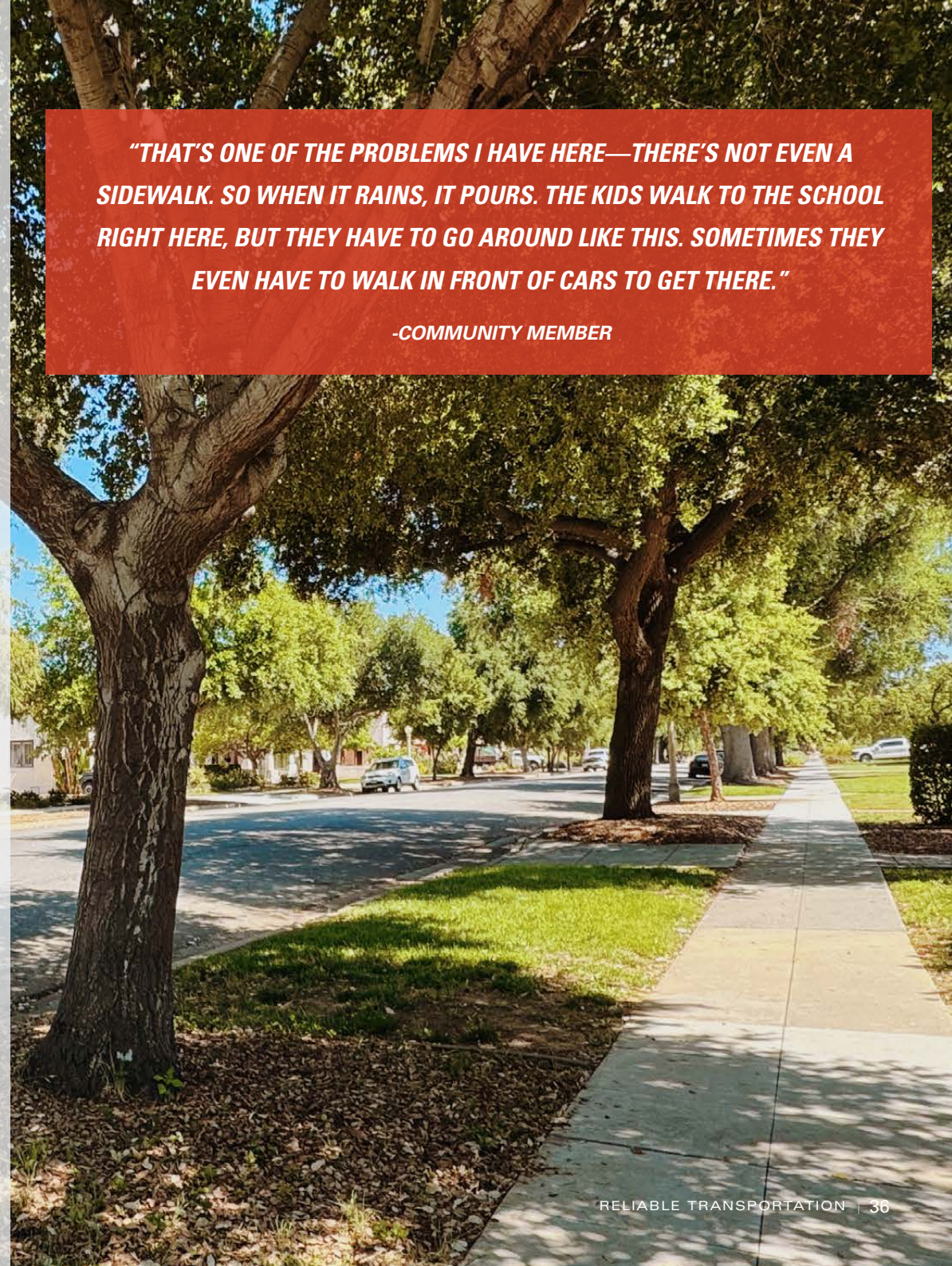
Walking and biking are proven “multi-solvers” —they support physical activity, reduce chronic disease, improve mental health, lower emissions, and foster community connection. Yet in the Inland Empire, many neighborhoods remain unsafe or inaccessible by foot or bicycle.

From 2018 to 2022, 797 pedestrians were killed in the Riverside-San Bernardino-Ontario metro area—a 39% increase over the prior five-year period. Pedestrian deaths are highest among Black, Native, and Latino people, reflecting long-standing inequities in the built environment. Communities of color often have fewer sidewalks, bike lanes, and traffic-calming features due to historic underinvestment in infrastructure.⁸⁸ Community members described similar conditions—missing sidewalks near schools, unsafe routes to bus stops, poor lighting, and traffic concerns that made walking or biking feel dangerous. Some said they avoided biking or walking altogether because the environment simply didn’t feel safe.

A national shift is underway. The Dangerous by Design 2024 report calls for communities to prioritize safety over speed, redesign roads for those most at risk, and invest in “complete streets” that work for all users.⁸⁸ In the Inland Empire, this means prioritizing infrastructure improvements in underserved neighborhoods, repairing gaps in the sidewalk network, and building protected bike lanes that connect homes, schools, parks, and jobs. By investing in safe active transportation, the region can reduce preventable injuries, promote healthier lifestyles, and respond to climate and air quality challenges all at once.

“THAT’S ONE OF THE PROBLEMS I HAVE HERE—THERE’S NOT EVEN A SIDEWALK. SO WHEN IT RAINS, IT POURS. THE KIDS WALK TO THE SCHOOL RIGHT HERE, BUT THEY HAVE TO GO AROUND LIKE THIS. SOMETIMES THEY EVEN HAVE TO WALK IN FRONT OF CARS TO GET THERE.”

-COMMUNITY MEMBER



Public Transportation Access

Public transportation is essential, yet many residents face limited access, inflexible systems, and safety challenges that restrict opportunity.

Access to reliable public transportation remains a significant challenge for many community members, especially those living in low-income or rural areas. Limited routes, infrequent schedules, and poor coverage outside of city centers make it difficult for people to carry out day-to-day responsibilities. Participants emphasized that public transportation systems often lack the flexibility or responsiveness needed to accommodate real-life challenges. When unexpected situations come up—like needing transportation on short notice—people often find the system inflexible. This adds stress for those trying to get to work, school, or handle daily responsibilities.

Beyond basic mobility, the lack of accessible transportation directly impacts quality of life and opportunities for advancement. Youth are often unable to attend extracurricular activities or socialize outside of school, which limits their social development and community engagement. For seniors, the absence of transportation options often leads to isolation and dependence on others for basic errands or activities. Families without cars face logistical challenges that require long travel times and extensive planning just to reach their destinations. Additionally, safety concerns—especially for those who bike due to lack of alternatives—underscore the need for more inclusive and thoughtful infrastructure. Community members called for a transportation system that is not only more comprehensive and reliable but also rooted in a supportive, commonsense approach that recognizes and responds to the realities of people's daily lives.



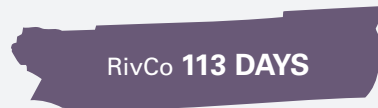


Thriving Natural World

Clean air, water, green spaces, and a healthy environment all nurture physical and mental well-being. Stewarding natural resources and preparing for climate impacts helps communities stay healthy, active, and resilient—now and for future generations.

Air Quality

Days per Year with Unhealthy Ozone Levels⁹⁰



Asthma



310,546

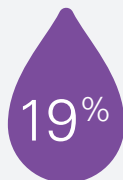
Adults are estimated to have asthma in the Inland Empire⁹⁰



72,753

Children are estimated to have asthma in the Inland Empire⁹⁰

Water Quality



of Inland Empire residents may be exposed to nitrates in drinking water—**25 times** the national average⁹¹

Access to Nature

61%

of CHNA survey respondents believe their community needs additional recreational parks and green spaces⁷

49%

of CHNA survey respondents say they spend time enjoying nature “rarely” or only “several times per year”⁷

Land Use

WAREHOUSES OCCUPY

1 Billion

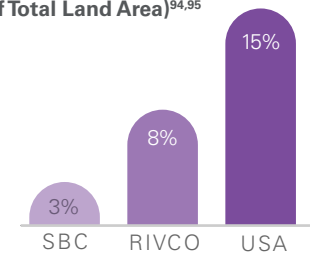
SQUARE FEET OF THE INLAND EMPIRE⁹²

Only

3.9%

of land is covered by tree canopy⁹³

Park and Recreation Land Use (% of Total Land Area)^{94,95}




Changing Climate

30 DAYS EACH YEAR NOW REACH EXTREME HEAT LEVELS increasing risk for vulnerable communities⁹⁶



1 IN 3 CHNA SURVEY RESPONDENTS SAID THE WEATHER AFFECTS THEIR ABILITY TO EARN INCOME⁷



“WE TAKE PEOPLE OUT INTO NATURE ON HIKES AND INTRODUCE THE HEALING POWER OF NATURE—BEING OUTDOORS BENEFITS NOT ONLY YOUR PHYSICAL HEALTH BUT ALSO MENTAL HEALTH. WE CONNECT THEM TO THE GEOLOGY, FLORA, FAUNA, HISTORY, AND THE SACREDNESS OF THE INDIGENOUS PEOPLES THAT LIVE THERE... IT FEELS LIKE THEIR STRESS MELTS AWAY.”

- KEY INFORMANT



CLEANER AIR IN THE INLAND EMPIRE

The Inland Empire, once characterized by farmland and open spaces, has become one of the largest logistics hubs in the world, with more than 1 billion square feet of warehouse space.⁹² This rapid expansion has brought economic growth, driven by global trade and e-commerce, but it has also significantly impacted the region's air quality and public health. With more than 40% of imported goods from Asia passing through the region via the ports of Los Angeles and Long Beach, the area now experiences increased truck traffic, diesel emissions, and pollution-related health challenges.⁹⁷ Diesel exhaust, a primary contributor to air pollution, contains

harmful chemicals like nitrogen oxides and particulate matter (PM2.5).⁹⁸ The heavy flow of goods through the Inland Empire means trucks are a constant presence, releasing these toxic pollutants into the air. The geography of the region compounds the issue. Mountains surrounding the area trap smog, while stagnant air and temperature inversions keep pollutants close to the ground. This has earned San Bernardino and Riverside Counties a spot among the worst in the U.S. for air quality, according to EPA and American Lung Association data. In fact, the American Lung Association's 2025 "State of the Air" report indicates that San Bernardino County

experienced 153 days of unhealthy ozone pollution, equating to nearly six months of the year with unhealthy air quality levels.⁹⁰

The region's logistics boom continues to grow. Amazon's logistics project at San Bernardino Airport alone is expected to produce over one ton of air pollution per day, adding to the environmental burden.⁹⁷ These emissions pose serious health risks for residents, especially children, who are more vulnerable to the respiratory effects of pollution. Proximity to highways, warehouses, and freight rail hubs has been linked to higher rates of asthma.⁹⁹⁻¹⁰² In a study by Loma Linda University, a school near a freight railyard showed a 42% asthma prevalence among students, far above typical rates.¹⁰³

San Bernardino and Riverside Counties continue to see elevated rates of asthma-related emergency visits and hospitalizations among children. In 2023, more than 57 per 10,000 children visited the emergency department for asthma, and over 9 per 10,000 were hospitalized for the condition.¹⁰⁴ Poor air quality and frequent asthma exacerbations have ripple effects beyond physical health, contributing to school absenteeism. Asthma is one of the leading causes of chronic absenteeism, disrupting children's education and limiting their opportunities for academic success.¹⁰⁵⁻¹⁰⁷

The full impact of air pollution goes beyond asthma. Research shows that exposure to transportation-related pollution can increase the risk of

premature births, low birth weights, and long-term developmental issues.¹⁰⁸ These health disparities are often concentrated in low-income communities located closest to freight hubs and major roadways, intensifying the challenges they face.

Balancing the economic benefits of logistics with the region's health and environmental needs requires coordinated action. Policymakers, industry leaders, public health professionals, and community organizations must work together to implement sustainable solutions that reduce emissions and mitigate health risks. As the logistics industry continues to expand, ensuring the health of vulnerable populations, particularly children, will be critical for the future of the Inland Empire.

Growth in Logistics

- **Over 1 billion square feet** of warehouse and logistics space is concentrated in the Inland Empire.
- The rapid growth of warehousing has driven an increase in truck, train and air traffic, contributing to **higher levels of diesel emissions**.
- These emissions contain toxic chemicals such as nitrogen oxides, fine particulate matter (PM2.5), carbon monoxide, and benzene, which are harmful to human health.

Air Quality & Asthma

- San Bernardino County experiences nearly **6 months of unhealthy ozone pollution** annually, ranking among the worst for air quality in the nation.
- **Proximity to major roadways** correlates with higher rates of asthma, premature births, and delayed lung development.
- Asthma is the **leading cause of school absenteeism** among chronic conditions.



Climate Resilience

Rising temperatures and environmental inequities threaten the Inland Empire—urgent action is needed for climate resilience and public health.

In the Inland Empire, the impacts of climate change are rapidly reshaping communities. Extreme heat, wildfires, floods, and poor air quality affect the region as a whole, with some populations more vulnerable than others. Climate models predict rising temperatures and an increase in the frequency and intensity of extreme weather events like droughts and fires. For example, between 1985 and 2005, the Inland Empire averaged seven days per year with temperatures exceeding 102°F. Experts predict that over the next 25 years, this number will increase to at least 35 days annually.¹⁰⁹

The effects of climate change disproportionately impact vulnerable populations. California's urban areas experience significant temperature disparities based on income levels, with the poorest 10% of neighborhoods in the Inland Empire being, on average, 4°F hotter than the wealthiest 10%.¹¹⁰ These disparities particularly affect Latinx populations and are driven by environmental inequities, as lower-income neighborhoods tend to have less access to parks, bodies of water, and green spaces.

The health care sector is responsible for 8.5% of carbon emissions in the United States and generate substantial waste.¹¹¹ Some hospital facilities use up to three times as much energy as a traditional office building, contributing to their significant environmental footprint.¹¹² However, by adopting energy conservation strategies and investing in renewable energy, hospitals can reduce their carbon footprint while also lowering costs. As anchor institutions, hospitals can play a key role in climate resilience planning, decreasing their own emissions, and advocating for policies that recognize the connection between climate change and public health.

"WILDFIRES BECOME A FOCUS WHEN THEY'RE ACTIVELY BURNING—BUT AS THE CLIMATE GETS MORE EXTREME, MORE AREAS ARE AT RISK. AIR QUALITY IS DIRECTLY TIED TO EXTREME HEAT—OUR WORST AIR DAYS ARE ALSO OUR HOTTEST. IT ALL STACKS TOGETHER, MAKING THINGS WORSE FOR EVERYONE."

- KEY INFORMANT



Loma Linda University Medical Center and Children's Hospital during the September 2024 Line Fire

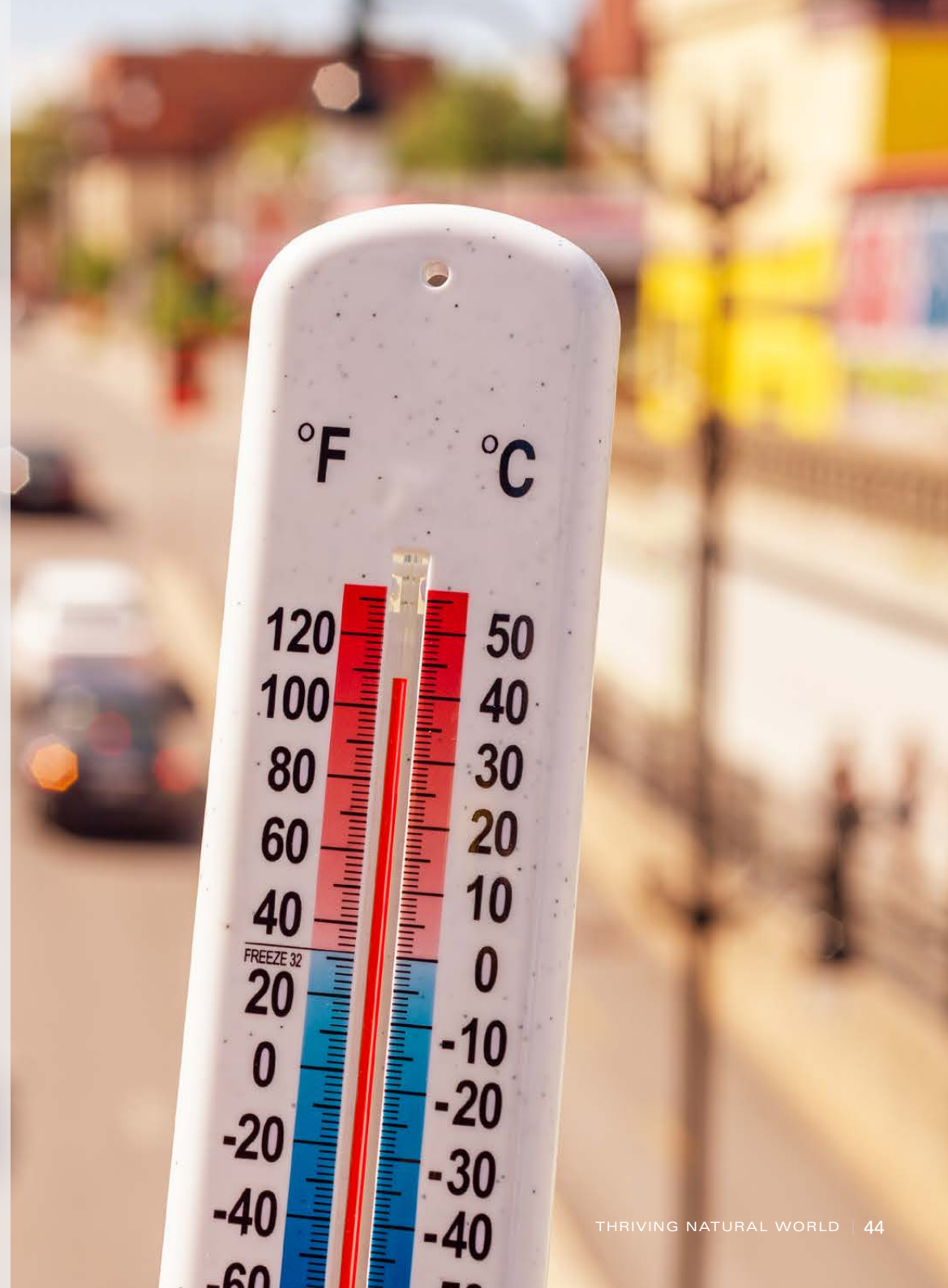
Protection from Extreme Heat

Extreme heat is a major climate hazard in the Inland Empire, driving hospitalizations and deaths from heat stroke, cardiovascular disease, and pregnancy complications.

Studies show that for every 1°C increase in temperature, illness morbidity rises by 18%, and mortality increases by 35%.¹¹³ Certain populations are especially vulnerable to extreme heat. Children under the age of five, and adults over 65 face higher risks, regardless of income or location. The EPA reports that children are more susceptible to heat stroke and exhaustion due to their smaller body-mass-to-surface-area ratio, which causes them to lose fluids more quickly.¹¹⁴ They also spend more time outdoors, increasing their exposure. Additionally, the urban heat island effect has been linked to worsening childhood asthma.¹¹⁵

For older adults, the risk is rising alongside demographic changes. The Inland Empire's population of adults aged 65 and older is projected to increase by 58% by 2040, compared to a 45% statewide increase during the same period.¹¹⁶ With limited resources already straining the region's ability to support its aging population, rising temperatures will further exacerbate these challenges. Affordable housing with air conditioning remains scarce, and heat exposure increases the risk of stroke and coronary heart disease among seniors.

The unhoused population is particularly vulnerable, as they experience prolonged exposure to extreme heat without reliable access to shelter, hydration, or medical care. Health conditions are both a cause and consequence of homelessness, and without relief from high temperatures, individuals experiencing homelessness face heightened risks to their cardiovascular, respiratory, renal, and mental health.¹¹⁷ Without strategic interventions to address extreme heat and support climate resilience, these disparities will continue to grow, worsening health outcomes for the region's most vulnerable populations.



Access to Nature

Access to green spaces in the Inland Empire falls well below national averages, with consequences for physical, mental, and community health.

Access to green spaces—such as parks, gardens, and urban forests—is essential to community wellbeing.^{118,119} In the Inland Empire, urbanization and industrial expansion have led to a significant loss of natural environments. As the population grows, green space has not kept pace. For example, only 3% of land in San Bernardino County and 8% in Riverside County is used for parks and recreation, compared to the national average of 15%.^{95,94} Additionally, just 46% of San Bernardino residents live within a 10-minute walk of a park—below the 55% national average.⁹⁵

This limited access is linked to poor health outcomes.¹¹⁹ Green spaces encourage physical activity like walking and jogging, which are key to preventing chronic diseases such as obesity, heart disease, and diabetes—all more prevalent in the Inland Empire than the California average.^{120,121} Limited green space also harms mental health; exposure to nature consistently reduces stress, anxiety, and depression.^{119,122} For children, outdoor play in green spaces supports social, emotional, and cognitive development.^{123,124} Yet many neighborhoods in Riverside and San Bernardino counties lack safe, accessible areas for outdoor activity.¹²⁵

While challenges persist, efforts to expand green space are underway. Natural areas like Oak Glen Preserve and Big Morongo Canyon Preserve provide opportunities for connection with nature, and local parks serve as vital spaces for recreation and community life. Still, addressing green space inequities requires more than isolated projects—it demands long-term investment and policy change. Encouragingly, community support is strong: a 2023 San Bernardino City needs assessment found that 81% of residents believe providing high-quality parks and recreational facilities is “very important.”¹²⁶ As urban development continues, the need for safe, accessible green spaces will only grow.

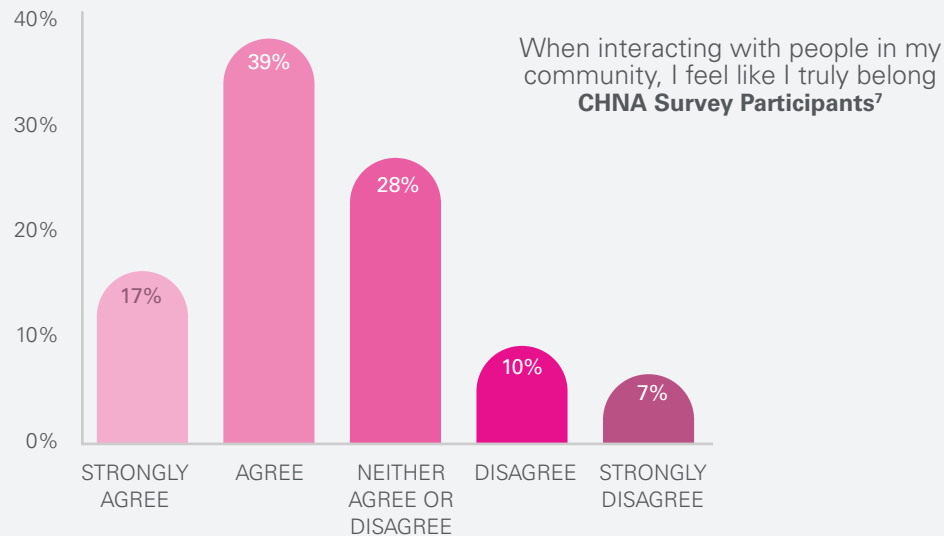




Belonging & Civic Muscle

Social connection and community voice are powerful forces for health. When people feel a sense of belonging and have opportunities to participate in shaping their community, it builds trust, strengthens resilience, and improves overall well-being.

Belonging & Support



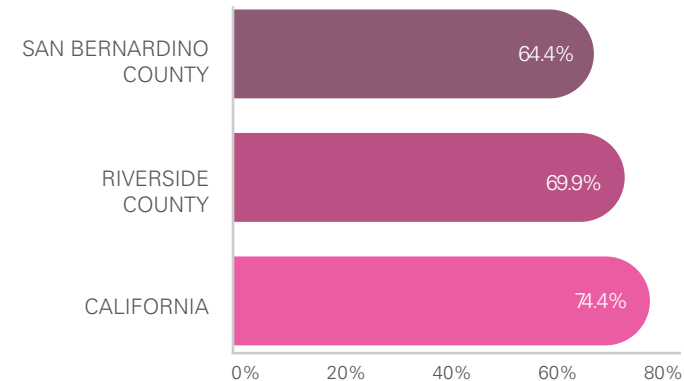
68% of adults report sometimes, often, or always getting the social and emotional support they need—below the national benchmark of 74%¹²⁷



1 IN 4 CHNA SURVEY PARTICIPANTS AGREED THEY'VE EXPERIENCED DISCRIMINATION OR FELT NOT GOOD ENOUGH BECAUSE OF THEIR RACE OR ETHNICITY⁷

Civic Engagement

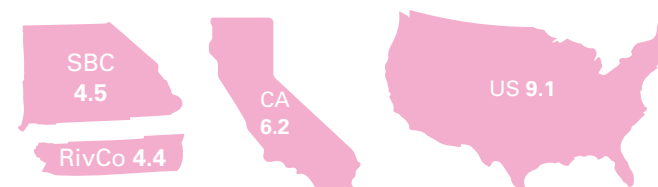
Voter Turnout in the 2024 Presidential Election¹²⁸⁻¹³⁰
(as a % of Registered Voters)



Only 3.9% of adults participate in volunteering groups—half the national average (7.8%)¹³¹

Number of Membership Organizations per 10,000 People¹

These include civic, political, religious, sports, and professional organizations



Social Connection

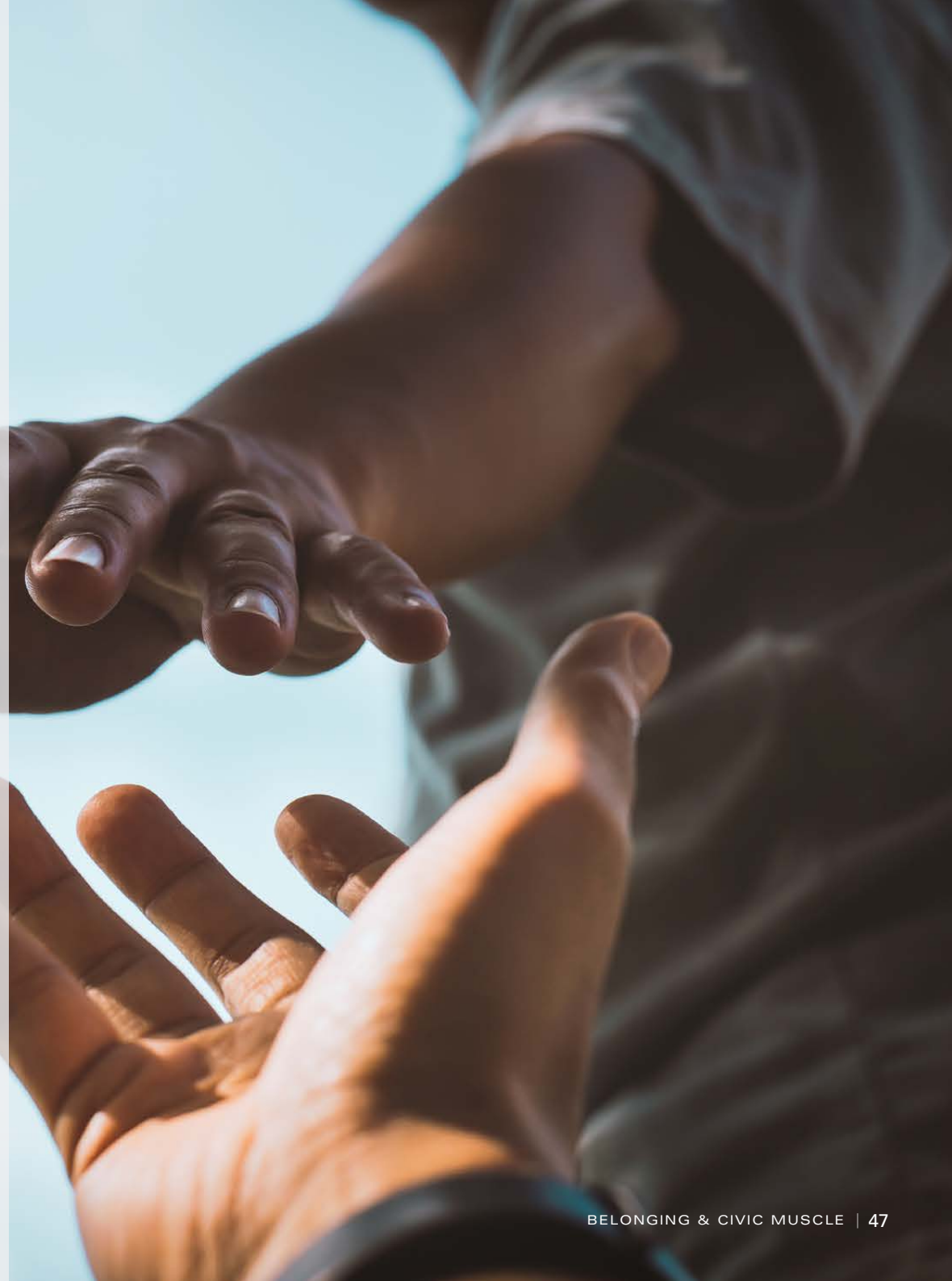
Loneliness and social isolation pose serious health risks, increasing the chances of heart disease, dementia, and premature death.

Nearly half of Americans (49%) report experiencing social isolation and loneliness, a trend that has been increasing even before the COVID-19 pandemic.¹³²⁻¹³⁴ As time spent alone has risen, social participation across various relationships has declined.¹³⁵ This pattern is reflected in the Inland Empire, where 48% of community members reported experiencing loneliness and social isolation in the past year. When asked about their sense of belonging, only 56% felt a true sense of connection when interacting with others, and just 56% felt welcomed and included in their community.⁷ A lack of social connection can have detrimental effects on our communities, comparable to smoking 15 cigarettes a day.¹³⁶

In 2023, the U.S. Surgeon General declared loneliness a national public health crisis, citing its severe health risks.¹³⁵ The advisory warns that loneliness and social isolation pose serious health risks, increasing the likelihood of premature death by 26% and 29% respectively.¹³⁷ These conditions significantly elevate the risk of stroke (29%) and cardiovascular disease (32%)—notable concerns in the Inland Empire, where heart disease prevalence is among the highest in California.^{138,139}

Beyond physical health, loneliness is closely linked to cognitive decline and mental health risks, such as anxiety and depression.¹⁴⁰ Older adults who experience social isolation are 50% more likely to develop dementia.^{141,142} Additionally, loneliness is a strong predictor of self-harm and suicide—a review of 40 studies involving 60,000 older adults identified loneliness as a key factor in self-harm, and men living alone were found to be twice as likely to die by suicide.¹⁴³

These findings underscore the urgent need to strengthen social connections and foster a greater sense of belonging within communities to improve both physical and mental well-being.



Civic Participation

Despite a strong desire to contribute to civic life, many community members reported significant barriers to engagement.

These included inaccessible meeting times, limited representation of diverse voices, lack of compensation for time, and a general perception that community input often fails to result in tangible change. Several participants voiced concerns that civic discussions are dominated by the same perspectives, while new or marginalized voices are overlooked. There was a call for more informal, culturally relevant approaches to civic engagement—such as hosting conversations at community events or trusted local venues—to increase participation and ensure greater inclusivity.

A prevailing sense of distrust in government and institutions was evident across multiple discussions.

This distrust was often rooted in previous experiences of inaction, lack of transparency, and perceived inequities in the distribution of resources. For immigrant communities and communities of color, these dynamics were further compounded by systemic discrimination, fear of retaliation, and stigmatization related to accessing public benefits. Some individuals reported intentionally avoiding programs for which they qualified due to concerns about judgment or negative stereotyping.

Conversely, community-based and faith organizations emerged as trusted partners in engagement and service delivery. These institutions were recognized for their consistency, accessibility, and cultural


relevance. Participants emphasized the importance of partnering with such organizations to strengthen outreach, foster belonging, and promote civic participation.

Finally, many residents expressed a commitment to civic action despite the barriers they face. From organizing neighborhood cleanups to advocating for park maintenance or participating in community forums, individuals demonstrated a deep investment in improving their communities. However, participants stressed the need for more consistent follow-through, opportunities for leadership development, and equitable access to decision-making processes.



STRENGTHENING CIVIC PARTICIPATION STARTS WITH LISTENING, INCLUSION, AND SHARED LEADERSHIP.

Overall, these insights underscore the importance of fostering environments where all residents feel connected, valued, and empowered to shape the conditions that impact their lives. Belonging and civic muscle are foundational to community health—and are built through inclusive practices, trust-building, and sustained investment in the people and places that make up our communities.

A low-angle shot of a person climbing a massive, light-brown rock face. The climber is wearing a blue shirt, tan shorts, a red helmet, and a climbing harness. They are positioned in the lower-middle of the frame, reaching up. Two ropes are visible: a solid black rope on the left and a dotted rope on the right. The background is a vast blue sky with wispy white clouds.

***"IT'S IN OUR DNA. IT'S IN OUR SPIRIT, IT'S IN OUR CULTURE...
THERE IS NOT A CHALLENGE TOO BIG."***

-COMMUNITY MEMBER



COMMUNITY STRENGTHS AND ASSETS

Despite some daunting challenges, our community demonstrates extraordinary resilience, deeply rooted in cultural values of hard work, perseverance, caregiving, and faith. Community members describe resilience as something “in their DNA,” an ingrained spirit of survival that motivates them to persist and find solutions despite overwhelming barriers. This resilient mindset is reflected not only in individuals but across the

community, where collective efforts often fill the gaps left by inadequate formal systems.

A strong sense of togetherness permeates the community. Long-standing relationships and a “small town” spirit characterize our neighborhoods, where neighbors know and support each other. Informal systems of supports, such as opening homes to those

without housing, are common, reflecting an inherent commitment to the well-being of others.

Community resources and organizations play a vital role, offering spaces for youth development, recreation, and family support. Community centers and programs, public libraries, and local parks provide vital outlets for youth and families. Increasing these

assets would provide much-needed opportunities, particularly for older youth.

Visible signs of community and infrastructure improvements give communities hope. Investments in parks, businesses, and youth centers, even if sometimes slow and uneven, provide the promise of better futures for community members. New opportunities through youth centers and local leadership programs can help to redirect young people toward positive pathways, especially in communities where opportunities are limited.

Education opportunities in our communities emerges as both a strength and a challenge. Colleges and universities offer a range of resources, yet barriers such as language access, lack of awareness, and limited time hinder participation for many families.

Nonetheless, there is a recognized need—and hunger—for education, training, and personal development across the lifecycle.

The community's vitality is also showcased through local events that celebrate cultural identity and strengthen bonds among residents. Community gardens have become important hubs, offering nutritious food, mental health benefits, environmental education, and green spaces for reflection and connection.

Anchor institutions like Loma Linda University Health have played an important supporting role, offering programs, education, and community engagement efforts that provide critical resources and instill hope.

Central to the community's success is its inherent intelligence and potential. Community members emphasized that with greater access to education and resources, the community—and particularly women—could thrive even further if systemic barriers were removed. Transforming policies and systems to genuinely support success would unlock an immense and largely untapped potential.

Finally, the community's mobilization efforts—both formal and informal—reflect its deep commitment to addressing needs from within. From informal caregiving and resource-sharing networks to organized civic engagement and health education projects, residents continue to find ways to serve and uplift each other, often outside formal structures and without external recognition.

DESPITE CHALLENGES, THE SPIRIT OF RESILIENCE, SOLIDARITY, INGENUITY, AND HOPE IS UNMISTAKABLE—AND OFFERS A POWERFUL FOUNDATION FOR BUILDING A STRONGER, HEALTHIER FUTURE.



Prioritization of Community Needs

Loma Linda University Health prioritized the community's most pressing health-related needs through a thoughtful, multi-step process. This process integrated community input, data analysis, organizational capacity, and alignment with strategic and regional priorities—while also recognizing the Inland Empire's many strengths, including community resilience, trusted local organizations, strong social networks, and culturally rooted sources of support.

Key factors in the prioritization process included:

Community Input

Over 1,300 Inland Empire residents—across diverse geographies, demographics, and lived experiences—participated in the CHNA. Their voices were gathered through surveys, focus groups, and interviews to elevate community-defined priorities.

Magnitude of the Problem

Quantitative data from public health agencies and other credible sources were reviewed to assess the scale, severity, and disparities associated with each need, ensuring that high-burden issues were considered.

LLUH's Capacity to Act

Prioritization took into account LLUH's current and potential ability to address each need—based on clinical expertise, existing infrastructure, partnerships, and ongoing community investment.

Alignment with Strategic and Regional Priorities

LLUH aligned its CHNA priorities with local and state-level initiatives, including the Inland Empire's regional health equity efforts and LLUH's own strategic focus areas for FY 2026–2028.

Four Strategic Priorities for FY 2026–2028

Based on the prioritization criteria and the Vital Conditions framework, LLUH identified four overarching strategic priorities for the next three years:



Basic Needs for Health and Safety

Expand access to healthcare, nutritious food, preventive services, and safe outdoor environments.



Lifelong Learning

Support early childhood education, improve school attendance, and expand pathways to careers in health.



Meaningful Work and Wealth

Address workforce shortages and help Inland Empire residents reduce debt and build wealth through stable employment.



Thriving Natural World

Strengthen environmental stewardship across our health system and enhance climate resilience in both clinical settings and the communities we serve.

Looking Ahead: Addressing Community Health Needs

LLUH will build upon this 2025 CHNA by developing a new Community Health Implementation Strategy (CHIS) for FY 2026–2028. This three-year plan will outline specific goals, strategies, and metrics, drawing upon community assets and strengths to guide our Community Benefit investments and track progress on priority health needs. The CHIS will reflect input from community members, align with LLUH's strengths and mission, and emphasize collaboration with partner organizations. Once finalized, it will be available on the LLUH Community Benefit webpage at <https://lluh.org/community-benefit-reports-and-resources>.

Resources to Address Community Needs

The following tables highlight a selection of programs, services, networks, and collaborative efforts that align with the needs identified in this Community Health Needs Assessment. Resources include those provided by Loma Linda University Health and a range of community-based, public, and regional partners.

This is not an exhaustive list, but rather a snapshot of the diverse efforts already underway to address community needs across the Inland Empire.

It reflects the strength of regional collaboration and the many supports that are contributing to improved health and well-being.

| VITAL CONDITION | LLUH RESOURCES | COMMUNITY/EXTERNAL RESOURCES |
|---------------------------------|--|--|
| Basic Needs for Health & Safety | LLUH Hospitals & Clinics, LLUH University Degree and Certificate programs, Professional Education programs, Medi-Cal enrollment, CalAIM ECM, Hospital-based CHWs, Resiliency Institute for Childhood Adversity, Help Me Grow IE, Vaccines during routine visits, Diabetes Treatment Center, Cancer Center, SAFE Kids, Youth Drug and Alcohol Education, Senior Fall Prevention, Stop the Bleed, PossAbilities, Fresh produce distribution, Health Equity Committee, SDOH Taskforce, SDOH Screening in EPIC, LLUH Hospital-based Violence Prevention Program, Goal 4 Health program | SAC Health, County Public Health Depts, IEHP, Molina, CalAIM ECM & CS, Community Health Centers, Regional hospitals, Recuperative care, El Sol Neighborhood Educational Center, Children's Cabinet, SBC Maternal Health Network, Sankofa, NAMI, Feeding America IE, FIND Foodbank, CAPS of San Bernardino County, Community resource centers, Communities Lifting Communities, IE Behavioral Health Collaborative, HC2 Strategies, Inland SoCal United Way, Connect IE & 211 |
| Humane Housing | LLUH University Degree and Certificate programs, Career Pathways Programs (Discovery, MyCampus, Transition 2 Success, Jr High School Science Fair, Robotics Simulation, La Escuelita), School-based CHWs, Parent Health Institute, Reach Out & Read, San Manuel Gateway College | First 5, SBCUSD, Chaffey Joint Unified, K-12 school districts, colleges & universities, Inland Empire School Health Coalition, youth centers, Growing Inland Achievement, Big Brothers Big Sisters, Making Hope Happen Foundation, Health Career Connection, Uplift San Bernardino |
| Meaningful Work & Wealth | CHW employment pathways, Community Benefit scholarships, Charity Care Task Force, San Manuel Gateway College (Promotores Academy) | Bank On Coalition, Goodwill SoCal, Workforce Development Boards, Dollar For, CDFIs, First Community Capital |
| Reliable Transportation | Employee commuter incentive programs | Public Transportation Systems, IEHP Transportation Services, Safe Routes to School, City Public Works, City Councils |
| Lifelong Learning | LLUH University Degree and Certificate programs, Career Pathways Programs (Discovery, MyCampus, Transition 2 Success, Jr High School Science Fair, Robotics Simulation, La Escuelita), School-based CHWs, Parent Health Institute, Reach Out & Read, San Manuel Gateway College | c& universities, Inland Empire School Health Coalition, youth centers, Growing Inland Achievement, Big Brothers Big Sisters, Making Hope Happen Foundation, Health Career Connection, Uplift San Bernardino |
| Thriving Natural World | Environmental Sustainability Committee, Disaster preparedness, El Jardin de la Salud, SHINE Outdoor Equity program | Practice Greenhealth, Sierra Club, Wildlands Conservancy, City parks & rec depts, County regional parks, LISTOS, County Emergency Services, SCAQMD, ANCA, Climate Resolve, cooling centers |
| Belonging & Civic Muscle | Community events, Patient Family Advisory Councils, Government relations, CHW advocacy efforts | Faith-based organizations, community centers, ICUC, COPE, Inland Equity Partnership, A Greater Hope |
| Cross-Cutting | GIS support, Community Benefit Investment Awards | Foundations and other funders, IE Vital Conditions Network |

Evaluation of the FY 2023–2025 Implementation Strategy

Loma Linda University Health's most recent Community Health Implementation Strategy (CHIS) was developed in 2022 to guide community benefit investments across four priority areas: economic mobility, health equity, access to wellness resources, and maternal and child health. The following pages summarize progress made during the FY 2023–2025 cycle.

While the original goals provided a clear roadmap, LLUH also pursued new opportunities that emerged through strategic partnerships and system-level collaboration. In addition to the original CHIS goals, LLUH launched several strategic initiatives over the 3-year period, including:

Expanding support for high-need patients through CalAIM Enhanced Care Management, which established a multidisciplinary team that includes three new Community Health Workers (CHWs).

Providing scholarships for San Manuel Gateway College students pursuing health-related certificate training programs to support local workforce development.

Improving access to financial assistance and reducing medical debt among underserved families by enhancing charity care pathways in collaboration with community partners.

Supporting the creation of the Inland Empire's first Accountable Community for Health, established through the California Accountable Communities for Health Initiative in collaboration with regional partners.

Integrating NICU CHWs into perinatal care to support mothers and infants to achieve a more seamless continuity of care experience.

Advancing environmental stewardship by launching a cross-disciplinary team focused on reducing the health system's environmental impact and building climate resilience.

These initiatives reflect LLUH's commitment to innovation, adaptability, and deeper investment in addressing structural gaps across the region. For more detailed annual progress updates, visit LLUH's Community Benefit Annual Reports at lluh.org/community-benefit/reports-and-resources.

Goal 1

Improve economic mobility through educational and workforce opportunities

| STRATEGY Introduce underserved middle and high school students to careers in health | |
|---|---|
| FY 2023-2025 METRICS | RESULTS |
| 195 minoritized students participate in the 2-week Discovery program to prepare for college and explore different health professions. | 207 program graduates from 37 different high schools in the region |
| Host 3 My Campus sessions to expose minoritized students to health professions; reach 360 students. | 586 students participated in 11 My Campus Events |
| 25 students in the Transition 2 Success program receive support from mentors in their health discipline of interest. | 27 pairs of mentors and mentees participated |
| 90 middle school students participate in Junior High School Science Fair. | 29 middle and high school participants; Science fair was merged with My Campus |
| Organize Robotics Simulation events inspiring STEM and health careers; engage at least 30 high school students. | 40 students participated in 3 robotic surgery simulations |

| STRATEGY Support educational and workforce opportunities for youth and adults from under-resourced communities | |
|--|--|
| FY 2023-2025 METRICS | RESULTS |
| Provide 150 scholarships/stipends to at-promise youth in the region to support their transition to higher education | 148 scholarships/stipends provided through 3 partner organizations |
| Provide 25 scholarships to underrepresented minority students who are currently pursuing higher education programs in health-related fields. | 60 scholarships awarded to students pursuing 10 different areas within health-related fields |
| The La Escuelita program will provide free weekly academic tutoring and music lessons to elementary age students from San Bernardino, as well as educational workshops for their parents; Children participate in 350 academic tutoring sessions and 225 music lessons annually; Parents participate in 25 educational workshops annually. | Children participated in 315 academic tutoring sessions and 219 music lessons; parents participated in educational workshops. Educational workshops merged with Parent Health Institute. |
| Invest in workforce development with community-based partners and government to increase outreach to marginalized and specialty populations and their access to livable wage-paying jobs. | 12 partner organizations in the region received LLUH investment focused on workforce development |



Goal 2

Advance health equity

| STRATEGY Identify social determinants of health through screenings; refer those in need of social services | |
|--|--|
| FY 2023-2025 METRICS | RESULTS |
| Integrate Social Determinants of Health (SDOH) screening tool in EPIC across licensed hospitals. | Rolled out SDOH Screening tool in EPIC for all inpatients at all 4 hospitals on November 27, 2023. |
| Expand Help Me Grow Inland Empire to link more children (ages 0-8) with prevention and early intervention services. | 19,476* children screened during FY 2023-2025; the Access Center served 7,330* unique children and families. |
| STRATEGY Expand Community Health Worker integration in school districts and hospital systems | |
| FY 2023-2025 METRICS | RESULTS |
| Create new full-time Community Health Worker positions with benefits; increase the number of CHW positions from 9 to 20 by FY 2025. | 16 full time CHWs are currently employed; 2 CHW Program Managers and 1 Coordinator hired for program expansion. |
| Strengthen LLUH's hospital-based Community Health Worker program to address system barriers that lead to inequities for patients; CHWs reach 700 families and connect them to 2,000 resources. | 3,897* families served; number of resources will begin to be collected in FY24 |
| Community Health and Education Workers conduct 1,000 home visits to address the social determinants of health and education for students and families. | 7,041* home visits were conducted throughout 2 school districts |

| STRATEGY Address food insecurity through access to healthy and affordable food options, community gardens, and safe green spaces | |
|--|---|
| FY 2023-2025 METRICS | RESULTS |
| Expand Jardín de la Salud in San Bernardino into a community center, fostering local engagement in educational activities for healthy lifestyles and food sovereignty. | Hosted 152 events and activities at the community garden. |
| Facilitate healthy food access for local families in need; distribute 5,000 pounds of fresh produce weekly to 300 families, and provide 4,000 nonperishable food boxes annually. | Distributed more than 5,000 pounds of fresh produce weekly to an average of 320 families at 110 fresh produce weekly events; 15,320* nonperishable food boxes distributed. |
| STRATEGY Increase access to health insurance for vulnerable populations | |
| FY 2023-2025 METRICS | RESULTS |
| Collaborate with regional partners to assist 840 uninsured residents with Medi-Cal enrollment; Conduct outreach to 17,500+ people. | 3,708 applications submitted 111,336 community members outreached. |
| STRATEGY Provide outdoor opportunities to strengthen the physical, mental and emotional well-being for youth in under-resourced communities for youth living in underserved communities | |
| FY 2023-2025 METRICS | RESULTS |
| Engage 375 participants in SHiNE Program to empower youth and families through outdoor leadership education, environmental justice engagement, and access to nature. | 1,307* participants have attended SHiNE programming |
| Provide technical assistance to local school districts on partnerships for land use agreements to increase access to green spaces for community members. | Deferred land use initiative; prioritized other impactful projects |

*Data shown reflects FY 2025 through March 31, 2025. Final figures for the full fiscal year will be available in the FY 2025 Community Benefit Annual Report.

Goal 3

Increase access to health and wellness resources

STRATEGY Support healthy lifestyle interventions that reduce chronic diseases

| FY 2023-2025 METRICS | RESULTS |
|--|---|
| At least 200 local youth participate in Goal 4 Health soccer league; at least 40% of students will participate from under-resourced neighborhoods. | 951 players participated; 42.6% were from under-resourced neighborhoods in FY 2025 |
| 200 parents from local school districts engage in Parent Health Institute (PHI) educational workshops. | 737* adults participated in PHI programming in-person or via Zoom |
| The Produce Rx Program provides at least 40 educational workshops annually. | Produce RX program merged with Community Garden program. Garden program has grown and provides educational workshops to participants. |

STRATEGY Increase community building and access to mental health resources

| FY 2023-2025 METRICS | RESULTS |
|--|---|
| Build capacity of Community Health Workers in mental health; 90% of CHWs and CHEWs are trained in Mental Health First Aid to provide crisis response with the community. | 100% of CHWs and CHEWs received Mental Health First Aid training |
| Pilot system for CHEWs to provide referrals to LLUH Resiliency Clinic. | Referral process created and implemented |



*Data shown reflects FY 2025 through March 31, 2025. Final figures for the full fiscal year will be available in the FY 2025 Community Benefit Annual Report.

Goal 4

Improve maternal and child health outcomes

| STRATEGY Review and identify opportunities to strengthen LLUH's policies, systems, provider training, and programming. | |
|---|--|
| FY 2023-2025 METRICS | RESULTS |
| Enhance support for at-risk infants and mothers in the Neonatal ICU through Community Health Workers; CHWs provide 200 families annually with support to address social determinants of health. | 439* families served |
| Expand Reach Out & Read program to serve 10% more young children annually to encourage healthy growth and early literacy; at least 85% of all children ages 0-5 attending well child visits receive a new age-appropriate book. | Distributed 53,511* books at well child visits |
| Collaborate with the LLUH Health Equity Committee and School of Public Health in conducting robust qualitative assessments that improve support for mothers and infants. | Integrated into 2025 Community Health Needs Assessment |
| STRATEGY Participate in regional efforts to eliminate racial disparities in maternal and infant mortality. | |
| FY 2023-2025 METRICS | RESULTS |
| Collaborate with regional partners and coalitions to advance maternal and infant health equity. | Participating in Maternal Health Network of San Bernardino County; Inland Empire Perinatal Equity Community Advisory Board and Summit Planning Committee; and Hospital Association of Southern California Inland Empire Collaborative. |

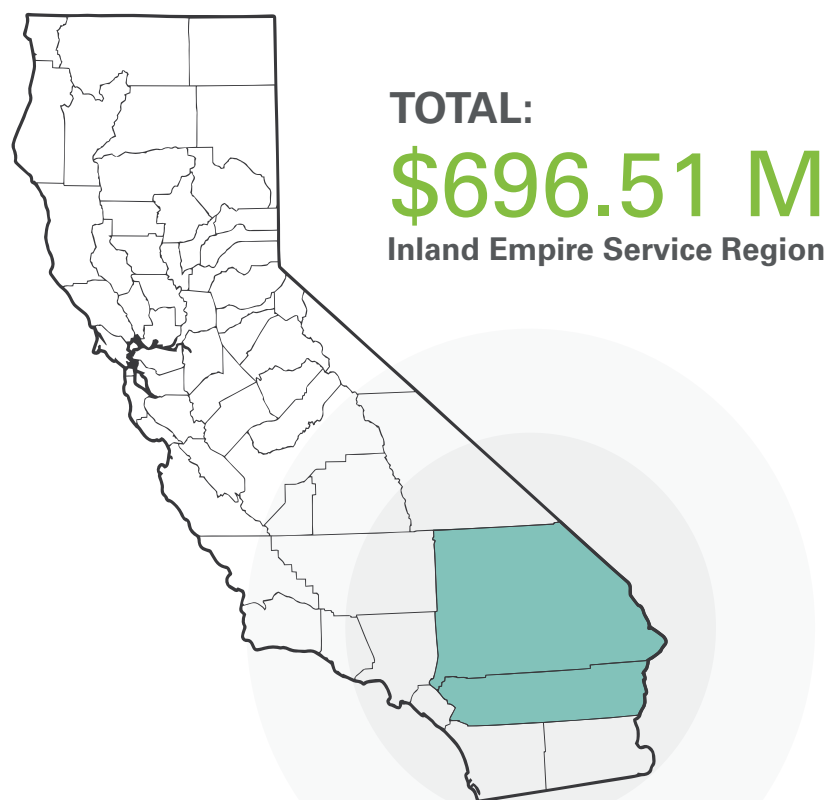


*Data shown reflects FY 2025 through March 31, 2025. Final figures for the full fiscal year will be available in the FY 2025 Community Benefit Annual Report.

Total Community Benefit Investment

Over a recent three-year fiscal period (FY 2022-2024), LLUH reported more than \$696 million in community benefits spending, based on IRS reporting categories.*

FISCAL YEARS JULY 1ST, 2021 - JUNE 30TH, 2024



\$394.66 M

SHORTFALLS IN
MEDICAID

\$10.01 M

COMMUNITY
HEALTH
INVESTMENT

\$45.69 M

FREE, LOW-COST
& SUBSIDIZED
HEALTH
SERVICES

\$6.60 M

RESEARCH

\$239.55 M

HEALTH
PROFESSIONS
EDUCATION

*Total Community Benefit investments are based on hospital-reviewed financial statements and are reported on each hospital's IRS Form 990, Schedule H. For full category definitions, please find a detailed description in the appendix section, "[Community Benefit Accounting Definitions](#)". The 2025 fiscal information will be available Spring of 2026, in keeping with IRS guidelines for reporting.

APPENDIX

LLUH Hospitals



Loma Linda University Medical Center

Medical Center, East Campus & Surgical Hospital

**11324 Anderson St.
Loma Linda, CA 92354**

Phone: (909) 558-4000

Hospital License #:
95-3522679

HCAI ID #: 106361246



Loma Linda University Children's Hospital

**11324 Anderson St.
Loma Linda, CA 92354**

Phone: (909) 558-4000

Hospital License #:
46-3214504

HCAI ID #: 106364502



Loma Linda University Behavioral Medicine Center*

**1710 Barton Rd.
Redlands, CA 92373**

Phone: (909) 558-9275

Hospital License #:
33-0245579

HCAI ID #: 106364014



Loma Linda University Medical Center-Murrieta

**28062 Baxter Rd.
Murrieta, CA 92563**

Phone: (909) 290-4000

Hospital License #:
37-1705906

HCAI ID #: 106334589

*Included under the Medical Center license starting FY 2024

Primary Needs Expressed during Community Conversations & Key Informant Interviews

| VITAL CONDITION | COMMUNITY CONVERSATIONS | KEY INFORMANTS |
|---------------------------------|---|--|
| Basic Needs for Health & Safety | <ul style="list-style-type: none"> • Access to affordable, culturally sensitive healthcare. • Better mental health services, including counseling and peer support. • Reliable, nutritious food sources (addressing food deserts and affordability). • Health education on prevention, lifestyle, and managing chronic conditions. • Safe, clean environments free from neighborhood violence and environmental hazards. | <ul style="list-style-type: none"> • Access to affordable, timely healthcare (especially mental health, behavioral health, and specialty care) • Greater health literacy and system navigation support, particularly for immigrant, refugee, and low-literacy populations • Reduction of stigma and cultural barriers, especially around mental health and domestic violence • Increased availability of food assistance, fresh foods, and safe drinking water • Enhanced local disaster preparedness (wildfires, extreme heat, flooding) |
| Humane Housing | <ul style="list-style-type: none"> • Affordable housing options for families, seniors, and people in recovery. • Safe, stable living conditions with landlord accountability (mold, pests, repairs). • More transitional housing and shelters for homeless individuals. • Programs to prevent displacement and gentrification. • Opportunities to repurpose vacant or abandoned properties for community use. | <ul style="list-style-type: none"> • More affordable housing, including family-friendly units and supportive housing • Streamlined zoning and permitting to speed affordable housing development • Anti-displacement protections and renter supports (e.g., rent stabilization, tenant rights) • Housing rehabilitation programs, especially for aging or unsafe manufactured/mobile homes • Creative models like land trusts, ADUs, and rent-to-own pathways |
| Meaningful Work & Wealth | <ul style="list-style-type: none"> • Access to stable, well-paying jobs with advancement opportunities. • Job training, apprenticeships, and certification programs, especially for re-entry and immigrant populations. • Financial assistance and coaching to manage rising costs. • Reforms to address benefit cliffs that discourage earning slightly higher wages. | <ul style="list-style-type: none"> • Local job creation to reduce long commute times and improve quality of life • Access to safe, dignified, living-wage jobs (not just low-wage, precarious work) • Expansion of financial literacy and access to banking services in underserved communities • Support for small business development and workforce pathways, especially in healthcare and childcare • Addressing wage gaps and economic inequities affecting marginalized communities |
| Reliable Transportation | <ul style="list-style-type: none"> • Affordable, reliable public transit connecting neighborhoods, healthcare, and jobs. • Flexible, same-day transportation options (especially for medical needs). • Better information on transportation benefits available through insurance. • Infrastructure improvements to ensure safe walking and biking access. | <ul style="list-style-type: none"> • Affordable, safe, and reliable public transportation to connect people to jobs, healthcare, and services • Innovative solutions like employer shuttles or community-based transportation • Better integration of housing, jobs, and transit planning to reduce dependence on long commutes • Improved rural and unincorporated area mobility options |

Primary Needs Expressed during Community Conversations & Key Informant Interviews

| VITAL CONDITION | COMMUNITY CONVERSATIONS | KEY INFORMANTS |
|--------------------------|---|--|
| Lifelong Learning | <ul style="list-style-type: none"> • Workforce development and adult education (literacy, English, computer skills). • Youth development programs, including after-school activities and career pathways. • Health and life skills workshops focused on nutrition, mental health, and financial literacy. • Clear, accessible information on how to navigate healthcare and social systems. | <ul style="list-style-type: none"> • Early childhood development programs, including developmental screenings and preschool access • Trauma-informed schools and culturally competent teaching • Youth leadership, civic engagement, and mentorship programs • College readiness and financial aid navigation, especially for first-generation students • Workforce training and upskilling aligned with local employment opportunities |
| Thriving Natural World | <ul style="list-style-type: none"> • Cleaner air and water to reduce chronic health risks. • Access to green spaces, safe parks, and affordable recreational opportunities. • Community cleanup efforts to address illegal dumping and neighborhood blight. • Climate resilience strategies to handle extreme heat and environmental hazards. | <ul style="list-style-type: none"> • Environmental justice interventions to address air pollution, warehouse impacts, and extreme heat • Green infrastructure investments: shade trees, parks, cooling centers, and clean energy upgrades • Safe, clean drinking water access in agricultural and rural areas • Community education on climate risks and adaptation strategies • Policies to balance economic development (e.g., warehousing) with environmental health |
| Belonging & Civic Muscle | <ul style="list-style-type: none"> • Opportunities for meaningful civic engagement and advocacy. • Community spaces for dialogue, organizing, and building trust across groups. • Culturally affirming, inclusive spaces where all voices are heard. • Support for grassroots leaders, promotoras, and peer advocates. | <ul style="list-style-type: none"> • Civic engagement training and leadership development for historically excluded groups • Building trust in institutions, including healthcare, schools, and government • Sustained cross-sector collaboratives with shared goals, funding, and metrics • Youth programs and safe community spaces to foster belonging and empowerment • Faith-based, cultural, and grassroots partnerships as bridges to hard-to-reach populations |
| Cross-Cutting Themes | <ul style="list-style-type: none"> • Address systemic inequities and structural racism shaping access to services. • Reduce language and information barriers, making systems easier to navigate. • Provide holistic, multi-sector solutions linking health, housing, work, and environment. • Build trust between communities and public systems by demonstrating accountability and cultural respect. | |

Methods

Loma Linda University Health (LLUH) conducted its 2025 Community Health Needs Assessment (CHNA) using a robust, mixed-methods approach designed to elevate community voice and capture the most pressing health-related needs across San Bernardino and Riverside Counties. The process was led by the Institute for Community Partnerships in collaboration with Loma Linda University School of Public Health, which provided technical assistance and independent analysis.

DATA COLLECTION OVERVIEW

Between fall 2024 and spring 2025, LLUH gathered input from 1,304 individuals through surveys, community conversations (focus groups), and key informant interviews. This multipronged strategy ensured broad representation of diverse community members, including medically underserved and vulnerable populations.

- **Community Surveys**

A total of 1,138 paper-based surveys were collected in English and Spanish. Surveys were distributed through trusted community partner organizations, health education events, and in clinical settings. Notably, 239 surveys were collected in the waiting rooms of LLUH's Adult and Children's Emergency Departments and Advanced Urgent Care.

- **Community Conversations**

Twenty-one focus groups were conducted with 150 participants across a range of communities. Sessions were held in both English and Spanish and co-facilitated by bilingual staff and community-based organizations to ensure cultural relevance and safety. Participants included parents, seniors, youth, immigrants, caregivers, people who are unhoused, and others representing diverse life experiences.

- **Key Informant Interviews**

Sixteen in-depth interviews were conducted with regional leaders in public health, education, housing, transportation, behavioral health, nonprofit services, faith-based ministries, and local government. This group included representatives from county public health departments and other regional experts. These interviews provided insight into systems-level barriers and opportunities for regional collaboration.

VITAL CONDITIONS FRAMEWORK INTEGRATION

All three data collection tools—the survey, community conversation guide, and key informant interview guide—were aligned with the Vital Conditions for Health and Well-Being framework. This consistent structure allowed for deeper thematic analysis across data sources and helped surface cross-cutting needs and opportunities.

DATA ANALYSIS

Quantitative data were analyzed for frequency trends and demographic cross-tabulations. Qualitative data from focus groups and interviews were analyzed using a deductive thematic analysis approach, guided by the Vital Conditions framework, to support cross-sector interpretation and priority setting.

COMMUNITY ENGAGEMENT

The CHNA process was strengthened by more than 20 community partner organizations who supported outreach, data collection, and contextual interpretation of findings. Their participation helped ensure inclusion of voices that are often underrepresented in traditional data collection efforts.

Acknowledgments

We extend our heartfelt thanks to the community members and partner organizations who made this assessment possible. Your trust, time, and openness allowed us to gather insights that reflect the real experiences and priorities of our region. More than 20 partner organizations played an essential role in engaging nearly 1,300 residents across San Bernardino and Riverside Counties. Because of you, our CHNA reflects the strength, diversity, and resilience of the Inland Empire. Thank you and Gracias—for your voice, your partnership, and your belief that we are better when we listen and act together.

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Community Benefit Accounting Definitions

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 and evaluates it based upon the following criteria:

- Access to care (health and behavioral) for disenfranchised and marginalized communities
- Focus on vulnerable populations: low socio-economic status, underinsured, the uninsured
- Addressing SDOH's for low-income people who experience undue, multiplied burden

PATIENT CARE SERVICES

LLUH reports the uncompensated dollars (net benefit) as Community Benefit for the following patient care services.

- 1. Medi-Cal and other Means tested Government Sponsored Programs:** Medi-Cal, State Children's Health Insurance Program (SCHIP) and California Children's Services California Children's Services (CCS)
- 2. Financial Assistance Program/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. Discounted care is available to patients with income at or below 400% of the federal poverty level and who meet qualifications. 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>

HEALTH PROFESSIONS EDUCATION

As an academic medical center, LLUH is committed to the investment in Graduate and Undergraduate medical education for physicians, nurses and other healthcare professionals. These expenditures are only reported after subsidies, grants, and payments (DME & IME) are offset.

RESEARCH

Costs associated with studies or investigations aimed at increasing the generalizable knowledge made available to the public that improves population health. It includes: Clinical Trials and Community Health Research.

COMMUNITY HEALTH SERVICES

Community Benefit accounting in this category includes:

- Community Health Services – LLUH programming focused on access to care (i.e. support groups, community injury prevention, cancer center, diabetes treatment, behavioral health, etc.)
- Cash & In-Kind Donations – Direct cash donations to single day community benefit events.
- Community-Building Activities – Costs incurred for direct investment in partner organizations addressing the Community Health Implementation Strategy priority areas and costs for ICP ran community-based programming (health career pathways, CHWs, El Jardín, etc.)
- Community Benefit Operations – Administrative costs associated with running the aforementioned programs and for Community Benefit reporting.

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