

Community Health Plan Update & Community Benefit Report

2015-2016



LOMA LINDA
UNIVERSITY
HEALTH

Many Strengths.
One Mission.



Loma Linda University Health System

2015 Community Benefit Report for:
Loma Linda University Medical Center
Loma Linda University Children's Hospital
Loma Linda University Behavioral Medicine Center
Loma Linda University Medical Center-Murrieta

Prepared by:

Thelma Gamboa-Maldonado, DrPH, MPH, MCHES
Marti Baum, MD
Jennifer Lossius, MBA
Angelina Duran

Submitted June 10, 2016 to:

California Office of Statewide Health Planning and Development
Accounting and Reporting Systems Section
400 R Street, Room 250
Sacramento, CA 95811-6213
Michael Nelson
Mike.Nelson@oshpd.ca.gov
(916) 326-3836

Prepared in Compliance with
California's Community Benefit Law



Letter from the CEO

Dear Community,

As Chief Executive Officer of the Loma Linda University Health hospitals, I would like to thank you for your interest in the health of our community and allowing us to be a partner in an effort to improve the health of our region. It is our intent to ensure that our institution remains both relevant and responsive to our community, and hope that we reflect this in our annual Community Benefit Report.



I am pleased to share the 2015 Community Benefit Report that shows an investment of **\$293,411,132** in our community. Loma Linda University Health believes, however, that providing charity care alone will not transform our community or address the root causes of poor health in our region. These investments need to be combined with a focus on improving health outcomes, shared responsibility from community partners, careful financial stewardship, and measurable objectives, to ensure continued improvement in our community's health. We continue to make concerted efforts to shift our investments to more community-based preventive interventions, rather than relying mostly on charity care in our emergency departments, or hospitalizations for the increasing advanced and unmanaged chronic health conditions.

The passage of the Affordable Care Act has highlighted the importance of designing new and innovative approaches to improving the health of our communities with a significant emphasis on community-based prevention and population health. As an academic health center, Loma Linda University Health is uniquely positioned to address the needs of health care in the 21st century. We have been a trusted community resource since 1905, and are committed to proactively meeting the diverse health needs of our region through this historic transition in health care.

Improving community health requires expertise and engagement beyond the hospital campus and beyond the health sector. It requires the collective wisdom of diverse community stakeholders to address a wide array of health determinants. We are committed to finding innovative ways to work with industry, government, education, nonprofits, faith-based, and all sectors of our community to ensure our community health interventions are impactful, systematic, and sustainable.

I invite you to join us in imagining a healthier region, and collectively work on implementing transformative solutions outlined in this report. Together we will prioritize our health concerns, providing wellness and opportunity for all in our region.

We look forward to our journey together.

Sincerely,

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



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Loma Linda University Health Identifying Information

Loma Linda University Health
Richard Hart, MD, DrPH-President
Kerry Heinrich, JD-Chief Executive Officer
Lowell Cooper, Chair, Board of Trustees

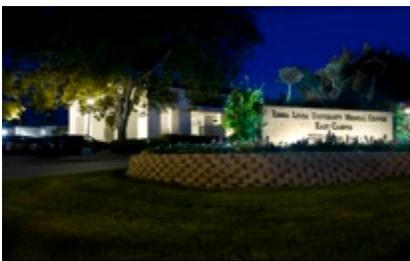
Loma Linda University Health System's primary service area includes both San Bernardino and Riverside counties. Loma Linda University Health System is comprised of 1,076 beds for patient care including: Loma Linda University Medical Center, Loma Linda University Children's Hospital, Loma Linda University Medical Center East Campus, Loma Linda University Behavioral Medicine Center, and Loma Linda University Surgical Hospital, and Loma Linda University – Murrieta. Trevor Wright, Chief Operating Officer, Loma Linda University Health, (909) 558-5199 provides executive oversight to Community Health Development.

The health system consists of four licensed hospitals. This report will outline the activities for LLUH in 2015 as a consolidated document.

Licensed Hospital 1: (Includes Loma Linda University Medical Center, Loma Linda University Medical Center East Campus, Loma Linda University Surgical Hospital)



Loma Linda University Medical Center
Number of hospital beds: 430
Trevor Wright, MHA Chief Operating Officer
11234 Anderson Street
Loma Linda, CA 92354
(909) 558-4000



Loma Linda University Medical Center East Campus
Number of hospital beds: 134
Lyndon Edwards, MBA, MHS Senior Vice President
25333 Barton Road
Loma Linda, CA 92354
(909) 558-6000



Loma Linda University Surgical Hospital
Number of hospital beds: 28
Lyndon Edwards, MBA, MHS Senior Vice President
26780 Barton Road
Redlands, CA 92373
(909) 558-4000

Licensed Hospital 2



Loma Linda University Children's Hospital
Number of hospital beds: 348
Scott Perryman, MBA-Senior Vice President
11234 Anderson Street
Loma Linda, CA 92354
(909) 558-4000

Licensed Hospital 3



Loma Linda University Behavioral Medicine Center
Number of hospital beds: 89
Edward Field, MBA-Vice President
1710 Barton Road
Redlands, CA 92373
(909) 558-9204

Licensed Hospital 4



Loma Linda University Medical Center-Murrieta
Number of hospital beds: 106
Greg Henderson, MHA, FACHE -Senior Vice President
28062 Baxter Road
Murrieta, CA 92563
(951) 290-4000



Mission, Vision, and Values

Mission

To continue the teaching and healing ministry of Jesus Christ.

Vision

Innovating excellence in Christ-centered health care.

Values



Compassion

Reflecting the love of God through caring, respect and empathy.

Integrity

Ensuring our actions are consistent with our values

Excellence

Providing care that is safe, reliable, efficient, and patient centered.

Teamwork

Collaborating to achieve a shared purpose

Wholeness

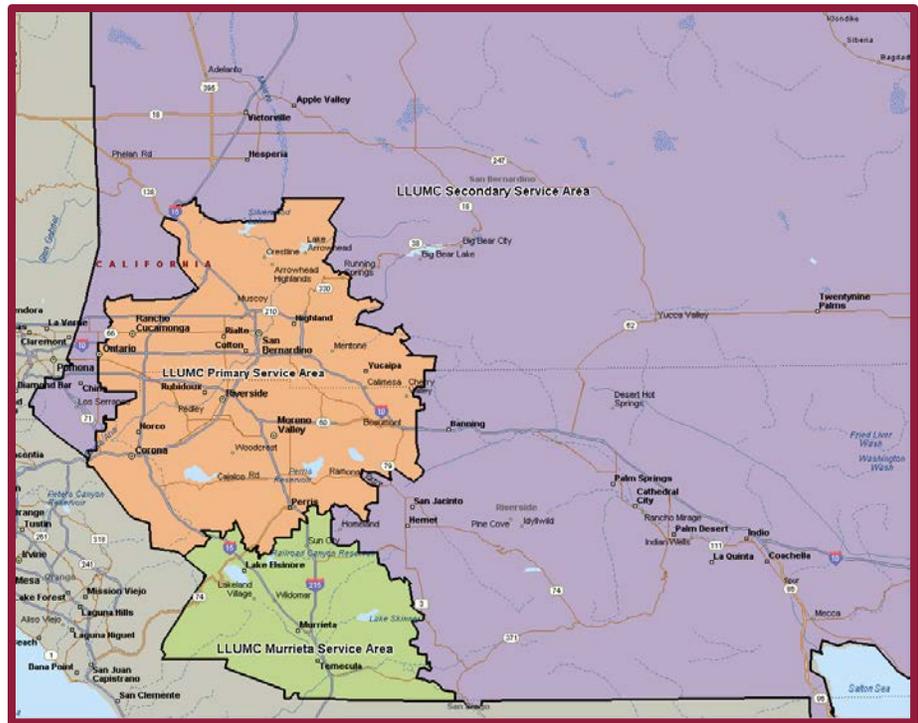
Embracing a balanced life that integrates mind, body, and spirit.



Loma Linda University Health Service Area

Loma Linda University Health’s primary service area can be defined, broadly, as California’s Inland Empire – Riverside-San Bernardino-Ontario metropolitan area. A home to over 4 million people, the Inland Empire is the 3rd most populous metropolitan area in the State of California and the 13th most populous metropolitan area in the United States. The Inland Empire is situated about 60 miles inland from the Los Angeles metropolitan area and the Pacific Ocean.

Nearly 900 beds are available for patient care among the Loma Linda University Medical Center, Loma Linda University Children’s Hospital, and Loma Linda University Behavioral Medicine Center. LLUMC is the only level one regional trauma center for Inyo, Mono, Riverside, and San Bernardino counties.



Loma Linda University Health Care (LLUHC), a management service organization, supports the many programs and services provided by our 400+ faculty physicians. LLUMC operates some of the largest clinical programs in the United States in areas such as neonatal care and outpatient surgery and is recognized as the international leader in infant heart transplantation and proton treatments for cancer. Each year, the institution admits more than 33,000 inpatients and serves roughly half a million outpatients.

For the purposes of community health development, a “service area” for LLUH includes the geographic area where the hospitals deploy their free and under-reimbursed services in the effort to improve population health and quality of life.



Community Health Development Team



Robin Smith, PhD
Director
LLUH Community
Health Development



Jennifer Lossius, MBA
Manger, Community
Health Education
Loma Linda University
Medical Center-Murrieta



Marti Baum, MD
Medical Director
LLUH Community
Health Development



Angelina Duran
Administrative Assistant
LLUH Community
Health Development



**Thelma Gamboa-
Maldonado, DrPH, MCHES**
Interim Program Manager
LLUH Community Health
Development



Jessica Berto, BA
Director
LLUH Marketing



**Juan Carlos Belliard,
PhD, MPH**
Director
LLUH Institute for
Community
Partnerships



Rhonda Moore, BA
Senior Marketing
Specialist
LLUH Marketing



Community Health Needs Assessment Overview

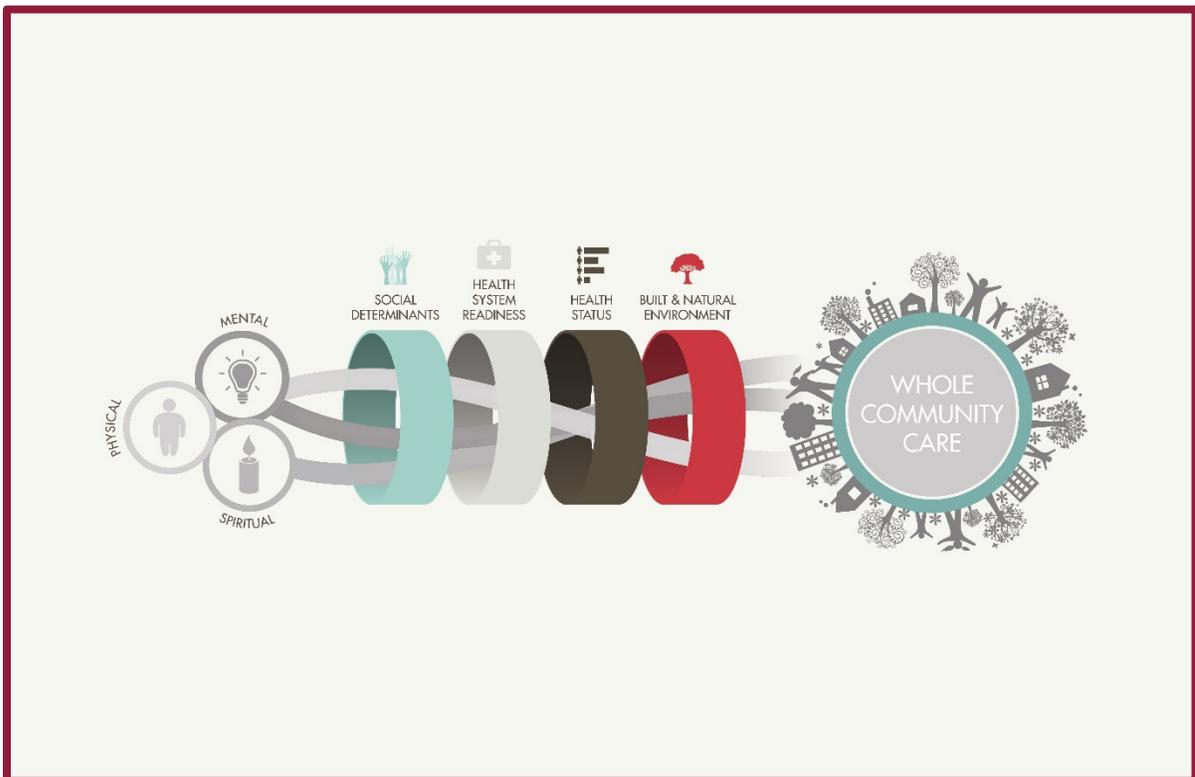
Loma Linda University Health

The 2013 Community Health Needs Assessment (CHNA) was conducted not only in response to California's Community Benefit Legislation (SB 697) and The Affordable Care Act (H.R. 3590) but to truly fulfill the mission of the Loma Linda University Health: to further the teaching and healing ministry of Jesus Christ.

The 2013 CHNA informed the development of the Whole Community Care Model. This model describes how different determinants of health can work in unison to build whole community health. The various determinants include: health status, the build environment, social determinants, and the readiness of our health system to truly meet the needs of our community. Comprehensive community development plans were then created for each of our four licensed hospitals to align with the Whole Community Care Model.

The development and methodology for the 2016 CHNA is currently underway and will begin in January of 2016.

Whole Community Care Model





The CHNA was conducted in conjunction with San Bernardino and Riverside County Departments of Public Health.

LLUH has played an active role in a countywide health improvement framework, Community Vital Signs (CVS) Initiative, a community-driven effort in partnership with the County of San Bernardino to establish a health improvement framework. It will provide an in-depth analysis of the current health of the County of San Bernardino, and develop evidence-based goals and priorities to align with national and statewide efforts through Healthy People 2020 and Healthy California 2020. The resources gathered will assist organizations and agencies in the County to develop or enhance programs and policies to better meet the needs of residents.

In March 2012, a cross sector of community leaders and decision makers throughout the County gathered at the Community Vital Sign Stakeholder Summit to discuss and adopt the Vision, Value, and Missions statements developed by their peers.

Vision

We envision a county where a commitment to optimizing health and wellness is embedded in all decisions by residents, organizations and government.

Values

- Community-driven: Shared leadership by and for residents, engaging and empowering all voices
- **Cultural competency: Respecting and valuing diverse communities and perspectives**
- **Inclusion: Actively reaching out, engaging, and sharing power with diverse constituencies**
- **Equity: Access to participation, resources and service, addressing historical inequities and disparities**
- **Integrity and Accountability: Transparent and cost-effective use of resources**
- **Collaboration: Shared ownership and responsibility**
- **Systemic change: Transform structures, processes, and paradigms to promote sustained individual and community health and well-being**

As the San Bernardino Countywide Vision progresses, CVS will continue to align individual, state, and national efforts to support collective impact, engage our community, and establish the goals, strategies and measures for achieving wellness in our County. Additional efforts are being made to include Riverside County in the process and align our efforts throughout the Inland Empire.



LLUH will play a major role in CVS to help with the community health needs assessment, set regional priorities for health, and provide a framework to evaluate the interventions. This will be the basis of our triennial community health needs assessment with additional elements added to help identify specific healthcare needs of the community served by LLUH. A collective impact indicator will be chosen for each one of our strategies. This indicates that this issue has been identified as a priority for our region and all stakeholders will be engaged towards making a difference.

LLUH feels confident that we are working hard to listen to our community and collectively identify needs and assets in our region. Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community.

Quantitative Data

- Morbidity and Mortality collected from the County Health Profiles
- Hospitalization and Emergency Department Utilization from OSHPD and LLUMC
- Social Determinants of Health collected from the U.S. Census Bureau, American Community Survey
- Health Indicator Data collected from a variety of publicly available data

To validate the data, and to ensure a broad representation of the community, qualitative data was collected from:

Qualitative

- Physician Surveys, to identify areas in which the health system can support the health of their patients in our community initiatives.
- Community Agencies, serving our primary service area, to assess their needs and to identify areas that LLUMC can be a strategic partner.
- Telephone interviews from consumers in the primary service area.
- Key informant interviews from key leaders, to engage them in the development of our interventions and solicit their input to improving the health of our region.
- Focus groups with our patients with broad and diverse perspectives.
- Focus groups with our chaplains, fire departments, and nurses.

In addition, LLUH was highlighted in the release of the 2012 County Health Rankings for their collaborative work in San Bernardino County. Since 2008 LLUH has been actively involved in the development of a countywide health initiative. We are excited to report an improvement in many of our key indicators in San Bernardino in the release of the 2014 rankings. We are actively working with the County of Riverside to achieve similar results



Community Health Management System (CHMS)

As LLUH continues to develop its population based health interventions metrics to evaluate success and identify areas with the greatest need are critical. A unique aspect of the CHNA included a new Community Health Management System (CHMS) developed by LLUH. CHMS is a geographically enabled system that will provide real-time information to hospital management about health service utilization, availability of community based health and social care resources, and neighborhood cultural capacities that support desirable health outcomes. This information system will assure our community that geographically relevant data will be generated and consumed at all levels of our health system enabling system wide strategic service delivery thinking and acting. Protected, de-identified aggregate data from our patient utilizations will be published in our CHNA to identify areas of highest need in our community. The CHMS is being implemented to enhance the triennial CHNA and to ensure data is continually being monitored and interventions are evaluated for success.

Objectives for CHMS

1. Develop the geospatial analytics competency within LLUH.
2. Improve the health status of populations within LLUH primary service area.
3. Improve chronic disease management.
4. Eliminate unnecessary emergency department visits.
5. Reduce unnecessary readmissions.
6. Identify strategic locations to implement community and faith based interventions to address readmissions and emergency department utilization.



Paradigm Shift in US Health Care and Public Health

The U.S. health care and public health systems are in a paradigm shift. The paradigm shift is from traditional health care and health promotion that focus on individual behavior changes, including education and awareness programs, to a focus on creating a supportive infrastructure for health that includes public policies, built environments, and systems that promote health. The Institute of Medicine (IOM, 2003) report: *THE FUTURE OF THE PUBLIC'S HEALTH IN THE 21ST CENTURY* (IOM, 2003) states, "It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change." This view is echoed by researchers studying the effect of the social environment on physical activity: "Advising individuals to be more physically active without considering social norms for activity, resources, and opportunities for engaging in physical activity, and environmental constraints such as crime, traffic, and unpleasant surroundings, is unlikely to produce behavior change" (McNeill et al., 2006). Conversely, changing people's environment to provide equal access to factors that determine health will enable them to better control their health and its determinants, make healthier choices, and thereby improve their health.

Spectrum of Prevention

The socio-ecological model recognizes the interwoven relationship that exists between the individual and their environment. While individuals are responsible for instituting and maintaining the lifestyle changes necessary to reduce risks and improve health, individual behavior is determined, to a large extent, by social environments, such as community norms and values, regulations, and policies. By altering lifestyle behaviors, the risk of developing heart disease, stroke, cancer, and diabetes can be reduced. Communities, schools, worksites and healthcare systems must work together to support and promote healthy behaviors through policies and environmental factors such as smoke-free workplaces, increased access to nutritious foods, increased access to affordable medical care including coverage for preventive services, greater employment opportunities, and creating walk-able and bicycle-friendly communities.

Barriers to healthy behaviors are shared among the community as a whole. As these barriers are lowered or removed, behavior change becomes more achievable and sustainable. It becomes easier to "push the ball up the hill." The most effective approach leading to healthy behaviors is a combination of the efforts at all levels – individual, interpersonal, organizational, community, and public policy. LLUMC will adopt strategies that meet the community health needs, and all priority areas identified through this assessment will include a spectrum of prevention that will include:

- Influencing Policy and Legislation
- Partnering with our community to improve the built environment to enhance health
- Fostering coalitions & networks and improve systems
- Changing organizational practices
- Educating providers
- Promoting community education
- Strengthening individual knowledge and skills



Invitation to Create a Healthier Inland Region

Community-based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are all key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

Building a healthy environment requires multiple stakeholders working together with a common purpose. Developing a shared understanding of the challenges and opportunities is a critical next step in population health improvement. LLUH is working with multiple stakeholders to identify collective evaluation measures to work towards key health indicators as a region and not in isolation. LLUH continues to challenge itself and the region to be proactive in understanding the community and become an early adopter of interventions that will improve the health status of our region. LLUH has been instrumental in promoting *The Community Guide*, (www.thecommunityguide.org), a free resource to help communities choose programs and policies to improve health and prevent disease. This resource guides communities towards interventions that have proven to be effective, that are appropriate for our unique community, and evaluate the costs and return on investment.

LLUH continues to provide leadership and expertise within our health system by asking the questions for each initiative and strategy:

1. Are we providing the appropriate resources in the appropriate locations?
2. Do we have the resources as a region to elevate the population's health status?
3. Are our interventions making a difference in improving health outcomes?
4. What changes or collaborations within our system need to be made?
5. How are we using technology to track our health improvements and providing relevant feedback at the local level?

In response to the needs identified in the 2013 Community Health Needs Assessment, LLUH has adopted the following initiatives and strategies for our community health investments for 2014-2016.

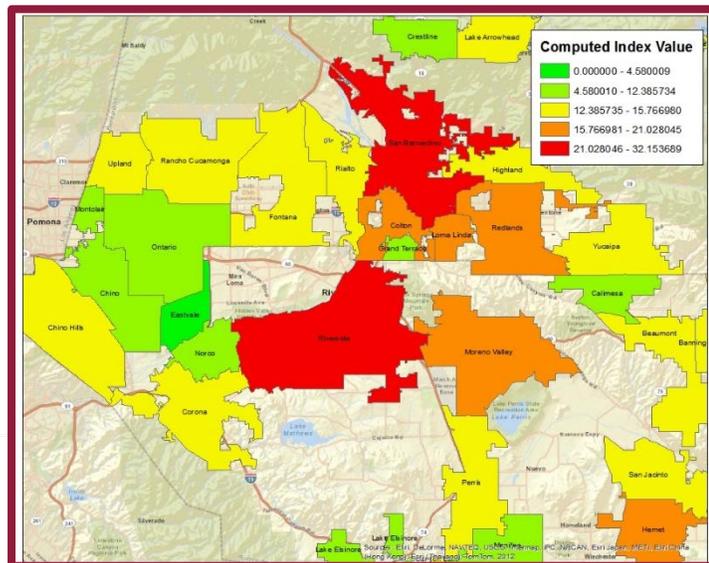


Creating a Healthier Community in 2015

After conducting the CHNA we asked the following questions: **1) What is really hurting our communities? 2) How can we make a difference? 3) What are the high impact interventions? 4) Who are our partners? and, 5) Who needs our help the most?** LLUH assessed their entire service area to strategically identify the areas of greatest need. Poverty, low education levels, and high utilization of emergency department for ambulatory care sensitive conditions for the under and uninsured communities were used as indicators to identify the areas of greatest need. Each indicator was ranked and an index was created. Below you will find the focus areas geographically displayed in red and orange. These areas will be the focus of community health development interventions with target measurable outcomes.

Areas of Highest Need

- San Bernardino City
- Highland
- Riverside
- Colton



Identified Community Needs

- Lack of affordable access to affordable health care, particularly mental health services
- High rates of childhood asthma, behavioral problems, and childhood obesity
- Lack of qualified health care workers to meet emerging community needs
- Poor coordination of care for heart disease, diabetes, asthma, and sickle cell anemia
- High prevalence of diabetes, cancer, heart disease, and mental illness
- Lack of access to prevention and wellness services in the community
- Insufficient culturally and linguistically tailored health promotion and health care services for our growing Hispanic population
- Insufficient health promotion and health care services for our growing elderly population
- Disproportionate share of children living in poverty and homelessness

Many factors contribute to chronic disease. Some of these factors are modifiable behaviors; in other words, they reflect individual health behaviors. Half of all deaths in the Inland Empire can be attributed to unhealthy lifestyles or to modifiable behaviors such as tobacco use, sedentary lifestyle, poor diet, and not getting preventive screenings such as mammograms, or blood cholesterol tests. Inactivity, obesity, smoking habits and poor air quality are among the leading risk factors for several chronic diseases prevalent in our region. Poor nutrition and lack of



physical activity can lead to obesity; which in turn increases the risk of serious illness, such as diabetes and heart disease. A healthy diet and regular physical activity can help achieve and maintain healthy weight and reduce the risk of developing chronic health conditions.

Health Forecasting – Tools for Improving Population Health

Health Forecasting was founded by UCLA in 2002. It helped to provide new and valuable information to decision-makers and health advocates about the future health status of the population. This was based on current trends in chronic diseases, socioeconomic and demographic patterns and expected trajectories, and potential changes in policies and programs. Health forecasting can be used as a tool to:

- Analyze chronic disease trends
- Plan resource distribution to areas or populations with the most need
- Identify weaknesses in community health and potential areas for improvement
- Determine corrective actions for improving health and reducing disparities.

LLUH is working in collaboration with UCLA to expand the health forecasting model to the Inland Empire. The Inland Empire model will be used by all the participating hospitals in the region. This collaboration will provide LLUH with:

- A tailored community health profile for the hospitals catchment area by zip code for the hospital's primary service area and secondary service area for children, adolescents, and adults.
- Detailed forecasts of the hospital's catchment area through the year 2030, including rates and prevalence of chronic conditions, behaviors, mortality, and population projections.
- Capacity to segment their catchment area by ethnicity, gender, income, age, and educational attainment to analyze health disparities among the different sub-groups.
- Suggestions for selected interventions salient to the hospital's community benefit planning efforts.

This tool will be used to support a forward thinking decision support tool to assess the current and future health status of our hospital's service area. This will be critical in moving further upstream in our planned interventions. The strategies outlined below are reflective of this forward thinking process and will be used as we move forward in 2013 and beyond.



Loma Linda University Health

Comprehensive Strategy

To better serve the community, Loma Linda University Health has relied on the strength of an academic health to develop both system-wide initiatives and comprehensive community health plans for each licensed hospital. Some strategies serve the region better at the local level, but some serve and improve health better at a regional level.

- **System-Wide Initiatives:** Regional resources such as an advisory board, a community health development team, and academic resources are deployed at a system level to provide more integrated services to our region. The three system-wide initiative are:
 - **Whole Health System Care**
 - **Faith and Health**
 - **Healthy Communities**
- **Hospital-Level Strategies:** Each licensed hospital has a community health development team that benefits from the larger pool of resources.

In addition to LLUH's system wide initiatives and strategies for each licensed hospital, the health system offers many community health development interventions throughout the community.



Loma Linda University Health – System Wide Initiative
Whole Health System Care
Faith and Health
Community Health
Loma Linda University Health-Hospital Level Strategies
Loma Linda University Medical Center
<ul style="list-style-type: none"> • Whole Child Care • Whole Cancer Care • Whole Chronic Disease Management • Whole Rehabilitation Care • Whole Behavioral Health Care • Whole Aging Care • Whole Sickle Cell Anemia Care • Health Career Pipelines
Loma Linda University Children's Hospital
<ul style="list-style-type: none"> • Whole Child Care
Loma Linda University Behavioral Medicine Center
<ul style="list-style-type: none"> • Whole Behavioral Health Care
Loma Linda University Medical Center – Murrieta
<ul style="list-style-type: none"> • Whole Child Care • Whole Behavioral Health Care • Whole Chronic Disease Management

We are looking at strategic venues to improve population health throughout our region and have aligned all of our interventions with an identified community need and best and promising practices for community health. We continue to improve our efforts in evaluating our interventions beyond just the numbers served and will be working to improve health behaviors and systems with the goal of improving health outcomes. LLUH is investing in a Community Health Management System and will use this as the basis for evaluating future community health interventions.

We believe healthy individuals depend on healthy communities, socially, economically, and environmentally. And it follows that healthy communities depend on healthy individuals — healthy in all the dimensions of body, mind, and spirit. Our interventions have a focus on those who lack access to vital services due to barriers, community empowerment and knowledge, as well as building partnership and relationships with our community members and leaders.



System-Wide Initiatives

Initiative: Whole Health System Care Initiative

With the passage of the Affordable Care Act (ACA), new health insurance exchanges and Medi-Cal expansions will render health insurance more available, accessible, and expected. To adapt to such changes, health care systems will need to develop innovative delivery systems, electronic enrollment systems, targeted media campaigns, and creative community-based outreach and enrollment. The ACA also recognizes the important role that prevention and public health play in improving health outcomes, and makes an unprecedented investment in prevention both inside and outside the health care system. In the Inland Empire alone, there is an expected 580,000 individuals eligible for Medi-Cal expansion or the newly formed health exchanges.

Improving the health care system in the Inland Empire will require the system to be better aligned toward population health goals and outcomes. The system should be focused on health, not just illness, and become truly patient-centered. To achieve these goals, health care systems and plans across the state are already innovating ways to redesign the health delivery system—which is currently fragmented, geared toward acute services, and at times unsafe.

The Community Health Development (CHD) Department will support and promote community based prevention to support the development of a primary care network. There are over 1.5 million residents living in Medically Underserved Areas (MUA) in the Inland Empire. LLUH will provide financial and technical support for the Community Clinic Association of San Bernardino County and financial support to our partner clinic SAC Health System.

The LLUH has the advantage of being an Academic Health Center, with a nearly 50 year old School of Public Health on its campus. The changing landscape of health care post ACA, with its focus on population health and prevention gives us the opportunity to bring our Public Health colleagues and students back into Health Care.

Identified Need

It is necessary to develop innovative delivery systems, electronic enrollment systems, targeted media campaigns, and creative community-based outreach and enrollment in response to the Affordable Care Act.

Goal

To better align Loma Linda University Health to population health goals and outcomes.



Objectives

1. To support and promote community based prevention to support the development of a primary care network.
2. To work closely with Covered California to help with the outreach and education to providers and community members regarding the newly developed health exchanges.
3. To lead the region in the implementation of the ACA.
4. To work with our community partners to improve the health infrastructure in the Inland Empire to provide appropriate and affordable care to all residents.

The following interventions were implemented in 2015 to address the identified needs:

1. Center for Strategy and Innovation

The LLUH Center for Strategy and Innovation (CSI) supported the LLUH strategic planning process and to innovate new delivery models that engage the community. The CSI helped create innovative health delivery models designed to reduce the overall cost of healthcare, improve the health of the population, and improve access to affordable health services for the community both in outpatient and community settings. These models will also improve care for populations with specialized needs, test approaches for specific types of providers to transform their financial and clinical models, and improve the health of populations - defined geographically, clinically, or by socioeconomic class through activities focused on engaging community in prevention, wellness, and comprehensive care that extends beyond the clinical setting. Although CSI was closed in 2015, the work it started continues through CHD the in bringing community partners together to build and implement these innovative models. CHD will carry out the interventions outlined in the community health plan.



2. Participation in Regional Community Health Needs Assessment

Our participation in the Regional Community Health Needs Assessment came as a result of many conversations between hospital systems in the region, San Bernardino Department of Public Health, the Hospital Association of Southern California (HASC), and the leadership at Community Vital Signs (the county visioning process). The concern was that there was a lack of alignment between the hospitals, each doing their individual CHNA in the same communities and producing disjointed plans that weren't necessarily moving the needle in community health. This was the first year that this was done, with others joining in the future.

HASC was the convening entity, and Scientific Technologies Corporation (STC) was contracted to conduct the regional CHNA. There are many lessons learned from this first attempt, but we remain optimistic that this level of collaboration in community benefits can be significant in improving the health of our shared community.



3. Root Cause Coalition

The Root Cause Coalition is committed to harnessing the leadership power of healthcare and community organizations to launch strategies that will create positive change, improve individual health and well-being, and deliver sustainable results for our communities and nation. To that end, they employ a synergistic partnership with their members. The Root Cause Coalition is dedicated to engaging in research, in support of the correlation of hunger and other social determinants to overall health.

4. 211 San Bernardino County-Inland Empire United Way

San Bernardino County's 2-1-1 service was developed with the help of a broad, community-based team, the 211 Advisory Committee, comprised of representatives from the First 5 Commission, the Board of Supervisors, several County departments, Loma Linda University, Cal State San Bernardino and other groups and non-profit organizations. 2-1-1 is a national United Way initiative. The goal was to address social determinants of health, with a special focus on hunger.

2-1-1 is a toll-free phone number that provides information and referrals for health and social services in San Bernardino County such as, shelter and housing, clothing, food and water, childcare, health care, government resources, and transportation. Dialing 2-1-1 is the quickest way to access non-emergency resources for our community.

In the past twelve months, 75,246 callers have been connected with food, shelter, utility assistance, crisis counselling, health care and many other critical services. We are proud that 211 San Bernardino was one of the first AIRS accredited information and referral centers in the entire State of California, and continues to maintain high quality standards and satisfaction ratings from our callers. 98% of callers randomly surveyed indicate that they would use the 211 service again!

In 2014, LLUMC partnered with 211 San Bernardino and developed a direct link to 211 resources throughout LLUH's intranet. This enabled all providers affiliated with LLUH to directly access community resources and make referrals while patients are being discharged from the hospital or for community members who are in need of basic resources. This direct link has increased the awareness of providers who in turn will share this resource with the community. As a result of our new system we are able to run reports for the highest priority needs for our community and work with our community partners to ensure that adequate resources are available. This data will directly influence the partnerships developed by the Community Health Development Department to identify gaps in services for our community.

5. Spotlight on Reform

The Spotlight on Reform is a dynamic presentation on how the Affordable Care Act and Covered California have fared in the past year and what impacts the health care reform has had on our region's hospitals, patients and health care providers.



Initiative: Faith and Health Initiative

Faith Communities and Healthcare Systems are often pillars in the community, places we turn in our greatest hours of need. In the Inland Empire we are surrounded by significant and stark health disparities. Healthcare is often used, and perceived, as only a safety net for the forgotten and underserved. Community members travel through our system without a continuum of care that empowers them to rise above the barriers of broken systems and neighborhoods. Many of our community members struggle to meet their basic needs on a daily basis, and when their basic needs go unmet they often look to Faith Communities for support.

The Faith and Health Initiative is an effort to be a better companion to Faith Communities in ministering to and caring for community. It seeks to bridge the gap that exists between the well-intentioned services of Healthcare Systems, and achieving a lifelong journey of health. It makes sense that these two healing institutions should work together in order to *create new forms of faith-based collaborations for health in our communities.*

The Faith and Health Initiative is embedded into the mission of Loma Linda University Health, and therefore becomes a true delivery model for Christ's ministry of teaching and healing. Faith Communities have a significant footprint, and become the ideal companion in being faithful to, and delivering, our value of Wholeness.

Due to the nature of care that Faith Community Leaders give on any given day to their congregants, there are a few strategies that make the most sense to be deeply connected with Faith Community Interventions. Those strategies include the following: Whole Behavioral Health Care, Whole Chronic Disease Care, and Whole Sickle Cell Anemia Care.

Identified Need

Many of our community members struggle to meet their basic needs on a daily basis, and when their basic needs go unmet they often look to Faith Communities for support.

Goal

For LLUH to be a better companion to Faith Communities in ministering to and caring for community

Objectives

1. To bridge the gap between well-intentioned services from healthcare systems.



The following interventions were implemented in 2015 to address the identified needs:
Faith and Health in 2015:

1. Faith and Health Initiative –Healthy Ontario Faith Collaboration Health

Healthy Ontario is a partnership between the city of Ontario, Kaiser Permanente, El Sol, Partners for Better Health, Pitzer College, and Loma Linda University Health (LLUH). Healthy Eating Active Living (HEAL) is an initiative that supports healthy behaviors to reduce obesity and improve community health. HEAL is a designated geographical area located within the city of Ontario. Within the grant is a faith-based initiative that focuses on partnering with churches and faith-based organizations to improve health in the community. Loma Linda University Health, and more specifically Community Health Development's expertise, was requested to help fulfill the faith-based portion of the grant.

Community Health Development facilitated relationships with three faith-based organizations within the HEAL Zone: Christian Life Center, Friendship Missionary Baptist Church, and the Salvation Army. We have also helped to facilitate educational, environmental, and policy changes that positively impact the health of each faith community.

2. Clergy Appreciation Breakfast

The Annual Clergy Appreciation luncheon took place in the Centennial Complex on the campus of LLUH. Those in attendance were mainly clergy, chaplains, and regional representatives from denominational entities. Clergy were given access to a resource list that was compiled through the Community Health Development office. This was also the continuation of relationship building within the Faith Community Network. The goal of the annual Clergy Appreciation is to provide a space for clergy, chaplains, and regional representatives from various denominational entities to gather and hear the resources LLUH has that would be of service to their community.

3. Faith and Health Counseling & Round Table Discussions

Monthly roundtable luncheons facilitated by a mental health professional. This is an opportunity for pastors and chaplains to spend time with a mental health professional to discuss any scenarios or behavioral health cases clergy are experiencing within their communities of faith. Clergy can safely discuss challenges they are presented with and brainstorm solutions or appropriate referrals.



Initiative: Healthy Communities Initiative

Loma Linda University Health is committed to elevating the health status of the community. Improving the conditions in which people live, learn, work, and play and addressing the inter-relationship between these conditions, will create a healthier population.

Building a healthy environment requires multiple stakeholders working together with a common purpose. The health challenges are too large to address in isolation, and a key focus of the community health development interventions will be anchored through a “Healthy Community Model” implemented throughout the San Bernardino County. In collaboration with our community, we have collectively prioritized our health concerns, and will seek solutions across a broad range of sectors to create communities we all want for our children and ourselves.

Humans interact with the environment constantly. These interactions affect quality of life, years of health life lived, and health disparities. Environmental health consists of preventing or controlling disease, injury, and disability, related to the interactions between people and their environment. An estimated 25% of preventable illnesses worldwide can be attributed to poor environmental quality. Effective chronic disease management must include a comprehensive approach that addresses the built environment to promote self-management. The chronic care model listed below displays the importance of the health system working with the community to build better systems of care and to bridge both clinical and community prevention.

Identified Need

The need for a multi-dimensional, multi-sectoral, comprehensive approach to health.

Goal

To improve the conditions in which people live, learn, work, and play and address the inter-relationship between these conditions, to create a healthier population.

Objectives

1. Integrate health policy efforts with education, housing, business, transportation, agriculture, media, and other areas outside the health sector.

The following interventions were implemented in 2015 to address the identified needs:

Healthy Communities in 2015:

1. Healthy Communities of San Bernardino (HCSB)

HCSB is a countywide strategic initiative to create healthier environments and promote healthful lifestyle choices for all county residents, with a particular emphasis on access to nutritious foods, physical activity, and appropriate health care.

2. The Healthy Communities Program (HCP)

HCP was created as an initiative of the San Bernardino County Board of Supervisors in April 2006. After five years, 19 of the county’s 24 incorporated jurisdictions have become Healthy Cities. The Healthy San Bernardino Coalition is a by-product of this initiative.



- Each city develops its own plan, and focus areas, which include such diverse topics as: nutrition, active transportation, safety, health care access, facilities, parks and open space, mental health, a green and sustainable city, and education and lifelong learning.
- Concurrently, city partners are working on policy issues including: 1) updating general plans to reflect their Healthy City commitment; 2) healthy vending policies; 3) joint use agreements; 4) safe routes to schools; 5) community and home garden policies; and 6) farmers market policies.

Participating Cities

- Healthy Adelanto
- Healthy Apple Valley
- Healthy Barstow
- Healthy Big Bear Lake and Greater Big Bear Valley
- City of Bloomington
- Healthy Chino
- Healthy Chino Hills
- Healthy Colton
- Healthy Fontana
- Healthy Grand Terrace
- Healthy Hesperia
- Healthy High Desert
- Healthy Highland
- Healthy Loma Linda
- Healthy Montclair
- Healthy Muscoy
- Healthy Ontario
- Healthy Rancho Cucamonga
- Healthy Redlands
- Healthy Rialto
- Healthy Rim of the Mountain Communities
- Healthy San Bernardino
- Healthy Snowline Communities
- Healthy Upland
- Healthy Yucaipa

Loma Linda University Health is an active partner with Healthy Communities of San Bernardino to further their broad-based, multi-level, multi-sector work in improving the health of our residents. We are providing technical support for policy development, support for their coalitions, resident support in selected cities, and health education and promotion programs.

3. Hope Through Housing-Waterman Gardens

Community benefit contribution to Hope Through Housing will help more than 6,000 individuals living in Waterman Gardens, a low income housing neighborhood in San Bernardino, as it undergoes a dramatic revitalization. Waterman Gardens is a public housing project built in the early 1940s. National CORE, in partnership with the Housing Authority of the County of San Bernardino, will replace all 252 existing units with modern high-quality apartments as part of a \$150 million-plus revitalization. The project will also feature senior housing, market rate apartments and owner-occupied units. A key element of the transformation are the aligned social services provided by Hope through Housing, designed to help residents move from dependence to economic independence. These range from preschool and afterschool programs to training in financial literacy, interviewing for jobs and career advancement. Focus will be on diabetes interventions. Intervention addresses whole chronic disease identified community need.



4. Health Professions Education

Healthy People in Healthy Communities

Healthy People in Healthy Communities brings together people who are dedicated to improving the health of the community through a multi-disciplinary approach. During our interactive workshops, expert speakers lead engaging conversations that are focused on answering health questions and developing strategies that will lead to creating healthy communities by design. We convene a high quality conference centered on health, our built environment and geographic information systems (GIS) that generate energy for change. At the Healthy People in Healthy Communities Conference, guests of diverse backgrounds and interests continue to gather under the mission of making man whole by encouraging a healthier tomorrow. 2014 post-conference evaluations indicated an interest in learning more about the environmental factors influencing exercise, and lifestyle decisions.

5. Health Library

In our 2010 Community Health Needs Assessment the community clearly told LLUH that they wanted more health information available online. In response to that request we continue to offer the Health Library. This is an online health information service with the goal of promoting and educating around health and wellness areas that include a library on diseases and conditions, healthy living, health centers, daily health news, and daily health tips. Additional features include: Healthy Living modules, information on blood pressure, smoking, stress, and weight loss. Interactive health promoting tools are available and include adult and child BMI calculators, a wide range of health and mental health quizzes, and a health symptom checker. A healthy recipes database can be accessed to provide information to promote healthy eating.

6. Non-Emergency Medical Transportation

In 2007, the Case Management department started a charity non-emergency medical transportation service. This service provides gurney or wheelchair transport to patients who need to be transferred home or to a skilled nursing facility. Most of the patients do not qualify for ambulance transport, have no income to pay for transport, or have family members that can assist them. This service is provided on a case-by-case basis. Need is determined by case managers.

7. Community Health Research

Desert Sierra Cancer Surveillance Program

The Desert Sierra Cancer Surveillance Program (DSCSP) is one of ten regional registries of the California Cancer Registry (CCR) established in 1988. There has been mandatory reporting of all new reportable cancer diagnoses since 1985. In 2001, diagnoses of borderline/benign intracranial and central nervous system (CNS) tumors became reportable as well as borderline ovarian cancer and Newly Reportable Hematopoietic Diseases.



Since 1988, Loma Linda University Medical Center has subcontracted with the California Department of Public Health to operate the Desert Sierra Cancer Surveillance Program, Region 5, which encompasses the populations of Inyo, Mono, Riverside and San Bernardino Counties. An award from the Centers for Disease Control and Prevention in 1995 provided funding for a cancer epidemiologist to support and enlarge cancer research, conduct investigations of cancer concerns, promote cancer control and prevention programs throughout the five counties of Region 5. It also provides for the compilation and dissemination of descriptive information regarding cancer incidence and mortality in the form of an annual report.

8. Community Clinic Support

Loma Linda University Health provides support to local community clinics that serve the community's underserved population. The clinics provide a continuum of care and provide a medical home to the medically underserved.

The continuum of care provided to the community through these clinics include:

- Care for acute and chronic illness
- Mental health services
- Dental care
- Physical, occupation, and speech therapy
- Prenatal care and other women's services
- Immunization
- Health promotion and preventative care
- Specialized care for HIV/AIDS



Community Benefit Administrative Council (CBAC)

In 2009/2010 LLUMC created the Community Benefit Administrative Council (CBAC). CBAC is made up of a diverse group of community stakeholders representing nonprofits, the education sector, an LLUMC board member, and community benefit partners. The Council reports to the Mission-Focused subcommittee of the LLUMC Board of Trustees.

CBAC's purpose is to enhance communication and help create synergy among community benefit interventions, aimed at improving the health of the community and develop interventions. CBAC council members meet quarterly to review the status and progress of LLUMC and LLUBMC, and LLUMC-Murrieta community benefit interventions. Additionally, the council members assure organizational compliance with relevant community benefit legislation.

The following Core Principles are used to guide CBAC's work (ASACB, Public Health Institute).

1. Emphasis on communities with disproportionate unmet health needs
2. Emphasis on primary prevention care
3. Build a seamless continuum of care
4. Emphasis on community capacity building
5. Emphasis on collaborative governance





Community Benefit Administrative Council		
Last	First	Title
Barilla	Dora	Assistant VP Strategy and Innovation, LLUH
Baltazar	Angelica	Health and Human Services Industry Support Specialist, ESRI
Baum	Marti	Medical Director, Community Health Development, LLUMC
Belliard	Juan Carlos	Associate Professor in Global Health, School of Public Health Director, Institute for Community Partnerships
Berto	Jessica	Manager of Marketing Loma Linda University Behavioral LLUBMC
Chinnock	Richard	Chair Department of Pediatrics, LLU School of Medicine
Chrispens	Jere	Member, LLUMC Board of Trustees
Clem	Kathleen	Chair Department of Emergency Medicine, LLUMC
De Luca	Evette	Executive Director, Partners for Better Health
Elwell	Larry	Principal, Victoria Elementary School
Mahany	Kevin	Director, Advocacy & Healthy Communities, St. Mary Medical Center
McKenzie	Monica	Perinatal Educator, Staff Development, LLUMC
Payne	Pedro	Manager, PossAbilities & Just for Seniors, LLUMC East Campus
Pruna	Tina	Director, Community-Academic Partnerships (CAPS), LLU
Shah	Huma	Assistant Professor, Loma Linda University- Department of Health Policy and Management Director Research, Loma Linda University Behavioral LLUBMC
Storjfell	Judy	Sr. Vice President for Patient Care Services, Chief Nursing Officer Loma Linda University Health
Winslow	Gerald	Vice President, Mission and Culture, LLUMC



Fostering Meaningful Community Engagement

LLUH supports and enhances regional efforts in place to promote healthier communities. Partnership is not used as a legal term, but a description of the relationships of connectivity that is necessary to collectively improve the health of our region. One of the objectives is to partner with other community-based nonprofit and faith-based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region.

Institute for Community Partnerships (ICP)

In an effort to intentionally partner with our community to elevate the health status in our region, the LLU hospitals joined together with other entities in the Loma Linda University Health Sciences System to create the Institute for Community Partnerships (ICP). ICP aspires to increase communication, collaboration, and empowerment of all on-campus entities serving the local community as well as their community partners. The Health System's Community Health Development department works closely with ICP in its efforts to foster reciprocity and ensure that LLUH is relevant and responsive to the local community. ICP combines LLUH's academic and clinical resources actively channeling students, staff, and faculty volunteers to respond to community needs.



Last year, the CBAC council funded, developed, and supported strategic collaborations with the following organizations:

Local Organization	Purpose	Objectives
Stakeholder Health Advisory Council (Formerly known as Health System Learning Group)	Bring together 40 health systems to take advantage of the opportunities presented by national health reform to re-examine health system practices.	<ol style="list-style-type: none"> 1. Deliberately embraces a ‘learn-in-the-open’ approach –sharing transparency, while harvesting lessons from promising practices in the field. 2. Promotes proactively managing charity care and leveraging community benefit requirements, not only to assess community health, but to invest in community health with a true integrative strategy. 3. Document its learning in this starting monograph in order to challenge leaders in the field to be the early adopters of an ensemble of practices that will improve health status, both inside and outside of their health systems.
Social Action Community (SAC) Health System	To support the development of a community based primary care clinic system and create an infrastructure for the clinic to become financially sustainable.	<ol style="list-style-type: none"> 1. Increase the proportion of persons who have specific sources of ongoing care or medical home. 2. Increase the proportion of persons with health insurance through a community resource center.
Community Clinic Association of San Bernardino County	To support the Community Clinic Association of San Bernardino in building an effective, county-wide association of community clinics that efficiently deliver culturally appropriate, quality healthcare to medically indigent, underserved, uninsured and/or underinsured.	<ol style="list-style-type: none"> 1. Support the development of a community clinic association to increase the capacity and sustainability of the community clinics in the Inland Empire. 2. Increase the proportion of persons with health insurance through a grant from Covered California.
Latino Health Collaborative (LHC)	To support LHC in improving the health of Latinos in our community to address barriers within the public and private systems that impact health and access to health care.	<ol style="list-style-type: none"> 1. To increase health equity by strengthening civic engagement, increasing in health professions, building capacity of community-based organizations, strengthening relationships with health systems, and public education and advocacy.



LLUH believes that partnerships are effective tools in improving the health of our community. Together, we are able to leverage our resources and strengths and have a greater impact. We can build a greater sense of community and a shared commitment towards health improvement. We would like to thank our partners for their service to our community.

- Air Quality Management District (AQMD)
- American Cancer Society
- American College of Cardiology
- American Heart Association
- American Lung Association
- American Red Cross
- AmeriCorps
- Boys and Girls Club
- C.E.R.T. - Community ER Response Team
- California Association of Marriage & Family Therapists
- California Bicycle Coalition
- California Safe Program
- California Thoracic Society
- Catholic Diocese of San Bernardino
- Central City Lutheran Mission
- Chamber of Commerce – Inland Empire
- Childhood Cancer Foundation of Southern California, Inc.
- Community Clinic Association of San Bernardino County
- CVEP Career Pathways Initiative
- First 5 of San Bernardino and Riverside
- Faith Based Communities
- Inland Coalition for Health Professions
- Inland Empire Children’s Health Initiative
- Inland Empire United Way
- Inland Empire Women Fighting Cancer
- Latino Health Collaborative
- Jefferson Transitional Program
- Nu Voice Society Inland Empire
- Omnitrans
- Partners for Better Health
- Reach Out
- Riverside County Emergency Medical Services (RCEMS)
- Riverside County Department of Public Health
- Ronald McDonald House
- Riverside County Department of Public Health
- SAC Health System
- Safe Kids Inland Empire Coalition
- San Bernardino Associated Governments (SANBAG)
- San Bernardino City Schools Wellness Committee
- San Bernardino County Healthy Communities
 - Healthy Adelanto
 - Healthy Apple Valley
 - Healthy Barstow
 - Healthy Big Bear Lake and Greater Big Bear Valley
 - City of Bloomington
 - Healthy Chino
 - Healthy Chino Hills
 - Healthy Colton
 - Healthy Fontana
 - Healthy Grand Terrace
 - Healthy Hesperia
 - Healthy High Desert
 - Healthy Highland
 - Healthy Loma Linda
 - Healthy Montclair
 - Healthy Muscoy
 - Healthy Ontario
 - Healthy Rancho Cucamonga
 - Healthy Redlands
 - Healthy Rialto
 - Healthy Rim of the Mountain Communities
 - Healthy San Bernardino
 - Healthy Snowline Communities



- Healthy Upland
- Healthy Victorville
- Healthy Yucaipa
- San Bernardino County Medical Society
- San Bernardino County Department of Public Health
- San Bernardino Mexican Consulate
- San Manuel Band of Mission Indians
- Think Together



Evaluation Indicators

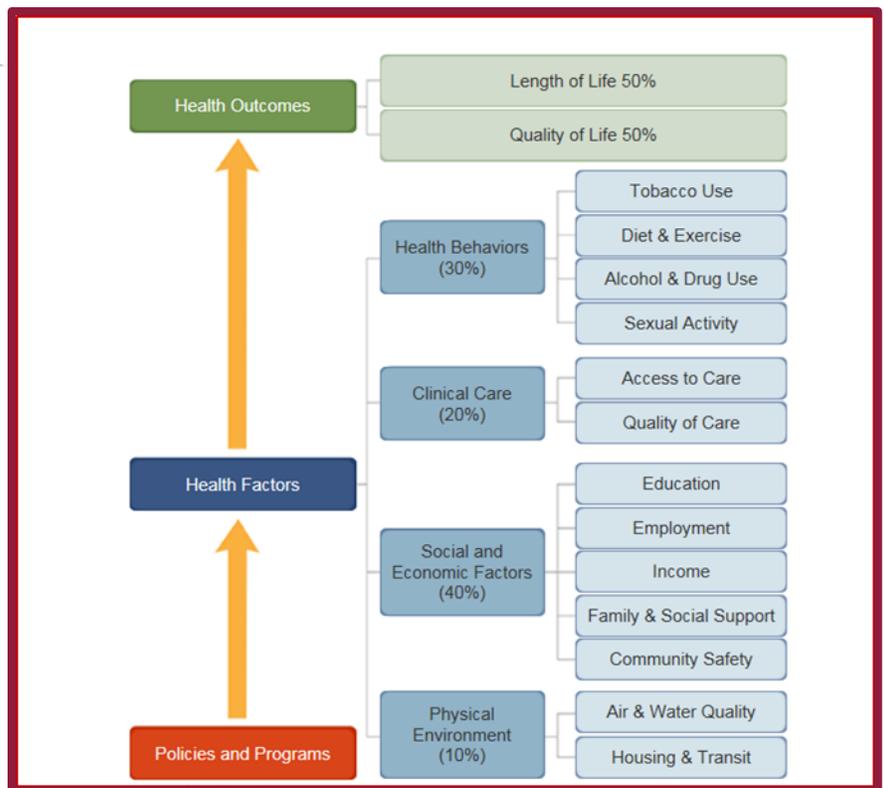
LLUH achieved many great successes in 2015 in redefining our random acts of kindness and unmanaged charity to more strategic community investments while we continue to strive for excellence and better accountability for elevating the health status of our community.

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. As a regional health system LLUH is transitioning from a process evaluation based system to a more inclusive and regional focus of metrics. This requires being in alignment with statewide and national indicators. Healthy People 2020 and The County Health Rankings were used as targets to align our local interventions. Healthy People 2020 provides science-based, 10-year, national objectives for improving the health of all Americans.

For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings show the rank of the health of nearly every county in the nation and illustrate that much of what affects health occurs outside of the doctor’s office. The *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as health behaviors, clinical care, social and economic factors, and physical environment.





Based on data available for each county, the Rankings are unique in their ability to measure the overall health of each county in all 50 states on the many factors that influence health, and they have been used to garner support among government agencies, healthcare providers, community organizations, business leaders, policymakers, and the public for local health improvement initiatives. Understanding our county’s rankings is only one component of mobilizing action toward community health. The information can be used to create and implement evidence-informed policies and programs to improve our community’s health. Policies and programs may be designed to target health outcomes directly, or by tackling the variety of factors that determine those outcomes.

LLUH was highlighted in the release of the 2012 County Health Rankings for their collaborative work in San Bernardino County. Since 2008 LLUH has been actively involved in the development of a countywide health initiative. We are excited to report an improvement in many of our key indicators in San Bernardino in the release of the 2014 rankings. We are actively working with the County of Riverside to achieve similar results. Knowing that overall health of a community cannot be achieved alone, LLUH is working actively with the counties to identify collective impact measurements that can be used to align interventions with other sectors such as education, transportation, the business community, and public safety.

We are slowly making system changes and the health of our region is improving. Take a look at the most recent data!

2010 2015 County Health Rankings												
	San Bernardino						Riverside					
	2010	2011	2012	2013	2014	2015	2010	2011	2012	2013	2014	2015
Health Outcomes	45	44	41	44	40	37	27	29	32	27	26	24
Mortality	37	35	36	32	32	30	30	27	28	25	25	23
Morbidity	48	49	46	51	48	50	32	34	36	41	38	38
Health Factors	50	56	46	46	45	47	40	42	42	36	38	39
Health Behaviors	48	48	45	46	44	44	36	33	39	33	34	32
Clinical Care	54	56	50	52	50	52	50	54	43	46	48	48
Social & Economic Factors	37	40	39	39	39	36	31	29	29	31	31	29
Physical Environment	54	55	55	46	53	53	62	54	54	41	48	49

Source: CountyHealthRankings.org



Loma Linda University Health System Totals

Charity Care	\$ 14,136,994
Medi-Cal and Other Means Tested Government Programs	\$ 231,354,167
Community Health Development	\$ 4,242,517
Health Professional Education	\$ 39,153,063
Subsidize Health Services	\$ 1,625,671
Research	\$ 2,898,720
Total Community Benefit Economic Value	\$ 293,411,132



Loma Linda University Medical Center

2015 Community Health Benefits Inventory

This Community Health Plan includes Loma Linda University Medical Center, East Campus, and Heart and Surgical Hospital all whom share one license and are a part of Loma Linda University Health.



Loma Linda University Medical Center
Number of hospital beds: 430
Trevor Wright, Chief Operating Officer
(909) 558-4000



Loma Linda University Medical Center East Campus
Number of hospital beds: 134
Lyndon Edwards, Senior Vice President
25333 Barton Road
Loma Linda, CA 92354
(909) 558-6000



Loma Linda University Heart and Surgical
Hospital
Number of hospital beds: 28
Lyndon Edwards, Senior Vice President
26780 Barton Road
Redlands, CA 92373
(909) 558-4000

For questions regarding the Community Health Benefits Inventory, please contact:
Angelina Duran, Administrative Secretary II, Community Health Development
11175 Mountain View Avenue, Suite M, Loma Linda, CA 92354
(909) 558-3841 fax (909) 558-3812; ANDuran@llu.edu



Loma Linda University Medical Center History

An outgrowth of the original Sanitarium on the hill in 1905, the present 11-story Loma Linda University Medical Center (LLUMC) opened on July 9, 1967. LLUMC operates some of the largest clinical programs in the United States in areas such as neonatal care and outpatient surgery and is recognized as the international leader in infant heart transplantation and proton treatments for cancer. LLUMC is the only level one regional trauma center for Inyo, Mono, Riverside, and San Bernardino counties.

Mission

To continue the teaching and healing ministry of Jesus Christ.

Vision

Innovating excellence in Christ-centered health care.

Values

Compassion

Reflecting the love of God through caring, respect and empathy.

Integrity

Ensuring our actions are consistent with our values

Excellence

Providing care that is safe, reliable, efficient, and patient centered.

Teamwork

Collaborating to achieve a shared purpose

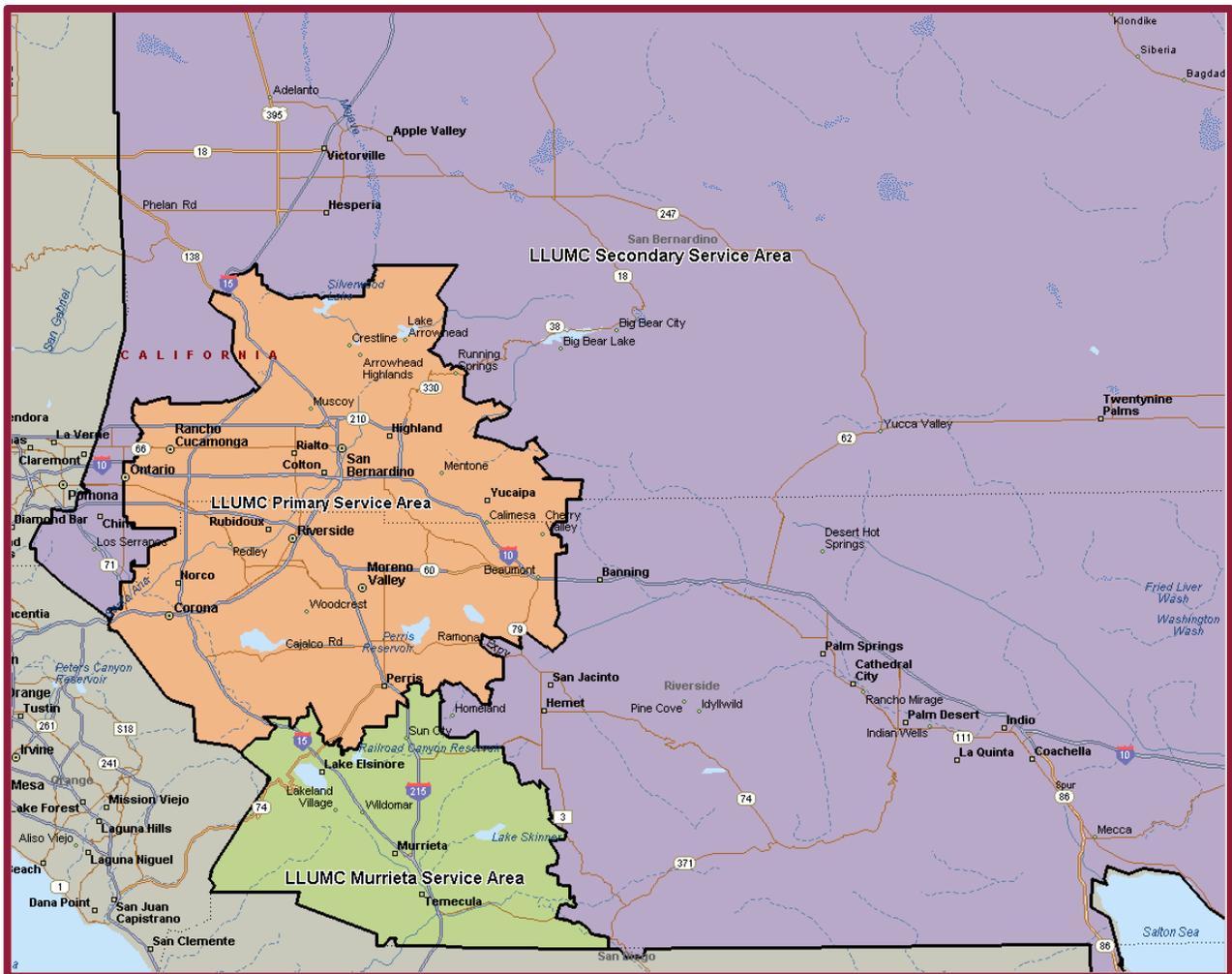
Wholeness

Embracing a balanced life that integrates mind, body, and spirit.



Loma Linda University Medical Center Service Area

LLUMC's market area is defined as California's Inland Empire region. The Inland Empire region is comprised of the entirety of the counties of Riverside and San Bernardino. It is home to approximately 4.2 million people as of the 2010 Census. This region contains the census-defined metropolitan statistical area of Riverside-San Bernardino-Ontario, as well as cities in the High Desert extending into the Mojave, the Coachella Valley, and Southwest Riverside County. In the year 2012, 92.8% of LLUMC's inpatient cases originated from the Inland Empire.





LLUMC 2015 Community Health Investments

Strategy: Whole Cancer Care

The cancer objectives for Healthy People 2020 support monitoring trends in cancer incidence, mortality, and survival to better assess the progress made toward decreasing the burden of cancer in the United States. The objectives reflect the importance of promoting evidence-based screening for cervical, colorectal, and breast cancer by measuring the use of screening tests. For cancers with evidence-based screening tools, early detection must include the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment.

At LLUH we are committed to treating interrelated factors that contribute to the risk of developing cancer. These same factors contribute to the observed disparities in cancer incidence and death among racial, ethnic, and underserved groups. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES). SES is most often based on a person's:

- Income
- Education level
- Occupation
- Social status in the community
- Geographic location

Identified Need

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

Goal

Reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.



Objectives

1. Increase the proportion of women who receive cervical cancer screening.
2. Increase the proportion of men who receive colorectal cancer screening.
3. Increase the number of community events promoting early cancer detection and screening.

The following interventions were implemented in 2015 to address the identified needs:

1. Cancer Health Fairs

Going on its 38th year, the Family Health Fair is an annual event that invites the community to come learn more about their health and to “Live It” through health screenings, cancer screenings, flu shots, blood screenings, and informational booths. For the third year the event includes a 5K run/walk designed for everyone from casual walkers to elite runners. Each participant receives an event T-shirt and is eligible to win a race medal. After the 5K, the excitement continues with exhibits, **drawings, delicious food, live entertainment, and all-around family fun.**

2. Cancer Outreach Events

Proton 25 Year Anniversary Celebration

Hundreds of former cancer patients and family members reunited at Loma Linda University Medical Center (LLUMC) to celebrate their health and the trailblazing proton radiation technology that helped them beat the disease. The reunion was part of the 25th anniversary of the James M. Slater, MD, Proton Treatment & Research Center, the world’s first hospital-based proton therapy facility.

Hockey Fights Cancer

On Wednesday, October 22nd, the Anaheim Ducks hosted Hockey Fights Cancer (HFC) Night, presented by Loma Linda University Health at the Honda Center (vs. Buffalo, 7:30 p.m.). Joining a month-long, league-wide initiative, the Ducks celebrated Hockey Fights Cancer Night to raise awareness for the Loma Linda University Cancer Center (LLUCC). The interactive evening encouraged fan participation in a variety of ways, including the creation of “I Fight For” cards that recognized loved ones affected by cancer.

Pink Runway Fashion Show

The Pink Runway has been working on helping to provide comfort to breast cancer patients for the past four years. The Seventh Annual Breast Cancer Reconstruction Fashion Show was hosted at the Riverside Convention Center showcasing fashions from White House Black Market on models who are all breast cancer reconstruction patients. The event was sponsored by Loma Linda University Medical Center Department of Plastic Surgery.

Celebration of Life

Loma Linda University Cancer Center (LLUCC) celebrated the National Cancer Survivors Day with the Celebration of Life event, an afternoon of inspiration and hope.



Families and friends gathered to hear inspiring stories of individuals who had been diagnosed with cancer and went through treatment at LLUCC.

Celebration of Life is an international event held the first Sunday in June, providing celebration for survivors and inspiration for those recently diagnosed. It is also a gathering of support for families and an outreach to the community. The theme of the year's event was "Inspiring a Future of Hope."

3. Cancer Screenings

Specific example of cancer screenings include:

- ***Breast Cancer Genetic Testing-BRAC 1 & 2 & Ambry Genetic Testing***
- ***Lung Nodule Testing for Possible Lung Cancer***
- ***Mammogram Screening for Women for BIRADS 5***

BI-RADS is a quality assurance tool designed to standardize mammography reporting, reduce confusion in breast imaging interpretations, and facilitate outcome monitoring.

4. Cancer Support Groups

Weekly support groups are offered for our patients and their families as they undergo proton therapy treatment. This is a forum where patients learn from guest speakers and from each other about cancer and proton therapy.

Prostate Cancer Support Group

Educational speakers every week and helpful information presented to make your stay in the area more pleasant.

Women's Cancer Support Group

This group is for any woman who has been diagnosed with cancer. You may join before, during or after treatment, and our team will openly address your concerns.

5. Cancer Walk

Believe Walk

11 million people in the United States will develop cancer during their lifetimes. Stater Bros. charities and Inland Women Fighting Cancer BELIEVE that creating the best care for cancer patients and their families in this community starts here. In partnership with LLUMC they host the Believe Walk in October where walking teams are formed to raise money for cancer research.

6. Cancer Support Services

- ***Lebed Method of Exercise***

This program is especially designed for anyone (all adult ages) who has experienced breast cancer (pre- or post-operative) and is also beneficial for anyone with chronic health conditions such as other types of cancer, diabetes, fibromyalgia syndrome, rheumatoid conditions, chronic fatigue, depression, etc. Appropriate for all levels of fitness, the program provides a supportive and safe environment. Class focuses on healing through therapeutic exercise and



movement to music.

Benefits include:

Increases range of motion, upper body mobility, energy

Facilitates release of frozen shoulder

Assists in structural rebalance of body

Promotes positive self-image

Fosters empowerment

Reduces depression

- ***Look Good Feel Better***

Provides a free two-hour workshop for women undergoing cancer treatment.

This program helps improve the self-image, appearance, and quality of life of patients by teaching beauty techniques to help cope with the temporary appearance-related side effects of cancer treatment. This program is made possible through a collaboration of the Personal Care Products Council Foundation, the American Cancer Society, and the Professional Beauty Association/National Cosmetology Association. Group classes and one-on-one services are available, depending on the area. Please call for additional information.

- ***Cancer Fighting Foods Cooking Demonstration***

-Learn from knowledgeable chefs and dietitians how to prepare foods that help to reduce cancer, risk, heart disease, inflammation and more.

-Taste delicious and healthy plant-based foods.

-Enjoy giveaways and recipes during the interactive experience.



Strategy: Whole Chronic Disease Care

The prevalence of chronic diseases is increasing in both the elderly and non-elderly populations, with a significant increase in the number of people with multiple chronic diseases. Increased spending on chronic diseases in Medicare is a significant driver of the overall increase in Medicare spending over the last twenty years.

Chronic disease management is a broad term that encompasses many different models for improving care for people with chronic disease. Elements of a structured chronic disease management program may include a treatment plan with regular monitoring, coordination of care between multiple providers and/or settings, medication management, evidence-based care, measuring care quality and outcomes, community based interventions supporting healthy behaviors, and support for patient self-management. LLUH is taking an active role to improve the continuum of care for individuals experiencing chronic disease and is committed to an overall emphasis of improving the efficiency of health care and bridging preventive strategies in the clinical setting as well as in the community. Although an overall coordination of multiple chronic diseases will be emphasized, the interventions for this strategy will be geared toward diabetes, heart disease, and obesity related co-morbidities.

Identified Need

High rates of ambulatory care sensitive hospitalizations and ED utilization as related to obesity co-morbidities, heart disease and diabetes.

Goal

Improve the continuum of care for individuals experiencing chronic disease.

Objectives

1. Improve evidence based protocol adherence for heart disease management within the hospital.
2. Increase community awareness on the importance of identifying their cholesterol, BMI, blood pressure, and glucose levels.
3. Improve the overall self-reported health status as good or excellent.



The following interventions were implemented in 2015 to address the identified needs:

- 1. Charity Medications** assists patients who are Medi-Cal pending, Medically Indigent Adults (MIA), on Medi-Care without prescription coverage, and uninsured. This intervention benefits patients and helps reduce re-admission due to lack of continuity of care or possible admissions.
- 2. Community Clinic Support**
Loma Linda University Health provides support to local community clinics that serve the community's underserved population. The clinics provide a continuum of care and provide a medical home to the medically underserved.
The continuum of care provided to the community through these clinics include:
 - Care for acute and chronic illness
 - Mental health services
 - Dental care
 - Physical, occupation, and speech therapy
 - Prenatal care and other women's services
 - Immunization
 - Health promotion and preventative care
 - Specialized care for HIV/AIDS
- 3. Community Support/Watch Groups**
Diabetes Monthly Support Group
The Diabetes Treatment Center offers a free support group with important educational information and ongoing support. Groups are held in English and Spanish.
- 4. Diabetes Blood Screenings**
Blood glucose screening was provided at community events throughout the Inland Empire. These events included: community based health fairs, senior centers, and employee fairs for large local businesses. The screenings and education provided from a healthcare professional promoted diabetes awareness.
- 5. Diabetes Treatment and Prevention**
The Diabetes Treatment Center (DTC) is recognized by the American Diabetes Association for providing up-to-date and accurate patient self-management education to persons with diabetes. The community benefit provided by the DTC is accomplished through blood glucose screenings, diabetes education and awareness at venues such as health conferences, universities, seminars and wellness fairs. Community outreach services by the DTC are separate from traditional services offered for our patients.
- 6. Community Health Workers or *Promotores de Salud***
To improve the health outcomes of our community, it is imperative to understand its current health status and associated behaviors to create targeted interventions and integration and continuity of care if we wish to improve the health status of our diabetes population. There is evidence that utilizing community health workers or *Promotores de Salud* to educate communities is one the most cost-effective means of



producing behavior modification, partly due to their knowledge of cultural nuances and potential connectedness with the participants. LLUMC trained 15 Community Health Workers from El Sol Neighborhood Education Center in San Bernardino to implement Vibrante Life-a culturally tailored diabetes prevention and self-management program.

7. Heart Health Education

Loma Linda International Heart Institute opened in 1987, and serves as the cardiac service line for LLUMC. Cardiologists, cardiothoracic surgeons, nurses, and other clinicians are committed to work as an integrated specialty team to provide compassionate patient-centered care. The Heart Institute offers full cardiac services from diagnostic procedures such as echocardiograms and cardiac stress tests to cardiac surgery and transplantation. The community outreach component of the Heart Institute includes heart health prevention, education, awareness, and screening at multiple venues in the community. Support groups are also available for cardiac patients and their families. The interventions offered for our heart health education range from the involvement of our local communities to improve access to nutritious foods and safe open space for physical activity to helping to manage cardiac patients after they leave the hospital. Our specific focus is on the uninsured patients that do not have access to support services. The goal of the community outreach is to educate the community to reduce the risk of heart disease mortality in the region.

8. Heart Health Prevention Education

Cardiac disease is the leading cause of death in the Inland Empire. Loma Linda International Heart Institute opened in 1987, and serves as the cardiac service line for LLUMC. Cardiologists, cardiothoracic surgeons, nurses, and other clinicians are committed to work as an integrated specialty team to provide compassionate patient-centered care. The Heart Institute offers full cardiac services from diagnostic procedures such as echocardiograms and cardiac stress tests to cardiac surgery and transplantation.

9. Heart Health Screening

Loma Linda International Heart Institute has partnered with several school districts, universities, and cities to provide heart health screening which included blood pressure check and grip strength. These screening were provided at community events throughout the Inland Empire at local organizations and schools.

10. Heart Health Wellness Fairs

Loma Linda International Heart Institute has provided support and educational resources at heart health wellness fairs that have occurred throughout the Inland Empire serving 3000 community members.



Strategy: Health Career Pipelines

Loma Linda University Health is working in collaboration with the community to prepare a health care workforce for the 21st century. Investing in our future healthcare workforce and developing our own local talent is a key strategy for improving the resiliency of our children. Giving our children hope for the future and empowering them with a health career may be one of the keys in improving long-term health. The higher the education levels in a community, the lower the morbidity from many common acute and chronic diseases such as heart disease, respiratory disorders and diabetes. Investing in our health career pipelines can have a positive impact on reducing not only our health care shortages and health disparities, but also the overall academic achievement throughout our region.

Identified Need

High poverty rates and low education levels in our region, 1.5 million residents living in Medically Underserved Areas (MUA), and low physician ratios.

Goal

Create a pathway for students of the Inland Empire region to enter healthcare occupations, and ultimately, to care for the residents of the Inland Empire.

Objectives

1. Increase the number of students entering a health professional career in the Inland Empire.
2. Increase the networking and relationships of educational system, health system, and workforce to foster an achievable health career ladder.
3. Increase exposure of students to the career possibilities in the health system.

The following interventions were implemented in 2015 to address the identified need:

1. Health Care Pipeline Programs: Summer Gateway Program

During the two-week core summer program students learned about health careers by engaging in interactive presentations with Loma Linda University students and professors, valuable college prep workshops such as study skills, leadership skills, health disparities, and communication etiquette. Students were exposed to Loma Linda University values through daily devotional speakers and a day of community outreach. On the final day of the core program students participated in hands-on simulations thanks to the Sim Lab staff. A select group of students are elected to stay to shadow health care providers within the LLUMC health system. The 2015 program marked the 10th year LLU has offered a summer pipeline program (originally called Si Se Puede).

2. The Randall Lewis Health Policy Fellowship (RLHPF)



RLHPF is collaborative enterprise of corporate, LLUH, university, and community leadership. The fellowship had its beginnings in San Bernardino County, California, in 2010 to assist municipal efforts in the County's Healthy Communities initiative. The Fellowship is now an eight month field experience where graduate students in public health and urban planning work with policy and policy implementation within a local municipal government context.

The purpose of the Health Policy Fellowship is to:

- Ensure the development of public health professionals who possess the necessary skills to influence positive change in public policy, systems, and the built environment in our local municipalities.
- Create educational and professional opportunities for local students in health policy, planning and policy implementation.
- Provide for the expansion of the regional health policy infrastructure, and retain essential intellectual capital in the Inland Empire.
- Provide expertise to our local healthy communities' efforts.

The fellows were involved in the following activities:

- Developing policy briefs and action plans;
- Assisting city leaders with reviewing General Plans;
- Revitalizing existing community health programs;
- Establishing farmers' markets;
- Providing support during outreach and collaborative events;
- Conducting comprehensive reviews of key issues that make a city a family-friendly and nurturing community;
- Assisting in the development of municipal active transportation plans;
- Conducting community health needs assessments and recommendations.

3. Junior Public Health Internship Program

The Junior Public Health Internship Program was developed through local collaboration of municipal, university, and non-profit organizations within San Bernardino County. Students engaged in learning opportunities through local healthy community initiatives, participated in leadership trainings to become change agents in their respective high schools and communities.

4. Health Professions Conference-Plan now, Live Well

Over 500 middle and high school students from San Bernardino and Riverside counties attended the 2015 Health Professions Conference on February 25, 2015, held on the campus of California State University, San Bernardino. This conference, facilitated by the Inland Coalition, provided an opportunity for students to learn more about health professions needed in the Inland Empire.



Strategy: Whole Sickle Cell Anemia Care

Sickle cell disease (SCD) is a real disease with real consequences – appropriately termed “crisis”. Symptoms of this inherited disease begin in early childhood and vary in severity, leading to consequences of frequent hospitalizations, disability, and early death. SCD is the most commonly inherited blood disorder affecting 1 of 500 African Americans and 1 of 1000 Hispanic Americans.

Another reality for patients living with SCD is the lack of available resources in the Inland Empire. Over the past decade there has been a notable outmigration of African Americans from Los Angeles to San Bernardino and Riverside Counties with little attention given to this disease largely exclusive to this population. We believe efforts to improve the health outcomes of this group require a focused multidisciplinary effort and healthcare partnerships connecting community resources, providers, and patients.

Thru this focused multidisciplinary effort we will educate Medical staff regarding the clinical manifestations of the disease, the multiple complications that arise from this disease, and outline the expected appropriate acute and chronic treatment for this disease. We will strive to provide the patients with excellent care regardless of the setting. We desire to engage not only the physical nature of this disease, but also the spiritual and emotional aspects of our patients in order to achieve true healing. With our efforts intact our patients will then be able to responsibly address their needs thru self- awareness, encouragement, peer education and knowledge of not just the limitations that sickle cell disease presents but the possibilities that arise from this or any challenge. We will form partnerships with interested parties in an effort to increase awareness and engage the community so that our efforts may be multiplied. In the end, the Patient and those surrounding them that are affected by this illness will be the passion of our work.

Identified Need

1. High readmission rates for Sickle Cell Anemia patients.
2. Increased length of stay for Sickle Cell Anemia patients.
3. Lack of providers and medical homes for Sickle Cell Anemia patients.
4. Increase rate of inpatient sickle cell discharge trends in San Bernardino County.
5. Lack of adequate disease management for Sickle Cell Anemia patients.
6. Increased African-American population in Riverside and San Bernardino county secondary to outmigration from LA County, trend expected to continue.



Goal

To decrease morbidity and mortality and improve overall quality of life for sickle cell anemia patients.

Objectives

1. Decrease ED and urgent care utilization rates for adult sickle cell anemia patients.
2. Improve patient satisfaction scores for sickle cell anemia patients.
3. Increased number of healthcare providers educated on sickle cell anemia patients.

The following interventions were implemented in 2015 to address the identified needs:

A new movement for patients who suffer from Sickle Cell Disease is in development at Loma Linda University Medical Center East Campus. Our vision is to set a new standard of excellence in health care delivery through several key care components tailored to this disease. Our goal is for your disease to be managed well while you are in and out of the hospital.

1. Sickle Cell Education Series

The weekly Sickle Cell Disease Adult and Family Support Group of Loma Linda University Health PossAbilities Program was created 4 1/2 years ago with the objective to serve individuals, families, supporters, and providers whom live with the challenging reality of this congenital disease.

The Inland Empire has a growing number of SCD Patients. Therefore the need to have an entity which undergirds hundreds of people in the region is crucial. Our group, from month to month, provides a forum where some of the multi-faceted needs of the SCD population are addressed. Through educational, motivational, and informative as well as recreational presentations, the members are given a place, a space to learn, grow, and connect. Members are the most important highlight of the LLUH-SCD Support Group.

Exchange of information regarding healthcare, lifestyle choices, research opportunities, and sundry other resources continues to improve the lives of the members and their families. Smiles of understanding radiate the room each month. Hope blooms for the patients, their parents, and their partners in life. With every opportunity to encourage and support one another, life is enriched for participants. Relationships have been developed and the yield has been golden!

Individuals living with this lifelong disease have noted that "they are no longer alone" dealing with the sometimes crushing complications associated with SCD.

Sickle Cell Disease patients have to confront a vast array of potential complications which may begin to manifest in infancy and continue for the rest of their lives. Complications range from painful crisis to severe damage to organs due to this blood



disease. Today with better healthcare and knowledge, the average age has increased; however, the average lifespan of an individual living with SCD is decades less than the average population.

Ongoing daily risks involve the possibility of a painful crisis and / or complications that may require hospitalization, curtailment of normal responsibilities, and lost of time and resources due to being incapacitated.

This is why the group is so important. For each nugget of knowledge which is imparted every time a connection is made, the difference in the quality and quantity of a participants life is evident with the testimonials shared by the members.

This group is life changing!!

2. Sickle Cell Fair

The second Annual Sickle Cell Patient Fair was held on September 20, 2015 and presented by Loma Linda University Medical Center (LLUMC) East Campus. This is an event that provides resources and support for the community.



Strategy: Whole Aging Care

The way we define healthy living, wellness, and aging has become increasingly significant over the past decade as the growth of the aging population has continued to outpace that of any other demographic group. Today, as the U.S. healthcare system prepares to implement sweeping changes brought about by legislative action, the focus on disease prevention and chronic care management has taken center-stage, and the aging population is a key player. Aging, however, does not commence at a specific point; it is instead a continuum running across the breadth of the lifespan, and both an individual and communal process. A whole aging care model will engage with multiple stakeholders across the region in order to promote healthy living and aging through preventive health programs, reduction of disparities in education and access, and creation of healthy community initiatives for sustainable healthy aging, serving as an adaptable model for the national stage.

Identified Need

The growth of the elderly population has outpaced the growth of any other demographic group coupled with the increase of chronic diseases affiliated with aging.

Goal

Empower community and community partners towards a collaborative healthy aging model for the region.

Objectives

1. Identify a common vision for healthy aging with community partners.
2. Implementation of defined models of healthy aging in our region
3. Improve care coordination for the frail elderly.

The following intervention was implemented in 2015 to address the identified needs:

1. **Just for Seniors** Older adults are one of the fastest growing age groups with the baby boomers entering Medicare at a rapid rate. The focus of *Just for Seniors* is to improve the health, function, and quality of life for older adults. Just for Seniors is a free community service program available to anyone over 55 years of age. The program began in 1990 and has a membership of over 45,000 seniors, and continues to grow. Membership benefits include newsletter, resource directory, seminars on health, social, and financial concerns, life skills education classes, information line 1-877-LLUMC-55, and senior advocates to help navigate the system. Just for Seniors - A bi-monthly *Well-Being* newsletter is mailed to homes and covers relevant topics on preventative health care, travel, family, finances, daily living, and much more. Membership benefits include newsletter, resource directory, seminars on health, social, and financial concerns, life skills education classes, information line 1-877-LLUMC-55, and senior advocates to help navigate the system.



Strategy: Whole Rehabilitation Care

LLUMC EC recognizes that this disenfranchised population is often left without resources or support, for dealing with the many adjustments they must make physically, mentally, and emotionally, in order to have fulfilling lives. The mission is to provide a new direction and hope through physical, social, educational and spiritual interaction with peers and their community.

Identified Need

Lack of community support for all people, including people with disabilities, to have the opportunity to take part in important daily activities that add to a person's growth, development, fulfillment, and community contribution.

Goal

Improve the quality of life for individuals with disabilities.

Objectives

1. Increase the proportion of people with disabilities who participate in social, spiritual, recreational, community and civic activities.
2. Increase the proportion of adults with disabilities who report sufficient social and emotional support.

The following interventions were implemented in 2015 to address the identified need:

1. **PossAbilities** is a community outreach program developed in 2003 by the Loma Linda University Medical Center East Campus (LLUMCEC). Last year, the program had over 30,000 members, comprised of able-bodied (Support Members) and disabled members. The goal of the program is to provide activities and practical help to disabled individuals who were born with or have suffered a permanent physical injury. The program provides participants a sense of community as they integrate back into life, once again becoming valuable members of society. This free membership program is tailored to persons with physical disabilities such as limb amputations, stroke, spinal cord injuries, traumatic brain injuries, multiple sclerosis, muscular dystrophy, spina bifida, and other disabilities. The various sports leagues, school-sponsored PossAbilities clubs, and the annual triathlon improves the social connectedness and possibility for interaction, particularly for the disabled.



LLUMC Community Benefit and Economic Value

For over a century, Loma Linda University Health System has been fulfilling the mission “To Make Man Whole.” From a humble beginning, LLUH has grown to nearly 900 beds for patient care, including beds at LLUMC, LLUMC East Campus, LLU Children’s Hospital, and LLU Heart Surgical Hospital, LLUMC - Murrieta, and LLU Behavioral Medicine Center. Each year the institution admits more than 33,000 inpatients and serves over half a million outpatients provided by our 400+ faculty physicians. LLUMC is the only tertiary-care hospital in the area and the only Level 1 regional trauma center for Inyo, Mono, Riverside and San Bernardino Counties.

Valuation of Community Benefit

Year 2015 –SB697 Valuation – Cost-Based

2015 Community Health Investments-LLUMC	
Number of Programs:	34
Staff Hours:	36,448
Volunteer Hours:	9,862
Persons Served:	252,298
Expenses:	\$4,080,016
Revenues:	\$433,333
Benefit:	\$3,646,683
Dollar per Person	\$16.17

Loma Linda University Medical Center	
Charity Care	\$ 12,964,923
Medi-Cal and Other Means Tested Government Programs	\$118,258,095
Community Health Development	\$3,646,683
Health Professional Education	\$27,912,453
Subsidized Health Services	\$1,625,671
Research	\$2,898,720
Total Community Benefit Economic Value	\$167,306,545



Loma Linda University Medical Center Children's Hospital

2015 Community Health Benefits Inventory

This Community Health Benefits Inventory includes Loma Linda University Children's Hospital



Loma Linda University Children's Hospital

Number of hospital beds: 348

Scott Perryman, Senior Vice President

11234 Anderson Street

Loma Linda, CA 92354

(909) 558-4000

For questions regarding the Community Health Benefits Inventory, please contact:

Angelina Duran, Administrative Secretary II,

Community Health Development

11175 Mountain View Avenue, Suite M, Loma Linda, CA 92354

(909) 558-3841 *fax* (909) 558-3812; ANDuran@llu.edu



LOMA LINDA UNIVERSITY

CHILDREN'S HOSPITAL



Loma Linda University Children's Hospital History

Here at Children's Hospital we offer parents the comfort and assurance that their child is receiving the highest level of medical care available. Our medical team has more than a hundred pediatricians, pediatric surgeons, and sub-specialists to treat everything from broken bones to disabilities and life-threatening diseases. In addition to our doctors, we have more than 1,200 nurses, child life specialists, and other staff who are dedicated to the health and healing of children. Together they provide a family-focused environment backed by state-of-the-art care.

What Makes Us Unique

The Children's Hospital Neonatal Intensive Care Unit (NICU) is one of the largest and most advanced neonatal centers in the world, with 22,000 square feet dedicated to caring for some of the tiniest babies ever born. This includes a special area for infants who have undergone transplants and premature babies who need the aid of special machines to help them develop. Thousands of children are alive today thanks to the work of Dr. Leonard Bailey. This world renowned surgeon pioneered infant heart transplantation surgery 25 years ago, right here at Children's Hospital. Now, more than 2,000 of these procedures have been conducted in hospitals across the world.

The pediatric emergency department is the only Level 1 Trauma Center in the Inland Empire. Our pediatric specialists work together to treat every aspect of a child's illness. Complicated diseases like spina bifida, diabetes, cystic fibrosis, and others require not one but many specialists working as a team. Our specialty team clinics consist of pediatric specialists to provide comprehensive evaluations and care.



Mission

To continue the teaching and healing ministry of Jesus Christ.

Vision

Innovating excellence in Christ-centered health care.

Values

Compassion

Reflecting the love of God through caring, respect and empathy.

Integrity

Ensuring our actions are consistent with our values

Excellence

Providing care that is safe, reliable, efficient, and patient centered.

Teamwork

Collaborating to achieve a shared purpose

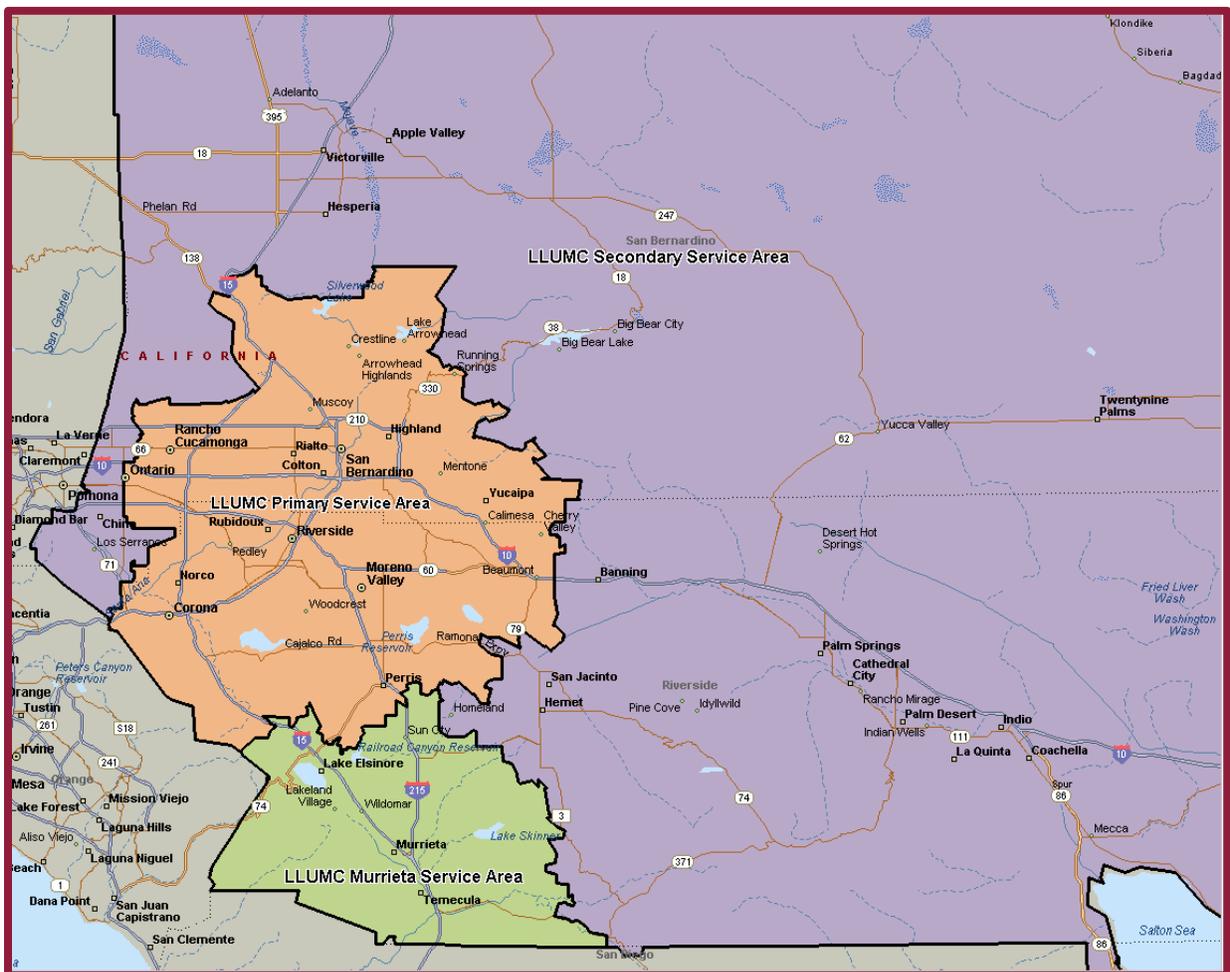
Wholeness

Embracing a balanced life that integrates mind, body, and spirit.



Loma Linda University Children's Hospital Service Area

LLUMC's market area is defined as California's Inland Empire region. The Inland Empire region is comprised of the entirety of the counties of Riverside and San Bernardino. It is home to approximately 4.2 million people as of the 2010 Census. This region contains the census-defined metropolitan statistical area of Riverside-San Bernardino-Ontario, as well as cities in the High Desert extending into the Mojave, the Coachella Valley, and Southwest Riverside County. In the year 2012, 92.8% of LLUMC's inpatient cases originated from the Inland Empire.





LLUCH 2015 Community Health Investments

Strategy: Whole Child Care

Children are our most at risk population in the Inland Empire as they are the smallest voice in a region of minimal resources. In our vast geographic area, children 0-17 compromise more than 39 percent of our population, 33 percent of our families live at poverty level, and 44 percent live in single parent households. Our children attend schools where educational competency rates are below the national average, yielding high school graduation rates of 60 percent. Our mission at Loma Linda University Health is to be the voice for our most vulnerable population. We have made children's well-being a priority for our health system, by being the premier Children's Hospital in the eastern portion of Southern California.

Meeting the health needs of our children will require a symphony of care and coordinated response from healthcare access, access to nutritious foods, family support, access to open space for physical activity, and collaboration with our local schools. Most strategies to prevent or reduce childhood obesity have focused on individual behavior modification and pharmacological treatment, but have been met with limited success.

Loma Linda University Health recognizes that our children are our future. LLUH is committed to improving the health of all children living in the region by promoting lifelong healthy eating patterns through education and behavior change practices, promoting physically active lifestyles, and supporting community programs that promote overall health.

The U.S. Surgeon General has identified the obesity epidemic as one of the greatest health problems facing the nation today. Currently, approximately 25 million U.S. children and adolescents are overweight or obese. Since 1980, the percentage of children who are overweight has more than doubled, while rates among adolescents have more than tripled. Although the rising trend in obesity rates is present in all social classes, the risk is greater in lower income and in certain ethnic populations.

Childhood obesity has been associated with a number of problems including health, social, and economic consequences. Childhood obesity is related to numerous chronic adult diseases including type 2 diabetes, cardiovascular disease, several kinds of cancer, and osteoarthritis. Children and adolescents who are overweight are more likely to become overweight or obese adults.



Loma Linda University Children's Hospital Strategy: Whole Child Care

Identified Need:

1. High rates of childhood obesity and asthma.
2. Lack of adequate resources for children including behavioral health services, medical services, social services. Fragmentation of the system as a whole.
3. High rates of children living in poverty and homelessness. Our health system and communities have been unable to respond to children raised in poverty with a lack of resources.

Goal

To engage the “collective community” of local, regional and state agencies, and non-profit entities to create a system of care that stretches from families and communities to the health care system that synergistically improves the wholeness of all the children in our region.

Objective

1. Improved health status for children living in Inland Empire.

The following interventions were implemented in 2015 to address the identified need:

1. Adopt-A School Model

The core concept of the Adopt-a-School model allows for the building of sustainable relationships between health systems, schools and the community, and brings about a substantive long-term improvement in the environment of the learners.

The task of elevating the health status of our region cannot be accomplished by one sector alone. In order for the health system and school districts to reach their goals of health improvement and advanced educational levels they must work together focusing on their area of specialty. Partnering with a school in a targeted area allows for a focused intervention with measurable outcomes. The model consists of three phases.

2. Breastfeeding Education for Non-Patients

San Bernardino County ranks low on exclusive breastfeeding and breastfeeding duration at 1, 3 and 6 months, according to the 2012 Maternal and Infant Health Assessment (MIHA) survey, when compared to the other California counties.

LLUCH partnered with First 5 San Bernardino to develop a countywide strategy to support mothers who choose to breastfeed. First 5 San Bernardino will be funding the breastfeeding grant BONUS, Babies Optimal Nutrition w/Ultimate Support. This is a three and ½ year grant.

The fundamentals of the grant are:

- Development of close associations with current Baby-Friendly hospitals and Baby-



Friendly hospitals that are working on their re-certification.

- International Board Certified Lactation Consultants who will be available via 211 (24/7) to triage, answer questions and refer to existing breastfeeding clinics.
- Follow-up with mothers who have called 211 for assistance.
- Development of a Pregnancy/Breastfeeding booklet has been developed and a pilot study has already taken place.
- Grant employees will develop relationships with Obstetricians and Pediatricians offices. They will work with the Obstetricians and Pediatricians and their staff to explain the booklet, which travels through all the phases of gestation, delivery, breastfeeding and post-partum concerns (including post-partum depression).

The grant is expected to be funded to the County of San Bernardino in July of 2015 for an initial 3-year cycle. Each year funding will be \$500,000.00. 2015 will bring the pilot study of the BONUS grant, which is slated to begin July 2015.

In addition, San Bernardino County Department of Public Health has developed a Workplace Lactation Accommodation Policy that is soon to be instituted within the Department of Public Health, based on the City of Rancho Cucamonga's Lactation Accommodation policy and city resolution. LLUMC provided the expertise to develop this countywide strategy and will work in collaboration with the San Bernardino County Department of Public Health.

3. Camp Good Grief

Camp Good Grief began in 1996. It is a two-day camp experience for children and teens (ages 10-16) who have had a family member die due to illness or accident. Camp Good Grief has been designed to help children: 1) build a network of peers, 2) develop new coping skills, and, 3) decrease negative symptoms of grief. Through the use of therapeutic groups and activities, CGG staff members are able to create a supportive environment where children share their pain and learn positive coping skills. Sessions and staff are trained to be sensitive to the cultural, and religious differences of the campers.

4. Camp Good Grief-Special Victims Program

The purpose of Camp Good Grief-SVP was for boys and girls who have experienced a violent death in their family, such as a murder or vehicular manslaughter, to meet children their own ages that are also learning about and understanding their grief. By meeting other children who have had similar ordeals they discover that they can share the same feelings and that those feelings are normal and acceptable. Their pain is understood and accepted. In addition to grief counseling, the children were also given the opportunity to run, play, laugh and challenge themselves-to really have a great camp adventure.

5. Camp Good Grief-Teen Retreat

Camp Good Grief- Teen Retreat has been created for teens ages 14-18 who have attended Camp Good Grief or Camp Good Grief-SVP. It is for the purpose of coming together to strengthen friendship with camp good grief peers, experience the adventure



of a high ropes course and kayaking, and to reinforce constructive coping skills.

6. Children's Day

Children's Day is an annual health education fair for young children and parents coordinated by the Child Life Department at Loma Linda University Children's Hospital. Each year, LLUMC, LLUCH, LLUEC, LLUBC, Loma Linda University, and community partners come and participate at the event. The purpose of Children's Day is to provide a non-threatening exposure to a medical setting for children ages 2-8 in our community.

7. Family Health Fair

Going on its 38th year, the Family Health Fair is an annual event that invites the community to come learn more about their health and to "Live it" through health screenings, flu shots, blood screenings, and informational booths. For the third year the event includes a 5K run/walk designed for everyone from casual walkers to elite runners. Each participant receives an event T-shirt and is eligible to win a race medal. After the 5K, the excitement continues with exhibits, opportunity drawings, delicious food, live entertainment, and all-around family fun.

8. OK KIDS-Health4Life, Pregnant Minor, Risk Watch

OK Kids or Outreach to "K"ommunity Kids focuses the integration of young pediatricians in training into community's supportive services focusing on whole child, specifically addressing the issues of lifestyle living, childhood safety and teen pregnancy and parenting.

Health4Life is a comprehensive health education program and is implemented over eight weeks to middle school students emphasizing personal health and nutrition, exercise, sleep, and bullying.

9. OK KIDS-Operation Fit

Operation Fit is a week-long summer day camp for youth ages 9-15 and their families interested in learning about healthy eating habits and active living. Through a series of dynamic, interactive and educational activities, campers will gain the tools they need to make wholesome choices about food and physical activity. Each camper will also learn how to demonstrate those choices to their families and friends. Six week long camps are held each summer; one week is devoted to children with disabilities.

10. OK KIDS-Safe Kids

Safe Kids Program is the Loma Linda chapter of the national organization with focuses on safety education of children and parent to reduce the avoidable death statistics. In childhood, accidents and unintentional injuries are ranked as the #1 cause of death in childhood.

11. OK KIDS-Youth Hope

Youth Hope Substance Abuse is a community drug prevention and intervention program for uninsured young adults that are homeless or with housing insecurity. This



program is linked with the community based program of Youth Hope.

12. Youth Alternative Solutions Program

The Youth Alternative Services program services approximately 20 teens, predominately Hispanic and Caucasian males between the ages of 14-18 years old from Riverside and San Bernardino counties. YASP is a month long program consisting of:

- **Orientation:** Orientation geared for parents/guardians and teens;
- **Entrance Interview/Psychosocial Assessment:** Staff members meet with the participants on an individual basis. A systematic assessment tool is used to assess the appropriateness of a participant in the program and any referrals needed to help the client stay healthy.
- **Workshops #1 and #2:** Workshops are geared towards education of health issues related to drugs and alcohol, stress, problem solving, peer pressure and family issues. Games, art activities, guest speakers and films are used as teaching tools.
- **Coroner's Visit:** Each session is held at the San Bernardino County Coroner's Office;
- **A slide presentation** related to alcohol, drug and violence is given as well as a tour of the morgue. Career opportunities are shared with the students.
- **Trauma Center Visit:** Time is spent observing traumas in the emergency department and intensive care areas. Activities include impairment goggles and wheelchair exercises. The purpose of this session is to directly expose students to the effects of drugs and/or alcohol related injuries. Medical staff is involved with educating clients of the trauma situation and will share career opportunities in the field.
- **12-step meeting:** Students attend one Narcotics/Alcoholics Anonymous meeting. This session exposes them to the addiction process and the impact of families.
- **Exit Interview:** Certificates of completion are given and the student writes a 500-word essay evaluating and sharing their experience while enrolled in YASP.



LLUCH Community Benefit and Economic Value

For over a century, Loma Linda University Health System has been fulfilling the mission “To Make Man Whole.” From a humble beginning, LLUH has grown to nearly 900 beds for patient care, including beds at LLUMC, LLUMC East Campus, LLU Children’s Hospital, and LLU Heart Surgical Hospital, LLUMC - Murrieta, and LLU Behavioral Medicine Center. Each year the institution admits more than 33,000 inpatients and serves over half a million outpatients provided by our 400+ faculty physicians. LLUMC is the only tertiary-care hospital in the area and the only Level 1 regional trauma center for Inyo, Mono, Riverside and San Bernardino Counties.

Valuation of Community Benefit

Year 2015 –SB697 Valuation – Cost-Based

2015 Community Health Investments-LLU Children’s Hospital	
Number of Programs:	14
Staff Hours:	4,044
Volunteer Hours:	11,167
Persons Served	25,391
Expenses:	\$294,899
Revenues:	\$42,000
Benefit:	\$252,899
Dollar per Person	\$9.96

Loma Linda University Children’s Hospital	
Charity Care	\$570,441
Medi-Cal and Other Means Tested Government Programs	\$100,334,777
Community Health Development	\$252,899
Health Professional Education	\$11,240,610
	\$112,398,727
Total Community Benefit Economic Value	



Loma Linda University Behavioral Medicine Center

2015 Community Health Benefits Inventory

This Community Health Benefits Inventory includes Loma Linda University Behavioral Medicine Center, a licensed hospital under Loma Linda University Health System.



Loma Linda University Behavioral Medicine Center

Number of hospital beds: 89

Ed Field, Vice President

1710 Barton Road

Redlands, CA 92373

(909) 558-9204

For questions regarding the Community Health Benefits Inventory, please contact:

Rhonda Moore

Marketing Events Specialist,

11215 Mountain View Avenue, Suite 165

Loma Linda, California 92350

909-558-3457; fax 909-558 3932

Email: rhomoore@llu.edu



LOMA LINDA
UNIVERSITY

BEHAVIORAL
MEDICINE CENTER



Loma Linda University Behavioral Medicine Center History

Privately nestled in the quiet, historic town of Redlands, California, Loma Linda University Behavioral Medicine Center has been providing exemplary mental health and chemical dependency care for over 20 years. In addition to our Redlands location, we have expanded our Adult and Youth Partial Hospitalization Program to our Murrieta Campus at the Professional Office Building. Our compassionate and experienced team of experts work with the patient to begin the healing process while restoring hope for the future.

Mission

To continue the teaching and healing ministry of Jesus Christ.

Vision

Innovating excellence in Christ-centered health care.

Values

Compassion

Reflecting the love of God through caring, respect and empathy.

Integrity

Ensuring our actions are consistent with our values

Excellence

Providing care that is safe, reliable, efficient, and patient centered.

Teamwork

Collaborating to achieve a shared purpose

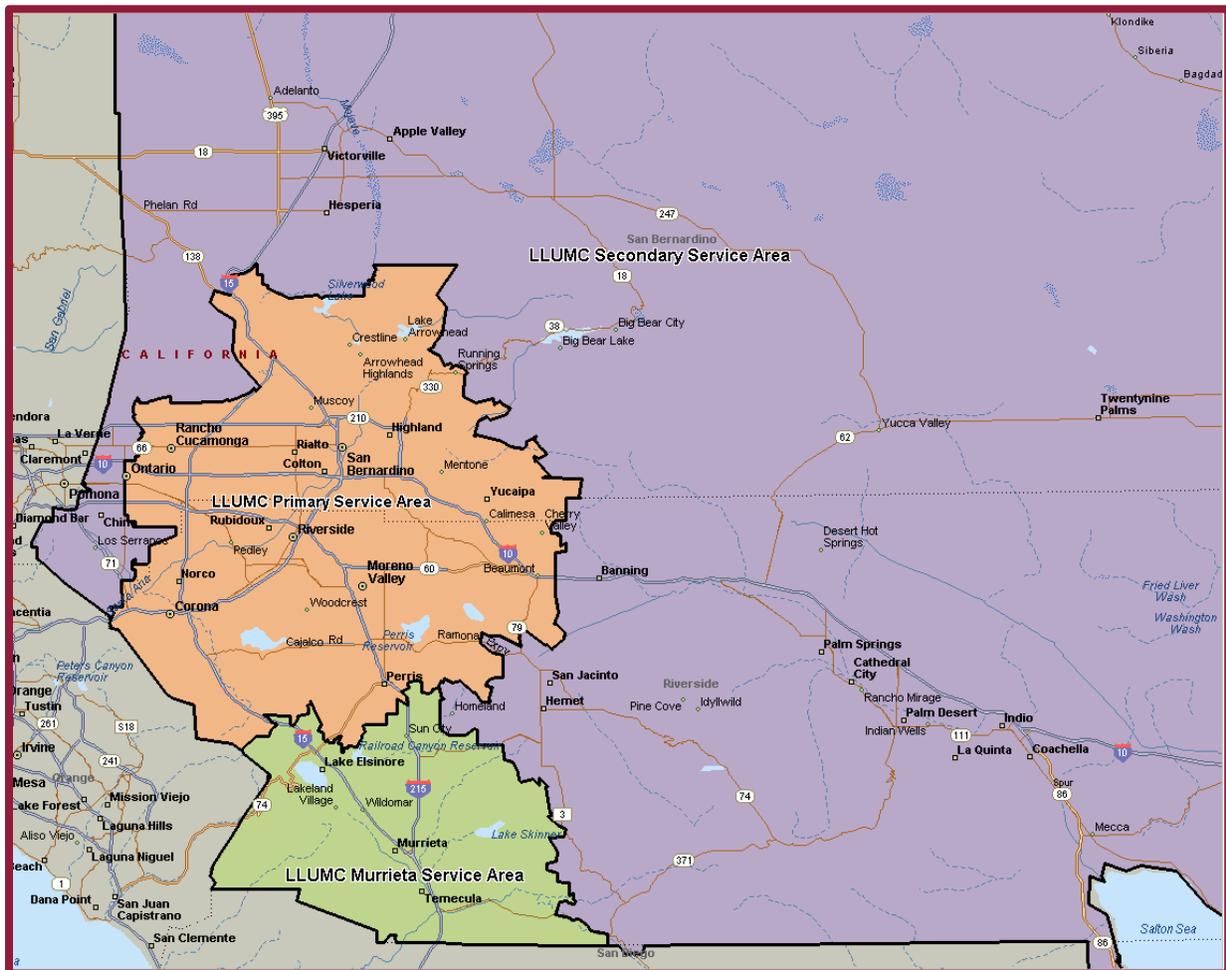
Wholeness

Embracing a balanced life that integrates mind, body, and spirit.



Loma Linda University Behavioral Medicine Center Service Area

LLUBMC's market area is defined as California's Inland Empire region. The Inland Empire region is comprised of the entirety of the counties of Riverside and San Bernardino. It is home to approximately 4.2 million people as of the 2010 Census. This region contains the census-defined metropolitan statistical area of Riverside-San Bernardino-Ontario, as well as cities in the High Desert extending into the Mojave, the Coachella Valley, and Southwest Riverside County.





LLUBMC 2015 Community Health Investments

Strategy: Whole Behavioral Health Care

Behavioral health is essential to personal well-being, family and interpersonal relationships, the ability to contribute to community or society, and the ability to adapt to change and to cope with challenges. It plays a major role in a person's ability to maintain good physical health.

Behavioral illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. Behavioral disorders contribute to a host of problems that may include disability, pain, or death. The resulting disease burden of mental illness is among the highest of all diseases.

Loma Linda University Health (LLUH), as a faith-based healthcare leader, understands that faith is a strong component of health. Participation in a community of faith significantly improves the likelihood for congregation members of becoming healthy, and staying healthy. At the intersection of faith and health are communities who value healing the whole person. It is a well-established fact that clergy are the first line of treatment for mental health. Loma Linda University Medical Center and the Behavioral Medicine Center are addressing the mental health needs in surrounding communities through partnerships with Loma Linda University academic departments, such as the Department of Psychiatry. The goal of these partnerships is to help faith communities to redefine themselves as 'health centers,' where the whole person is treated: emotionally, spiritually, relationally, and physically.

Loma Linda University Behavioral Medicine Clinic Strategy: Whole Behavioral Health Care

Identified Needs:

1. Inappropriate utilization of Emergency Departments for 5150's in the Inland Empire.
2. Difficulty accessing comprehensive behavioral health services for children, their families, and the underserved and uninsured.

Goal:

To embed behavioral health services in the overall health system in collaboration with community partners.



Interventions Implemented in 2015 to Address Identified Need:

1. Chemical Dependency Awareness, Lectures, and Educational Forums

2. Chemical Dependency Support Groups

Alcoholics Anonymous is a support group for men and women recovering from alcoholism. Members share their experience, strength, and hope with each other. The goal is to stay sober and help others achieve and maintain sobriety. Family members are encouraged to participate in the healing process.

3. Behavioral Health Fairs

Activities that involve participating in health fairs and providing screenings are typically geared towards the general community and/or employer organizations. Typically, at least one clinician or program representative accompanies the marketing representative to handle any program specific questions and interpret screenings. Our service information is displayed through different collateral pieces such as brochures, flyers, posters and promotional items.

4. Mental/Behavioral Health Education and Awareness

Behavioral Health Education and Awareness activities involve trainings, presentations, and in-service opportunities typically geared towards professionals, clinicians, general community and/or employer organizations. Our services information is provided through different collateral pieces such as brochures and flyers. The goal is to provide information on topics within the scope of behavioral health that will reduce stigma, increase knowledge, and assist community members in accessing services. Topics include awareness around mental health and substance abuse for children, adolescents, and adults. Typically, at least one clinician or program representative accompanies the marketing representative/program assistant to handle any program specific questions.

5. Senior Behavioral Health Services

Activities addressing senior behavioral health typically are in the form of general education, screenings, and awareness activities as much of the geriatric population are often reluctant to access mental health services due to the stigma and shame they may be feeling. Additionally, the Medical Director collaborates with other providers and educates them on signs and symptoms to look for in their patients so they are better able to detect any underlying psychiatric conditions that need to be addressed.

6. Outpatient Adolescent and Child - Awareness, Lectures, and Educational Forums

Chemical Dependency Children's Program is a six-week program that meets once a week for two hours providing treatment to children of addicted parents. The goal is for children to identify with other children and decrease the feeling of isolation. Educating the child of the addiction disease concept, aiding in overcoming the emotional burden of wanting to cure their parents, creating awareness of their own genetic pre-



disposition to addiction, and enabling the children to express themselves in a safe environment that empowers them to communicate their feelings with their parents in the presence of their peers, and other patient families is a way to engage children in the health process.

7. Outpatient Partial Adults and Eating Disorders- Awareness, Lectures, Education

Recognizing a patient's need for various levels of care, Loma Linda University Behavioral Medicine Center (LLUBMC) offers two levels of care for adult outpatient programs. The Partial Hospital Program (PHP) and the Intensive Outpatient Program (IOP) are highly structured therapeutic day treatment programs providing psychiatric and dual diagnosis treatment, while allowing the patients to return home in the evening. These hospital based programs serve as a "step down" from inpatient hospitalization or as a means to prevent hospitalization.

8. Mental Health Screening

Anxiety/depression screenings and mental/behavioral health information were provided to women who attended the annual Loma Linda University Health Women's Health Conference.

Behavioral Health Screenings are geared towards the general community in the Inland Empire, senior facilities, and/or employer organizations. At least one clinical therapist or program representative handles program specific questions and interprets depression screening and mental health assessment results. Service information is displayed through various collateral pieces such as brochures, flyers, posters, and other promotional items.

9. Staying with Sobriety Newsletter

Staying with Sobriety Newsletter – The newsletter can be accessed through the mail, website, or via email. Announcements, mental health education program notices and events, a featured story to honor chemical dependency graduates are included in the newsletter. Additionally, there are tools that are given to the readers on how to maintain their sobriety.



LLUBMC Community Benefit and Economic Value

For over a century, Loma Linda University Health System has been fulfilling the mission “To Make Man Whole.” From a humble beginning, LLUH has grown to nearly 900 beds for patient care, including beds at LLUMC, LLUMC East Campus, LLU Children’s Hospital, and LLU Heart Surgical Hospital, LLUMC - Murrieta, and LLU Behavioral Medicine Center. Each year the institution admits more than 33,000 inpatients and serves over half a million outpatients provided by our 400+ faculty physicians. LLUMC is the only tertiary-care hospital in the area and the only Level 1 regional trauma center for Inyo, Mono, Riverside and San Bernardino Counties.

Valuation of Community Benefit

Year 2015 –SB697 Valuation – Cost-Based

LLUBMC 2015 Community Health Investments	
Number of Programs:	8
Staff Hours:	685
Volunteer Hours:	0
Persons Served:	39,638
Expenses:	\$71,779
Revenues:	\$0
Benefit:	\$71,779
Dollar per Person	\$1.81

Loma Linda University Behavioral Medicine Center	
Charity Care	\$113,154
Medi-Cal and Other Means Tested Government Programs	\$4,165,506
Community Health Development	\$71,779
Total Community Benefit Economic Value	\$4,350,439



Loma Linda University Medical Center-Murrieta

2015 Community Health Benefits Inventory

This Community Health Benefits Inventory includes Loma Linda University Behavioral Medicine Center, a licensed hospital under Loma Linda University Health System.



Loma Linda University Medical Center-Murrieta

Number of hospital beds: 106

Greg Henderson, Senior Vice President

28062 Baxter Road

Murrieta, CA 92563

(951) 290-4000

For questions regarding the Community Health Benefits Inventory, please contact:

Jennifer Lossius, MBA

Manager, Community Health & IT Education, Talent Development

28078 Baxter Road, Suite 210

Murrieta, California 92563

Phone: 951-290-4857

E-mail: jclossius@llu.edu



LOMA LINDA
UNIVERSITY
MEDICAL CENTER
- MURRIETA



Loma Linda University Medical Center-Murrieta History

Our campus serves the community with a new, state-of the art medical facility that blends the best of the local medical community and the 105 year legacy of the Seventh-day Adventist owned and operated, Loma Linda University Medical Center. LLUMC-Murrieta is home to a 256,000 square foot acute care hospital with 106 inpatient beds, and a 160,000 square foot Professional Office Building. The facility blends the latest technology with high-touch care, and a calm, healing environment.

LLUMC-Murrieta began with a group of dedicated community investors and physicians who formed Physicians Hospital of Murrieta (PHM). Together they purchased the land, hired an architect and achieved Office of Statewide Health Planning and Development (OSHPD) approval. At this point PHM sought a partner. The project then became a joint venture between PHM and Loma Linda University Medical Center (LLUMC). In December 2008 ground was broken and the hospital was completed in February of 2011. Due to the Affordable Care Act, which forbids practicing physicians from ownership of hospitals, the investors in PHM were bought out of the joint venture by LLUMC. On February 6, 2011, the hospital hosted a community open house event where over 10,500 visitors attended. Visitors got a preview of a world-class, high technology facility, spacious private rooms, and expansive windows with breathtaking views, cardiac catheterization laboratory, surgical suites, and much more.

The hospital was licensed by the California Department of Public Health and opened for public care on April 15, 2011. In February of 2012, the hospital became the first and only provider of interventional cardiology services in the Murrieta-Temecula area. In August of 2013 LLUMC-Murrieta became a licensed STEMI (heart attack) receiving center. LLUMC-Murrieta, though only a few years in operations, provides a high level of quality health care services. LLUMC-Murrieta is owned and operated by Loma Linda University Health (LLUH), an entity that belongs to the Seventh-day Adventist Church. As part of LLUH, Loma Linda University Medical Center Murrieta is a unique blend of community, academic and faith-based medicine.



Mission

To continue the teaching and healing ministry of Jesus Christ.

Vision

Innovating excellence in Christ-centered health care.

Values

Compassion

Reflecting the love of God through caring, respect and empathy.

Integrity

Ensuring our actions are consistent with our values

Excellence

Providing care that is safe, reliable, efficient, and patient centered.

Teamwork

Collaborating to achieve a shared purpose

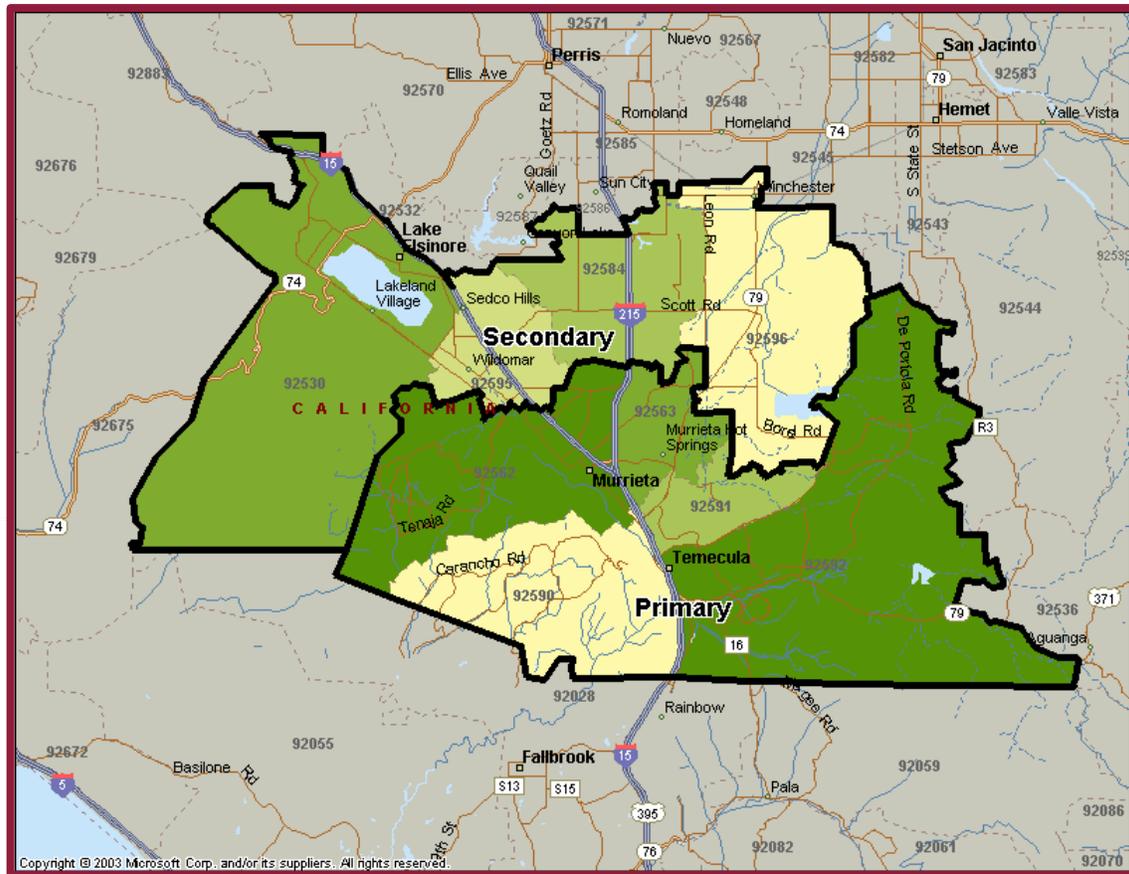
Wholeness

Embracing a balanced life that integrates mind, body, and spirit.



Loma Linda University Medical Center-Murrieta Service Area

LLUMC-Murrieta's market area is defined as the Southwest region of Riverside County. The Southwest Riverside County region is comprised of the communities of Lake Elsinore, Menifee, Murrieta, Sun City, Temecula, Wildomar, and Winchester. It is home to an estimated 477,363 people as of the year 2012.





LLUMC-M 2015 Community Health Investments

Strategy: Whole Child Care

Children are our most at risk population in the Inland Empire as they are the smallest voice in a region of minimal resources. In our vast geographic area, children 0-17 compromise more than 39 percent of our population, 33 percent of our families live at poverty level, and 44 percent live in single parent households. Our children attend schools where educational competency rates are below the national average, yielding high school graduation rates of 60 percent. Our mission at Loma Linda University Health is to be the voice for our most vulnerable population. We have made children's well-being a priority for our health system, by being the premier Children's Hospital in the eastern portion of Southern California.

Meeting the health needs of our children will require a symphony of care and coordinated response from healthcare access, access to nutritious foods, family support, access to open space for physical activity, and collaboration with our local schools. Most strategies to prevent or reduce childhood obesity have focused on individual behavior modification and pharmacological treatment, but have been met with limited success.

Loma Linda University Health recognizes that our children are our future. LLUH is committed to improving the health of all children living in the region by promoting lifelong healthy eating patterns through education and behavior change practices, promoting physically active lifestyles, and supporting community programs that promote overall health.

The U.S. Surgeon has identified the obesity epidemic as one of the greatest health problems facing the nation today. Currently, approximately 25 million U.S. children and adolescents are overweight or obese. Since 1980, the percentage of children who are overweight has more than doubled, while rates among adolescents have more than tripled. Although the rising trend in obesity rates is present in all social classes, the risk is greater in lower income and in certain ethnic populations.

Childhood obesity has been associated with a number of problems including health, social, and economic consequences. Childhood obesity is related to numerous chronic adult diseases including type 2 diabetes, cardiovascular disease, several kinds of cancer, and osteoarthritis. Children and adolescents who are overweight are more likely to become overweight or obese adults.



Loma Linda University Medical Center - Murrieta Strategy: Whole Child Care

Identified Need:

1. High rates of childhood obesity and asthma.
2. Lack of adequate resources for children including behavioral health services, medical services, social services. Fragmentation of the system as a whole.
3. High rates of children living in poverty and homelessness. Our health system and communities have been unable to respond to children raised in poverty with a lack of resources.

Goal

To engage the “collective community” of local, regional and state agencies, and non-profit entities to create a system of care that stretches from families and communities to the health care system that synergistically improves the wholeness of all the children in our region.

Objective

1. Improved health status for children living in the Inland Empire.

2015 Interventions to Address the Identified Need

1. Breast Feeding Education (non-patients)

The breastfeeding 101 course covers the basic learning topics which include: benefits of breastfeeding, breastfeeding positioning techniques, proper latch techniques, feeding cues, the breastfeeding crawl, proper nutrition while nursing, pumping and storing breast milk. The course fee is \$45.00 and includes DVD “Breastfeeding-You Can Do It”.

2. Breastfeeding: Lactation Consultations

Lactation Consultations provide the one to one coaching for the new mothers seeking breast feeding skills to increase the health of their infants with regards to early obesity prevention.

3. Childbirth Education

This interactive series uses games, videos & more to prepare parents for the birth of their baby. Topics include: Pain coping practices, Pregnancy & nutrition, Confidence & birth satisfaction, Role of pain, Informed decision making, Stages of labor & what to expect, Lamaze's Healthy Birth Practices, Comfort measures & positions, Common interventions & meds, Basic newborn & postpartum care, Breastfeeding, and more.

4. CPR/First Aid-Classes

The Family & Friends Basic Life Support Course teaches the lifesaving skills of adult Hands-Only CPR, child CPR with breaths, adult and child AED use, infant CPR and relief of choking in an adult, child or infant. Skills are taught in a dynamic group



environment by using the AHA's research-proven practice-while-watching technique, which provides students with the most hands-on CPR practice time possible.

Family & Friends Basic Life Support Course is for people who want to learn CPR but do not need a course completion card in CPR for their job. This course is ideal for schools and students, new parents, grandparents, babysitters and others interested in learning how to save a life.

5. Family Health Fairs

Heart health screenings (i.e., blood pressure, lipid panel, heart echocardiograms, Body Mass Index testing) were provided free of charge at the family health fairs.

6. LLUMCM Annual Family Health Fair

Going on its 4th year, the annual Family Health Fair is an opportunity for LLUMCM to invite the community to learn about their health. The following free services were provided at the LLUMCM health fair: dental screenings; colon cancer education; diabetes education, and blood sugar testing; prostate cancer screenings; mother and baby education, breast health education; ER services education, cardiac education, and nutrition (Rethink Your Drink) and healthy weight education for children. Community organizations, non-profit organizations, and support groups (cancer support groups) were present at the fair to provide information about available resources and services in the community served by LLUMCM.

LLU BMC and LLUMCM pediatric care provided consultations. The local police and fire departments and the California Highway Patrol provided safety education.

A farmers market promoting local, fresh organic healthy foods. Activities for children included: free rock climbing wall, jumping house, obstacle course, petting zoo; live music, and face painting.

Healthy lifestyle items were raffled such as *Sonicare* toothbrushes, pedometers, and exercise equipment.

7. Newborn Necessities Education

The Newborn Necessities course is a parent's boot camp whereby experts help build confidence in caring for a newborn. This hands-on course is designed to provide the tools and knowledge necessary to understand a newborn's needs. The course topics covered in this course include: sleep patterns, feeding cues, the fourth trimester, introduction to pets, diapering options, nutrition, breastfeeding, bottle feeding, newborn appearance and abilities, common myths about newborns, the Happiest Baby on the Block's Five's, swaddling, bathing, and baby wearing. The course fee is \$45.00 and includes DVD "Happiest Baby on the Block".



Strategy: Whole Chronic Disease Care

The prevalence of chronic diseases is increasing in both the elderly and non-elderly populations, with a significant increase in the number of people with multiple chronic diseases. Increased spending on chronic diseases in Medicare is a significant driver of the overall increase in Medicare spending over the last twenty years.

Chronic disease management is a broad term that encompasses many different models for improving care for people with chronic disease. Elements of a structured chronic disease management program may include a treatment plan with regular monitoring, coordination of care between multiple providers and/or settings, medication management, evidence-based care, measuring care quality and outcomes, community based interventions supporting healthy behaviors, and support for patient self-management.

LLUH is taking an active role to improve the continuum of care for individuals experiencing chronic disease and is committed to an overall emphasis of improving the efficiency of health care and bridging preventive strategies in the clinical setting as well as in the community. Although an overall coordination of multiple chronic diseases will be emphasized, the interventions for this strategy will be geared toward diabetes, heart disease, and obesity related co-morbidities.

Loma Linda University Medical Center - Murrieta Strategy: Whole Chronic Disease Care

Identified Need

High rates of ambulatory care sensitive hospitalizations and ED utilization as related to obesity co-morbidities, heart disease and diabetes.

Goal

Improve the continuum of care for individuals experiencing chronic disease.

Strategy: Chronic Disease Management

Objectives

1. Improve evidence based protocol adherence for heart disease management within the hospital.
2. Increase community awareness on the importance of identifying their cholesterol, BMI, blood pressure, and glucose levels.
3. Improve the overall self-reported health status as good or excellent.



LLUMC-M 2015 Interventions to Meet Identified Need

1. Cancer Education Programs

Look Good Feel Better

Provides a free, two-hour workshop for women undergoing cancer treatment. This program helps improve the self-image, appearance, and quality of life of patients by teaching beauty techniques to help cope with the temporary appearance-related side effects of cancer treatment. This program is made possible through a collaboration of the Personal Care Products Council Foundation, the American Cancer Society, and the Professional Beauty Association/National Cosmetology Association. Group classes and one-on-one services are available, depending on the area. Please call for additional information.

2. Healthy Valley Coalition

The Healthy Valley Coalition was established in 2014 with the mission to grow, promote, and increase community health and awareness in Murrieta, Temecula, and the surrounding communities. This coalition is a collaboration of community partners from local businesses, non-profit organizations, hospitals, city and county representatives, and civically engaged citizens. The coalition focuses on aging, chronic illness education, children's health services, and behavioral health initiatives whereby disparities are identified and prevention is promoted.

The vision of the Health Valley Coalition is to support improvement in health indicators of the Southwest Riverside communities. The mission is to provide individuals, businesses, and institutions access to information, resources, ideas, and initiatives that support the community's wellness.

The Healthy Valley Coalition meets monthly to discuss ways to improve education and knowledge of health care related events and activities in the Murrieta and surrounding areas. LLUMC-Murrieta joins the monthly meetings and provides guidance from a hospital perspective to increase the health of the community.

3. Community Health Partners

This is a partnership of support programs. A select number of partners are described:

- *Michelle's Place* is a safe environment where women can connect and learn more about breast cancer, whether they are going through treatment or know someone going through treatment.
- *Project Touch* bridges individual and collective bodies of faith, civil and business organizations in our community to effectively overcome homelessness and establish effective homeless prevention.
- *LifeStream* is a private, not-for-profit, 501(c)(3) comprehensive blood center. We provide more than 210,000 blood products each year to hospitals in our region.



4. CPR/First-Aid Classes

The Family & Friends Basic Life Support Course teaches the lifesaving skills of adult Hands-Only CPR, child CPR with breaths, adult and child AED use, infant CPR and relief of choking in an adult, child or infant. Skills are taught in a dynamic group environment by using the AHA's research-proven practice-while-watching technique, which provides students with the most hands-on CPR practice time possible.

Family & Friends Basic Life Support Course is for people who want to learn CPR but do not need a course completion card in CPR for their job. This course is ideal for schools and students, new parents, grandparents, babysitters and others interested in learning how to save a life.

5. Diabetes Education

The diabetes education classes aimed to increase community awareness on the importance of identifying their cholesterol, BMI, blood pressure, and glucose levels. The goal was to increase the overall self-reported health status as good or excellent.

6. Joint Replacement Education Class

In order to address post-operative complications due to lack of education, the Orthopedic Team provides pre-operative Joint Replacement Surgery Education. The information presented in the class provides details of what the patient and care plan partner should expect before, during, and after joint replacement surgery. The Orthopedic class is designed to cover basic information about pre-operative testing and what to expect during and after the hospital stay. Pre- and post-operative exercises and the recommended medical adaptive equipment to use during recovery are reviewed in the class.

7. Screening/Breast Exams

The 2015 Clinical Breast Exam screening program was held on April 7th and 9th at Loma Linda University Medical Center- Murrieta. This screening event was open to the public and included demonstration of self-examination and education on the importance and frequency of completing self-examination.

8. Weight Loss Surgery Education

This program is designed to educate the general public on Weight Loss Surgery and other weight loss solutions. Education is focused on general knowledge of obesity, the effects of obesity, causes of obesity, long term effects of obesity, medically supervised weight loss, surgical options for weight loss, and lifestyle changes.



Strategy: Whole Behavioral Health Care

Behavioral health is essential to personal well-being, family and interpersonal relationships, the ability to contribute to community or society, and the ability to adapt to change and to cope with challenges. It plays a major role in a person's ability to maintain good physical health.

Behavioral illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. Behavioral disorders contribute to a host of problems that may include disability, pain, or death. The resulting burden of mental illness is among the highest of all diseases.

Loma Linda University Health (LLUH), as a faith-based healthcare leader, understands that faith is a strong component of health. Participation in a community of faith significantly improves the likelihood for congregation members of becoming healthy, and staying healthy. At the intersection of faith and health are communities who value healing the whole person. It is a well-established fact that clergy are the first line of treatment for mental health. Loma Linda University Medical Center and the Behavioral Medicine Center are addressing the mental health needs in surrounding communities through partnerships with Loma Linda University academic departments, such as the Department of Psychiatry. The goal of these partnerships is to help faith communities to redefine themselves as 'health centers,' where the whole person is treated: emotionally, spiritually, relationally, and physically.

LLUMC-M

Strategy: Whole Behavioral Health Care

Identified Needs:

1. Inappropriate utilization of Emergency Departments for 5150's in the Inland Empire.
2. Difficulty accessing comprehensive behavioral health services for children, their families, and the underserved and uninsured.

Goal:

To embed behavioral health services in the overall health system in collaboration with community partners.

The following interventions were implemented in 2015 to meet the identified need:

1. Amyotrophic Lateral Sclerosis (ALS) Support Group

The ALS association identified the need by patient population with ALS in the service area. This support group serves as a resource for people to maintain control over their lives, to give and take the wisdom and experience that comes from living with a devastating illness. Support groups exist entirely for you, the person with ALS, and family or loved ones.



2. Living with Cancer Support Group

The Living with Cancer support group is an open forum for sharing personal challenges, practical suggestions and everyday triumphs. All sessions will be hosted by a licensed therapist or healthcare specialist. The support group is designed for anyone living with cancer and their families.

3. Weight Loss Support Group

This support group is for patients that are preparing or getting ready for a weight loss procedure or have already had one. These meetings are an opportunity to make friends, learn healthy living tips, enjoy a supportive environment and ensure the success of a new healthy lifestyle.



LLUMC-Murrieta Community Benefit and Economic Value

For over a century, Loma Linda University Health System has been fulfilling the mission “To Make Man Whole.” From a humble beginning, LLUH has grown to nearly 900 beds for patient care including beds at LLUMC, LLUMC East Campus, LLU Children’s Hospital, and LLU Heart Surgical Hospital, LLUMC - Murrieta, and LLU Behavioral Medicine Center. Each year the institution admits more than 33,000 inpatients and serves over half a million outpatients provided by our 400+ faculty physicians. LLUMC is the only tertiary-care hospital in the area and the only Level 1 regional trauma center for Inyo, Mono, Riverside and San Bernardino Counties.

Valuation of Community Benefit

Year 2015 –SB697 Valuation – Cost-Based

LLUMC-M 2015 Community Health Investments	
Number of Programs:	18
Staff Hours:	2,597
Volunteer Hours:	236
Persons Served:	6217
Expenses:	\$278,356
Revenues:	\$7,200
Benefit:	\$271,156
Dollar per Person	\$43.62

Loma Linda University Medical Center-Murrieta	
Charity Care	\$488,476
Medi-Cal and Other Means Tested Government Programs	\$8,595,789
Community Health Development	\$271,156
Total Community Benefit Economic Value	\$9,355,421



Appendix A: Charity Care and Financial Assistance Policy

LOMA LINDA UNIVERSITY HEALTH CHARITY CARE
AND FINANCIAL ASSISTANCE POLICY
ADOPTED AT ALL THREE LICENSED HOSPITALS

CATEGORY: FINANCE

CODE: C-22

EFFECTIVE: 05/2011

SUBJECT: CHARITY CARE

REPLACES: 05/2008

PURPOSE:

The purpose of this policy is to define the criteria, which will be used by Loma Linda University Medical Center, Loma Linda University Children's Hospital, Loma Linda University East Campus Hospital, Loma Linda University Heart and Surgical Hospital and Highland Springs Medical Plaza (hereinafter collectively "LLUMC") to comply with the requirements of the California Hospital Fair Pricing Policies Act.

California acute care hospitals must implement policies and practices that conform to California law, including requirements for written policies providing discounts and Charity Care to financially qualified patients. This policy is intended to meet such legal obligations and provides for both Charity Care and discounts to patients who financially qualify under the terms and conditions of the LLUMC Charity Care/Discount Payment Policy.

SCOPE OF POLICY:

This policy pertains to financial assistance provided to patients by LLUMC. All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy. This policy does not apply to physician services rendered at LLUMC with the exception of emergency physicians who provide services within LLUMC's Emergency Department. The emergency physicians at LLUMC have adopted a separate policy that provides discounts to uninsured patients or patients with high medical costs whose income is at, or is below 350% of the Federal Poverty Level.

PHILOSOPHY:

As a faith-based organization, LLUMC strives to meet the health care needs of patients in its geographic service area. The LLUMC Mission is "To Continue the Healing Ministry of Jesus Christ and to Make Man Whole." LLUMC's Mission is expressly demonstrated through this Charity Care/Discount Payment Policy.

The first and foremost responsibility of LLUMC is to see that its patients receive compassionate, timely, and appropriate medical care with consideration for patient privacy, dignity, and informed consent.



LLUMC regularly provides hospital services to patients who live locally in and around Loma Linda, CA. As a major teaching university and tertiary hospital, LLUMC also serves as a regional resource, caring for complex patient needs and regularly accepts transfers from many other hospitals. LLUMC also offers many highly specialized treatment programs, some of which are unique. To help meet the needs of its patients, LLUMC is committed to providing access to financial assistance programs when patients are uninsured or underinsured and may need help in paying their hospital bill. These programs include government sponsored coverage programs, Charity Care, and discounted payment Charity Care, as defined herein.

DEFINITION OF TERMS:

Charity Care: Charity Care is defined as any medically necessary inpatient or outpatient hospital service provided to a patient who has an income below 200% of the current federal poverty level and who has established qualification in accordance with requirements contained in the LLUMC Charity Care/Discount Payment Policy.

Discount Partial Charity Care Payment: Discount Payment through the Charity Care/Discount Payment

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

Federal Poverty Level (FPL) Guideline: The FPL guidelines establish the gross income and family size eligibility criteria for Charity Care and Discounted Payment status as described in this policy. The FPL guidelines are updated periodically by the United States Department of Health and Human Services.

Good Faith Estimate: The amount quoted by LLUMC Registration staff to an uninsured patient or their family representative prior to, or at the time services are rendered, represents a reasonable approximation of the actual price to be paid by the patient or family representative for services received at LLUMC. Registration staff will make their best efforts to develop and quote a Good Faith Estimate; however, registration staff may not be able to fully predict the actual medical services that will be subsequently ordered by the patient's attending, treating or consulting physicians.

International Services Department: All international charity cases must be reviewed and approved by the International Charity Committee consistent with its annual budget criteria. (Reference Policy C-51, "International Benefit")

LLUMC Charity Care/Discount Payment Policy Qualification Requirements: Depending upon individual patient qualification, LLUMC financial assistance may be granted for Charity Care or discount partial Charity Care payment. If a person requests Charity Care or a discounted payment, and fails to provide information that is reasonable and necessary for LLUMC to make a



determination, LLUMC may consider that failure in making its determination. Financial assistance may be denied when the patient or other responsible family representative does not meet the LLUMC Charity Care/Discount Payment Policy qualification requirements.

Medically Necessary Services: Financial assistance under this policy shall apply to medically necessary services but would exclude unique technology services where medically efficacious alternative therapies are available. Examples include: 1) Cosmetic and/or plastic surgery services; 2) Infertility services; 3) Vision correction; 4) Proton therapy; 5) Robotic procedures; 6) Orthotics/Prosthetics, or 7) Other services that are primarily for patient comfort and/or patient convenience.

Patient's Family: The following shall be applied to all cases subject to the LLUMC Charity Care/Discount Payment Policy:

1. For persons 18 years of age and older, spouse, domestic partner, as defined in Section 297 of the California Family Code, and dependent children under 21 years of age, whether living at home or not.
 - 1.1 Domestic Partner: A domestic partnership shall be established in California when both persons file a Declaration of Domestic Partnership with the Secretary of State pursuant to this division, and, at the time of filing, all of the following requirements are met:
 - a. Both persons have a common residence.
 - b. Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
 - c. The two persons are not related by blood in a way that would prevent them from being married to each other in this state.
 - d. Both persons are at least 18 years of age.
 - e. Either of the following: Both persons are members of the same sex, one or both of the persons meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals. Notwithstanding any other provision of this section, persons of opposite sexes may not constitute a domestic partnership unless one or both of the persons are over the age of 62.
 - f. Both persons are capable of consenting to the domestic partnership.
2. For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

A. GENERAL PATIENT RESPONSIBILITIES

1. **To Be Honest:** Patients must be honest and forthcoming when providing all information requested by LLUMC as part of the financial assistance screening process. Patients are required to provide accurate and truthful eligibility documentation reasonably necessary



for financial assistance coverage through any government coverage program or the LLUMC Financial Assistance Program. Honesty implies and requires full and complete disclosure of required information and/or documentation.

2. To Actively Participate and Complete Financial Screening: All uninsured patients and those who request financial assistance will be required to complete a Financial Assistance Application. Prior to leaving LLUMC, patients should verify what additional information or documentation must be submitted by the patient to LLUMC. The patient shares responsibility for understanding and complying with the document filing deadlines of LLUMC or other financial assistance programs.
3. To pay any or All Required Out-of-Pocket Amounts Due: Patients should expect and are required to pay any or all amounts due at the time of service. Said amounts due may include, but are not limited to:
 - 3.1 Co-Payments
 - 3.2 Deductibles
 - 3.3 Deposits
 - 3.4 Medi-Cal/Medicaid Share of Cost Amounts
 - 3.5 Good Faith Estimates
4. To Share Responsibility for Hospital Care:

Each patient shares a responsibility for the hospital care. They receive. This includes follow-up in obtaining prescriptions or other medical care after discharge. The patient also shares a responsibility to assure that arrangements for settling the patient account have been completed. It is essential that each patient or their family representative cooperates and communicates with LLUMC personnel during and after services are rendered.

B. HOSPITAL PROCESS and RESPONSIBILITIES

1. Eligibility under the LLUMC Charity Care/Discount Payment Policy is provided for any patient whose family income is less than 350% of the current federal poverty level, if not covered by third-party insurance or, if covered by third-party insurance which does not otherwise afford the patient a discount from standard hospital rates as provided in the LLUMC charge description master.
2. The LLUMC Charity Care/Discount Payment Policy utilizes a single, unified patient application for both full Charity Care and discount payment. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit



for which they may qualify. The Financial Assistance Application provides patient information necessary for determining patient qualification by the hospital and such information will be used to qualify the patient or family representative for maximum coverage available through government programs and/or under the LLUMC Charity Care/Discount Payment Policy.

3. Eligible patients may qualify for LLUMC Charity Care/Discount Payment Policy by following application instructions and making every reasonable effort to provide LLUMC with documentation and health benefits coverage information such that LLUMC may make a determination of the patient's qualification for coverage under the appropriate program. Eligibility alone is not an entitlement to qualification under the LLUMC Charity Care/Discount Payment Policy. LLUMC must complete a process of applicant evaluation and determine qualification before full Charity Care or discount payment Charity Care may be granted.
4. The LLUMC Charity Care/Discount Payment Policy relies upon the cooperation of individual patients who may be eligible for full or partial assistance. To facilitate receipt of accurate and timely patient financial information, LLUMC will use a Financial Assistance Application. All patients unable to demonstrate financial coverage by third-party insurers will be offered an opportunity to complete the Financial Assistance Application. Uninsured patients will also be offered information, assistance and referral to government sponsored programs for which they may be eligible. Insured patients who have not received a discount through their insurance coverage may also be eligible for financial assistance. Any patient who requests financial assistance will be asked to complete a Financial Assistance Application.
5. The Financial Assistance Application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.
 - 5.1 Completion of a Financial Assistance Application provides:
 - a. Information necessary for LLUMC to determine if the patient has income sufficient to pay for services;
 - b. Documentation useful in determining qualification for financial assistance; and
 - c. An audit trail documenting LLUMC's commitment to providing financial assistance.
 - 5.2 A completed Financial Assistance Application is not required if LLUMC, in its sole discretion, determines it has sufficient patient financial information from which to make a financial assistance qualification decision.



C. QUALIFICATION: FULL CHARITY CARE AND DISCOUNT PAYMENT CHARITY CARE:

1. Qualification for full or discount payment financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion. While financial assistance shall not be provided on a discriminatory or arbitrary basis, LLUMC retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.
2. LLUMC will provide direct assistance during registration to patients or their family representative to facilitate completion of the Financial Assistance Application. Completion of the Financial Assistance Application and submission of any or all required supplemental information may be required for establishing qualification for financial assistance.
3. Recognizing that LLUMC provides a high volume of lower acuity emergency and urgent care services to the local community, efforts are made to reduce the burden of application in certain cases. Although charges for emergency medical care can be quite high, such cases are less frequent than many other minor care visits. When the emergency or urgent care visit charges are less than \$5,000, the patient or family representative may only be required to submit a completed and signed Financial Assistance Application. Tax returns or recent pay stubs may not be required in such cases. However, in the event charges exceed \$5,000, the patient or family representative must provide proof of income documents in the form of either a federal income tax return or copies of at least two recent pay stubs.
4. It may be necessary for the patient and/or family representative to subsequently deliver supporting documentation to LLUMC. Instructions for submission of supporting documents will be provided to the patient at the time a Financial Assistance Application is completed. The patient and/or patient family representative who requests assistance in meeting their financial obligation to LLUMC shall make every reasonable effort to provide information necessary for LLUMC to make a financial assistance qualification determination. The Financial Assistance Application and required supplemental documents are submitted to the Patient Business Office. The location of this office shall be clearly identified on the application instructions.
5. LLUMC will provide personnel who have been trained to review Financial Assistance Applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response.
6. Factors considered when determining whether an individual is qualified for financial assistance pursuant to this policy may include:



- 6.1 No insurance coverage under any government program or other third-party insurer, which has provided the patient or family representative a discount from the usual, customary and reasonable rates of LLUMC;
- 6.2 Family income based upon federal income tax returns, recent pay stubs, or other relevant information provided by the patient in the absence of said documents;
- 6.3 Family size
7. Financial Assistance qualification may be granted for Charity Care or discount payment depending upon the patient or family representative's level of qualification as defined in the criteria of this Charity Care/Discount Payment Policy. A financial assistance determination will be made only by approved LLUMC personnel according to the following levels of authority:
 - 7.1 Manager of Patient Business Office: Accounts less than \$50,000
 - 7.2 Director of Patient Business Office: Accounts less than \$100,000
 - 7.3 Executive Director of Business Office: Accounts less than \$250,000
 - 7.4 Vice President, Revenue Cycle: Accounts greater than \$250,000
8. Once determined, Financial Assistance qualification will apply to the specific services and service dates for which application has been made by the patient and/or patient family representative. In cases of continuing care relating to a patient diagnosis which requires on-going, related services, LLUMC, at its sole discretion, may treat continuing care as a single case for which qualification applies to all related on-going services provided by LLUMC. Other pre-existing patient account balances outstanding at the time of a qualification determination by LLUMC will be included as eligible for write-off at the sole discretion of LLUMC management.
9. Patient obligations for Medi-Cal/Medicaid Share of Cost payments will not be waived under any circumstances. However, after collection of the patient Share of Cost portion, any non-covered or other unpaid balance relating to a Medi-Cal/Medicaid Share of Cost patient may be considered for Charity Care.
10. Patients between 201% and 350% of FPL will not pay more than Medicare would typically pay for a similar episode of service. This shall apply to all medically necessary hospital inpatient, outpatient, recurring and emergency services provided by LLUMC.



D. FULL CHARITY AND DISCOUNT PAYMENT - INCOME QUALIFICATION LEVELS

1. If an uninsured patient’s family income is 200% or less of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance qualification requirements, the patient qualifies for full Charity Care.
2. If the patient’s family income is between 201% and 350% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance qualification requirements, the following will apply:
 - 2.1 Uninsured Patient. If the services are not covered by any third-party payer so that the patient ordinarily would be responsible for the full-billed charges, the patient's payment obligation will be a percentage of the gross amount the Medicare program would have paid for the service if the patient were a Medicare beneficiary. The actual percentage paid by any individual patient shall be based on the sliding scale shown in Table 1 below:

**TABLE 1
Sliding Scale Discount Schedule**

Family Percentage of FPL	Discount off M/Care Allowable
201 – 260%	75%
261 – 320%	50%
321 – 350%	25%

- 2.2 Insured Patient.
 - a. If the services received are covered by a third-party payer such that the patient is responsible for only a portion of the billed charges (i.e., a deductible or co-payment), and the insured patient’s insurance plan does not have a contract with LLUMC, then the patient’s payment obligation will be an amount equal to the difference between what insurance has paid and the gross amount that Medicare would have paid for the service if the patient were a Medicare beneficiary (i.e., if insurance has paid more than the Medicare allowable amount, the patient will owe nothing further, but if the patient’s insurance has paid less than the Medicare allowable amount, the patient will pay the difference between the insurance amount paid and the Medicare allowable amount); or
 - b. If the services provided by LLUMC are covered by a third-party payer and the patient has received a discount as a result of said third-party payer coverage, than no further discount will be provided and the patient shall be responsible for payment of any or all co-payment or deductible amounts owed as required by the patient’s insurance coverage. If the patient/guarantor has experienced a catastrophic event which has resulted in their inability to pay any or all co-



payment or deductible amounts owed, the patient/guarantor can complete a Financial Assistance Application and provide tax returns or other documentation which demonstrates the need for further discounting of their co-payments or deductibles.

3. If the patient's family income is greater than 350% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance qualification requirements, the following will apply:
 - 3.1 Uninsured Patient. If the services are not covered by any third-party payer so that the patient ordinarily would be responsible for the full-billed charges, the total patient payment obligation will be an amount equal to 100% of the gross amount the Medicare program would have paid for the service if the patient were a Medicare beneficiary.
 - 3.2 Insured Patient.
 - a. If the services received are covered by a third-party payer such that the patient is responsible for only a portion of the billed charges (i.e., a deductible or co-payment), and the insured patient's insurance plan does not have a contract with LLUMC, then the patient's payment obligation will be an amount equal to the difference between what the third-party payer has paid and 100% of what Medicare would have paid if the patient were a Medicare beneficiary; or
 - b. If the services provided by LLUMC are covered by a third-party payer and the patient has received a discount as a result of said third-party payer coverage, then no further discount will be provided and the patient shall be responsible for payment of any or all co-payment or deductible amounts owed as required by the patient's third-party payer coverage.
 - c. If the patient/guarantor has experienced a catastrophic event which has resulted in their inability to pay any or all co-payment or deductible amounts owed, the patient/guarantor can complete a Financial Assistance Application and provide tax returns or other documentation which demonstrates the need for further discounting of their co-payments or deductibles.

E. SPECIAL CHARITY CARE CIRCUMSTANCES

1. If the patient is determined by LLUMC Registration staff to be homeless and without third-party payer coverage, he/she will be deemed as automatically eligible for Charity Care.
2. Deceased patients who do not have any third-party payer coverage, an identifiable estate or for whom no probate hearing is to occur, shall be deemed automatically eligible for Charity Care.



3. Patients seen in the emergency department, for whom LLUMC is unable to issue a billing statement, may have the account charges written off as Charity Care (i.e., the patient leaves before billing information is obtained). All such circumstances shall be identified on the patient's account notes as an essential part of the documentation process.
4. LLUMC deems those patients that are eligible for government sponsored low-income assistance programs (e.g. Medi-Cal/Medicaid, Healthy Families, California Children's Services and any other applicable state or local low-income program) to be automatically eligible for full Charity Care when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP, Healthy Families, and some CCS) where the program does not make payment for all services or days during a hospital stay are eligible for Financial Assistance coverage. Under LLUMC's Charity Care/Discount Payment Policy, these types of non-reimbursed patient account balances are eligible for full write-off as Charity Care. Specifically included as Charity Care are charges related to denied stays or denied days of care. All Treatment Authorization Request (TAR) denials provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

Any evaluation for financial assistance relating to patients covered by the Medicare Program must include a reasonable analysis of all patient assets, liabilities, income and expenses, prior to eligibility qualification for the Financial Assistance Program. Such financial assistance evaluations must be made prior to service completion by LLUMC.

Notwithstanding the preceding, the portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer including Medi-Cal/Medicaid, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as Charity Care if:

- 5.1 The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or
 - 5.2 The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write-off provided for under this policy.
6. Any uninsured patient whose income is greater than 350% of the current FPL and experiences a catastrophic medical event may be deemed eligible for financial assistance. Such patients, who have higher incomes, do not qualify for routine full Charity Care or discount payment care. However, consideration of a catastrophic medical event may be made on a case-by-case basis. The determination of a catastrophic medical event shall be based upon the amount of the patient liability at billed charges, and consideration of the patient's income and assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic medical event. As a general guideline, any account with a patient liability for services rendered that exceeds \$200,000 may be considered for eligibility as a catastrophic medical event.



7. Any account returned to LLUMC from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.

F. CRITERIA FOR RE-ASSIGNMENT FROM BAD DEBT TO CHARITY CARE

1. All outside collection agencies contracted with LLUMC to perform account follow-up and/or bad debt collection will utilize the following criteria to identify a status change from bad debt to Charity Care:
 - 1.1 Patient accounts must have no applicable insurance (including governmental coverage programs or other third-party payers); and
 - 1.2 The patient or family representative must have a credit and/or behavior score rating within the lowest 25th percentile of credit scores for any credit evaluation method used; and
 - 1.3 The patient or family representative has not made a payment within 150 days of assignment to the collection agency;
 - 1.4 The collection agency has determined that the patient/family representative is unable to pay; and/or
 - 1.5 The patient or family representative does not have a valid Social Security Number and/or an accurately stated residence address in order to determine a credit score
2. All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by LLUMC Billing Department personnel prior to any re-classification within the hospital accounting system and records.

G. PATIENT NOTIFICATION

1. Once a determination of eligibility is made, a letter indicating the determination status will be sent to the patient or family representative. The determination status letter will indicate one of the following:
 - 1.1 Approval: The letter will indicate the account has been approved, the level of approval and any outstanding amount owed by the patient. Information and directions for any further patient actions will also be provided.
 - 1.2 Denial: The reasons for eligibility denial based on the Financial Assistance Application will be explained to the patient. Any outstanding amount owed by the patient will also be identified. Contact information and instructions for payment will also be provided.



- 1.3 Pending: The applicant will be informed as to why the Financial Assistance Application is incomplete. All outstanding information will be identified and the notice will request that the information be supplied to LLUMC by the patient or family representative.

H. PAYMENT PLANS

1. When a determination of discount has been made by LLUMC, the patient shall have the option to pay any or all-outstanding amount due in one lump sum payment, or through a scheduled term payment plan.
2. LLUMC will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be arranged based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than 12 months. LLUMC shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. No interest will be charged to qualified patient accounts for the duration of any payment plan arranged under the provisions of the Charity Care/Discount Payment Policy.
3. Once a payment plan has been approved by LLUMC, any failure to pay all consecutive payments due during a 90-day period will constitute a payment plan default. It is the patient or guarantor's responsibility to contact the LLUMC Patient Business Office if circumstances change and payment plan terms cannot be met. However, in the event of a payment plan default, LLUMC will make a reasonable attempt to contact the patient or their family representative by telephone and also give notice of the default in writing. The patient shall have an opportunity to renegotiate the extended payment plan and may do so by contacting a Patient Business Office representative within Fourteen (14) Days from the date of the written notice of extended payment plan default. If the patient fails to request renegotiation of the extended payment plan within Fourteen (14) Days, the payment plan will be deemed inoperative and the account will become subject to collection.
4. Preferably, all payment plans should be processed through an outside electronic funds Transfer (EFT) vendor. In the event, however, the patient or family representative expresses a willingness to pay under a payment plan, without going through an outside EFT vendor, LLUMC will endeavor to accommodate such requests provided the patient pays the Extended Payment Plan via cash, check, money order or credit card.

I. DISPUTE RESOLUTION

1. In the event that a dispute arises regarding Financial Assistance Program qualification, the patient may file a written appeal for reconsideration with LLUMC. The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all **48** additional relevant documentation to support the patient's claim should be attached to the written appeal.



2. Any or all appeals will be reviewed by the Executive Director of the Patient Business Office. The Executive Director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the Executive Director shall provide the patient with a written explanation of findings and the determination. All determinations by the Executive Director shall be final. There are no further appeals.

Public Notice

J. POSTING

1. LLUMC shall post notices informing the public of the Charity Care/Discount Payment Policy. Such notices shall be posted in high volume inpatient, and outpatient service areas of LLUMC, including but not limited to, the emergency department, billing office, inpatient admission and outpatient registration areas or other common patient waiting areas of LLUMC. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance.
 - 1.1 These notices shall be posted in English and Spanish and any other languages that are representative of 5% or greater of patients in LLUMC's service area.
2. A copy of this Charity Care/Discount Payment Policy will be made available to the public upon reasonable request. LLUMC will respond to such requests in a timely manner.

K. FULL CHARITY CARE AND DISCOUNT PAYMENT REPORTING

1. LLUMC will report actual Charity Care provided in accordance with this regulatory requirement of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with regulation, LLUMC will maintain written documentation regarding its Charity Care criteria, and for individual patients, LLUMC will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.
2. LLUMC will provide OSHPD with a copy of this Charity Care/Discount Payment Policy, which includes the full Charity Care, and discount payment policies within a single document. The Charity Care/Discount Payment Policy also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for full Charity Care and discount payment; and 3) the review process for both full Charity Care and discount payment. These documents shall be supplied to OSHPD every two years or whenever a significant change is made.



L. OTHER

1. Confidentiality -It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values.
 2. Good Faith Requirements - LLUMC makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate. Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, LLUMC reserves the right to seek all remedies, civil and criminal, from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order qualify for the LLUMC Financial Assistance Program.
 4. Credit and Collection Policy - LLUMC has established a Credit and Collection Policy. All actions by LLUMC in obtaining credit information regarding a patient/responsible party or in connection with referring a patient/responsible party to an external collection agency shall be consistent with the Credit and Collection Policy.
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Appendix B: California's Community Benefit Law

California's Community Benefit Law is popularly known as SB697. It is found in the state's Health and Safety Code, Section 127340-127365. The law got its start in response to the increasing interest in the community contributions of not-for-profit hospitals. The California Association of Catholic Hospitals and the California Healthcare Association co-sponsored Senate Bill 697 (Torres), which was signed into law by Governor Wilson in September 1994.

How hospitals meet their "social obligation" has been the subject of discussion for many years. Since 1969, not-for-profit hospitals have been guided, to a large extent, by Internal Revenue Service (IRS) rulings concerning the "community benefit standard." The IRS standard, however, fails to encompass the full scope of benefits that hospitals provide their communities. Therefore, various other approaches to recording community benefits have been proposed. SB 697 requires private not-for-profit hospitals in California to describe and document the full range of community benefits they provide in the state.

SB 697 extends beyond simple documentation and valuation of community benefits. A key feature of the legislation is its requirement of a community planning process. Hospitals must conduct community needs assessments and then develop annual community benefit plans—with a view to the needs that have been identified.

The Office of Statewide Health Planning and Development (OSHPD) is responsible for the implementation of the legislation. More recently, OSHPD has closed the office that supported SB697 and has scattered its duties to existing offices.

OSHPD, in its first report to the legislature on compliance with SB697, said that overall, California's not-for-profit hospitals have demonstrated a serious commitment to fulfilling the requirements of the legislation. Many hospitals submitted plans ahead of schedule and some that were exempt from the legislation complied on a voluntary basis. Unquestionably, SB 697 has been very successful in heightening hospitals' awareness of their community benefit obligations and directing attention to a community benefit planning process.

There is another dimension of community benefit that could not be easily captured in the hospitals' formal community benefit plan. Based on public comments from community forums held throughout the state and discussions with the first SB 697 Advisory Group, it was evident that SB 697 has served as a remarkable catalyst for collaborative relationships and efforts among hospitals, health-oriented organizations, local health departments, and other agencies in the community. To assess the total value of their contributions, one must consider how communities benefit when hospitals lend their organizational capacity and expertise in collaborative efforts to improve the health of the community, thus building "social capital" for their communities.



SB 697 redefines the community benefit standard for California's not-for-profit hospitals. The legislation has encouraged these hospitals to work with community partners to build healthier communities. This is a challenging task given the rapidly changing healthcare environment, and the pressures hospitals face in a competitive market. With its emphasis on needs assessment, priority setting, and planning in collaboration with the community, the SB 697 legislation provides a conducive framework for meaningful community benefit contributions by non-profit hospitals. (This section was adapted from OSHPD's report to the legislature.)

California Codes: Health And Safety Code, Section 127340-127365 127340.

The Legislature finds and declares all of the following:

- (a) Private not-for-profit hospitals meet certain needs of their communities through the provision of essential health care and other services. Public recognition of their unique status has led to favorable tax treatment by the government. In exchange, nonprofit hospitals assume a social obligation to provide community benefits in the public interest.
- (b) Hospitals and the environment in which they operate have undergone dramatic changes. The pace of change will accelerate in response to health care reform. In light of this, significant public benefit would be derived if private not-for-profit hospitals reviewed and reaffirmed periodically their commitment to assist in meeting their communities' health care needs by identifying and documenting benefits provided to the communities, which they serve.
- (c) California's private not-for-profit hospitals provide a wide range of benefits to their communities in addition to those reflected in the financial data reported to the state.
- (d) Unreported community benefits that are often provided but not otherwise reported include, but are not limited to, all of the following: 1) Community-oriented wellness and health promotion; 2) Prevention services, including, but not limited to, health screening, immunizations, school examinations, and disease counseling and education; 3) Adult day care; 4) Child care; 5) Medical research; 6) Medical education; 7) Nursing and other professional training; 8) Home-delivered meals to the homebound; 9) Sponsorship of free food, shelter, and clothing to the homeless; 10) Outreach clinics in socioeconomically depressed areas.
- (e) Direct provision of goods and services, as well as preventive programs, should be emphasized by hospitals in the development of community benefit plans. 127345. As used in this article, the following terms have the following meanings: 1) "Community benefits plan" means the written document prepared for annual submission to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community; 2) "Community" means the service areas or patient populations for which the hospital provides health care services; 3) Solely for the planning and reporting purposes of this article, "community benefit" means a hospital's activities that are intended to address community needs and priorities primarily



through disease prevention and improvement of health status, including, but not limited to, any of the following: 1) Health care services, rendered to vulnerable populations, including, but not limited to, Charity Care and the un-reimbursed cost of providing services to the uninsured, underinsured, and those eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs; 2) The un-reimbursed cost of services included in subdivision (d) of Section 127340; 3) Financial or in-kind support of public health programs; 4) Donation of funds, property, or other resources that contribute to a community priority; 5) Health care cost containment; 6) Enhancement of access to health care or related services that contribute to a healthier community; 7) Services offered without regard to financial return because they meet a community need in the service area of the hospital, and other services including health promotion, health education, prevention, and social services; 8) Food, shelter, clothing, education, transportation, and other goods or services that help maintain a person's health.

- (d) "Community needs assessment" means the process by which the hospital identifies, for its primary service area as determined by the hospital, unmet community needs.
- (e) "Community needs" means those requisites for improvement or maintenance of health status in the community.
- (f) "Hospital" means a private not-for-profit acute hospital licensed under subdivision (a), (b), or (f) of Section 1250 and is owned by a corporation that has been determined to be exempt from taxation under the United States Internal Revenue Code. "Hospital" does not mean any of the following: 1) Hospitals that are dedicated to serving children and that do not receive direct payment for services to any patient; 2) Small and rural hospitals as defined in Section 124840.
- (g) "Mission statement" means a hospital's primary objectives for operation as adopted by its governing body.
- (h) "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.127350. Each hospital shall do all of the following: 1) By July 1, 1995, reaffirm its mission statement that requires its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization; 2) By January 1, 1996, complete, either alone, in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement. The community needs assessment shall be updated at least once every three years; 3) By April 1, 1996, and annually thereafter adopt and update a community benefits plan for providing community benefits either alone, in conjunction with other health care providers, or through other organizational arrangements; 4) Annually submit its community



benefits plan, including, but not limited to, the activities that the hospital has undertaken in order to address community needs within its mission and financial capacity to the Office of Statewide Health Planning and Development. The hospital shall, to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan. Effective with hospital fiscal years, beginning on or after January 1, 1996, each hospital shall file a copy of the plan with the office not later than 150 days after the hospital's fiscal year ends. The reports filed by the hospitals shall be made available to the public by the office. Hospitals under the common control of a single corporation or another entity may file a consolidated report. 127355. The hospital shall include all of the following elements in its community benefits plan: 1) Mechanisms to evaluate the plan's effectiveness including, but not limited to, a method for soliciting the views of the community served by the hospital and identification of community groups and local government officials consulted during the development of the plan; 2) Measurable objectives to be achieved within specified timeframes; 3) Community benefits categorized into the following framework: a) Medical care services; b) Other benefits for vulnerable populations; c) Other benefits for the broader community; d) Health research, education, and training programs.

- (i) Non-quantifiable benefits. 127360. Nothing in this article shall be construed to authorize or require specific formats for hospital needs assessments, community benefit plans, or reports until recommendations pursuant to Section 127365 are considered and enacted by the Legislature. Nothing in this article shall be used to justify the tax-exempt status of a hospital under state law. Nothing in this article shall preclude the office from requiring hospitals to directly report their charity activities. 127365. The Office of Statewide Health Planning and Development shall prepare and submit a report to the Legislature by October 1, 1997, including all of the following: a) The identification of all hospitals that did not file plans on a timely basis; b) A statement regarding the most prevalent characteristics of plans in terms of identifying and emphasizing community needs; c) Recommendations for standardization of plan formats, and recommendations regarding community benefits and community priorities that should be emphasized.

These recommendations shall be developed after consultation with representatives of the hospitals, local governments and communities.



Appendix C: Terms and Definitions

Medical Care Services (Charity Care and Un-reimbursed Medi-Cal and Other Means Tested Government Programs)

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity Care does not include: a) bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing care to such patients; b) the difference between the cost of care provided under Medicaid or other means-tested government program, and the revenue derived there from; or c) contractual adjustments with any third-party payers. Clinical services are provided, despite a financial loss to the organization; measured after removing losses, and by cost associated with, Charity Care, Medicaid, and other means-tested government programs.

Community Health Improvement

Interventions carried out or supported and are subsidized by the health care organizations for the express purpose of improving community health. Such services do not generate inpatient or outpatient bills, although there may be a nominal patient fee or sliding scale fee for these services.

Community Health Improvement-These activities are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs.

Subsidized Health Services-Clinical and social services that meet an identified community need and are provided despite a financial loss. These services are provided because they meet an identified community need and if were not available in the area they would fall to the responsibility of government or another not-for-profit organization.

Financial and In-Kind Contributions-Contributions that include donations and the cost of hours donated by staff to the community while on the organization's payroll, the indirect cost of space donated to tax-exempt companies (such as for meetings), and the financial value (generally measured at cost) of donated food, equipment, and supplies. Financial and in-kind contributions are given to community organizations committed to improving community health who are not affiliated with the health system.

Community Building Activities-Community-building activities include interventions directed towards the social determinants of health such as poverty, homelessness, and environmental problems.



Health Professions Education and Research

Educational programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty. It does not include education or training programs available exclusively to the organization's employees and medical staff, or scholarships provided to those individuals. Cost for medical residents and interns may be included.

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal).