

# Community Health Implementation Strategy 2017-2019



LOMA LINDA UNIVERSITY  
HEALTH



## WHO WE ARE

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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. With the completion of the Loma Linda University Children's Hospital (LLUCH) in late 1993, nearly 900 beds are available for patient care, including at Loma Linda University Medical Center East Campus and Loma Linda University Behavioral Medicine Center (LLUBMC). Loma Linda University Health Care (LLUHC), a management service organization, supports the many programs and services provided by our 400+ faculty physicians. We are also pleased to be involved with several outlying communities, including LLUMC-Murrieta and Loma Linda University Health Beaumont-Banning. 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. 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 minds, body, and spirit

## Loma Linda University Medical Center

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### Licensed Hospital One

Loma Linda University Medical Center



Number of hospital beds

**371**

11234 Anderson Street  
Loma Linda, CA 92354  
909-558-4000

### Licensed Hospital One

Loma Linda University Medical Center  
East Campus



Number of hospital beds

**134**

25333 Barton Road  
Loma Linda, CA 92354  
909-558-6000

### Licensed Hospital One

Loma Linda University Surgical Hospital



Number of hospital beds

**28**

26780 Barton Road  
Redlands, CA 92373  
909-558-4000

## Loma Linda University Children's Hospital

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### Licensed Hospital Two



Number of hospital beds

**343**

11234 Anderson Street  
Loma Linda, CA 92354  
909-558-4000

## Loma Linda University Behavioral Medicine Center

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### Licensed Hospital Three



Number of hospital beds

**89**

1710 Barton Road  
Redlands, CA 92373  
909-558-9204

# Loma Linda University Medicine Center - Murrieta

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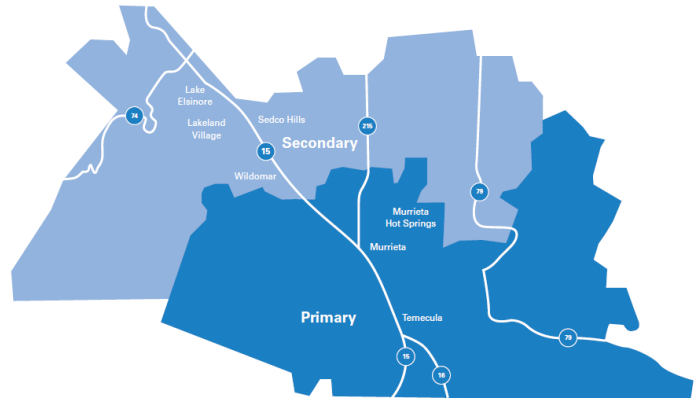
Licensed Hospital Four

Number of hospital beds  
**106**

28062 Baxter Road  
Murrieta, CA 92563  
951-290-4000

## Loma Linda University Service Areas: LLUMC, LLUMC - Murrieta, Parkview, San Antonio, Redlands, San Bernardino Mountains Community Hospital, San Gorgonio, Ridgecrest, and Montclair

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## THE COMMUNITY WE SERVE

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Loma Linda University Health’s primary service area can be defined, broadly, as California’s Riverside, San Bernardino and Ontario metropolitan areas. A home to over 4.5 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.

### About Our Service Area

Loma Linda University Health System combined, is a 1,071 hospital beds system. State of the art patient care is available for community members and international patients between Loma Linda University Medical Center (LLUMC), Loma Linda University Children’s Hospital (LLUCH), Loma Linda University Behavioral Medicine Center (LLUBMC), Loma Linda University Medical Center East Campus (LLUMCEC), Loma Linda University Surgical Hospital (LLUSH) and Loma Linda University Medical Center – Murrieta (LLUMC – M). LLUMC is the only Level 1 Regional Trauma Center for Inyo, Mono, Riverside and San Bernardino counties.

### Loma Linda University Medical Center, Children's Hospital, and Behavioral Medicine Center Service Area

What makes the Loma University Health system special is the ethnic and cultural diversity that is part of the served community. The population served is represented in Tables 1 and 2 below.

Table 1. Population by race/ethnicity: LLUMC, LLUCH, LLUBMC.

Race/Ethnicity	Race/Ethnicity Distribution		
	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	608,923	25.8%	61.3%
Black Non-Hispanic	193,905	8.2%	12.3%
Hispanic	1,325,422	56.1%	17.8%
Asian & Pacific Is. Non-Hispanic	171,383	7.3%	5.4%
All Others	62,849	2.7%	3.1%
Total	2,362,482	100.0%	100.0%

## Loma Linda University Medical Center, Murrieta Service Area

Table 2. Population by race/ethnicity: LLUMC - Murrieta.

Race/Ethnicity	Race/Ethnicity Distribution		
	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	319,981	46.1%	61.3%
Black Non-Hispanic	36,262	5.2%	12.3%
Hispanic	260,258	37.5%	17.8%
Asian & Pacific Is. Non-Hispanic	48,574	7.0%	5.4%
All Others	28,810	4.2%	3.1%
Total	693,885	100.0%	100.0%

### San Bernardino and Riverside County Health Rankings

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the rankings help counties understand what influences the health of its residents and how long they will live. The rankings are unique in their ability to measure the current overall health of nearly every county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity and teen births. Communities use the rankings to help identify issues and opportunities for local health improvement, as well as to garner support for initiatives among government agencies, health care providers, community organizations, business leaders, policy makers and the public.

Although there are a range of factors which are important for good health, every county has communities that lack both opportunities to shape good health and strong policies to promote health for everyone. As noted in the California County health ranking data, the Inland Empire communities will need to collaborate and strategize their efforts to improve the health factors and health outcomes of the community. LLUH's goal is to bring people together to look at the many factors that influence health and opportunities, to reduce health gaps, and to select strategies that can improve health from a population health standpoint. This goal is to be accomplished by prioritizing strategies, programs and interventions that address the social determinants of health

to have a lasting impact. Table 3 and Figure 1 below show the rankings for San Bernardino and Riverside counties, which are directly served by LLUH.

Table 3. San Bernardino and Riverside County Health Rankings.

County Health Ranking (Total 58 Counties in California)	San Bernardino County				Riverside County			
	2015	2016	2017	2018	2015	2016	2017	2018
<b>Health Outcomes</b>	<b>37</b>	<b>42</b>	<b>46</b>	<b>41</b>	<b>24</b>	<b>29</b>	<b>28</b>	<b>25</b>
Length of Life	30	32	32	33	23	24	23	22
Quality of Life	50	49	52	51	38	42	41	33
<b>Health Factors</b>	<b>47</b>	<b>47</b>	<b>45</b>	<b>44</b>	<b>39</b>	<b>39</b>	<b>40</b>	<b>39</b>
Health Behaviors	44	41	39	37	32	33	34	31
Clinical Care	52	52	50	50	48	47	47	44
Social and Economic Factors	36	41	34	34	29	32	28	26
Physical Environment	53	57	55	55	49	56	56	56

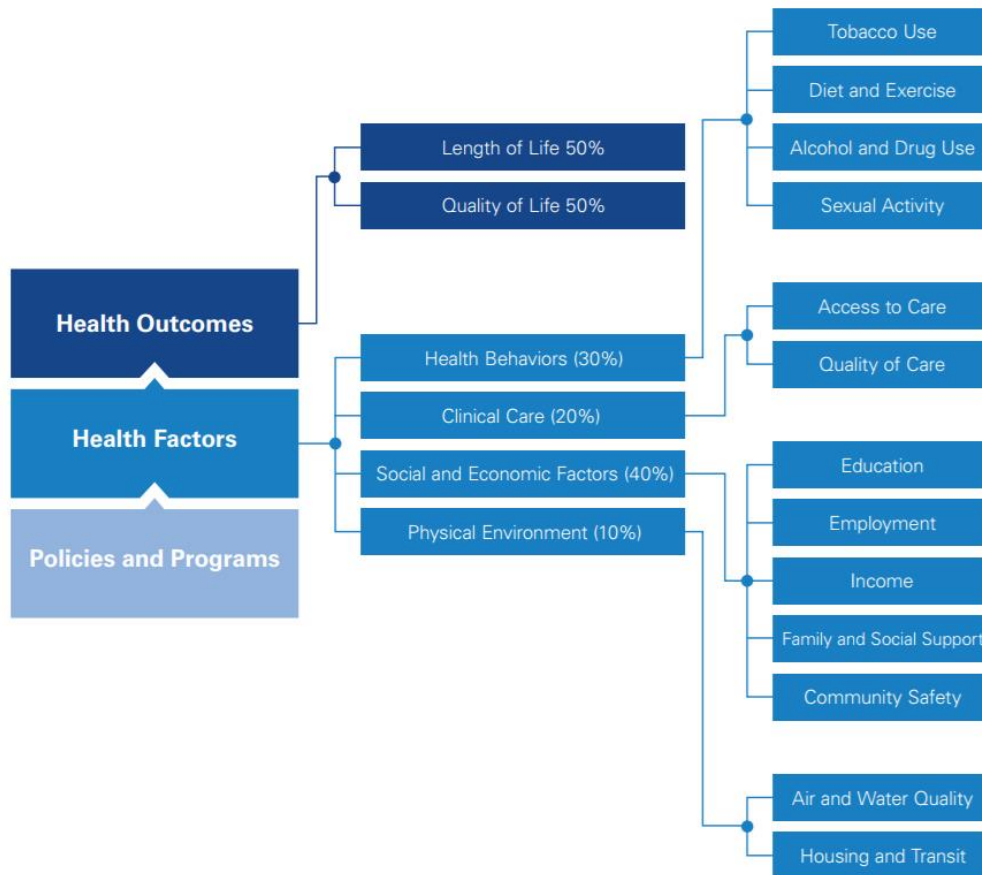


Figure 1. County Health Rankings (Total 58 Counties in California).



## OUR ASSESSMENT PROCESS

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### Community Health Needs Assessment (CHNA)

With support from the Hospital Association of Southern California, Loma Linda University Health collaborated with seven Inland Empire nonprofit hospital systems, the Department of Public Health of San Bernardino County, and in accordance with Section 504(r)(3) of the Internal Revenue Code, conducted an extensive regional Community Health Needs Assessment (CHNA). The effort was a long overdue desire to work as a unified group to gather and analyze data for seven service areas. This partnership supported the collective desire to have regional priorities that foster collaborative interventions and reduce survey and needs assessment fatigue in the community. A three-tiered data collection method was used and included the collection and analysis of health indicators, focus group discussions with community members, and a quality of life survey (QOL) given to community members.

In order for LLUH to understand the community health needs, two questions were developed and answers sought through the CHNA:

1. What are the health indicators of the community and that can be effectively addressed by LLUH?
2. What are the perceived needs, health and social, of community members and that impact their health?

**Health Indicators.** Health indicators (hospitalizations, social determinants of health, discharges, maternal and child health, mortality and morbidity) were gathered from multiple primary and secondary public data sources. Nine service areas were included in the analysis: LLUMC, LLUMC – Murrieta, Parkview, San Antonio, Redlands, San Bernardino Mountains Community Hospital, San Geronio, Ridgecrest and Montclair (See figure of service areas on page 3 for area map). For the hospitalization segment and the quality of life survey segment, data was analyzed by hospital service areas. Hospital service areas were identified by using primary and secondary service area zip codes from San Bernardino County and Riverside County.

**Diagnostic Related Discharges (DRG).** A Diagnosis-Related Group is a statistical system of classifying any inpatient stay into diagnostic groups. The DRG classification system divides possible diagnoses into more than 20 major body systems and subdivides them into almost 500 groups for the purposes of reimbursement, payment and contracting. The following DRG tables are based on the Medicare severity DRGs (MSDRG). There are some diagnoses with multiple MSDRG codes which were combined into a single diagnosis category. The rationale was to have one total for all the DRGs for a particular diagnosis without regard to the distinction of complicating or comorbid conditions, major complicating or comorbid conditions. The data source used for the county level and hospital specific DRG tables was the 2014 patient discharge data from the Office of Statewide Health Planning and Development (OSHPD) Statewide Model Data Set for Hospitals. DRG related discharges categorize patients with respect to diagnosis, treatment and length of hospital stay. The top discharges by DRGs for Riverside County and San Bernardino County show that mental health and chronic conditions are key issues that are affecting the community's health and well-being.

Table 4. San Bernardino and Riverside County Top 21 Discharges by DRG.

<b>Diagnostic Related Groups (DRGs) Description</b>	<b>Percentage of Total DRGs (%)</b>
Psychoses	5.6
Septicemia	3.8
Major Joint Replacement and Reattachment Lower Extremity	2.3
Simple Pneumonia and Pleurisy	1.7
Heart Failure and Shock	1.6
Chest Pain	1.4
Renal Failure	1.3
Intracranial Hemorrhage or Cerebral Infarction	1.2
Chronic Obstructive Pulmonary Disease	1.2
Laparoscopic Cholecystectomy	1.2
Urinary Tract Infections	1.1
Uterine and Adnexa Procedures	1.1

Esophagitis, Gastroenteritis, Misc. Digestive Disorders	1.1
Cellulitis	1.0
Percutaneous Cardiovascular Procedures	1.0
G.I. Hemorrhage	1.0
Misc. Disorders of Nutrition, Metabolism, Fluids and Electrolytes	1.0
Cardiac Arrhythmia and Conduction Disorders	1.0
Alcohol, Drug Abuse or Dependence	1.0
Appendectomy	0.9
Rehabilitation	0.9

**Focus Group Sessions.** A total of 8 focus groups were conducted across Riverside and San Bernardino County with 62 participants total. The focus group discussions were tailored to assess the direct and indirect needs of the community members throughout the Inland Empire. A range of chronic health conditions were identified across all focus groups including mental health as the top concern, diabetes, asthma, and substance abuse.

**Quality of Life Survey (QOL).** The QOL survey was used as part of the visioning and planning process for local area hospitals. The word ‘community’ represented the service areas as a whole; its cities, municipalities, unincorporated areas, neighborhoods and their residents. The survey captured citizen opinions about the Inland Empire and highlighted characteristics that people may enjoy or see as areas of improvement for the community. The QOL survey was distributed in various forms including email lists, paper copies -many of which were passed out at focus group discussions, health care facilities and links on social media pages. A Spanish version of the tools was available for Spanish speakers. The areas of improvement that community members identified through the QOL survey as most important to them were workforce development opportunities, education opportunities, and available healthy options in the community including physical activity and healthy food options. A safe and built environment was also discussed.

**Healthy People 2020 and Vital Signs.** Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contain 42 topic areas with more than 1,200 objectives. The Healthy People 2020 Leading Health Indicators (LHIs) are a select subset of 26 Healthy People 2020 objectives chosen to communicate high-priority health issues. A smaller set of Healthy People 2020, objectives, called Leading Health Indicators (LHIs) were discussed to identify high-priority health issues and actions that can be taken to address them. Progress has been generally positive toward achieving these targets from 2010 to 2014.

The complete report on the Regional CHNA may be accessed at: <https://medical-center.lomalindahealth.org/about-us/community-benefit/community-benefit-reports-resources>

### **Institution-Wide Engagement**

Support to the assessment process from all areas of LLUH and administrative levels is represented by the many institution members who are part of the Community Benefit Administrative Council (CBAC). CBAC members are highly involved in the discussion of community health needs and engaged in the prioritization process. Members from CBAC also provide input for continuous monitoring and evaluation of initiatives.

### **Community Engagement**

**Community Benefit Administrative Council (CBAC) and Community Benefit Steering Committee (CBSC).** A group of community leaders, community representatives, health care professionals and public health professionals from LLUH and various community-based organizations including education partners (K-12), workforce development leaders from San Bernardino and Riverside counties, County Health Department leadership, and faith-based organization leaders, precipitate in CBAC and CBSC. The members contribute to LLUH's efforts to better understand the needs of our community and provide input for evaluation of programs, initiatives, and efforts on an ongoing basis. The committee also has an integral role in the Community Health Needs Assessment (CHNA) process and gives advice to LLUH for the Community Health Implementation Strategy (CHIS). Refer to Appendix A (p.24) for the lists of membership.

**Hospital Association of Southern California.** The Hospital Association of Southern California (HASC) served as the convener to bring hospitals, health systems, and other key stakeholders together to execute an extensive Community Health Needs Assessment (CHNA) for the Inland Empire, which includes Riverside and San Bernardino Counties. HASC's support was significant for working as a cohesive group to gather and analyze data for the various service areas.

### **Key Findings**

Once the data was analyzed collectively, the following were prioritized as the five main needs in the service area of LLUH:

1. Workforce Development
2. Education Opportunities
3. Mental Health
4. Diabetes
5. Obesity

The first two needs reflect social determinants of health. Social determinants of health are defined as the condition in which people are born, grow, live, work and age. Understanding these conditions can help identify where gaps may lie. Circumstances are most often shaped by resources at varying geographical locations. Resources that enhance quality of life can have a significant influence on population health outcomes. San Bernardino and Riverside counties have lower rates of young adults who carry an academic degree beyond high school when compared to California and the United States. In addition, poverty in these two counties has been approximately 2.3 times higher compared to the United States and 1.5 times higher compared to California. Therefore, LLUH has chosen these two expressed needs as priority areas for intervention within the Community Health Intervention Plan. Figure 3 shows the overall LLUH Community Benefit Implementation Strategy.

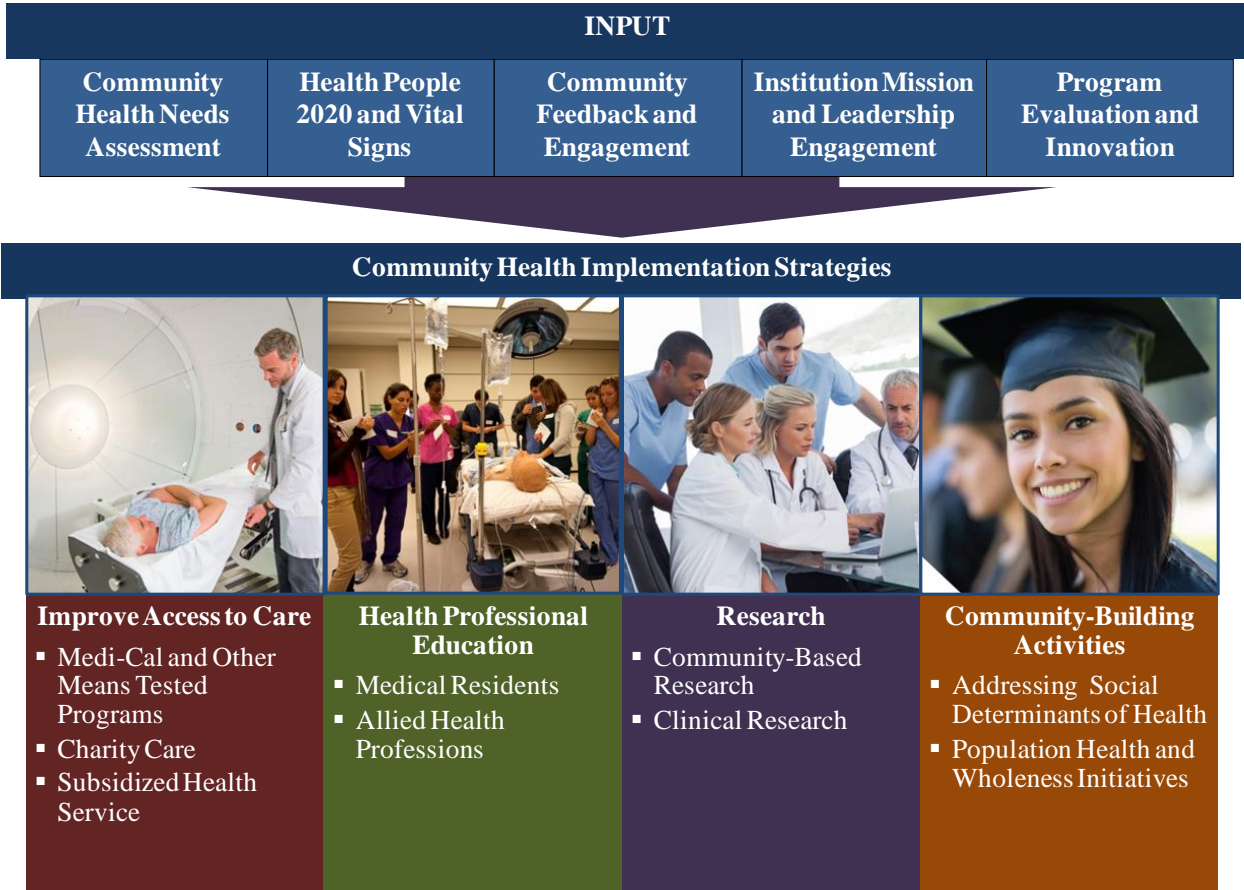


Figure 3. LLUH Community Benefit Implementation Strategy.

## OUR IMPLEMENTATION STRATEGY

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At Loma Linda University Health, our commitment to caring for the mind, body and spirit is part of everything we do. We are combining our education, clinical care and research programs to fulfill our mission — making man whole. Together, we'll continue to strengthen our dedication to wellness and a longer, healthier life.

LLUH's implementation strategies are influenced by five factors that LLUH finds inclusive for successful impact on the community's health. The community health implementation strategies are founded by the CHNA's findings, Healthy People 2020 and community Vital Signs, continuous feedback and engagement from the community, the institution's mission and leadership engagement, and longitudinal program monitoring and evaluation. LLUH identified four areas that are to be the focused areas of implementation: 1) improve access to healthcare, 2) health professional education, 3) research, and 4) community-building activities.

### **Access to Healthcare**

LLUH is committed to providing patients with the very finest possible medical care. It is important that we have a strong understanding of the community we serve and health conditions that are of greatest concern in, and to, the community. In addition, our community benefit patient care services program offers free or low-cost coverage for those children and/or adults with limited resources.

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

**State Children's Health Insurance Program (SCHIP).** The Children's Health Insurance Program (CHIP) is a partnership between the federal and state governments that provides health coverage to uninsured children whose families earn too much to qualify for Medicaid, but too little to afford private health coverage. Benefits vary by state and by the type of CHIP program,

but all states provide comprehensive coverage, like immunizations and well-baby/well-child care, at no cost.

The federal government establishes general guidelines for the administration of CHIP benefits. Eligibility depends on your income, the number of people in your family and the rules in your state. In almost every state, children in families with income up to 200 percent of the federal poverty level (\$48,500 per year for a family of four) are covered. In more than half the states, the income eligibility for children can be even higher.

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

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

**Subsidized Health Services.** Discount Payment through the Subsidized Health Services is defined as partial charity care which results from any medically necessary inpatient or outpatient hospital service provided to a patient who is uninsured or whose insurance coverage does not otherwise provide a discount from the usual and customary rates of LLUMC; 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.

**Social Action Corps Health System (SACHS).** SACHS began in the late 1960s as an outreach effort from students and staff at Loma Linda University and Medical Center. Over the course of 30 years these volunteers offered temporary medical clinics in donated spaces within the



community. Early 1990's – SAC began to look for a permanent location and by 1992 Norton Air Force Base was closing and provided an opportunity for SAC to acquire a medical facility. SAC incorporated into a 501(c) (3) community health care corporation and became SACHS with a three clinic system of community clinics in the City of San Bernardino. SACHS receives Teaching Health Center Graduate Medical Education Program designation for Family Medicine, Pediatrics and Psychiatry resulting in one of the nation's largest programs. In 2015, SACHS acquired the Federal Qualified Health Center Status. The clinics provide affordable health care services for all, but primarily serve uninsured patients and their families. They accept Medi-Cal and Medicare, and offer many federal, state and local programs to those who qualify. For those who are ineligible for programs, they offer a sliding fee scale based upon income.

### **Health Professions Education**

At Loma Linda University Health, our experienced health care professionals are committed to helping health professions residents and interns succeed in their graduate medical education. Students -Medical Interns and Residents, Pharmacy, Chaplaincy and Allied Health Professions, are offered diverse clinical experiences and guided through a collaborative learning environment where they are challenged to find ways to improve patient care.

The residency programs give students the unique opportunity to learn at the only Level 1 Trauma Center in San Bernardino County and the Inland Empire. The Children's Hospital has the only Level 3 Neonatal Intensive Care Unit (NICU) in the region and is the only area facility equipped to provide pediatric transplants in Southern California. Residents and students receive comprehensive education and an opportunity to participate and /or observe clinical trials and medical simulation laboratory. Our Medical Simulation Center (MSC) is one example of how we combine technology and practical clinical simulations to create a compressive learning experience to enhance patient safety, quality of patient care, and inter-professional healthcare provider education. The MSC provides:

- An adequately staffed, appropriate, professional, and cohesive team
- A leadership role in providing best practices in simulation methodology
- Proactive standardized processes in providing quality simulation learning experiences

## Research

The world-renowned scientists at Loma Linda University are striving to advance the understanding and care of human health in order to fulfill the institution's mission "to make man whole." The office for Research Affairs facilitates and promotes high quality research conducted at Loma Linda University, Loma Linda University Medical Center and all affiliated entities. We partner with the research community at Loma Linda University to develop a shared responsibility for the ethical conduct of research and compliance. Our research program is an integral part of learning and community health development investments. The institution is dedicated to growing and investing in clinical research and community health research.

Cancer Center – Clinical Trials and Research. The primary focus of Oncology Clinical Research at LLUCC is to help educate patients and physicians of the treatment options through clinical research. The Clinical Research Coordinators and physicians work together with the departments of Radiation Medicine, Medical Oncology, Surgical Oncology, Pediatric Oncology, Palliative Care and Home Health Services to provide patients with treatment and supportive services during their disease process.

For More Information Please Visit Our Cancer Center Website: <http://cancer-center.lomalindahealth.org/clinical-trials-and-research#trials>

Community Health Research. With the mission to serve and enhance the health of our communities, our research activities are strategically designed to focus on reducing health disparities, improving health and promoting wholeness in the region. We achieve this by fostering academic and community-based partnerships that help and support our research endeavors. Our institution is committed to continue working with community members and organizations and forming partnerships in these research efforts. For example research and studies such as the "Adventist Health Studies (AHS)" and the research of San Bernardino Rail Yard. The AHD study is a series of long-term medical research projects of Loma Linda University with the intent to measure the link between lifestyle, diet, disease and mortality and The SB Railyard study drew from focus group data taken from the Environmental Railyard Research Impacting Community Health Project (ENRRICH) a two-year study, out of LLUSPH. The study gathered baseline information on community conditions and specific health outcomes

in the populations residing near a goods-movement rail yard facility in the city of San Bernardino. Community Based Participatory Research has emerged as an important tool in the fight against environmental injustice for severely disadvantaged communities.

### **Other Community Health Improvement Services and Support to Health Services**

**Whole Care Services/Whole Aging Care.** A whole aging care model engages 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. Whole Care interventions include those the areas of Whole Behavioral Health Care, Whole Cancer Care, Whole Child Care, Whole Chronic Disease Management, Whole Rehabilitation Care, Whole Sickle Cell Anemia, Faith and Health, and Cash Sponsorships and In-Kind Donation.

### **Community-Building Activities and Programs**

The community-building activities were identified once data was collectively analyzed from various methods. Data obtain via the QOL survey, the DRG's, focus group discussions with community members, healthy people 2020 goals, and community Vital Signs was prioritized by using an institution-wide engagement lenses; and the institution's mission, vision, and values as well as leadership support and engagement were utilized when prioritizing the community-building activities. In addition, CBAC and CBAC members were highly involved in the prioritization and decision process. The LLUH Community Benefit implementation strategy is reflected in the figure representing the LLUH Community Benefit Implementation Strategy (Figure 5).

# Community – Building Activities

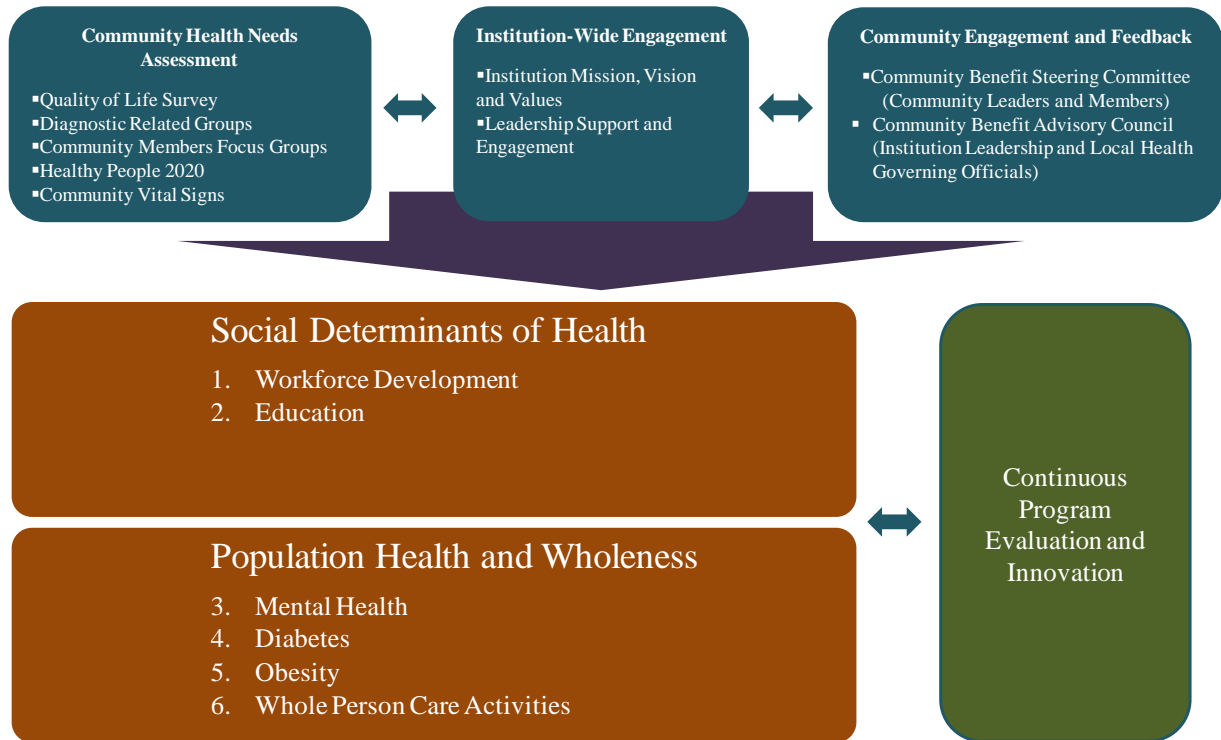
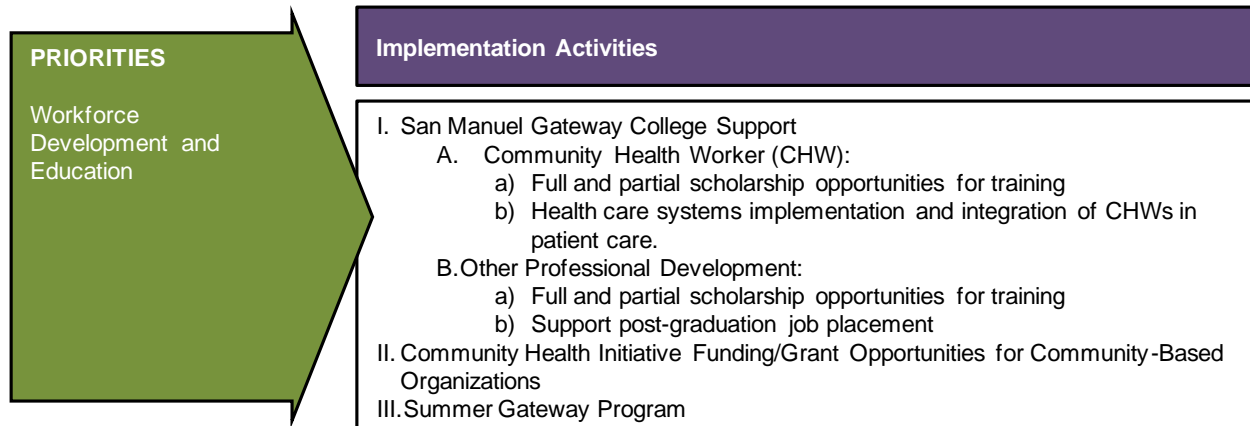


Figure 5. LLUH Selected Priority Areas

## Social Determinants of Health: Workforce Development & Education

**Goal.** To increase workforce development and education opportunities.



### *Strategy*

Our organization's approach to train, educate and certify Community Health Workers (CHWs) and students in Other professional development programs and integrate them within healthcare organizations, systems, community-based clinics, community-based organizations, school-based clinics and community support services, is innovative in its depth and breadth. This approach aligns with the mission, vision, and goals of LLUH. To do this, LLUH will do the following:

- Support and graduate students from the Community Health Worker Academy.
- Support and graduate students from San Manuel Gateway College Other Health Professions Programs.
- Support and fund community-based organizations that implement programs which support Workforce Development and Education.

### *Measurement*

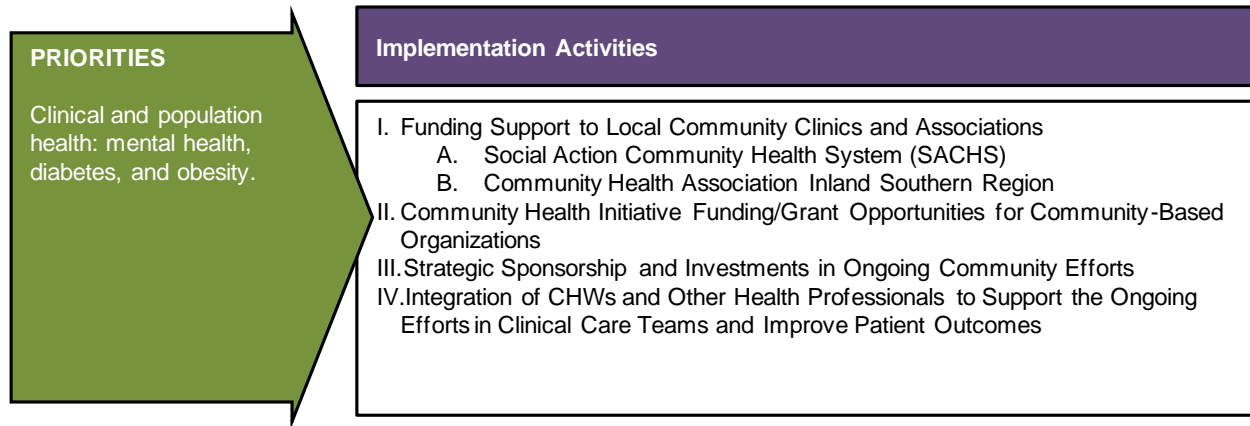
We will use ongoing monitoring and evaluation to assess our community benefit programs. The ultimate goal of LLUH is to see improvement in workforce development and education in the following supported programs, specifically outcomes such as:

- Graduation rates from training programs including:
  - ✓ Community Health Workers Academy
  - ✓ Other Professional
- Job placement of San Manuel Gateway College alumni
- College access and enrollment from students participating in the Summer Gateway Program

## Population Health: Mental Health, Diabetes, and Obesity

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**Goal.** Support local community clinics and community-based organizations that deploy ongoing efforts to address mental health, diabetes, and obesity for the in-need population.



### *Strategy*

For the 2017-2019 Community Health Initiative, we are focusing on an upstream approach that will allow us to improve the health and wellbeing of our community. We will do so by committing to address social determinants of health and support those initiatives that are focused on improving the health of the entire population. This approach aligns with the mission, vision, and goals of LLUH. To do this, LLUH will do the following:

- Support and fund Clinical Care and Wholeness programs, especially those addressing mental health, diabetes, and obesity.
- Support and fund programs that closely investigate and address social determinants of health.

### *Measurement*

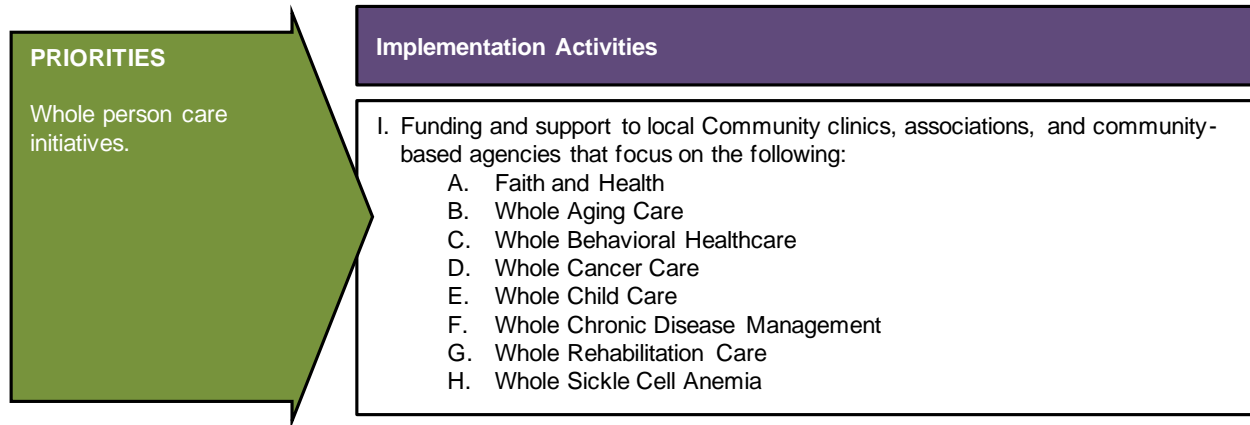
We will use ongoing monitoring and evaluation to assess our community benefit programs. The ultimate goal of LLUH is to work in partnership with clinical allies and community-based organizations and see improvement in health in the following supported programs, specifically outcomes such as:

- Improved access to healthcare and services: health insurance enrollment and medical home identification
- Improved screenings and referrals for mental health services
- Improved diabetes management including regulation of HbA1c and reduction of complications
- Improved screening for chronic disease risk factors and referrals to disease management

## Whole Person Care Initiatives

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**Goal.** Support local community clinics and community-based organizations that deploy ongoing services to address whole person care initiatives.



### ***Strategy***

For the 2017-2019 Community Health Initiative, we are prioritizing a *Whole Aging Care* model. In collaboration with multiple stakeholders, LLUH will promote healthy living and aging through preventive health programs, reduce disparities in education and access, and create healthy community initiatives for sustainable healthy aging. This approach aligns with the mission, vision, and goals of LLUH. To do this, LLUH will do the following:

- Support and fund local community clinics, associations, and community-based agencies that focus on *whole health* programs.
- Support and fund programs that closely investigate and address health conditions that affect the aging population including *cancer care, chronic disease management, and rehabilitation care.*

### ***Measurement***

We will use ongoing monitoring and evaluation to assess our community benefit programs. The ultimate goal of LLUH is to work in partnership with clinical allies and community-based organizations and see improvement in the health of the aging population, specifically outcomes such as:

- Improved access to *Whole Behavioral HealthCare*: behavioral care services
- Improved screenings and referrals for *Whole Cancer Care* through: health fairs, outreach events, screenings, support groups, walks, and support services

- Improved *Whole Chronic Disease Management* outcomes through a reduction of heart disease and stroke risk factors including: high blood pressure, high cholesterol, cigarette smoking, diabetes, unhealthy diet and physical inactivity, and overweight/obesity
- Improved *Whole Rehabilitation Care* outcomes including improved access to quality, affordable health care services for the disabled
- Enhanced connectedness to faith communities and faith-based collaborations for health



## **Community Health Workers Academy & Other Professional Development Opportunities: An Alliance for Community Health**

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Integration of the Community Health Workers in health, public health and community support settings is an innovative approach to broaden the scope of services and links to strengthen community-based disease prevention. The community-centered settings in which services are delivered, and the workforce resources to deliver such services, offer considerable potential to improve and address the social determinants of health, improve long-term health outcomes and lower health care costs. California Health Workforce Alliance's (CHWA's) definition of a Promotores –Community Health Worker (CHW) is a person who is a trusted member of and/or who has an unusually close understanding of the community served in the delivery of health related services through either working directly with providers or their partner organizations in the community being served. The CHWs play a crucial role in connecting the community to various health and social services and also helps the health care organization in achieving the Institute for Healthcare Improvement's Triple Aim objectives (Population Health, Experience of Care and Reducing Per Capita Cost).

Community Health Workers have demonstrated the ability to play a crucial role as a member of the primary and tertiary healthcare teams, and can help to connect the community to clinical services, help patients navigate the health care system and implement population health improvement strategies. CHWs increase access to healthcare, improve healthcare outcomes, and improve the patient experience and effectiveness of population health efforts. The Loma Linda University Health – Institute for Community Partnerships: Promotores (CHW) Academy provides systematic education programs that train, certify and prepare CHWs to join the community workforce in population health management. Following the completion of the basic CHW certification, they have the opportunity to complete specialty areas of training. To achieve this added value and promise, the LLUH - Promotores (CHW) Academy offers specialty training in Clinical Care, Behavioral Health, School-based Clinics and Community Health Development, and is geared to address the objectives of triple aim and the most urgent community health needs. After the basic CHW training, CHWs are often engaged as CHW Case Workers, CHW Outreach Workers, Health Educators, Promotores, Patient Navigators and Enrollment Specialists (CHWA study, 2013). The specialty training programs provide a CHW with the more advanced knowledge and expertise to more effectively and competently address the most at-risk patients and/or high risk populations with the much needed support lying outside the health care systems, in clinical, community or school settings.

The approach also closely aligns with the mission, vision and goals of LLUH. Over 80 community members received their certification at the LLUH – Promotores Academy in 2015-2016. The certification has provided them with the support and tools to better assist the community members and also support their professional development.

Because the CHWs are inclusive in all of the community-building initiatives, LLUH has prioritized their training and deployment to address all of the areas of need, specifically the Social Determinants of Health (SDOH). By engaging CHWs in strategies that target SDOH, we deploy an upstream approach that aims at addressing the root causes of health conditions.

**Other Health Professions Development Programs.** The college integrates training programs in health careers with clinical experience, allowing students to benefit from hands-on training and mentoring by Loma Linda University Health faculty and other students. These six- to 18-month health career certificate programs provide job entry skills, employment and college credit for students who elected to further their education with us. These students also participate in various community programs, included those selected as priority strategies, either through field practicum or internship opportunities.

- Certified Nursing Assistant
- Dialysis Tech
- Medical Assistant
- Pharmacy Tech
- Surgical Tech

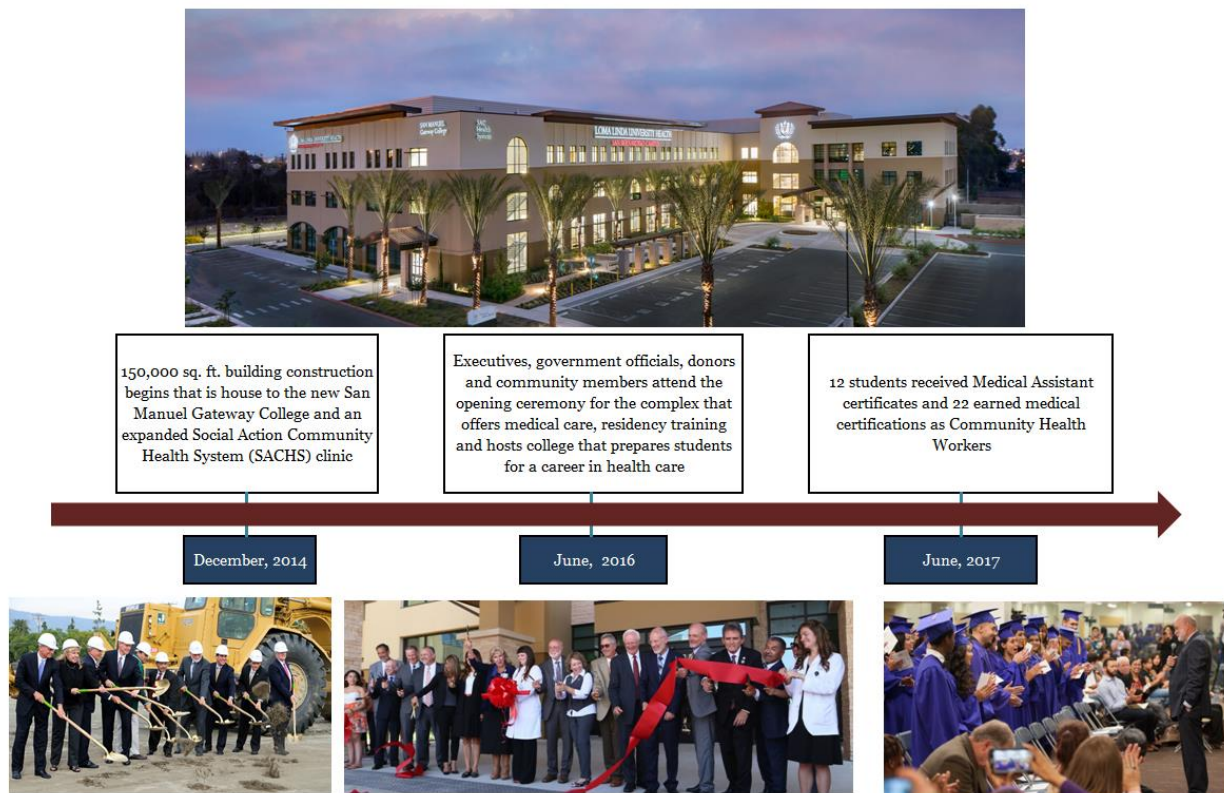


Photo Credit: San Manuel Gateway College Community Health Worker and Other Health Professions Development Programs.

## **Allocation of Resources for Community-Building Activities**

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LLUH is committed to allocating resources (monetary, personnel and in-kind) to address the public health priorities of the community it serves. Listed below are the resources LLUH plans on committing for specific community health priority areas and for the ongoing health needs of the community:

### Specific Allocation

- Annual Contribution to Social Action Community Health System (SACHS): \$2M
  - ~75% of patient population served at SACHS is at or below 100% of federal poverty line (~95% at or below 200% FPL)
  - Services at SACHS (Adult and Children)
    - Medical
    - Dental
    - Mental Health
    - Vision
- Community Programs and Contribution: \$0.5M
  - Community Health Development funding opportunities, Partnering with community-based organization for matching and/or in-kind program activities. Program Examples, Reach out and Read Project, Partnership with Hope Through Housing and Community Access to Health Care: Partnership with Community-based organization and LLU School of Public Health
- Community Benefit Operations (to lead, manage and evaluate community-building activities for four licensed hospitals): \$0.35M
  - Personnel: Director, Medical Director, Evaluation Specialist, Program Manager and Administrative Assistant
  - Operations: Office Space (often used for community programs and space is granted for special community education programs and support activities). Support and supplies for Community Benefit Administrative Council, Community Benefit Steering Committee and other Community Engagement collaboration activities.

### Other Allocation

The LLUH entities physicians, medical and support staff, support staff, students and faculty are committed to ongoing community health improvement services, community support, community health education and providing community based clinical services. Our annual community benefit report summarizes and provides additional details on the annual activities (staff hours, volunteer hours, and in-kind services) at the four licensed hospitals in our health system through various wellness, wholes and community health programs.

## Potential Future Allocation (Under Leadership Review and Consideration)

Supporting Operation for San Manuel Gateway College (SMGC): SMGC was established to give young people in San Bernardino and the Inland Empire a future beyond high school that also empowers them to serve their under-served community. LLUH is currently considering subsidizing the operating expenses for the San Manuel Gateway College to ensure the college's long-term sustainability and continue providing academic and professional opportunities for the underserved community members.

## Rationale for Unaddressed Needs

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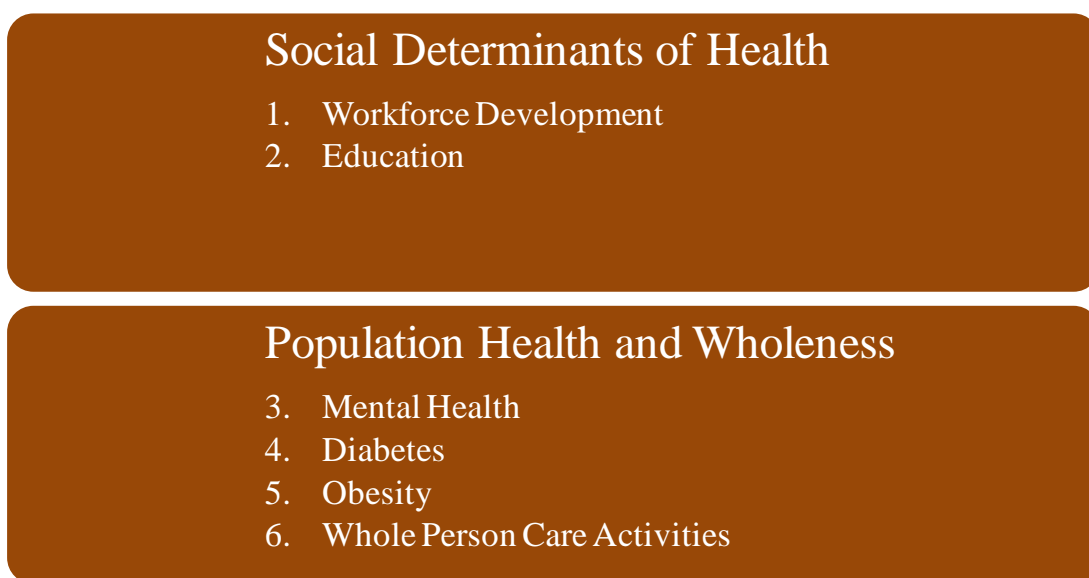


Figure 6. LLUH Selected Priority Areas

LLUH believes that a process in which health strategies are analyzed and prioritized following a strategic selection procedure allows for the selection and implementation of interventions that can demonstrate the best impact on health outcomes. One of the priorities of LLUH is to engage in community health efforts that follow the institution mission, vision and values, serving the most vulnerable. Addressing areas of health that reflect both health and social conditions is essential for LLUH. Focusing not only on population health needs, but also social determinants of health and a whole person approach allows for LLUH to follow its mission *to make man whole* (Figure 6).

Although LLUH recognizes that all areas of need are of importance, LLUH has selected areas in which resources including monetary, clinical, and academic are sufficient and staff highly proficient to deliver community benefit strategies successfully. Therefore, in order to address the health areas that were identified by community members as concerns but not prioritized for intervention currently will allow LLUH to further consider the problem, explore approaches and action plans, develop clear objectives, and identify potential impact and outcomes before deciding to intervene in these areas including those in the social, neighborhood, and built environment contexts.

Considering LLUH's institutional strengths, the public health priorities, and the benefit to the community, the areas selected as priority include:

1. Workforce Development
2. Education Opportunities
3. Mental Health
4. Diabetes
5. Obesity
6. Whole Person Care Activities

In regards to the top 21 DRGs identified in the CHNA 2016, LLUH will not be addressing all of the health issues listed in effort to maximize the impact of interventions. Nevertheless, those DRG needs not prioritized will still continue to be addressed at the various healthcare facilities and through the Whole Person Care programs.

The ability to implement strategies that demonstrate desirable impact will be those for which LLUH has the appropriate resources, and that focus on building relationships with the community for continuous monitoring and feedback on community-health outcomes. In addition, those prioritized are those that currently have strong evaluability components.

Finally, by utilizing one of LLUH's strongest assets, the Community Health Worker (CHW) training academy and Other Health Professions Development programs offered at the San Manuel Gateway College location, LLUH has prioritized those areas in which CHWs and other health professions graduates can support the mission of LLUH and participate in strategies that address the needs identified through the community assessment. The LLUH Community Benefit

Implementation Strategy individual areas demonstrate their engagement in all of the priority areas activities and the impact that is expected from their training and involvement; ultimately having a significant impact on community health outcomes.

## APPENDIX A

### LLUH Community Benefit Administrative Council (CBAC)

[Barbara Alejandre](#)

Chief Intergovernmental Officer  
San Bernardino County School District

[Dr. Marti Baum](#)

Medical Director, Community Health  
Development  
Loma Linda University Health

[Dr. Juan Carlos Belliard](#)

Director, Institute for Community Partnerships  
Loma Linda University Health

[Jessica Berto](#)

Director, Marketing  
Loma Linda University Health

[Dr. Richard Chinnock](#)

Chief Medical Officer and Physician-In-Chief  
Loma Linda University Children's Hospital

[Jere Chrispens](#)

Member, Board of Trustees  
Loma Linda University Health

[Reg Javier](#)

Deputy Executive Director  
San Bernardino County Economic Development  
Agency

[George Lamb](#)

President/CEO

Faith Advisory Council for Community  
Transformation

[Kevin Mahany](#)

Director of Advocacy & Healthy Communities  
St. Mary Medical Center

[Heidi Marshall](#)

Executive Director  
Riverside County Workforce Development  
Board

[Miguel McQueen](#)

Deputy Director  
San Bernardino Workforce Development Board

[Rhonda Moore](#)

Sr. Marketing Specialist  
Loma Linda University Health

[Ginger Ontiveros](#)

Executive Director Community Engagement  
SBCUSD – Community Engagement Office

[Pedro Payne](#)

Director, PossAbilities & Just for Seniors, East  
Campus  
Loma Linda University Health

[Dr. Deanna Stover](#)

Chief Executive Officer  
Community Clinic Association

Dr. Roger Woodruff  
Chair, Family Medicine  
Loma Linda University Health

Amy Wright  
Government Relations Representative, Children's Hospital  
Loma Linda University Health

### **LLUH Community Benefit Steering Committee (CBSC)**

Alex Fajardo  
El Sol Neighborhood Educational Center

Joan Thirkettle  
Path of Life Ministries

Alfonso Muro  
Restaurando Vidas

Lama Salama  
Voice in the Desert Community Agency

Brenda Spoelstra  
Institute for Community Partnerships

Leticia Gavilanes  
Community Health Worker

Charles Brown  
San Bernardino City Unified School District

Silvia Ortega  
Community Health Worker

Cynthia Urias  
Community Health Worker  
Dolores Ochoa  
Community Health Worker

Sarah Glenn-Leistikow  
Center for Employment Opportunities

Earl Benjamin  
Community Health Worker

Dr. Nellie Leon  
Institute for Community Partnerships



## Community Partners

- Air Quality Management District (AQMD)
- American Cancer Society
- American College of Cardiology
- American Heart Association
- American Lung Association
- American Red Cross
- AmeriCorps
- 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 Vital Signs
- CVEP Career Pathways Initiative
- Desert Healthcare District
- El Sol Neighborhood Education Center
- First 5 of San Bernardino and Riverside
- Faith Based Communities
- Hope Through Housing
- Inland Coalition for Health Professions
- Inland Empire Children’s Health Initiative
- Inland Empire Health Plan
- Inland Empire United Way
- Inland Empire Women Fighting Cancer
- Latino Health Collaborative
- Jefferson Transitional Program
- Nu Voice Society Inland Empire
- Omni Trans
- 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
- Riverside County Department of Workforce Development
- SAC Health System
- Safe Kids Inland Empire Coalition
- San Bernardino Associated Governments (SANBAG)
- San Bernardino City Schools Wellness Committee
- San Bernardino County Healthy Communities 2020
- San Bernardino County Medical Society
- San Bernardino County Department of Public Health
- San Bernardino County Department of Workforce Development
- San Bernardino Mexican Consulate
- San Manuel Band of Mission Indians
- San Manuel Gateway College
- Think Together