LOMA LINDA UNIVERSITY
HEALTH SYSTEM

Loma Linda University Health System
2012 Community Benefit Report

Loma Linda University Health System Community Benefit Report for:

Loma Linda University Medical Center

Loma Linda University Behavioral Medical Center

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Submitted May 2012 to:

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Prepared in Compliance with
California's Community Benefit Law

Letter from CEO

Dear Community,

Thank you for your interest in the health of our community.

As Administrator of Loma Linda University Medical Center, I would like to thank you for your interest in the health of our community and allowing Loma Linda University Health System to be a partner in a regional effort to improve the health of our region. It is my pleasure to share our 2011 Community Benefit Report with you, which highlights our efforts to be a part of improving the health and well-being of our community.

As the region's premier health care provider, we take meeting the diverse health needs of our region seriously and, as a result, ensure that everyone, regardless of their ability to pay, receives the care they need. In 2011, we invested over $104,000,000 in community benefits and have made concerted efforts to shift our investments to clinical and community based prevention as an effort to provide the highest quality of care possible to our region. Loma Linda University Health System believes that providing charity care alone isn't sufficient in meeting the health needs of our region. We are committed as an academic health system to leading the way in improving population health.

We continue to work with our community partners in finding innovative ways to decrease obesity, increase access to mental health services, and offer comprehensive community based prevention to improve the management of chronic diseases. We are working with all sectors of our community to ensure our population health interventions and systematic and sustained.

We call upon you to imagine a healthier region, and invite you to work with using implementing the solutions outlined in this report. Help us continue to prioritize our health concerns and find solutions across a broad range of sectors.

We look forward to our journey together, and thank you for your interest in creating a healthier community for all of our citizens.

Sincerely,

Ruthita J Fike

Ruthita Fike
Chief Executive Office/Administrator
Loma Linda University Medical Center

Invitation to Create a Healthier Inland Region

Where we live and how we live is vital to our health. 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.

Loma Linda University Health System (LLUHS) is leading the way forward in understanding our community and improving the health of Riverside and San Bernardino Counties.

Loma Linda University Health System have adopted the following three community benefit planning themes for 2011/2012:

1) Freedom from chemical dependency and substance abuse
2) Improved cardiovascular health
3) Safe and healthy children and youth.

LLUHS will also provide leadership and expertise within our health system by asking the questions:

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?

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. LLUHS is working with multiple stakeholders to identify collective evaluation measures to work towards key health indicators as a region and not in isolation.

LLUHS continues to collaborate with the Hospital Association of Southern California in connecting with other area hospitals and with the San Bernardino County Health Departments in an effort to develop cooperative approaches to improving the health of our community and to evaluate the outcomes of our community benefit programs.

Loma Linda University Health System Identifying Information

Loma Linda University Medical Center
Ruthita J. Fike, CEO
Lowell Cooper, Chair, Board of Trustees
LLUMC, Senior Vice President, Managed Care, LLUAHSC

Loma Linda University Children's Hospital
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Loma Linda University Medical Center East Campus
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Jill Pollack, Administrative Director of Operations
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Gerald Winslow, PhD Vice President for Mission and Culture, Loma Linda University Health System, (909) 558- 7022, provides executive oversight to Community Health Development; Dora Barilla, DrPH, Director of Community Health Development, (909) 558-3842 is principal author of this document.

Loma Linda University Health System primary service area includes both San Bernardino and Riverside counties. Loma Linda University Health System is comprised of nearly 900 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 Heart and Surgical Hospital.

Mission, Vision, Values

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 thorough caring, respects 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

LLUHS's Service Area

Loma Linda University Health System's primary market area can be defined, broadly, as California's Inland Empire – Riverside and San Bernardino counties. More than 90 percent of the Health System patients come from these two counties, with 75 percent of inpatients coming from a 30-mile radius starting at Victorville in the High Desert of San Bernardino County, sweeping clockwise to Beaumont and Banning in Riverside County, then on down to Temecula at the bottom of the arc, upward to Pomona on the far eastern edges of Los Angeles County, and then back northeastward to Victorville again.

For the purpose of community health development, a "service area" for LLUHS includes the geographic area where the medical center deploys its free and under-reimbursed services. In an effort to improve population health and quality of life of our region, community interventions have been targeted towards locations within a 30-mile radius of LLUHS.

Community Health Development Team

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Mission and Innovation
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Laura Acosta

Community Health Needs Assessment and Evaluation Indicators

Meeting the needs of our community

The Community Health Needs Assessment (CHNA) was conducted in 2010 and plans to conduct a thorough assessment are in place for 2013. The CHNA is conducted not only to fulfill the requirement of California's Community Benefit Legislation (SB 697) and The Affordable Care Act (H.R. 3590) but in response to the mission of the hospital: to further the teaching and healing ministry of Jesus Christ.

Community Health Development of LLUHS took a unique approach to the assessment process to increase our effectiveness in health improvement and to be on the leading edge of implementing healthcare reform.

The primary focus of the assessment was to elevate the health of our community and the diverse populations we serve, by identifying community needs and prioritizing our community interventions. The assessment was conducted in conjunction with Loma Linda University's School of Public Health and both Riverside and San Bernardino Counties Public Health Departments. A system for geocoding patient utilization is being developed and will be used to improve the health status of our region, better manage chronic disease, eliminate unnecessary hospitalizations, and reduce readmissions. We asked the 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?

In addition to the traditional health indicators of our community, we focused on many social determinants of health. Social determinants of health are the conditions, in which people are born, grow up in, live with, and work in. They include age, and the systems that are put into place, to deal with illness. These circumstances are, in turn, shaped by a wider set of forces: economics, social policies, and politics. Health starts in homes, schools, workplaces, and communities. The conditions in which people live determine, in part, why some Americans are healthier than others, and why Americans are generally not as healthy as they could be. Lack of options for healthy, affordable food, or safe places to play in some neighborhoods; make it nearly impossible for residents to make healthy choices. In contrast, people living in neighborhoods with safe parks, good schools, and high employment rates, are provided many of the key requirements for better health.

Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community. Key health indicators were geographically displayed to focus interventions in strategic locations and to identify measurable outcomes for our Community Benefit program.

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 (2006 – 2008)
- 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

- Employees within both Loma Linda University and Loma Linda University Medical Center, to assess collaboration within our health system
- 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
- 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

Recently identified community needs:

- Affordable access to affordable health care, particularly mental health services;
- Transportation barriers for accessing health care services;
- Enough qualified health care workers to meet emerging community needs;
- Solutions for increasing rates of heart disease, diabetes, obesity, cancer, and asthma; and,
- Access to prevention and wellness services in the community

What our community told us:

- Increase collaboration with community agencies;
- Collaborate within LLU and LLUMC more effectively, as the community sees LLU as one entity;
- Improved access to all services provided by LLUMC;
- LLUMC needs to provide services **IN** the local community;
- Ensure access to nutritious foods;
- Promote physical activity through a safely built environment;
- Provide preventive and health promoting activities;
- Lead the county in elevating the health status by example;
- Consider new mediums to communicate with the community. Encouraged the Health System to begin thinking about the internet. This resource is especially useful with community members who cannot afford health care but still have questions about their health;
- Approach health from a multi-section perspective: community, health, schools, and businesses;
- Educate community leaders to advocate for positive health policy changes;
- Involve the community with small, simple steps towards a healthier lifestyle

LLUHS's interventions and partnerships in 2011 were guided by the results of our CHNA. The year was also spent evaluating interventions that were in place but no longer meeting identified community needs. 2012 will be filled with a focus on relevant and real time identified community needs. It is an exciting moment in community health for health systems and LLUHS is excited to take part in leading the way.

Evaluation Indicators

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. As a regional health system LLUHS is transitioning from 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 represent how healthy a county is and is measured measure two types of health outcomes: how long people live (mortality) and how healthy people feel while alive (morbidity). 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 implemented at the local, state, and federal levels can have an impact on population health in a variety of ways. Policies and programs may be designed to target health outcomes directly, or by tackling the variety of factors that determine those outcomes. They can focus on downstream factors, such as ensuring that children are immunized at appropriate times or changing individuals' diet and exercise behaviors. Or, they can focus on more upstream factors, such as encouraging college attendance or stimulating economic development. LLUHS was highlighted in the release of the 2012 County Health Rankings for their collaborative work in San Bernardino County. Since 2008 LLUHS 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 2012 rankings. We are actively working with the County of Riverside to achieve similar results.

County Health Rankings 2010- 2012

COUNTY HEALTH RANKINGS									
	California			San Bernardino			Riverside		
	2010	2011	2012	2010	2011	2012	2010	2011	2012
Health Outcomes				**45**	**44**	**41**	**27**	**29**	**32**
Mortality				*37*	*35*	*36*	*30*	*27*	*28*
Premature death	6,196	6,128	5,922	7,828	7,675	7,346	7,177	7,062	6,762
Morbidity				*48*	*49*	*46*	*32*	*34*	*36*
Poor or fair health	18%	18%	19%	19%	20%	20%	17%	19%	19%
Poor physical health days	3.6	3.7	3.7	4	4.1	4.2	3.7	3.8	3.8
Poor mental health days	3.6	3.6	3.6	3.9	4.1	4	3.7	3.9	3.9
Low birthweight	6.60%	6.70%	6.70%	6.90%	7.00%	7.00%	6.30%	6.40%	6.50%
Health Factors				**50**	**50**	**46**	**40**	**42**	**42**
Health Behaviors				*48*	*48*	*45*	*36*	*33*	*39*
Adult smoking	15%	15%	14%	17%	17%	17%	16%	15%	15%
Adult obesity	23%	23%	24%	27%	29%	28%	25%	26%	28%
Physical inactivity			18%			21%			22%
Excessive drinking	15%	17%	17%	15%	16%	16%	15%	17%	17%
Motor vehicle crash death rate	12	12	12	17	17	16	17	17	16
Sexually transmitted infections	389	407	399	406	424	429	306	239	394
Teen birth rate	41	40	40	51	51	50	48	48	47
Clinical Care				*54*	*56*	*50*	*50*	*54*	*43*
Uninsured	21%	24%	20%	23%	26%	22%	27%	29%	23%
Primary care physicians	116	847:01:00	847:01:00	79	1,201:1	1,201:1	64	1,576:1	1,576:1
Preventable hospital stays	62	59	52	83	75	65	65	64	55
Diabetic screening	76%	77%	79%	72%	72%	74%	74%	75%	79%
Mammography screening		59%	63%		53%	56%		57%	63%
Hospice use	28%			35%			40%		
Social & Economic Factors				*37*	*40*	*39*	*31*	*29*	*29*
High school graduation	69%	71%	74%	64%	65%	69%	73%	75%	76%
Some college/College Degree*	29%*	59%	60%	18%*	50%	50%	20%	50%	50%
Unemployment	7%	11.40%	12.40%	8%	13.00%	14.20%	9%	13.60%	14.70%
Children in poverty	17%	19%	22%	17%	21%	25%	16%	17%	23%
Inadequate social support	26%	26%	25%	26%	27%	26%	24%	24%	24%
Children in single-parent households	10%	30%	30%	13%	31%	32%	10%	27%	28%
Violent crime rate	527	520	500	502	511	505	455	436	388
Income inequality	47			42%			44%		
Physical Environment				*54*	*55*	*55*	*52*	*54*	*54*
Air pollution-particulate matter days	13	16	16	31	26	26	38	36	36
Air pollution-ozone days	37	51	51	110	116	116	105	107	107
Access to recreational facilities		9	9		5	6		7	6
Limited access to healthy foods/Access to Healthy Foods*	46%*	79%*	5%	45%*	67%*	11%	62%*	87%*	11%
Fast food restaurants			49%			60%			55%

Were we Successful in 2011?

LLUHS achieved many great successes in 2011 in redefining our random acts of kindness and unmanaged charity to more strategic community investments but we continue to strive for excellence and better accountability for elevating the health status of our community. We have concerted efforts to create metrics and dashboards for better measure our successes in 2012. LLUHS is investing in a Community Health Management System and will use this as the basis for evaluating future community health interventions.

In addition to the programs and interventions throughout the health system, LLUHS identified three priority areas for its community health investments **1) Heart health, 2) Mental health, and 3) Children's health and resiliency.** The results of the 2011 objectives:

Goal 1: Heart Health

Draw from Loma Linda University's Health System rich resources and collaborate to offer an integrated approach to heart disease and stroke, building healthy hearts in Riverside and San Bernardino counties.

2011 Measurable Objectives

- Improve social norms and desirability for nutritious foods
- Increase access to nutritious foods
- Improve the physical environment in the Inland Empire to promote physical activity
- Improve the community's skills and abilities to manage stress

2011 Strategies

- Policy recommendations for improved heart health
- Coordinated communication and education campaigns
- Develop a continuum of care for heart health from prevention to reducing cardiac re-admissions
- Create partnerships with schools, employers, FBO's, businesses and other community agencies to develop and implement integrated wellness programs

In addition to the above results, LLUHS's offers many health promotion interventions throughout the community to address the priority area of Heart Health such as:

Heart Health Education

Identified Community Need: High rates of cardiac morbidity and mortality. 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. 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. In 2011, **3,443** hearts were touched with out individual programs but entire regions were served with improvement to the built environment.

2011 Results:

- Healthy Communities Initiatives were expanded into 3 additional cities in San Bernardino and coordinated efforts with Riverside County were implemented.
- Claremont Graduate University and Loma Linda University School of Public Health students participate in a 9 month fellowship at different Healthy Cities in San Bernardino County with the purpose to develop public health professionals who possess the necessary skills to influence positive change in public policy, systems and the built environment in our local municipalities.
- Comprehensive environmental scan was developed for the city of San Bernardino that model the assessment process for healthy eating and active living in our local cities.
- Policy brief templates were created for healthy eating and open, safe public spaces.
- A model for an integrated continuum of care was created in partnership with Community Health Development, Heart Institute, SAC Health System and Preventive Medicine and a $26 million dollar grant was submitted.
- A local school was identified to align a strategic partnership with a health system and local school that will be used as a model for health systems.
- Established baseline for re-admissions for heart failure.
- Established a standardized data collection system for all outreach events and will begin to collect and analyze aggregate data for health indicators and biometrics.
- Developing a baseline metric for community based access to healthy foods and physical activity.

Goal 2: Mental Health

Loma Linda University Behavioral Medical Center (LLUBMC) Interventions

Providing community benefits is a priority for LLUBMC. The goal is to build bridges, foster, and encourage relationships in the community by decreasing stigmas concerning mental illness and addiction and creating synergies with community partners. Below you will find a summary of the community activities supporting our strategic priority of mental health.

2011 Measurable Objectives

- Increase awareness of the risks and dangers of prescription drug abuse
- Increase opportunities to support positive mental health
- Educate the community on the consequences of using meth, marijuana, tobacco and alcohol

2011 Strategies

- Establish a model for drug disposal
- Policy recommendations for coordination of substance abuse prevention efforts
- Educational brochures/videos made available at pharmacies, YouTube videos, and on social networks
- Health professional education on prescription drug abuse

In addition to the above results, LLUHS's offers many community health development interventions throughout the community to address the priority area Mental Health such as:

CIRCLE

Identified Community need: Adolescents are not receiving adequate psychological/emotional counseling.

CIRCLE 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 their presence of their peers, and other patient families is a way to engage children in the healing process. The goal is achieved in two ways: 1. Children receiving treatment spend the first hour in a children's group and 2. In the second hour, children are joined by their families to share what they have learned. Children discover that someone is there to not only help their parents but also help them learn invaluable communication tools and coping skills. In 2011, **36** children and families were touched.

Objectives:

1. Increase awareness on substance abuse to children of addicted parents and provide proper counseling.
2. Increase the proportion of adolescents who disapprove of substance and illicit drug abuse.

Mental Health Education and Awareness

Identified Community Need: Increase awareness around mental health to professional and non-professional community members.

Mental Health Education and Awareness are aimed at professionals and non-professionals in the community such as clinicians, teachers, case managers, students, and community members. The goal is to provide informational topics within the scope of behavioral health that will reduce stigma, increase knowledge, and assist community members with accessing services. Topics include awareness around women's health, mental health for children, adolescents, and adults. In 2011, **3,162** community members were provided education.

Objectives:

1. Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral.
2. Increase the proportion of professionals and non-professionals who are informed around behavioral health areas: addiction; alcohol or other drug use and inform of available resources.

Screenings

Identified Community Need: Lack of depression screening and mental health assessment for early intervention.

Screenings are typically 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.

Objectives:

1. Increase the percentage of community organizations/employer organizations that provide primary prevention screenings.
2. Increase depression screening by primary care providers and provide referrals and/or community resources.

Senior Services

Identified community need: Increase family education of older adult's psychiatry anxiety, depression, and guide for after care planning.

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. Last year **3,400** seniors were provided education, prevention, or awareness around mental health.

Objectives:

1. Increase the proportion of older adults who are up to date on a core set of clinical preventive services.
2. Increase the proportion of older adults with mental health disorders who receive treatment.

SHIELD Behavioral Health Trainings

Identified Community Need: Increase awareness on self-injurious behavior.

Trainings are often geared towards community members, law enforcement, medical providers, teachers, or faith based leaders, who work with adolescents in some scope. The clinical therapist equip the community with knowledge of adolescent self-injurious behavior and the skills to handle a situation while providing information on what services will best meet the child's needs as it relates to self injurious behaviors. In 2011, **1,025** community members were provided trainings through the SHIELD program.

Objectives:

1. Increase the proportion adults who can identify self-injurious behavior.
2. Increase screenings by primary care providers and provide referrals and/or community resources.
3. Reduce the proportion of individuals who are unable to identify resources for self-injurious behaviors.

***Staying with Sobriety* Newsletter**

Identified Community Need: Lack of access to local online and printed materials around mental health.

In 2011, **5,000** people viewed the *Staying with Sobriety* quarterly newsletter. The newsletter can be accessed through the website or via email. Announcements, mental health education program notices and events, and 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.

Objectives:

1. Increase the proportion of online health information seekers who report easily accessing health information.
2. Improve the health literacy of the population.
3. Increase the proportion of persons who can use electronic health management tools.
4. Increase the proportion of persons who report that their health care providers involved them in decisions about their health.

Substance Abuse Support Groups

Identified Community Need: Lack of support groups for substance abuse.

In 2011, **9,100** community members participated in our substance abuse support groups. Support groups include:

Support Group	Description
Alcoholics Anonymous	Alcoholics Anonymous is a support group to 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.
Narcotics Anonymous	Narcotics Anonymous is a support group open to men and women to discuss and deal with conflicting emotions experienced during recovery. Meetings provide an opportunity for group members to share experiences with one another.

Pain Pills Anonymous	Pain Pills Anonymous is a support group open to men and women to discuss and deal with conflicting emotions experienced during recovery. Meetings provide an opportunity for group members to share experiences with others.

Objectives:

1. Increase the proportion of health care providers that provide support to live a substance-free life.
2. Increase the proportion of health care providers that provide ongoing substance abuse support groups.
3. Increase the proportion of individuals who disapprove of substance abuse.

Goal 3: Child Health and Resiliency

Reduce asthma hospitalization rates and improve the health of all children living in San Bernardino County by promoting lifelong healthy eating patterns through education and behavior change practices, promoting physically active lifestyles, and supporting community programs that prevent asthma morbidity.

2011 Measurable Objectives

- Decrease the cultural norm of acceptance of sedentary lifestyles
- Increase the awareness of resources and services available for children
- Educate the community on child health, specifically on obesity and asthma

2011 Strategies

- Policy recommendations to built communities with attention to asthma and obesity in childhood issues
- Establish a model for effective asthma and obesity prevention and intervention
- Form partnerships and improve connections among communities, schools, and government
- Establish an educational series for communities, faith-based organizations, and schools' use for obesity and asthma
- Develop a youth health policy and advocacy curriculum for health care pipeline programs
- Develop local and regional healthcare pipeline programs for our local community.

Breastfeeding Consultation

Identified Community Need: Childhood obesity and low breastfeeding rates for infants.

The Maternal-Fetal department provides one-on-one breastfeeding consultation to all mothers who are breastfeeding. This is a free service to our community and provides critical lactation support for mothers who are having difficulty breastfeeding. This is an important intervention to our community and the first step in our health system's efforts to reduce childhood obesity. In 2011**, 840** mothers were provided breastfeeding support.

Objectives:

1. Increase the proportion of infants who are breastfed.

Children's Day

Identified Community Need: Increase awareness in families and provide a non-threatening exposure to a medical setting for children ages 2-8 in our community.

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. In 2011, 1,008 adults and children attended health education event.

Objective:

1. Increase awareness around health and wellbeing to families.
2. Increase access to health services.

Homeless Youth Taskforce of San Bernardino County

Identified Community Need: Increased number of homeless youth

Loma Linda University Medical Center has represented health care in the growing population of homeless youth and at risk youth on the Homeless Youth Taskforce of San Bernardino County sponsored by Children's Network. This committee has advocated and supported the development of two homeless/runaway shelter over the last year. This high risk population which is often referred to as "the throwaway kids" continues to challenge our social system for support. Thoughtful and evidenced based interventions provided by Youth Alternative Solutions Program (YASP) continue to recognize our responsibility in this most fragile and forgotten population.

Objectives:

1. Increase medical support for homeless youth in the region.
2. Decrease the number of homeless youth in our region.

Safe Kids Inland Empire Coalition

Identified Community Need: High rates of unintentional injuries and violence.

The Safe Kids Inland Empire Coalition was established in 1991 by the Trauma department as a result of the epidemic of accidental injury to children in Riverside and San Bernardino Counties. The Safe Kids Coalition of the Inland Empire is based out of Loma Linda University Medical Center and Children's Hospital. The coalition brings together safety experts, educators, foundations, government officials, and volunteers to advocate for better laws to help keep children safe, healthy, and out of emergency room, encourage conduct research on leading injury risks, and evaluate solutions for injury risks. Areas of focus include:

- Water Safety/Drowning Prevention
- Child Passenger Safety/Hyperthermia/Keeping Kids Safe In and Around Cars
- Poisoning Prevention
- Fall Prevention
- Wheeled Sports Safety/Helmet Protection
- Fire Prevention/Safety
- Pedestrian Safety

In 2011, **1,475** children and parents were educated and brought awareness around safety issues.

Objectives:

1. Reduce unintentional injury deaths.
2. Reduce nonfatal unintentional injuries.

OK KIDS (Outreach to "Kommunity Kids")

Identified Community Need: High rates of childhood obesity and poor physical fitness in children.

OK Kids is a pediatric outreach to the identified needs of the children in our community, with the goal of increasing awareness and healthy living. This program integrates health topics for **2467** children and families of preschools, elementary schools, middle and high schools. In addition, a summer program

provides a "bridge summer program" for education and peer interaction that teaches healthy choices of nutrition and active living.

Throughout the year, weekly safety seminars with hands on activities are taught to **167** second graders addressing drowning prevention and pool safety, poisoning and prescription drug use, gun safety, slip and fall issues, burn prevention and fire safety, and airway safety. Parent information sheets accompanied the classroom learning lessons for additional home environmental modifications for family safety.

Health4Life is a comprehensive health education program is given over eight weeks to 360 middle school students emphasizing personal health and nutrition, exercise, sleep, and bullying. Parent information sheets carry the message and information to the families. In addition, three weeks of day camp are provided for 60 children of unhealthy weight during the summer. Children and their parents are exposed to healthy nutrition choices for snacks and meals. Family time is reinforced, meal planning and shopping is taught. Children visit a garden, harvest food, and prepare and healthy meal for their parents. The parent education component is the evidenced based program, BodyWorks, from the Office of Women's Health.

These activities occur for the youth in our Title I schools of San Bernardino County Unified School District. In 2011, **2,467** children participated in the various OK KIDS activities.

Objectives:

1. Increase the proportion of elementary, middle, and senior high schools children around health education to prevent health problems in the following areas: unhealthy dietary patterns and inadequate physical activity.
2. Increase the proportion of children who meet current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
3. Reduce the proportion of children who are obese.

Inland Empire Childhood Obesity Task Force

Identified Community Need: High rates of childhood obesity and a lack of best practice interventions for reducing childhood obesity in the Inland Empire.

Loma Linda University Health System is taking a proactive approach to be part of the solution and decrease obesity rates in the Inland Empire. In 2011, an obesity task force had its beginnings while working on a grant proposal. The task force is comprised of school representatives, community organizations, and San Bernardino and Riverside county representatives. The task force is committed to improving the health of all children living in the Inland Empire through education, collaboration, and policy that promotes overall health. In 2012, the task force will develop criteria for breastfeeding-friendly cities and incorporate into the Healthy Cities initiative.

Objectives:

1. Reduce the proportion of children and adolescents who are considered obese.
2. Develop breastfeeding promotion as an obesity prevention intervention.
3. Increase partnerships in the Inland Empire to strategically decrease childhood obesity.
4. Train healthcare providers on best practices for reducing childhood obesity.

Community Benefit Inventory for Social Accountability (CBISA)

In 2010, the Community Benefit Advisory Council voted to purchase a software program, Community Benefit Inventory for Social Accountability (CBISA), which is fully compliant with the Guide for Planning and Reporting Community Benefits, and IRS 990 Schedule H. This software program is designed to track, report, and evaluate our community benefit programs, and assist with community benefit program planning. Quantifiable information such as expenses, revenues, and offsets are captured, as are anecdotes concerning community involvement. The Community Health Development department has successfully implemented the software throughout the health system, to track and evaluate their community benefit interventions. It has been a great asset in defining and prioritizing population-based health interventions.

The program allows for our community benefit information to be accessed from one place; this helps create consistency with how the information is captured and reported on, for the various hospitals.

2011 Community Benefit Inventory

Community Benefit Inventory 2011	Children's Health & Resiliency	Heart Health	Mental Health	Cancer	Other
Coalition Building					
Inland Coalition	●	●	●		●
San Bernardino County Healthy Communities	●	●	●	●	●
Community Health Education and Awareness					
Breast Cancer Education				●	
Cancer:				●	
▪ Outreach Events				●	
▪ Prevention/Education Interventions				●	
▪ Support Groups				●	
▪ Walks				●	
Children's Day Health Fair	●				
CIRCLE Program	●				
Diabetes Treatment and Prevention					
▪ Screenings					●
▪ Support Groups					●
Family Health Fair (Prevention & Screening)	●	●	●	●	
Health Library (Web-based Education and Awareness)	●	●	●	●	
Heart Health				●	
▪ Prevention and Education			●	●	
▪ Screening			●	●	
▪ Support Groups			●	●	
▪ Wellness Fairs			●	●	
OK KIDS					
▪ Health4Life	●		●		
▪ Homeless Clinic	●		●		
▪ Homeless Outreach	●		●		
▪ Juvenile Hall Clinic	●		●		
▪ Kids Day at the Hospital	●				
▪ Operation Fit	●		●		
▪ Pregnant Minor	●		●		
▪ Risk Watch	●		●		
▪ Youth Hope	●				
Safe Kids (Injury Prevention)	●		●		
▪ Community Building Activities	●				
▪ Education & Awareness	●				
Senior Health Fairs					●
SHIELD					
▪ Awareness, Lectures, & Educational			●		

Forums					
▪ Behavioral Health Trainings			●		
Speaking of Women's Health					●
Staying with Sobriety Newsletter		●			
Substance Abuse Support Group			●		
Workforce Development Training				●	
Youth Alternative Solutions Program	●				
Health Care Pipeline Programs					
CHWA Statewide Policy Support	●	●	●	●	
ICP – Summer Pipeline	●				●
Health Care Support Services					
Charity Medications	●	●	●	●	●
Community Clinic Support	●	●	●	●	●
Just for Senior – Empowering Seniors					●
Non-Emergency Medical Transportation	●	●	●	●	●
Poss**A**bilities – Empowering Disabled Individuals					●
In-Kind Donation					
Helping Hands Pantry					●
In Kind Donations/ Equipment	●	●	●	●	●
In-Kinds Donations/Meeting Room/Overhead/Not-for-profit Groups	●	●	●	●	●
Ronald McDonald Support					●
Health Professionals Education and Research					
Health Professionals Education	●	●	●	●	●
Research	●	●	●	●	●

Community Members Served:

142,869

2011 Community Benefit Detail

In addition to LLUHS's 3 priority areas, the health system offers many community health development interventions throughout the community. We all looking at strategic venues to improve population health throughout our region and have aligned all of our interventions with an identified community need and the national health objectives, Healthy People 2020. 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. Below you will find a summary of our key interventions that were not included in our 3 priority areas for the health system.

211

Identified Community Need: This intervention was chosen as a result of our community not having access to basic human needs such as food, housing, and transportation.

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 2011, LLUMC partnered with 211 San Bernardino and provided 211 phones in the emergency room for our patients and our staff to better serve our community's basic human and social service needs. These are dedicated phone lines that ring directly to our local 211. As a result of our partnership LLUMC will have the capability to request reports from 211 identifying the specific unmet needs of our patients. This data will help the Community Health Development Department develop partnerships and identify gaps in services for our community.

Objectives:

1. To increase access to social services in the community for our patients.
2. To identify unmet social service needs in our patients receiving care in the Emergency Department.

Cancer

Identified Community Need: High rates of breast and prostate cancer in the Inland Region.

The Loma Linda University Cancer Center (LLUCC) was established in 1991 with the purpose of leading and coordinating cancer-related activities and services. LLUCC is responsible for the development and coordination of institution-wide, multi-specialty approaches for cancer patients, including early detection, optimal treatment and total care, clinical research, and basic science research. Navigators are available to guide patients through the healthcare system while providing education, support, and advocacy, but the ultimate goal is to provide the necessary support to enable our patients to find strength, which can lead to healing. In 2011, **7,648** cancer patients were served.

Objectives:

1. Increase the proportion of persons who were counseled about cancer screening consistent with current guidelines.
2. Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

3. Increase the proportion of men who have discussed with their health care provider whether or not to have prostate-specific antigen (PSA) test to screen for prostate cancer.

Charity Medications

Identified Community Need: Lack of access to necessary medications for patients who are un and underinsured.

Charity Medications assists patients who are: Medi-Cal pending, Medically Indigent Adults (MIA), Medi-Care without prescription coverage, and uninsured patients. This intervention benefits patients and helps reduce re-admissions due to lack of continuity of care or possible admissions. In 2011, **400** community members in need were helped.

Objective:

1. Increase the proportion of our community who have access to social support services.

Community Clinic Support

Identified Community Need: 25% of San Bernardino County and 28% of Riverside County residents are uninsured.

Loma Linda University Health System 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

The demographic make-up of the **11,762** unduplicated patients served by the clinics supported by LLUHS:

- 2/3 are uninsured and do not qualify under Medi-Cal
- 90 percent are minorities, 57 percent are Hispanic
- 64 percent are women, 35 percent are children

Objectives:

1. Increase the proportion of persons who have a specific source of ongoing care.
2. Increase the proportion of persons with health insurance.

Diabetes Education

Identified Community Need: High rates of diabetes and a lack of access to chronic care management for diabetic patients.

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. Last year, more than **1,279** community members were served. These interventions were not a part of the traditional services for our patients but as a community outreach in response to the high prevalence of diabetes in the Inland Empire.

Objectives:

1. Reduce the annual number of new cases of diagnosed diabetes in the Inland Empire.
2. Increase prevention behaviors in persons at high risk for diabetes with pre-diabetes.
3. Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education.

Health Library

Identified Community Need: Lack of access to local online health services for the community.

In our 2010 Community Health Needs Assessment the community clearly told LLUHS 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. In 2011, **3,757 unique visitors** accessed the Health Library. A unique visitor is counted once no matter how many times they return to the site.

Objective:

1. Increase the proportion of online health information seekers who report easily accessing health information.
2. Improve the health literacy of the population.
3. Increase the proportion of persons who use electronic personal health management tools.
4. Increase the proportion of persons who report that their health care providers involved them in decisions about their health care.

The Helping Hands Pantry

Identified Community Need: Food Insecurity

Food insecurity has been identified via our local 211 referral system as one of the greatest needs in our region. In response to this identified need LLUHS continues to support The Helping Hands Pantry. This local pantry is dedicated to providing relief for local families needing support. Every week The Helping Hands Pantry offers opportunities for people in the community to pick out groceries from the pantry to feed their families. Each month, an average of 624 people are served.

Objectives:

1. Eliminate very low food security among children and adults.
2. Reduce household food insecurity and in doing so reduce hunger.

Just for Seniors

Identified Community Need: Growing senior population without access to health services.

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 **35,000** 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. 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. LLUMCEC recognizes that seniors need a safe and positive environment to engage in and connecting them to a group is beneficial for the mind, body, and spirit.

Objectives:

1. Increase the proportion of older adults who are up to date on a core set of clinical preventive services.
2. Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities

Non-Emergency Medical Transportation

Identified Community Need: Large low-income population un or underinsured and limited financial resources.

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 patents 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. In 2011, over **229** patients were provided medical transportation services.

Objectives:

1. Increase the proportion of persons who have access to non-emergency medical transportation services.
2. Increase the proportion of persons who have a specific source of ongoing care.

PossAbilities

Identified Community 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.

Poss**A**bilities 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, compromised 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. LLUMCEC 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, socials, educational and spiritual interaction with peers and their community. This free membership program is tailored to persons with physical disabilities such as limb amputations, stoke, spinal cord injuries, traumatic brain injuries, multiple sclerosis, muscular dystrophy, spina bifida, and other disabilities. The various sports leagues, school-sponsored Poss**A**bilities clubs, and the annual triathlon improves the social connectedness and possibility for interaction, particularly for the disabled.

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.

Speaking of Women's Health

Identified Community Need: High rates of heart disease, diabetes, and cancer in women in the Inland Empire.

Speaking of Women's Health is an interactive health education experience, hosted by LLUMC that provides attendees awareness and education around health, well-being and personal safety. In 2011, **1,145** people were in attendance and enjoyed the following screenings:

- Ask a Doctor booth
- Blood Pressure screening
- Body Fat assessment screening
- Bone Density screening
- Dry Mouth Treatment options and Dental Hygiene advice
- Glucose screening
- Macular Degeneration screening
- Mental Health screening
- Vision screening
- Stress Management assessment
- Waist to Hip Screening

Objective:

1. Increase the percentage of women who know their BMI, blood pressure, and cholesterol levels.
2. Identify women at risk of heart disease and connect them to health education and medical services.
3. Increase the percentage of women taking action to improve their BMI, blood pressure and cholesterol levels.

Youth Alternative Services (YASP)

Identified Community Need: High substance abuse rates in San Bernardino and Riverside County.

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 seven week program consisting of:

- Orientation: Orientation geared for parents/guardians and teens;
- Entrance Interview/Psychosocial Assessment: Staff members meet with meets with the students on individual bases. 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.

Additional interventions that YASP participates include the following:

Activity	Description
Alcohol Presentation	Presentations are geared toward youth and the effects alcohol has on their developing brain. It is an interactive presentation with ample opportunities to ask questions. The presentation covers the reaction a youth's body has from one beer all up to six beers within the course of several hours.
Committee Meeting	Drug Free Rancho Cucamonga is a collaborative effort working with schools, parents and youth organizations, elected officials, law enforcement agencies, businesses, chamber of commerce, civic groups and faith based organizations who are dedicated to creating a healthy community. The goal is prevent and reduce the use of alcohol, tobacco, and other drugs by the youth in Rancho Cucamonga.
Faith and Justice Summit	Utilizing a holistic approach to crime prevention, the Redlands Police Department has partnered with religious leaders to create the Cops & Clergy

	Conference. The organization is working to create a safe environment for the youth through character development programs and an emphasis on marriage, family, healthy choices and living a healthy lifestyle.
Governor's Drug Youth	The Governor's Drug-Free Youth Conference (GDFY) was established in 1989 by an Act of the General Assembly in an effort to accelerate Arkansas' fight against substance abuse. The Commission works in a collaborative capacity representing a majority of Arkansas' counties. Each year, GDFY conference is charged with implementing comprehensive community plans, which address substance abuse challenges through treatment, prevention and enforcement. The Commission lends leadership and expertise in the development of these comprehensive strategies to ensure that resources needed to treat substance abuse are effectively targeted. The YASP coordinator coordinates the youth portion of the event. Students are trained to train other students.
Gang and Drugs Task Force	The San Bernardino Countywide Gangs and Drugs Task Force is committed to a leadership role in advocating the prevention and suppression of gang membership and drug use throughout San Bernardino County through coordination, collaboration, and communication between education, law enforcement, the criminal justice system, elected officials, private enterprise, and community at-large.
GREAT Summer Program (Gangs Reduction Education Adolescents Training with Operation Phoenix)	The San Bernardino County Probation Department, in cooperation with YASP and other local organizations, provided a four-week summer camping adventure for children who completed the G.R.E.A.T. Program curriculum over the last school semester. Approximately 30 children per week attended the G.R.E.A.T. summer program at local community centers. The G.R.E.A.T. Summer program include lessons in cultural awareness, conflict resolution, team building, drug and alcohol information, goal setting, leadership, conservation, and recycling.
Marijuana Presentation	Youth participants are presented with information regarding marijuana with the following learning objectives: 1) Participants gain understanding of how marijuana affects the brain. 2) Participants learn basic skills on how to present marijuana to various audiences. 3) Participants learn the four parts of the body affected by THC. 4) Participants receive information on how to appropriately communicate the dangers of smoking marijuana. 5) Participants will be able to identify the signs of a user. 6) Participants will be able to adequately answer the common pro-use questions individuals have concerning marijuana.
Probation training	Probation training includes is a combination of Alcohol and Marijuana training for youth.
Red Ribbon ATOD Presentation	Red Ribbon ATOD presentation is a combination of Alcohol and Marijuana training for all of high school students. Schools that received the training: Valley College, Norco High School El Cerrito Norco High School Ramirez, Auburndale , Santiago, Centennial High School , Lee Pollard, River Heights, Roosevelt High School, Corona High School, Orange Grove, and Citrus Hills.
Street Team Meeting	Street Team meetings are convened by Operation Phoenix. The mission of Operation Phoenix is to reduce violence through a coordinated approach of prevention, intervention, and suppression strategies that address the etiological factors leading to crime and violence. Operation Phoenix achieves

	its mission through partnerships with the County, community based organizations, and the community.
Student Assist Program (SAP)	Student Assist Program (SAP) summer camp is a summer training to teachers, educators and administration in Palm Springs. Coordination for the ATOD portion of the event is the responsibility of the Youth Alternative Services director. Student Assistance Program is a school-based approach to providing focused services to students seeking support or needing interventions for academics, behavior, and attendance often due to deeper concerns relating to substance abuse, mental health, or social issues. SAP is a process - not a curriculum or treatment center - that connects programs and services within and across school and community systems to create a network of supports to help students. As a process, SAPs identify students in need of intervention, assess these students' specific needs, and provide them with support and referral to appropriate resources. The overarching goal of SAP is to remove barriers to education so that students may strive academically.
Youth Summit	The Youth Summit is a community-based drug prevention and youth leadership program focusing primarily on middle and high school students. The goal of its many projects is harnessing the powerful influence of peer pressure-- making it a positive force that encourages young people to live free of tobacco, alcohol and other drugs.

In total, the YASP program served **14,062** children

Objectives:

1. Reduce the use of illicit substances.
2. Increase the proportion of adolescents never using substances.
3. Increase the proportion of adolescents who perceive great risk associated with substance abuse and illicit drugs.

Community Health Development Partnership

LLUHS supports and enhances regional efforts in place to promote healthier communities. One of the objectives is to partner with other nonprofit and religious 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.

Last year, the CBAC council awarded grants and developed strategic collaborations with the following local organizations.

Local Organization	Purpose	Objectives
SAC Health System	To support the development of a community based clinic and create an infrastructure for the clinic to become financially sustainable.	1. Increase the proportion of persons who have a specific source of ongoing care. 2. Increase the proportion of persons with health insurance
Community Clinic Association of San Bernardino County	The 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 the medically indigent, underserved, uninsured and/or underinsured.	1. To support the development of a community clinic association to increase the capacity and sustainability of the community clinics in the Inland Empire.
Latino Health Collaborative (LHC)	To support LHC in improving the health of Latinos and our community to address barriers within the public and private systems that impact health and access to health care.	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.
Inland Coalition: **Advancing Diversity and Education in the Health Professions**	To support the Inland Coalition in engaging all health career stakeholders in Riverside and San Bernardino counties to develop a coordinated effort to grow a well-educated and diverse health care workforce for the region.	1. To increase the diversity of health professionals to reflect the highly diverse general population. 2. To increase the capacity and sustainability of educational programs that effectively prepares disadvantage students for current and future health careers.

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 LLUHS 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, and LLUBMC. 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 2011 –SB697 Valuation – Cost-Based

Loma Linda University Medical Center

Loma Linda University Behavioral Medical Center

Medical Care Services	$46,355,899
Community Health Development	$ 6,310,168
Health Professions Education & Research	$51,754,497
Total Community Benefits Economic Value	**$104,420,564**

Terms and Definitions – 2011 (reported May 2012)

Medical Care Services (Charity Care and Un-reimbursed Medi-Cal)

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 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 programs, 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 Development

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 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. Costs 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).

Creating a Healthier Community In 2012

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.

Paradigm Shift in Public Health and Prevention

Public health is in a paradigm shift. The paradigm shift is from traditional health promotions and programs 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

Community Health Needs Assessment and Evaluation Indicators for Community Health

Building a healthy environment requires multiple stakeholders working together with a common purpose – to create a healthier region and collectively prioritize our health concerns and find solutions across a broad range of sectors to create communities we all want for ourselves and our children.

Loma Linda University Health System is planning for the 2013 Community Health Needs Assessment in partnership with the Public Health Departments in both Riverside and San Bernardino County and Loma Linda University School of Public Health. We are also looking to develop specific evaluation indicators for the county and the health system and working to ensure the indicators are in alignment with the regional efforts to improve health. LLUHS is also partnering with ESRI a local geo-informatics company to use our patient data to identify "hot spots" in our community and evaluate the effectiveness of our interventions on a population level.

Community Vital Signs (CVS) (Community Health Needs Assessment)

Community Vital Signs (CVS) is a community-led effort in partnership with the County of San Bernardino in an effort to establish a health improvement framework that and setting evidence-based goals and priorities for action that encompasses policy, education, environment, and systems change.

The Inaugural Community Workshop was held in September 2011. During the day-long meeting, over 80 community stakeholders representing local nonprofit hospitals, universities, government agencies, businesses, faith and community based organizations throughout the county discussed the purpose of CVS, outlined the Value Statement, and shared ideas in developing a collaborative effort to improve the health and well-being of the community. The workshop and group discussions were facilitated by Mr. John Clymer – a national recognized health policy and systems thought leader brought to the region through the efforts of LLUHS.

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

Purpose	Community Vital Signs is a community health improvement framework jointly developed by San Bernardino County residents, organizations and government. It builds upon the Countywide Vision by setting evidence-based goals and priorities for action that encompass policy, education, environment, and systems change in addition to quality, affordable and accessible health care and prevention services. It provides the basis for aligning and leveraging resources and efforts by diverse agencies, organizations and institutions to empower the community to make healthy choices.
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 Vital Signs is guided by the following 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

LLUHS 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 LLUHS.

Evaluation Indicators

Planning for the Future

As LLUHS matures in their population based health interventions metrics to evaluate success and identify areas with the greatest need are critical.

LLUHS is partnering with ESRI, a geo-informatics company to create the Community Health Management System, an information system that helps LLUHS continuously understand community health needs and deploy culturally appropriate interventions based on the areas of greatest need. LLUHS has installed a geographically enabled system directly onto the server at LLUMC that will provide real time information to Community Health Development to help make informed decisions around resource allocation and population health.

In order to address this challenge of improving the overall health of the community, LLUHS has identified the need to better understand the community dynamics associated with poor health outcomes and to increase the hospital's capacity to identify areas of greatest need and the community conditions that increase the likelihood of poor health outcomes.

This strategic planning process will be conducted over the next year and implementation will begin in 2013. The outcomes and learning from this partnership will be shared with health systems throughout the country.

Objectives:

1. Develop the geospatial analytics competency within LLUHS.
2. Improve the health status of populations within LLUHS 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.

Priority Area 1: Children's Health and Resiliency

In response to the Community Health Assessment, LLUHS has identified three priority areas for its community health investments 1) Children's Health and Resiliency, 2) Heart Health, and 3) Mental Health. The emerging priorities are reflected in the 2012 objectives and strategies.

Health

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 were educational competency rates are below the national average, our high school graduation rate is only 60 percent.

Our mission at Loma Linda University Health System is to be the voice for our most vulnerable population. We have made children's health a priority for our health system, by being the premier Children's Hospital in the eastern portion of Southern California.

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 disease 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. If a child is obese at the age of four, he or she will have a 20 percent likelihood of being overweight as an adult.

An entire system working together

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 System recognizes that our children are our future. The goal is to reduce childhood obesity, therefore reducing related chronic diseases. LLUHS 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.

Goal 1: Child Health and Resiliency

Reduce asthma and obesity prevalence and improve the health of all children living in San Bernardino County.

2012 Measurable objectives

- Decrease the cultural norm of acceptance of sedentary lifestyles
- Increase awareness of resources and services available for children.
- Educate the community on obesity and asthma.
- Support healthcare pipeline activities and support at risk youth populations.

2012 Strategies

- Develop a regional Obesity Task Force
- Establish a model for effective intervention with regards to obesity in children.
- Create breastfeeding modules implication for Prevention Plus Clinic.
- Provide leadership for statewide policy committees to increase healthcare workforce.

Children's Resiliency Strategies

Health Care Pipelines

Loma Linda University Health System is listening to our community and working in collaboration with the Inland Coalition, in better preparing a healthcare 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 key initiatives 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.

The Inland Empire has a significant shortage of local educational programs that effectively prepare disadvantage students for current and future health careers. 30% of today's eighth graders will not graduate from high school four years from now.

Investing in our health career pipelines can have a positive impact on reducing not only our healthcare shortages and health disparities but also the overall academic achievement throughout our region.

Statewide

California Office of Statewide Health Planning and Development
California Health Professions Consortium
California Primary Care Association
California Hospital Association

Inland Coalition: Advancing Diversity and Education in the Health Professions

The mission of the Inland Coalition is to engage all health career stakeholders in Riverside and San Bernardino counties in a coordinated effort to grow a well-educated and diverse health care workforce. The Inland Coalition strives to further the work of several statewide healthcare work force initiatives and local programs.

Loma Linda University Health System Clinical Placements –

Each year LLLUHS hosts over 1000 potential healthcare workers outside of their training at our University. In 2012 there will be a priority in placing potential healthcare workers that currently reside in the areas of greatest need and have plans to remain in the area once their education is completed. An organized screening process and criteria will be developed for these placements in 2012 in an effort to develop our own healthcare workforce.

Loma Linda University Health System Pipeline Programs

Identified Community Need: Low high school graduation rates and a lack of primary care providers in San Bernardino and Riverside County.

Center for Health Disparities and Molecular Medicine Diversity Initiative

- Apprenticeship Bridge to College (ABC)

Minority Introduction to the Health Sciences Programs (MITHS)

My Campus: Minority Youth Pipeline Programs

- The College Exodus to the Health Professions (CEP-HP)
- Sherman Indian High School Partners in Progress
- Si Se Puede

In 2012, Loma Linda University will consolidate the three programs into one summer program to foster understanding and collaboration amongst youth of different background.

Objectives:

1. Increase number of students that attend and graduate college.
2. Increase exposure to university/college campuses for high school students.

Inland Empire Childhood Obesity Task Force

Identified Community Need: High rates of childhood obesity and a lack of best practice interventions for reducing childhood obesity in the Inland Empire.

Loma Linda University Health System is taking a proactive approach to be part of the solution and decrease obesity rates in the Inland Empire. In 2011, an obesity task force had its beginnings while working on a grant proposal. The task force is comprised of school representatives, community organizations, and San Bernardino and Riverside county representatives. The task force is committed to improving the health of all children living in the Inland Empire through education, collaboration, and policy that promotes overall health. In 2012, the task force will develop criteria for breastfeeding-friendly cities and incorporate into the Healthy Cities initiative.

Objectives:

1. Reduce the proportion of children and adolescents who are considered obese.
2. Develop breastfeeding promotion as an obesity prevention intervention.
3. Increase partnerships in the Inland Empire to strategically decrease childhood obesity.
4. Train healthcare providers on best practices for reducing childhood obesity.

Adopt-A-School Model

Identified Community Need: High poverty rates, low educational attainment, and poor health outcomes in local schools.

LLUHS believes that children are our future and by investing in their education and wellbeing at a young age we are preparing them for the future. That is why in 2012, LLUHS will strategically select an elementary school to adopt and create interventions for the children, staff, and parents. The core concept of the Adopt-A-School model allows for the building of a sustainable relationship between health systems, schools and the community, and brings about a substantive long-term improvement in the environment of the learners. The elementary school will be chosen in the area of greatest need and the template for the Adopt-A-School model will be replicated in other schools.

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.

LLUHS has developed a three-phased approach that outlines the responsibility of the school and LLUHS.

Phase one:

- Schools apply or are identified by the health system
- Schools are appraised in consultation with stakeholders
- A high level due diligence is conducted on the school

Phase two:

- Potential schools are brought to the health system for approval
- The profiles of schools and an assessment are conducted for the school
- An adoption agreement is entered into between the schools and the health system
- Potential programs are offered to the school based upon the assessment
- An action plan is developed with all the stakeholders
- An oversight committee is formed with all the stakeholders

Phase three:

During phase 3 implementation work begins.

School responsibilities:

- Attend LLUHS CBAC meetings during the year of assessment, planning, and implementation.
- Provide sound management of the project's various phases
- Communicate regularly with the adopter and school
- Ensure quality of work delivered
- Facilitate adjustments needed throughout course of implementation
- Establish outcome measurements directed towards achieving agreed upon goals

Objectives:

1. Reduce the absenteeism in children.
2. Create social and physical environments that promote good health for student's, teachers and staff, and parents.

Priority Area 2: Improving Heart Health

Heart disease is the leading cause of death in the United States. In 2008, 631, 6363 people died of heart disease. Heart disease caused 26 percent of the total deaths – more than one in every four- in the United States.

Controlling risk factors that are changeable is extremely important to improve overall health. Modifiable risk factors for heart disease include obesity, smoking, elevated blood cholesterol, physical inactivity, and poor diet. These risk factors can be significantly decreased or eliminated with targeted behavioral change, dramatically reducing the risk of heart disease mortality.

Goal 2: Heart Health

Draw from Loma Linda's rich resources and collaborate to offer an integrated approach to heart disease and stroke, building healthy hearts in the San Bernardino and Riverside Counties.

2012 Measurable objectives

- Increase the proportion of adults who have had their blood pressure measured and know whether their values were in normal or high range.
- Increase the proportion of adults with hypertension who meet the recommended guidelines for BMI.
- Reduce hospitalizations of older adults with heart failure as the principal diagnosis.
- Increase the proportion of cities in San Bernardino and Riverside County including their city as an official part of the "Healthy Communities Movement".

2012 Strategies

- Policy recommendations for improved heart health.
- Coordinated communication and education campaigns.
- Create partnerships with schools, employers, faith-based organizations (FBO's), businesses and other community agencies to develop and implement integrated wellness programs.
- Develop a continuum of care for underserved cardiac patients to reduce cardiac re-admission.
- Support and leverage Healthy Communities efforts in San Bernardino and Riverside County.
- Develop heart failure clinics and lifestyle management programs for our underserved cardiac patients.

Priority Area 3: Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to change and to cope with challenges. Mental health is essential to personal well-being, family an interpersonal relationships, and the ability to contribute to community or society.

In conducting our community assessment, we found that there has been an increase in depression and drug abuse. Loma Lind University Behavioral Medicine Center recognizes that the needs of patients, who face mental illness and chemical dependency, require a treatment of the whole individual through psychological, social, and spiritual aspects, and those we need everyone to help. That is why we have created the following objectives and strategies.

2012 Measurable Objectives:

1. Identify areas of potential collaboration in the promotion, prevention, and treatment of mental health and addiction problems;
2. Identify resources to increase the effectiveness of faith communities in addressing the challenges they face;
3. Develop innovative initiatives and technology to support the emotional health of those in direct ministry

2012 Strategies:

1. Partner with African- American faith communities: An African-American Psychiatrist in training under the supervision of faculty in the Department of Psychiatry with expertise on diversity issues, and mental health and religion/spirituality will:
    a. Develop a needs-assessment tool to interview Pastors and leaders, and serve as a guide for the deployment of resources;
    b. Consult with an expert from the School of Religion on incorporating some metrics to systematized the collection of data;
    c. Develop an educational tool on mental health issues relevant to the African-American community (incidence rates of mental health conditions; framing in a culture-congruent and spiritually positive perspective);
    d. Conduct community presentations to increase awareness of mental health issues relevant to the African-American experience;
    e. Identify seven churches that are ready to partner with LLUMC, and pilot the collaborative process in response to the challenges identified through the needs assessment;
2. Identification of available best practices: Doctoral students in Clinical Psychology under the supervision of faculty in the Department of Psychiatry with expertise in the area of mental health and religion will:
    a. Identify existing best practices for the promotion, prevention, intervention on emotional health and addiction problems in communities of faith;
    b. Identify existing best practices for the active collaboration of mental health facilities with communities of faith in the context of affirming the values and worldview of those communities
3. Development of specialized resources to support those in direct ministry
    a. Develop formal and informal processes to network, and resource pastors with skills to address the needs of their communities in the area of mental health and addictions

b. Develop thematic conferences (e.g. Addictions and Faith; clergy are the first line of treatment for mental health, what do they need to be more effective; how can they develop their churches to be truly communities for healing) to bring national and international experts to further support the work of those in ministry
c. Develop the "Moses Principle Initiative": to facilitate access to mental health resources for ministers (and their spouses), as the success and emotional health of their communities rest on their shoulder

Faith and Health Initiative

Linda University Health System recognizes that there are many ways to collaborate with our community, form partnerships, and achieve a common purpose. That is why LLUHS recognizes a need to collaborate with our faith-based organizations (FBOs). At the intersection of faith and health are communities who value healing the whole person. This initiative focuses on connecting faith communities together with our medical system, to improve the health of our community. It is a work measured by how much we can accomplish together. That is why we have developed the following objectives for 2012:

2012 Measurable Objectives:

1. Enhancing our partnerships with communities of faith
2. Envisioning each congregation as a center for health
3. Building a network of patient-centered care that collaborates with faith communities
4. Helping communities navigate the complexity of health care
5. Journeying toward a better health for our entire community

Strategies for 2012

1. Partner with faith based communities to develop training under the supervision of faculty in the Department of Psychiatry with expertise on diversity issues, and mental health and religion/spirituality.
2. Identify best practices around the promotion, prevention, intervention on emotional health and addiction problems in communities of faith. If none exist, LLUHS will develop to share with other health systems and faith based communities.
3. Strategically develop formal and informal processes to network, and resource pastors with skills to address the needs of their communities in the area of mental health and addictions.

Faith and Health Collaborative

LLUHS, as a faith-based healthcare leader, is building partnerships with interfaith communities to change the status health in our county. Participation in a community faith significantly improves the likelihood of becoming healthy, and staying healthy. LLUHS is helping faith communities to redefine themselves a 'health centers,' where the whole person is treated: emotional, spiritual, relational, and physical. Launching initiatives around chronic diseases, within faith communities, is proving to be effective in improving health outcomes.

Together, a health care system with advanced medicine and a proven history of prevention, and faith communities centered around hope, love, and trust, can achieve more than working alone. Close relationships with faith-based organizations in the area will be at the core of reaching individuals and families by becoming an integral part of their community.

"Our faith and our science compel us to work together because it is the right thing to do."

- Gary Gunderson

Healthy Communities Initiative

Healthy Communities

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.

The task of creating healthy environments can be daunting. To change the built environment including land use, transportation, housing, and open space, is difficult and slow. Changing the momentum from current planning practices in the Inland Empire that has resulted in unhealthy development patterns, will take time, attention, and an ongoing commitment from the health sector. There is a sense of urgency with the growing chronic diseases in our region. The need to take action is urgent, health oriented policies adopted today, will influence on-the-ground development decades from now.

Healthy Communities of San Bernardino is a countywide strategic initiative to create healthier environments and promote healthy lifestyle choices for all county residents, with a particular emphasis on access to nutritious foods, physical activity, and appropriate health care. The Healthy Communities Program (HCP) was created as an initiative of the San Bernardino County Board of Supervisors in April 2006. After six years, 18 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, Hip's 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 Chino
Healthy Chino Hills
Healthy Claremont
Healthy Colton
Healthy Fontana
Healthy Hesperia
Healthy Loma Linda
Healthy Montclair
Healthy Ontario
Healthy Rancho Cucamonga
Healthy Redlands
Healthy Rialto
Healthy San Bernardino
Healthy Upland
Healthy Victorville
Healthy Yucaipa

Interested Cities in becoming a Healthy City

City of Eastvale (Riverside County)
City of Highland
City of Jurupa Valley (Riverside County)

Loma Linda University Health System is collaborating with Healthy Communities of San Bernardino and Riverside 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.

Currently, very little data about the build environment exists. A focus of the community interventions for LLUMC will be on the collection of appropriate data for environmental factors influencing health. The collection of the data will be in partnership with the countywide healthy community's initiative. The first step in improving the built environment will be to establish baseline data and compare the availability of open space, access to nutritious foods, and walk-able communities with a prevalence of chronic disease.

Community Benefit Administrative Council

As part of the community objective for 2009/2010 LLUHS created the Community Benefit Administrative Council (CBAC). CBC reports to the Mission-Focused subcommittee of the LLUHS Board of Trustees and a Board member serves on CBAC.

The Community Benefit Administrative Council, also known as CBAC, 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 community benefit interventions. Additionally, the council members assure organizational compliance with relevant community benefit legislation.

Core Principles:

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

Last	First	Title
Barilla	Dora	Director, Community Health Development, LLUMC
Baltazar	Angelica	ESRI Health & Human Services Industry Specialist
Baum	Marti	Attending Physician, LLU School of Medicine, Department of Pediatrics
Belliard	JC	Assistant Professor, LLU School of Public Health, Global Health Department
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	Interim Director, Latino Health Collaborative
Elwell	Larry	Principal, Victoria Elementary
Knecht	Michael	Faith & Health Innovation, Mission and Culture, LLUMC
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	Senior Marketing Specialist, LLU Behavioral Medicine Center
Winslow	Gerald	Vice President for Mission and Culture, LLUMC

Together with our Partners

LLUHS 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.

In an effort to intentionally partner with our community to elevate the health status in our region, the LLUHS joined together with other entities in the Loma Linda University Health Sciences System forming 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 Community Health Development department is also active in channeling student and faculty volunteers from Loma Linda University into service learning projects in the local community.

We would like to thank our partners for their service to our community.

- 211 Advisory Committee
- 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.
- Children's Network
- Community Clinic Association of San Bernardino County
- CVEP Career Pathways Initiative
- First 5 of San Bernardino and Riverside
- Faith Based Communities
  - Juniper Seventh-day Adventist Church
  - Lifeway Church Ministries
  - Mountain View Faith Community Church
  - Perris 5th Seventh-day Adventist Church
  - Rock Church
  - Water of Life
- Homeless Youth Taskforce of San Bernardino County
- Hospital Association of Southern California (HASC)
- H Street Clinic
- Inland Action
- 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
- Omni-trans
- Partners for Better Health
- Reach Out
- Riverside County Emergency Medical Services (RCEMS)
- Riverside County Department of Public Health
- Ronald McDonald House
- 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 Chino
  - Healthy Chino Hills
  - Healthy Colton
  - Healthy Fontana
  - Healthy Hesperia
  - Healthy Montclair

- Healthy Ontario
- Healthy Rancho Cucamonga
- Healthy Redlands
- Healthy Rialto
- Healthy San Bernardino
- 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
- Social Action Community Health System (SAC Health System)
- Water of Life
- YMCA
- YWCA

Creating the Future Together

Loma Linda University Health System 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. Integrating health policy efforts with those related to education, housing, business, transportation, agriculture, media, and other areas outside of the health sector, will ultimately improve the health, safety, and prosperity of the Nation.

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 rang of sectors to create communities we all want for our children and ourselves.

Appendix A: Charity Care and Financial Assistance Policy

LOMA LINDA UNIVERSITY MEDICAL CENTER CHARITY CARE
AND FINANCIAL ASSISTANCE POLICY

CATEGORY: FINANCE

CODE: C-22
EFFECTIVE: 05/2011
REPLACES: 05/2008

SUBJECT: CHARITY CARE

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 out patient 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 CharityCare/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 of62.
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 MediCal/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. Incases 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 in patient, 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. MediCal/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 CharityCare/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.

5. 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 CharityCare:

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 whereto 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 byLLUMC in obtaining credit information regarding a patient/responsible party or in connection withreferring a patient/responsible party to an external collection agency shall be consistent with the Creditand Collection Policy.

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 thecommunity contributions of not-for-profit hospitals. The California Association of Catholic Hospitals andthe California Healthcare Association co-sponsored Senate Bill 697 (Torres), which was signed into law byGovernor 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) rulingsconcerning the "community benefit standard." The IRS standard, however, fails to encompass the full scopeof benefits that hospitals provide their communities. Therefore, various other approaches to recordingcommunity benefits have been proposed. SB 697 requires private not-for-profit hospitals in California todescribe 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 thelegislation is its requirement of a community planning process. Hospitals must conduct community needsassessments and then develop annual community benefit plans—with a view to the needs that have beenidentified.

The Office of Statewide Health Planning and Development (OSHPD) is responsible for the implementationof the legislation. More recently, OSHPD has closed the office that supported SB697 and has scattered itsduties 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' awarenessof 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' formalcommunity benefit plan. Based on public comments from community forums held throughout the state anddiscussions with the first SB 697 Advisory Group, it was evident that SB 697 has served as a remarkablecatalyst for collaborative relationships and efforts among hospitals, health-oriented organizations, localhealth 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 expertisein collaborative efforts to improve the health of the community, thus building "social capital" for theircommunities.

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

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 favorabletax treatment by the government. In exchange, nonprofit hospitals assume a social obligation toprovide 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 benefitwould be derived if private not-for-profit hospitals reviewed and reaffirmed periodically theircommitment to assist in meeting their communities' health care needs by identifying and documentingbenefits provided to the communities, which they serve.

(c) California's private not-for-profit hospitals provide a wide range of benefits to their communities inaddition 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 notlimited to, all of the following:1) Community-oriented wellness and health promotion; 2) Preventionservices, including, but not limited to, health screening, immunizations, school examinations, anddisease counseling and education; 3) Adult day care; 4) Child care; 5) Medical research; 6) Medicaleducation; 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 socioeconomicallydepressed areas.

(e) Direct provision of goods and services, as well as preventive programs, should be emphasized byhospitals in the development of community benefit plans. 127345. As used in this article, thefollowing terms have the following meanings: 1) "Community benefits plan" means the writtendocument prepared for annual submission to the Office of Statewide Health Planning and Developmentthat shall include, but shall not be limited to, a description of the activities that the hospital hasundertaken 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 healthcare 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 primarilythrough disease prevention and improvement of health status, including, but not limited to, any of thefollowing: 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 indigentprograms; 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 otherresources that contribute to a community priority; 5) Health care cost containment; 6) Enhancement ofaccess to health care or related services that contribute to a healthier community; 7) Services offeredwithout regard to financial return because they meet a community need in the service area of thehospital, and other services including health promotion, health education, prevention, and socialservices; 8) Food, shelter, clothing, education, transportation, and other goods or services that helpmaintain a person's health.

(d) "Community needs assessment" means the process by which the hospital identifies, for its primaryservice area as determined by the hospital, unmet community needs.

(e) "Community needs" means those requisites for improvement or maintenance of health status in thecommunity.

(f) "Hospital" means a private not-for-profit acute hospital licensed under subdivision (a), (b), or (f) ofSection 1250 and is owned by a corporation that has been determined to be exempt from taxation underthe United States Internal Revenue Code. "Hospital" does not mean any of the following: 1) Hospitalsthat 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 governingbody.

(h) "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue ofbeing uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's ServicesProgram, 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 inmeeting its responsibilities as a not-for-profit organization; 2) By January 1, 1996, complete, eitheralone, in conjunction with other health care providers, or through other organizational arrangements, acommunity 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 localgovernment officials in the identification and prioritization of community needs that the hospital canaddress directly, in collaboration with others, or through other organizational arrangement. Thecommunity needs assessment shall be updated at least once every three years; 3) By April 1, 1996, andannually thereafter adopt and update a community benefits plan for providing community benefits eitheralone, 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 thehospital has undertaken in order to address community needs within its mission and financial capacity tothe 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 copyof the plan with the office not later than 150 days after the hospital's fiscal year ends. The reports filedby the hospitals shall be made available to the public by the office. Hospitals under the common controlof a single corporation or another entity may file a consolidated report.127355. The hospital shallinclude all of the following elements in its community benefits plan: 1) Mechanisms to evaluate theplan's effectiveness including, but not limited to, a method for soliciting the views of the communityserved by the hospital and identification of community groups and local government officials consultedduring the development of the plan;2) Measurable objectives to be achieved within specifiedtimeframes; 3) Community benefits categorized into the following framework:a) Medical care services; b) Other benefits for vulnerable populations; c) Other benefits for the broadercommunity; d) Health research, education, and training programs.

5) Non-quantifiable benefits. 127360. Nothing in this article shall be construed to authorize or requirespecific formats for hospital needs assessments, community benefit plans, or reports untilrecommendations pursuant to Section 127365 are considered and enacted by the Legislature. Nothing inthis article shall be used to justify the tax-exempt status of a hospital under state law. Nothing in thisarticle 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 tothe Legislature by October 1, 1997, including all of the following: a) The identification of all hospitalsthat did not file plans on a timely basis; b) A statement regarding the most prevalent characteristics ofplans in terms of identifying and

emphasizing community needs; c) Recommendations forstandardization of plan formats, and recommendations regarding community benefits and communitypriorities that should be emphasized. These recommendations shall be developed after consultation withrepresentatives of the hospitals, local governments and communities.

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