



2014 COMMUNITY BENEFIT REPORT

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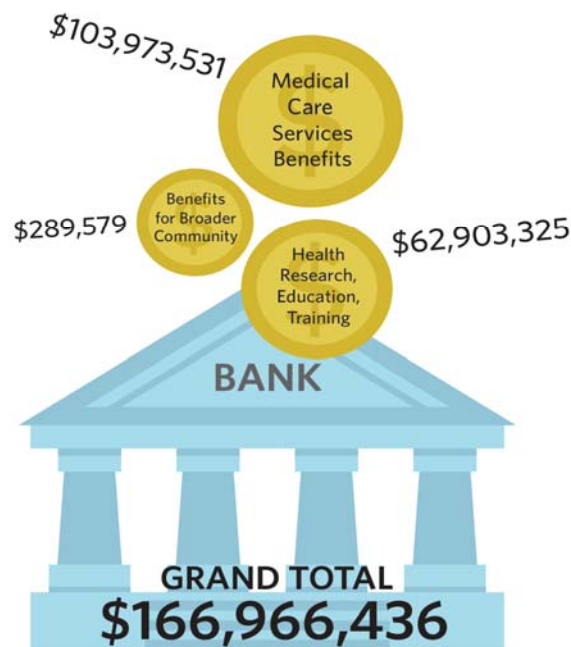
Executive Summary

In response to the State of California’s Community Benefit Law (SB 697), we at City of Hope are pleased to submit a report of our community benefit activities for fiscal year 2014 (October 1, 2013-September 30, 2014). This law requires non-profit hospitals to address the needs of its communities through programs designed to help prevent diseases and improve the health status of its citizens.

During the past year, our leadership steadily increased the visibility of our community connections and established our first Department of Community Benefits, which is staffed with a full-time manager. Additional efforts from the top levels of administration have helped make community benefit an organization-wide priority. “Social responsibility,” “health equities” and “community benefits” are terms that have helped to re-inforce the commitment of City of Hope’s mission.

City of Hope is proud to share the results of our efforts to ensure that we remain responsive to the needs of our local communities. Throughout this report, you will see an understanding of the diverse needs of the multicultural communities we serve; an extensive investment in the future of our healthcare workforce; and a commitment to the creation of the infrastructure necessary to carry out an extensive variety of community projects. Our traditional community education efforts in cancer prevention and cancer risk reduction are reflected as well.

Our total value of community benefit investments, for FY 2014 is: \$166,966,436.



We invite you to be active partners in helping us meet the needs of our community. Please take the time to explore our report. Feel welcome in sharing your comments with us or making requests for additional data. This report, as well as our implementation strategy, is available for download via our website at: <http://www.cityofhope.org/community-benefit>

Introduction To City of Hope

Founded in 1913, City of Hope is one of only 41 comprehensive cancer centers in the nation. This designation determined by the National Cancer Institute reinforces our leadership role in cancer care, basic and clinical research, and the translation of research into practical benefit.

City of Hope has been a pioneer in patient- and family-centered care and remains committed to the tradition of delivering exceptional, compassionate care for patients and families. Each day, we live our credo:

“There is no profit in curing the body if, in the process, we destroy the soul.”

Our robust research program, centered in the Beckman Research Institute of City of Hope, has led to many groundbreaking discoveries:

- Numerous breakthrough cancer drugs, including Herceptin, Rituxan and Avastin, are based on technology pioneered at City of Hope and are saving lives worldwide.
- Millions of people with diabetes benefit from synthetic human insulin, developed through research conducted at City of Hope.
- As a leader in bone marrow transplantation, City of Hope has performed more than 12,000 bone marrow and stem cell transplants and operates one of the largest, most successful programs of its kind in the world.

To further support our mission of excellence, City of Hope helped found the National Comprehensive Cancer Network (NCCN), an alliance that defines and sets national standards for cancer care. A primary goal of NCCN is to ensure that the largest number of patients in need receive state-of-the-art treatment.

Although City of Hope is a destination for patients from around the world, we also serve our community and are proud to serve it well. We have a healthy history of rich programs with community partners, programs that continue to thrive and grow. Because cancer and diabetes are complex, multifaceted and all-too-common in our area, partnerships for community benefit are an integral part of our mission.

Mission Statement

City of Hope is transforming the future of health. Every day we turn science into practical benefit. We turn hope into reality. We accomplish this through exquisite care, innovative research, and vital education focused on eliminating cancer and diabetes.

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Statement of Social Responsibility

At City of Hope, social responsibility is more than our duty— it is our calling. Our commitment to community benefit is shaped by our legacy of compassion. Our workforce reflects the diversity of our patients and their

families. Our “green” campus has energy-efficient equipment and low-emission vehicles, and we operate an innovative water-use program. We express compassion through community outreach, addressing health education, disease prevention and more. We take pride in a social partnership that benefits the world today and will continue do so for future generations. To obtain a copy of our Social Responsibility Report, please visit www.cityofhope.org/social-responsibility-report.

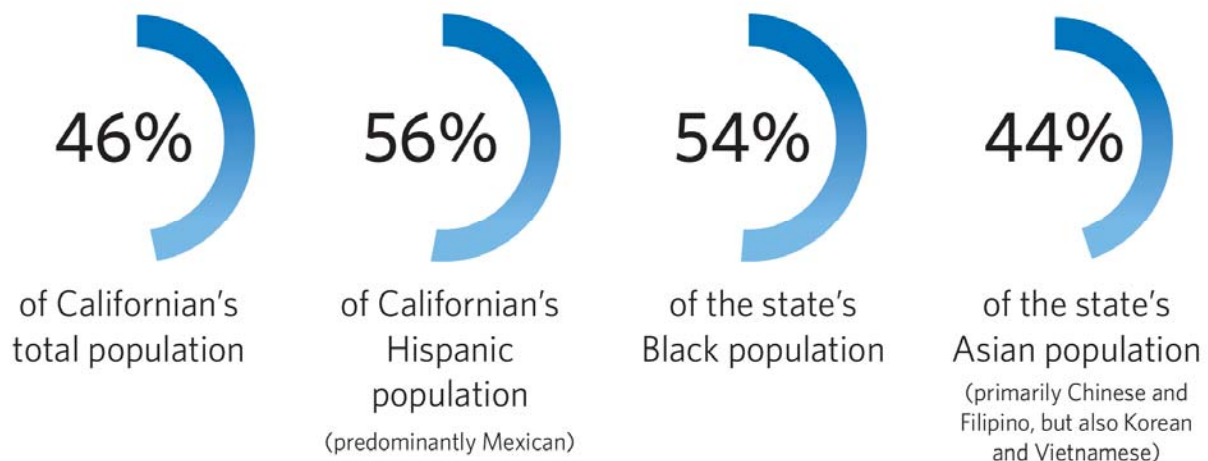
Our Community: Who We Serve

City of Hope is located in Duarte, California, a richly diverse community of 21,500 situated at the base of the San Gabriel Mountains approximately 21 miles northeast of Los Angeles (Figure 1).

Duarte is recognized as a leader in community health improvement efforts, as demonstrated by its charter membership in California’s Healthy City initiative. Additionally, Duarte has taken a leadership role in community health improvement and is a willing partner with City of Hope in multiple initiatives.

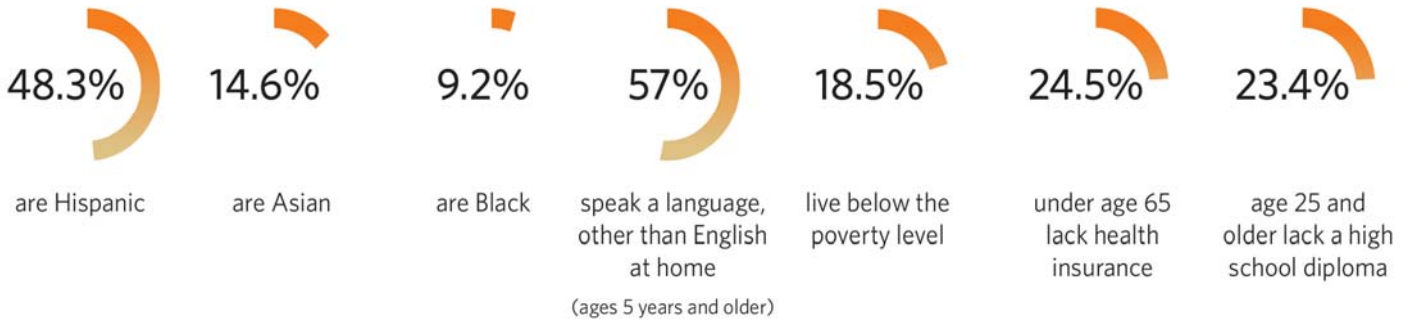
Our primary service area extends far beyond Duarte to include Los Angeles, San Bernardino, Riverside, and Orange counties. Patients from these counties comprise 87 percent of our discharges.

Together, these four counties are home to:

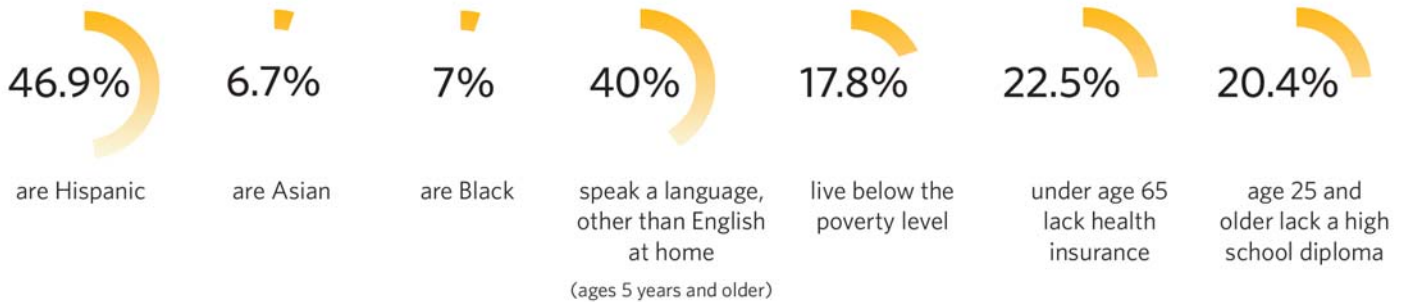


The unique composition these counties make them vulnerable on many levels and reinforcing the need for community benefit programs: (Retrieved from: <http://www.census.gov/quickfacts/table/PST045214/06037,06059,06065,06071> on 02/02/15)

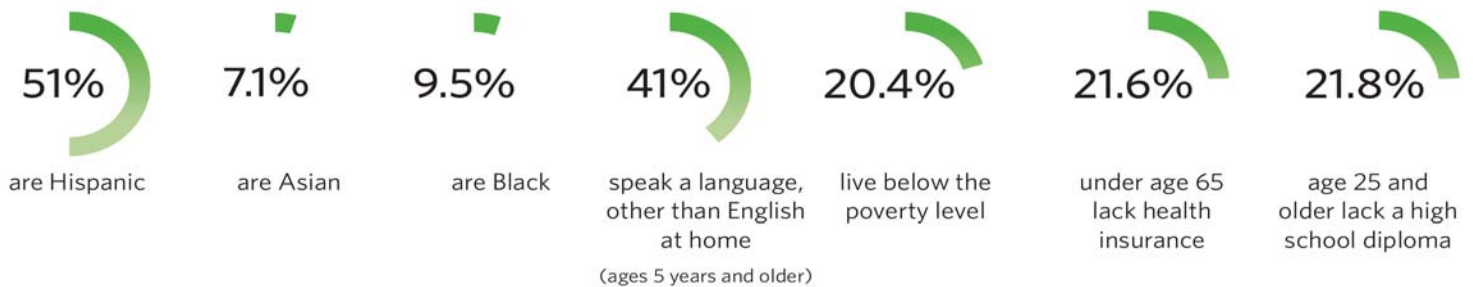
Los Angeles County



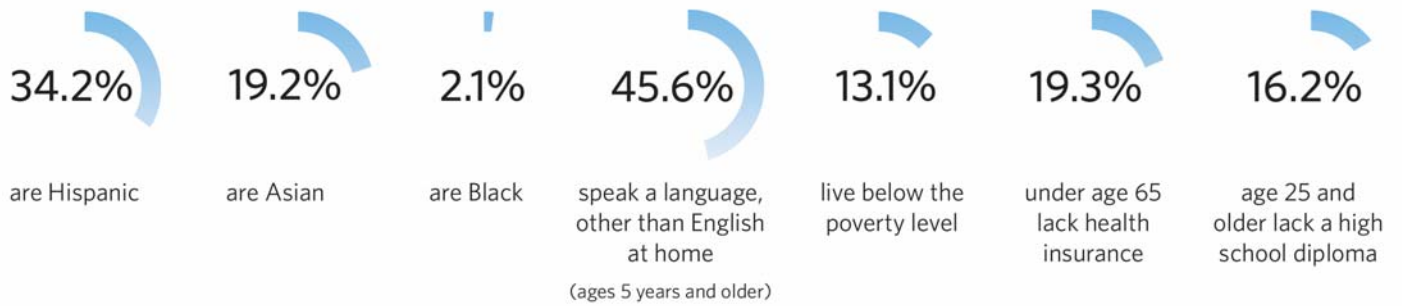
Riverside County



San Bernardino County



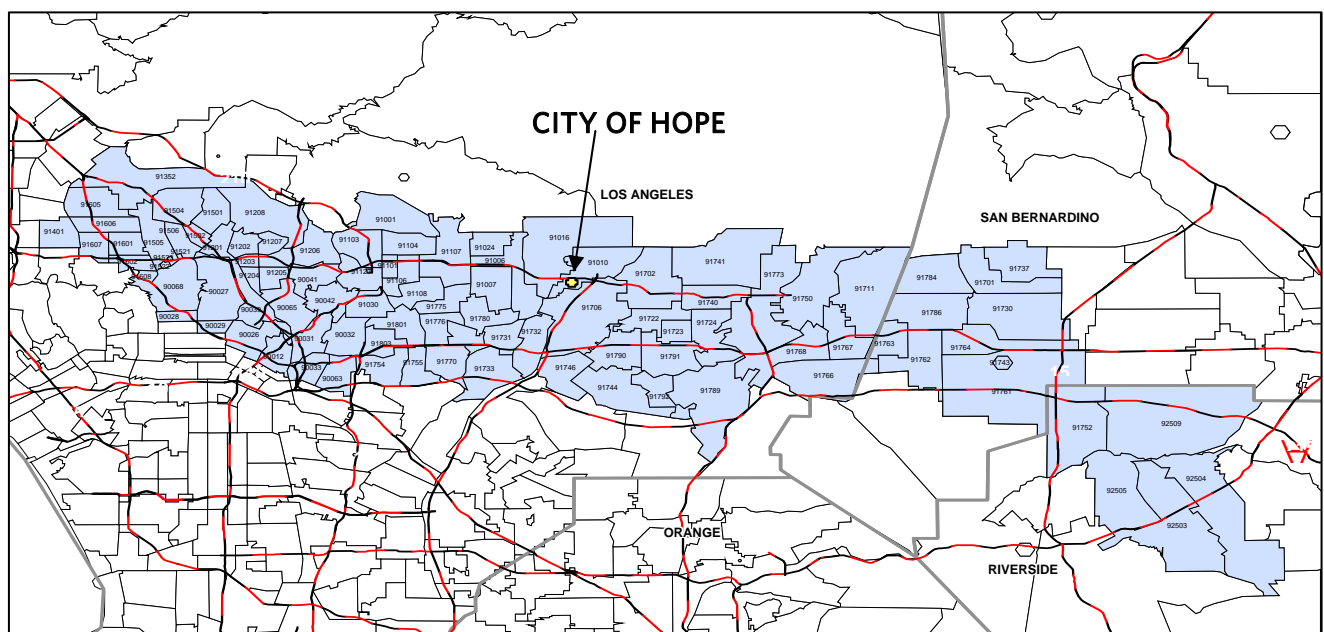
Orange County



From our 2013 Community Health Needs Assessment, we learned that these counties have a high prevalence of cancer and diabetes, as well as behavioral risk factors that contribute to these diseases:

- 63,765 cancer cases were expected in 2013 in residents of these four counties.
- Cancer is the No. 1 cause of death among Hispanics in California.
- 35% of Hispanics in Los Angeles County have diabetes, and 30% are obese.
- 30% of blacks in Los Angeles County have diabetes, and 37% are obese.
- 27% of Asians in Los Angeles County have diabetes, and 9% are obese.
- 25.9% of residents in the Los Angeles metro area engage in no physical activity.

Figure 1 - City of Hope's Primary Service Area



We know that poverty is linked to poor health and shortened life expectancy. Residents of certain ZIP codes have higher incidents of poverty, crime and violence, which are known to negatively impact health. In both Riverside and San Bernardino counties, the number of people living in poverty actually increased by 1-2% from 2013 to 2015. While City of Hope is a leading research and treatment center for cancer, diabetes, HIV/AIDS and other life threatening diseases, we do our best to incorporate what we know about our communities into strategies that address other root causes of health disparity on a broader basis.

ORGANIZATIONAL COMMITMENT

Oversight and Management of Community Benefit Activities

Because community health improvement is a key component of City of Hope's mission, a large number of departments and employees participate in the planning and implementation of community benefit activities. To coordinate these efforts and ensure that City of Hope meets the needs of its primary service area, the leadership centralized community benefits under a new Department of Community Benefit, which resides in the Department of Supportive Care Medicine.

Nancy Clifton-Hawkins, MPH, MCHES, a senior health education specialist with seven years' experience developing and evaluating non-profit hospital community benefit infrastructure and programs, was hired in October 2013 to direct and coordinate community of benefits. She was charged with the responsibility for managing, monitoring and evaluating all community benefit programs and services.

Clifton-Hawkins is available at comm_benefits@coh.org to answer any questions or address any issues regarding the delivery and accountability of community benefit programs and services.

COMMUNITY BENEFIT PLANNING PROCESS

In fiscal year 2014, City of Hope leadership emphasized that community benefit must be an organization-wide priority.

Clifton-Hawkins began the quality planning process by scrutinizing existing programs to ensure they met the criteria for community benefit. Assets and needs were identified, expectations clarified and responsibilities delineated. The process of pairing complimentary initiatives within the institution and matching them with community partners continues. Obstacles to success identified and the necessary financial and personnel resources allocated to ensure success.

Mechanisms are being put in place to ensure the quality of each program can be maintained, and that outcomes can be tracked and measured. Carefully planned programs are being developed to ensure that each program provides value, has the flexibility to change along with the community's needs and can be sustained over time.

All community benefit programs at City of Hope are now being filtered through the lens of five core principles established by the Public Health Institute:

1. Emphasis on populations with disproportionate unmet health needs within City of Hope's primary service area ("vulnerable populations"), as measured by culture, race or language disparities, age, poverty and lack of education.
2. Emphasis on primary prevention: health education, disease prevention and health protection
3. Building community capacity by mobilizing community stakeholders as full partners and engaging them in sustainable strategies that address both symptoms and underlying causes
4. Building a seamless continuum of care to optimize the ability of community resources to manage cancer and diabetes, prevent patients from falling through the cracks and minimize the need for future medical care
5. Collaborative governance to ensure the community has a voice in, and partners in, projects initiated with City of Hope.

To ensure transparency in the development and delivery of all community benefit programs, a Community Benefits Advisory Council was established. The identification of potential advisory council members in the community began in April. To ensure council members represent local vulnerable populations, or are experts in issues important to vulnerable communities, we sought the following areas of expertise:

- Residence in a local community with disproportionate unmet health-related needs
- Knowledge and expertise in primary disease prevention
- Experience working with local nonprofit community-based organizations
- Knowledge and expertise in epidemiology
- Expertise in the analysis of service utilization and population health data.

The first meeting was held on November 7, 2014. Goals were to:

- Gain an understanding of what community benefit entails
- Be introduced to the expectations of Community Benefit Advisory Council members
- Be invited to become Community Benefit Advisory Council members

A report of this meeting and subsequent meetings will be shared in the 2015 Community Benefit Report

COMMUNITY NEEDS ASSESSMENT PROCESS AND RESULTS

2013 Community Health Needs Assessment Methodology

As a nonprofit hospital, City of Hope conducts a Community Health Needs Assessment (CHNA) every three years. The 2013 CHNA collected data related to cancer and diabetes in our primary service area by interviewing more than 200 community individuals and organizations about unmet health needs.

Two health educators in City of Hope's Department of Supportive Care Medicine talked with colleagues within and outside City of Hope and reviewed lists of participants in the 2010 community needs assessment to develop a list for the 2013 CHNA. It included a representative cross-section of the community from advocacy groups, cancer-related organizations, community hospitals, health departments, mental health agencies, culturally focused organizations, schools, libraries, local governments, religious organizations and other community-based agencies.

An interview questionnaire was mailed to 80 organizations in February 2013 with a cover letter from City of Hope's president and CEO asking community members to participate in the needs assessment (see Appendix A). A City of Hope representative then contacted the recipients by telephone to schedule an interview. Having the questionnaire in advance enabled recipients to decide whether they wanted to participate. Many of those who agreed made notes on the questionnaire in preparation for the interview.

To make the interview process more convenient, potential participants were invited to answer the interview questionnaire on line, rather than over the phone. This allowed them to respond as time permitted. A self-addressed envelope was also included for those who wished to complete the survey on their own and mail it back. Respondents also had the option of returning the form by fax or e-mail.

Follow-up phone calls to schedule interviews began approximately two weeks after the invitation was mailed. Sixty-six participants who scheduled appointments (and were available when called) were interviewed by a health educator or intern for a response rate of 83%.

Fifty-five participants were interviewed by phone, and 11 individuals completed the needs assessment questionnaire on line, returned it in the mail, faxed it back or were interviewed in person. Phone interviews took approximately 20 minutes in length and were completed between February and April 2013.

To increase collaboration with public health agencies in identifying and addressing community health needs, representatives from the Los Angeles County and Pasadena health departments were included in the interviews. The 62 completed interviews included representatives from the following organizations, who were knowledgeable about the needs of medically underserved, low-income and/or minority populations:

- Asian Pacific Healthcare Venture
- Azusa Health Center
- Buddhist Tzu-Chi Foundation
- Cancer Legal Resource Center
- Center for Health Care Rights

- Claremont Graduate University- Weaving and Islander Network for Cancer Awareness,
 - Research and Training (WINCART) Center
- Herald Cancer Association
- Latino Health Access
- Little Tokyo Service Center
- Kommah Seray Inflammatory Breast Cancer Foundation
- Our Savior Center
- PADRES Contra el Cancer
- PALS for Health
- Pomona Health Center
- San Gabriel Mission
- St. Vincent Medical Center- Multicultural Health Awareness and Prevention Center
- The G.R.E.E.N. Foundation
- United Cambodian Community

City of Hope’s community needs assessment questionnaire focused on cancer-related needs and was based on the questionnaire used in 2007. Questions about community assets and a quantitative component were added to enhance the quality of data obtained.

Questions targeted the following areas:

1. Services provided by the respondent’s agency, including language-specific and culturally appropriate services
2. Unmet needs in the areas of cancer prevention, early detection, treatment, support for cancer patients and their families and other cancer-related needs
3. Major barriers to meeting cancer-related needs
4. Suggestions for meeting cancer-related needs
5. Ideas on how to work with City of Hope to improve community health
6. The qualities of a healthy community
7. How the respondent would like to see the community change over the next five years in order to become healthier
8. The importance of 10 cancer education and support issues
9. Satisfaction with current education and support efforts.

The responses were entered into an electronic version of the interview form. Data from all interviews were subsequently entered into Excel spreadsheets. Quantitative data was analyzed using the statistical software SPSS. The health educators reviewed the spreadsheets and prepared a summary of interview themes for each of the nine content sections. Original comments were included in the report in order to retain the richness of those responses.

Summary of 2013 Community Health Needs Assessment Results

Participants in the community health needs assessment were asked to identify needs in four areas: cancer prevention, early detection, cancer treatment and cancer support.

The greatest number of comments related to the need for linguistically and culturally appropriate education, support and resources. Specific populations that were identified as needing culturally and linguistically tailored services included Latinos and Asians/Pacific Islanders. Detailed responses are presented in Appendix B.

Cancer Prevention and Early Detection

When asked to identify barriers to cancer prevention and early detection, respondents most often cited a lack of education about cancer prevention among specific cultures or linguistic groups, as well as a lack of resources. Cancer prevention and early detection needs identified by participants were grouped into the following categories:

1. Lack of education about cancer prevention among specific groups defined by culture or language
2. Lack of resources for prevention and screening
3. Need for more education about cancer prevention (e.g., diet and exercise)
4. Limited awareness of community resources
5. Lack of programs for the uninsured resulting in poor access to care

Cancer Treatment

When asked about barriers to cancer treatment, many respondents cited:

- Lack of access to care/financial issues
- Lack of resources for education about cancer treatments
- Language/cultural barriers to accepting treatment
- Lack of knowledge

Respondents identified Latino and uninsured populations as being the most affected by these barriers to cancer treatment. It is important to note that the Affordable Care Act may have eased, but not eliminated, some of these concerns. Since its implementation, we have heard from community partners that some patients have been dropped from their health coverage and that others have obtained health insurance, but don't know how to use it. Regardless, our 2014-2017 Community Benefits Program is dedicated to meeting needs identified before the Affordable Care Act was implemented.

Cancer Support

When asked about roadblocks to support for cancer patients and their families, respondents identified a lack of support services related to mental health, a lack of support groups and a need for support groups in languages other than English. Respondents also identified the need for more resources and financial support, more educational programs, greater access to care and more collaborations and partnerships to increase support services for cancer patients and their families.

Prioritization of Community Health Needs

In preparation for implementing the Community Benefits strategy for 2014, community members from the Foothill Fitness Challenge planning committee were invited to help set the community benefit agenda over the next three years.

In December 2013, these individuals were given the August 2013 Community Health Needs Assessment and were asked to rank priorities based on criteria presented in the U.S. Department of Health and Human Services' Guide for Establishing Public Health Priorities (1989). Because City of Hope is a specialty hospital, they were asked only about issues relating to cancer and its early detection and prevention. They were asked to apply the following criteria to those issues, ranking them in importance from 1 (not important) to 5 (very important):

- Size of the problem (i.e., number of people per 1,000, 10,000, or 100,000)
- Seriousness of the problem (i.e., impact at individual, family, and community levels)
- Economic feasibility (i.e., cost, internal resources and potential external resources)
- Available expertise (i.e., can we make an important contribution?)
- Necessary time commitment (i.e., overall planning, implementation, evaluation)
- External salience (i.e., evidence that it is important to diverse community stakeholders)

By January 2014, the community participants had established five priorities, which City of Hope's executive leadership team immediately adopted (see Appendix B):

1. Research alliances (RA)
2. Cancer prevention and early detection, specifically as they relate to lung, colorectal, prostate and women's cancers (CP)
3. Healthy living, specifically related to how nutrition and physical activity impact cancer and diabetes (HL)
4. Culturally relevant community partnerships and education (CRCP)
5. Smoking cessation and its impact on lung cancer (SC)

Within these focus areas, the community members identified specific issues as important to pursue over the next three years. These included:

- Reduction of obesity (HL)
- Increase in physical activity (HL)
- Culturally competent and culturally specific health education (CRCP/HL)
- Culturally sensitive support (CRCP)
- Assistance in navigating the health care system (CRCP)
- Cancer advocacy training (CRCP)
- Increase in community partnerships (CRCP)
- Barriers that prevent vulnerable populations from accessing services, including poverty, lack of transportation and cultural/linguistic issues (CRCP)

In order to add more focus and commitment to addressing the needs of the local community, all community benefit programs at City of Hope must be associated with one of the five core principals discussed on page 10.

Because the focus areas identified by community stakeholders are interrelated, many existing City of Hope programs touch on more than one core principle and meet more than one strategic priority. We believe this is

a sign of a robust program that is likely to meet a large number of needs. We are actively seeking to enhance existing programs to include additional principles and priorities. Details are included under each program on the pages that follow.

Other Health Needs

As a comprehensive cancer city, City of Hope is not in a position to provide services that address other health needs of the community. However, we are committed to building relationships with other community organizations that are capable of meeting those needs. This will allow us to refer vulnerable individuals to the care they need, should we not be able to provide it.

Monitoring and Evaluation

We believe that taking a business approach to planning and evaluating the identified initiatives will ensure their long-term sustainability. We realize that evaluation is necessary to measure success, as well as to highlight areas needing improvement. The process can result in more effective initiatives. City of Hope is working to identify the best methods of monitoring and evaluating the impact of the initiatives identified in this document. In order to efficiently deploy resources and maximize results, City of Hope's annual budget will include the operating funds required to manage, track and report outcomes of all community benefit programs and initiatives.

COMMUNITY BENEFIT INITIATIVES

Overview of Programs Identified in the Implementation Strategy

City of Hope currently offers a wide variety of initiatives to meet a large number of diverse needs. Each initiative has specific goals that benefit the community. Some of the initiatives have been thriving for years; others are new. Some are organization-wide, while others are conducted through a specific department.

An overview of all current activities can be found in Figure 2.

Figure 2 - 2014 Community Health Improvement Activities

Program Activity	Core Principles				Strategic Priorities					
	Vulnerable Populations	Primary Prevention	Seamless Continuum of Care	Community Capacity Building	Cancer Prevention Early Detection	Healthy Living	Culturally Relevant Partnerships	Smoking Cessation	Research	
Workforce Development ROP Student Mentoring TEACH SEPAC Program* Job Shadowing Field Science Day Diversity Healthcare Career Expo	x	x		x			x			
Community Health Awareness (Screenings, Lectures, etc)	x	x			x	x	x	x		
Healthy Living Foothill Fitness Challenge CCARE – Eat, Move, Live* Healthy Living Community Grants	x	x	x	x	x	x	x			
Diversity Initiatives Latino Outreach Strategy Latinos Living Healthy (LULAC) Healthy Hispanic Living Chinese Outreach	x	x					x			
Diabetes Prevention Seeds of Hope*/ Community Garden	x	x		x		x	x		x	
Healthcare Support Services Patient Resource Coord Adopt A Family	x						x			
Medical Professionals Education Pharmacy Rehabilitation Nursing Nutrition Continuing Med Educ	x		x							
BRAC1 and BRAC 2 *	x	x		x	x	x	x		x	

*Beckman Research Center

Key Community Benefit Initiatives

Many of City of Hope’s community benefit initiatives are large, have been ongoing for years or by their nature were designed to have significant impact. We are providing detailed information on these initiatives here. The remaining initiatives are discussed in brief at the end of this section.

Workforce Development

According to the U.S. Centers for Disease Control and Prevention (2013), achieving health equity, eliminating health disparities, and improving the health of all Americans are goals necessary to improve and protect the nation’s health. To ensure access to care, it is vital that City of Hope maintains a workforce that reflective of the cultural and linguistic composition of our local community. In addition to preventing disease, upholding sustainable environmental practices, and fostering a broad range of partnerships to collaboratively advance the health of our communities, City of Hope is committed to increasing educational opportunities that can lead to careers in healthcare for underrepresented ethnic/cultural groups.

A summary important ventures intended to improve the cultural diversity of our workforce is listed below. Through strong internal relationships and important collaborations with our local community, we have been

able to deliver a variety of programs with the potential increase interest in health care fields in high school students and adults living in our service area. These programs are in the process of being centralized, simplified and coordinated to ensure that vulnerable students are specifically targeted for participation.

	Impacts	
Core Principle	Vulnerable Populations	<input checked="" type="checkbox"/>
	Primary Prevention	
	Seamless Continuum of Care	
	Community Capacity Building	<input checked="" type="checkbox"/>
Strategic Priorities	Research	
	Cancer Prevention Early Detection	
	Healthy Living	
	Culturally Relevant Partnerships	<input checked="" type="checkbox"/>
	Smoking Cessation	

- **Scholarships and Donations**
- **Duarte Education Foundation**, which provides college scholarships for Duarte students
- **Irwindale Young Citizen of the Year**. City of Hope helps underwrite this award.
- **Irwindale Education Foundation Scholarship**. City of Hope donates to this scholarship fund.

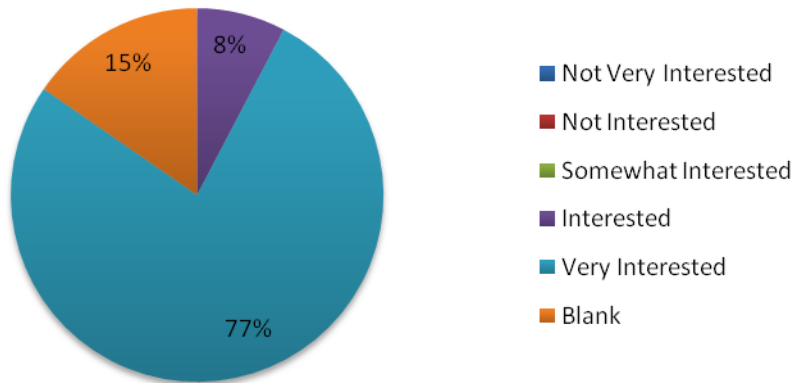
Impact: \$2500 given to support the future endeavors of local high school seniors.

- **Groundhog Day/Job Shadow Day**. Every year, a group of students from Duarte High School are matched with City of Hope employees, whom they shadow for a day in February. The program enables the students to explore career options and gain practical insights into how a hospital operates. The relationships

continue beyond the single day, as students are encouraged to contact their mentors for support and direction throughout their high school years.

Impact: 85% of the students who attended the event reported being interested in pursuing a career in healthcare.

Interested in Health Care Career



At the end of the event students provided insight into their favorite part of Ground Hog Day...

“Getting to learn about HR(Human Resources) because I really didn’t know what it was.”

“I enjoyed getting behind the scenes looks at how the hospital was run.”

“Got to see some background work.”

“Learning about the different things they do in their jobs.”

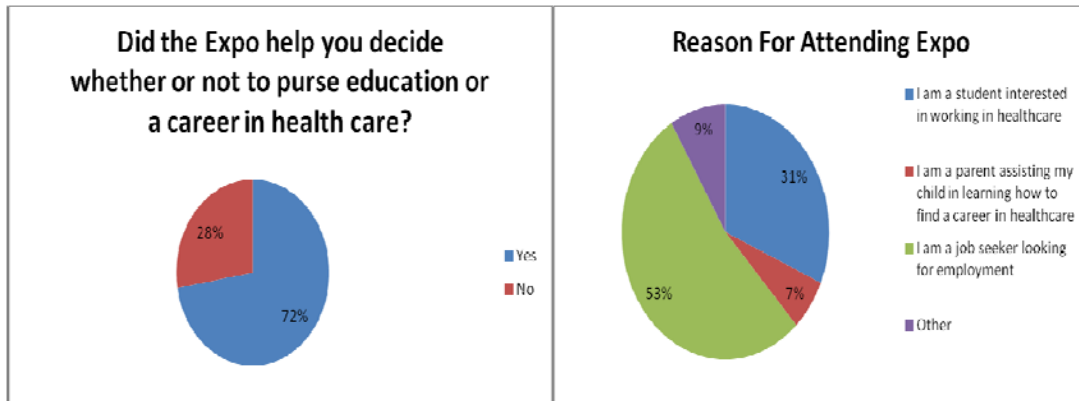
“Getting to meet the people that worked in my mentors careers.”

- **Duarte High School Science Field Trip.** Local students are invited to tour the laboratories at Beckman Research Institute at City of Hope, where they meet with scientists, learn the science behind disease prevention and conduct hands-on science projects to increase their interest in scientific research.

Impact: 40 Advanced Placement students from Duarte High school attended the event.

- **Diversity Healthcare Career Expo.** City of Hope hosted a Diversity Healthcare Career Expo in September 2014, (www.dhcexpo.com) which drew approximately 1,500 attendees. The expo was created to build awareness about the many career options available in healthcare and to provide resources and advice to professionals, students and their parents. The expo included workshops on networking, goal setting, dressing for success, resume writing, and leveraging social media to find employment? Representatives from more than 30 organizations helped attendees learn about available opportunities, internships, specialty associations, diversity resource groups and healthcare training programs available in Southern California.

Impact:



- **The T.E.A.C.H. (Train, Educate and Accelerate Careers in Healthcare) Project.** The T.E.A.C.H. Project is a corporate partnership between City of Hope, Duarte High School, and Citrus College. The program helps public school students prepare for high-demand jobs in healthcare information technology by offering them college-level courses in high school. The students can earn half the college credits needed for an associate’s degree in Information Technology at no/low cost. In addition to providing input on the coursework, City of Hope is participating by providing projects, training, internships and mentoring opportunities. This intensive program provides unprecedented job training and learning opportunities for students in a largely minority school district and helps to build a committed, diverse workforce to meet the growing needs of the STEM (science, technology, engineering and math) fields.

Additionally, TEACH addresses the job gaps in middle skills categories; which have been identified as priority areas in the field of health care and for the State of California as well.

To learn more about what lies ahead for the T.E.A.C.H. program, please visit:

<http://www.cityofhope.org/californias-first-ptech-style-program-heralded-as-revolutionary>

<http://www.pasadenastarnews.com/social-affairs/20140905/duarte-high-city-of-hope-and-citrus-college-partner-for-teach-project-a-p-tech-style-program>

Impact: 18 high-school students enrolled this inaugural year. An evaluation is underway, and results will be reported in the 2015 Community Benefit report.

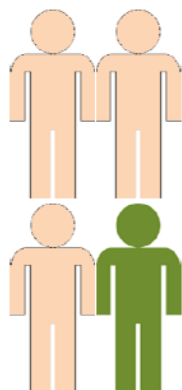
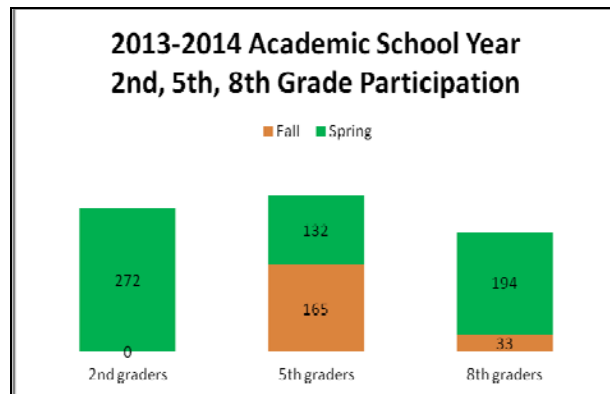
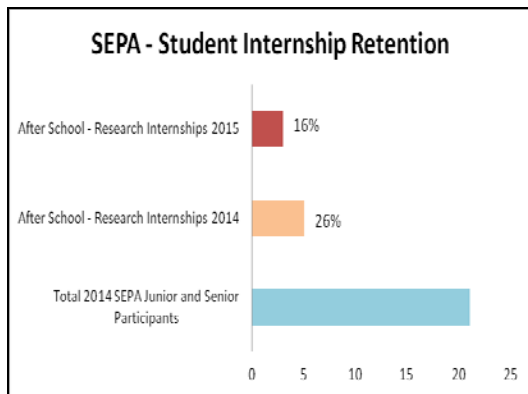
- **Regional Occupational Program (ROP).** This program is designed to expose high school students to the wide variety of medical and nonmedical professions found in a medical center. Students from Duarte High School and surrounding communities are matched with City of Hope professionals in mutual areas of interest within human resources, finance, information technology, marketing, fundraising, public health, clinical medicine, research and other professions. For six weeks, the students are mentored two days a week and attend class on the third day, for which they receive five academic credits. The goals are to help the students identify areas of interest, and help City of Hope build a future workforce that includes students from underserved populations.

Impact:

25 local high school students participated in this six week program.

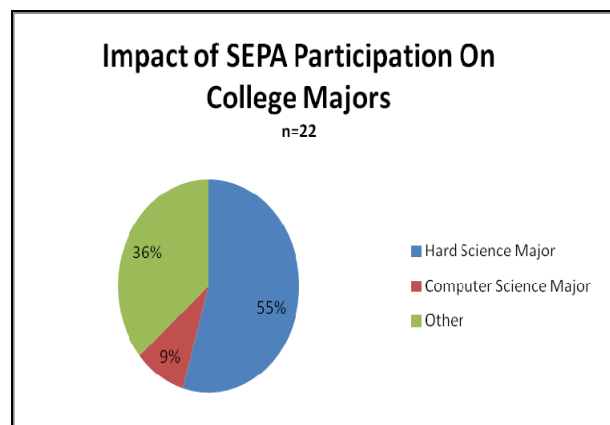
- The San Gabriel Valley Science Education Partnership Award Collaborative (SEPAC).** SEPAC is a partnership between City of Hope and the Duarte Unified School District. A five-year grant from the National Institutes of Health underwrites the salary of Susan Kane, Ph.D., a science educator, who develops the curriculum for the program and implements all program activities. Under her direction City of Hope faculty, scientists and pre-doctoral students donate their services to provide hands-on biomedical science education to 2nd, 5th and 8th graders throughout the year. Additionally, SEPA runs an in-depth summer research program for interested high school students. The program enables students to learn about the latest advances in cancer, diabetes and stem cell research from world-class scientists and educators. The goal of SEPAC is to increase understanding of the connection between science and health through fun, interactive, hands-on activities and to grow the pipeline of underrepresented minority students pursuing college majors and careers in the sciences and technology. Multiple interactions provided over the course of K-12 schooling help build and maintain interest, while preparing students to enter college with real-world research experience. SEPAC videos are available on www.cityofhope.org/sepa#Media and www.youtube.com/watch?v=NfBJhUrRHms#t=165.


Impact:



75% of participants were of Latino or African American descent.

N=796



<p>CB Investment: **Beckman</p>	<p>\$100,081 **\$227,530</p>	<p>COH Departments:</p>	<ul style="list-style-type: none"> • Government and Community Relations • Human Resources • Beckman Research Center
<p>Total Participants: </p>	<p>3,145</p>	<p>Community Partners:</p>	<ul style="list-style-type: none"> • Duarte School District • Irwindale Education Foundation • Duarte Education Foundation • Duarte High School

Community Health Awareness

Knowledge is power, and multiple City of Hope departments support ongoing community efforts to increase awareness about HIV/AIDS, women’s health issues, and cancer prevention.

City of Hope’s community health awareness programs held during fiscal year 2014 were primarily one-day events held in conjunction with community partners. For these events, City of Hope provided administrative support, monetary support and/or expert speakers. In the future, we will expand our services to include evaluation of the impact of these events on the event partners and the individuals who participate.


Community Health Awareness events held during fiscal year 2014 included:

	Impacts	
Core Principle	Vulnerable Populations	<input checked="" type="checkbox"/>
	Primary Prevention	<input checked="" type="checkbox"/>
	Seamless Continuum of Care	
	Community Capacity Building	<input checked="" type="checkbox"/>
Strategic Priorities	Research	
	Cancer Prevention Early Detection	<input checked="" type="checkbox"/>
	Healthy Living	<input checked="" type="checkbox"/>
	Culturally Relevant Partnerships	<input checked="" type="checkbox"/>
	Smoking Cessation	

- **Anthony J. Portantino’s 7th Annual San Gabriel Valley HIV/AIDS Action Summit (October 2013).** More than 300 attendees, including students from Duarte High School, Montebello High School and Blair High School's Health Careers Academy, attended this event at City of Hope on October 22, 2013. See <https://vine.co/v/hd0Tm1wUFvY>.
- **13th Annual Women’s Health Conference (November 2013).** City of Hope provided sponsorship and speakers for the 2013 conference whose theme was "Your Health, Your Way, You Are the Driver." See www.youtube.com/watch?v=CEc8-ZFH5vw&list=UDDwIHozBPw911xA9SEr-IQ#t=11
- **COH Antelope Valley Forum (May 2014).** Wellness and the Workplace: To encourage Antelope Valley employers to build a culture of wellness, City of Hope partnered with the Antelope Valley Board of Trade and Lancaster Chamber of Commerce in a panel discussion called, "Community Dialogue: Wellness and the Workplace," in which they discussed workplace wellness programs, their benefits and how they can be adapted to fit an organization's needs and available resources
- **Lancaster Poppy Festival (April 2014).** City of Hope participated in this festival on April 26 & 27 2014, to increase awareness of cancer prevention opportunities and raise awareness of services offered at City of Hope | Antelope Valley.

- **South Pasadena Senior Health Expo (May 2014).** City of Hope participated in this annual health fair at the South Pasadena Senior Center. This event is meant to provide residents with information on cancer prevention and raise awareness of services offered at City of Hope | South Pasadena.
- **Arcadia Chinese Harvest Moon Festival (Sept 2014).** City of Hope participated in this annual community event to provide Chinese Americans with information on cancer prevention.
- **Ask the Expert events.** This free community lecture series, featuring leading medical and scientific experts from City of Hope, is held throughout the year in various communities. In fiscal year 2014, the

event was held in nine communities, including Duarte, Lancaster, South Pasadena, Pasadena, Arcadia and Mission Hills. The event provides residents with an opportunity to hear about the latest breakthroughs in cancer research, treatment, prevention, health and wellness, and to obtain information on other life-threatening diseases. The events are recorded to provide free access to the information through www.cityofhope.org/ask-the-experts#AsktheExpertsVideos

<p>CB Investment:</p>	<p>\$31,991</p>	<p>COH Departments:</p>	<ul style="list-style-type: none"> • Government and Community Relations • Clinical Marketing • Human Resources • Division of Lung & Thoracic
<p>Total Participants:</p> 	<p>103,655</p>	<p>Community Partners:</p>	<ul style="list-style-type: none"> • Southern California Health Conference • Planned Parenthood Pasadena and San Gabriel Valley • AIDS Service Center • Pasadena Public Health Department • Antelope Valley Hospital • South Pasadena Senior Center

Healthy Living - Foothill Fitness Challenge

At City of Hope scientists have verified that exercise and a healthy lifestyle reduce the risks of cancer and diabetes. The Foothill Fitness Challenge (FFC) puts that knowledge into motion – literally – by working with our neighboring cities to hold the event throughout the San Gabriel Valley. Participants set fitness goals, track their progress, and monitor their results along the way. “EAT – MOVE – LIVE” is the program's motto and foundation. The kickoff event, the “Foothill Fitness Challenge Fair,” took place on October 5, 2013.

A. Foothill Fitness Challenge Fair Kickoff Event Snapshot

City of Hope’s investment: \$32,479.61

Total participants:

1,363

65% female

35% male

Participating City of Hope departments:

- Amini
- Be the Match
- CCARE
- Wellness
- Communications
- Government and Community Relations

Community partners:

- Boys & Girls Club of the Foothills
 - American Cancer Society
 - Office of Women’s Health
 - City Parks & Recreation Departments
 - YMCA/YWCA
 - Curves
 - 24 Hour Fitness
 - Snail’s Pace
- City leaders from:
 - Duarte
 - Monrovia
 - Irwindale
 - Temple City
 - Baldwin Park
 - Azusa
 - Arcadia
 - Glendora
 - Pasadena

	Impacts	
Core Principle	Vulnerable Populations	<input checked="" type="checkbox"/>
	Primary Prevention	<input checked="" type="checkbox"/>
	Seamless Continuum of Care	
	Community Capacity Building	<input checked="" type="checkbox"/>
Strategic Priorities	Research	
	Cancer Prevention Early Detection	
	Healthy Living	<input checked="" type="checkbox"/>
	Culturally Relevant Partnerships	<input checked="" type="checkbox"/>
	Smoking Cessation	

Future plans include holding additional free events on a regular basis to encourage ongoing involvement in healthy lifestyle choices. Participants will be surveyed to determine what types of activities are most likely to keep them engaged, and to assess whether knowledge and practices

learned through the FFC changes their exercise, eating and preventive medical care habits.

B. Healthy Living Community Grant Program

In the second half of fiscal year 2014, FFC launched a Healthy Living Community Grant program to help FFC community partners develop creative strategies to promote healthy living. The goal was to provide up to \$2,000 in grants to groups or organizations that demonstrate a creative, sustainable approach to promoting healthy living through good nutrition and physical activity.

On May 9, 2014, City of Hope awarded two grants of \$1,000 each to the City of Duarte Teen Center and to a collaboration between the City of Pomona and Pomona Valley Bicycle Coalition.

City of Duarte Teen Center

The funds will help sustain the center's fitness and nutrition programs through May and June, when the program typically goes dark due to lack of funding.

Goals/measureable outcomes:

- Increase the proportion of adolescents living in the City of Hope service area who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity (HP 2020. PA-3)
- Increase the percentage of Duarte Dance Program students who are confident in their ability to stay physically active.
- Increase the percentage of Duarte Dance Program students who exercise more than once per week.
- Increase the percentage of Duarte Dance Program students who demonstrate an understanding of "energy in" and "energy out," as a way of determining how calorie intake and energy expenditure affect weight.

Impact:

- The percentage of students who were confident they could stay physically active increased from baseline in two measures: confident (46% to 53%) and very confident (36% to 47%). The percentage of those who did not feel confident fell from 9% to 0%.
- The percentage of Duarte Dance Program participants who increased their exercise from 2-4 days per week to 5-7 times per week. At baseline, 64% of participants were exercising 2-4 days per week and 23% were exercising 5-7 days per week. At the end of the program, those exercising 2-4 days per week decreased to 46% and those who were exercised 5-7 days per week increased to 40%.

On May 9, 2014, (2) grants totally \$1,000/each were awarded to the City of Duarte Teen Center and the collaboration project between the City of Pomona/Pomona Valley Bicycle Coalition.

- **City of Duarte - Teen Center**

The funds will sustain its fitness and nutrition programs through May and June, when the program typically goes dark due to funding.

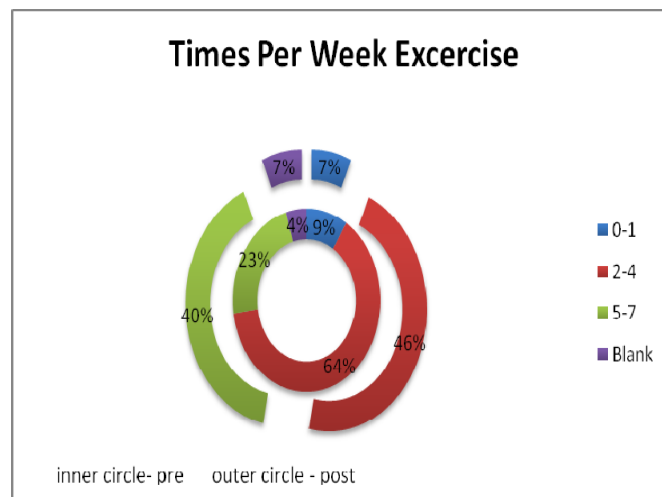
Measureable Outcomes:

Increase the proportion of adolescents living in the City of Hope service area who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (HP 2020. PA-3)

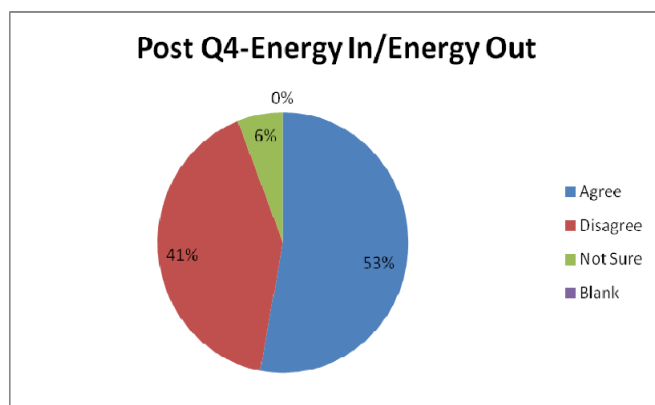
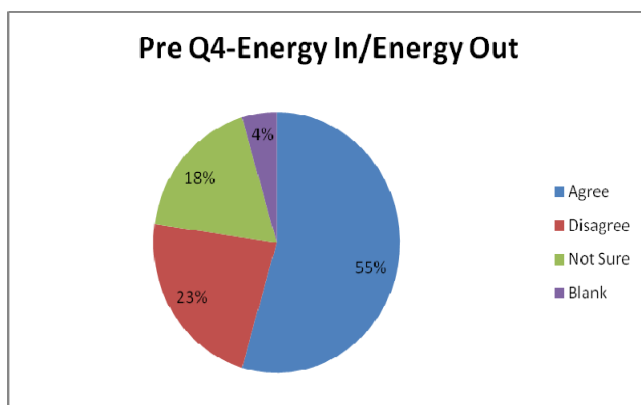
- Increase, from baseline, the % of DDP students who are confident in their ability to stay physically active.
- Increase from, from baseline, the % of DDP students who exercise more than 1 time per week.
- Increase from baseline, the % of DDP students who demonstrate and understanding between “energy in” and “energy out” as a way to determine how much to eat.

Impact:

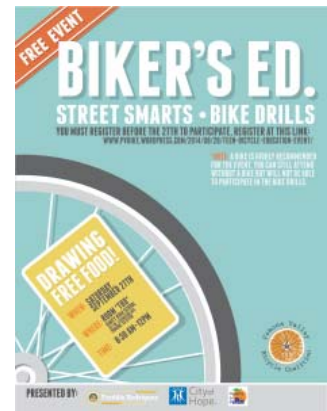
- For students who were confident they could stay physically active, we see **increases from baseline in confident (46%/53%) and very confident (36%/47%)**. There were also decreases in those who felt not confident, 9% to 0% respectively.
- We do see increases in the % of Duarte Dance Program (DDP) **participants who increased their exercise from 2-4 days per week to 5-7 times per week**. At baseline, 64% of participants were exercising 2-4 days per week and only 23% were exercising 5-7 days per week. At the end of the program, those exercising 2-4 days per week decreased to 46% and those who indicated that they exercised 5-7 days per week increased to 40%.



- Regarding how the “energy in-energy out” concept should be used to regulate food intake, understanding of the concept decreased slightly from 55% to 53%. Program planners are now reconsidering their approach to helping students understand how to regulate their food intake based on how much they exercise. This is important for its potential on obesity in this age group. Teens who fail to exercise, but eat the same as those who do, are likely to weight gain in the future.



- **City of Pomona/Pomona Valley Bicycle Coalition**
The grant was used to fund a festival aimed at encouraging activity through cycling, while teaching cycling skills and safety to students from the three high schools in the district




Measureable Outcome:

Increasing physical activity by encouraging adolescents to use their bicycles as a regular mode of transportation.

Impact :The festival attracted 30 teens aged 13-18: 55% were age 14.

The grantee was not able to implement the evaluation tool. However, some data that provides an interesting glimpse into how the event impacted the lives of the teens and teachers who attended was collected. Here is what they said...

- The teens believed that wearing a bike helmet was “uncool.”
- Two teachers said there is insufficient bicycle safety information available to teens in the community.
- Many of the teens had never attended a bike-safety class before.
- One teen recently had his bicycle stolen at gunpoint. A friend won a new bike at the event, and gifted the bike to him.

CB Investment:	\$34,480	COH Departments:	<ul style="list-style-type: none"> • For Foothill Fitness Challenge see above • For Healthy Living Grants: • Communications • Patient Family and Community Education
Total Participants: 	1418	Community Partners:	<ul style="list-style-type: none"> • For Foothill Fitness Challenge see above • For Healthy Living Grants: • City of Duarte Teen Dance Center • Pomona Valley Bicycle Collaborative • City of Pomona

COMMUNITY BENEFIT INVESTMENTS

How Benefits Were Defined

The quantifiable community benefits provided by the Medical Center in fiscal year 2014 are listed in Table 1. Consistent with community benefit standards, only activities funded by the Medical Center (versus Beckman Research Institute of City of Hope or the development group) are included.

The Catholic Health Association's publication, "*A Guide for Planning and Reporting Community Benefit, 2012 Edition*," was used to determine whether activities met criteria for inclusion as a quantified community benefit. Those criteria meet IRS reporting and accounting requirements. Activities were grouped under the broad categories defined in SB 697 and further divided into classifications consistent with IRS Schedule H.

Methods Used to Collect Data and Derive Values

Financial data on medical care services and health research was provided by City of Hope's Finance Department. The method used to calculate the value of Medi-Cal and Medicare services was cost per case, minus reimbursement received.

Data on benefits for the broader community were obtained by contacting individual Medical Center departments. To calculate the value of personnel services, estimated personnel hours devoted to an activity were multiplied by hourly wage. Departments generally reported actual non-labor costs. Dollars were rounded to the nearest hundred.

Value of Quantifiable Benefits

In fiscal year 2014, City of Hope provided a total of **\$103,973,531** in medical care service benefits, which included Medicare shortfall. The economic value of benefits provided to the broader community was estimated at **\$289,579**. The value of health research, education and training programs that were quantified was **\$61,080,520**. The total value of quantifiable community benefits provided by the Medical Center in fiscal year 2014 was **\$166,966,436**.

Multiple Additional Benefits Are Unquantifiable

City of Hope offers a wide range of benefits to our communities that are not reflected in Table 1. As explained in narrative sections of this report, the Medical Center's support is integral to the research and education programs offered by Beckman Research Institute of City of Hope. The extensive number of professional education and training programs offered by City of Hope are highlighted in this report. Technical assistance provided to government agencies and community organizations, contributions to the research literature, and leadership of community boards are a few examples of the Medical Center's contributions that are not quantified.

Table 1
Economic Value of Community Benefits Provided by City of Hope Medical Center
Fiscal Year 2014

Category/Program Name	Total Expense	Offsetting Revenue	Net Community Benefit
A. Medical Care Services for Vulnerable Populations			
Medicare	193,684,228	126,403,762	67,280,466
Medi-Cal	127,458,584	89,480,600	37,977,984
Hospital Provider Fee Program	3,144,123	10,241,171	(7,097,048)
Charity Care	5,812,129		5,812,129
TOTAL MEDICAL CARE SERVICES BENEFITS, INCLUDING MEDICARE SHORTFALL	330,099,064	226,125,533	103,973,531
TOTAL MEDICAL CARE SERVICES BENEFITS, EXCLUDING MEDICARE	133,270,713	89,480,600	43,790,113
B. Benefits for the Broader Community			
1. Community Health Improvement Services			
a. Community Health Education			
AIDS Summit	3,559		3,559
Antelope Valley Forum	4,772		4,772
Community Health Awareness (screenings, lectures, etc)	23,581		23,581
Foothill Fitness Challenge	34,480		34,480
Latinos Living Healthy (LULAC) and Healthy Hispanic Living	9,000		9,000
Smoking Cessation (Support Groups)	9,334		9,334
Translation of Materials for Hispanic Outreach	7,258		7,258
Women's Health Conference	2,900		2,900
b. Health Care Support Services			
Adopt-A-Family Program	755		755
Patient Resources Coordination	73,018		73,018
Total Community Health Improvement Services	168,657		168,657
2. Community Benefit Operations	18,341		18,341
3. Cash and In-Kind Donations			
Education Foundations - Duarte/Irwindale	2,000		2,000
Young Citizen of the Year Award	500		500
Total Cash and In-Kind Donations	2,500		2,500
4. Community-Building Activities			
Groundhog Job Shadow Day and Career Day	1,270		1,270
Diversity in Healthcare Expo-TEACH	85,541		85,541
Regional Occupational Program - Summer High School	11,276		11,276
Science Field Day	1,994		1,994
Total Community-Building Activities	100,081		100,081
TOTAL BENEFITS FOR BROADER COMMUNITY	289,579		289,579
C. Health Research, Education and Training Programs			
Medical Center non-funded cancer research	75,227,721	14,147,201	61,080,520
Training Programs (CME, Pharmacy, Nursing, Rehabilitation and Nutrition)	1,917,268	294,462	1,622,806
TOTAL HEALTH RESEARCH, EDUCATION and TRAINING PROGRAMS	77,144,989	14,441,663	62,703,326
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, EXCLUDING MEDICARE	210,705,281	103,922,263	106,783,018
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, WITH MEDICARE SHORTFALL	407,533,632	240,567,196	\$166,966,436

Conclusion

City of Hope's strives to decrease health disparities in our service area in multiple ways, from creating major institutional shifts in thinking about community benefits to organizing thoughtful collaborations to address root causes of barriers to good health. This document explores key community benefit initiatives made in the areas of workforce development, community health awareness, and healthy living programs.

It is important to note that some programs reported in our 2014-2017 Implementation Strategy were not included in this 2014 fiscal year summary. Ongoing programs reported in the Implementation Strategy and not reported this fiscal year include Clinical Research, Genetic Screening for Latinas at High Risk for Breast Cancer, Seeds of Hope, CCARE, and Epidemiological Research in Minority Populations. These programs represent the work of our Beckman Research Institute. Although they are critically important to City of Hope and make a substantial contribution to eliminating health disparities, this report focuses on programs directly attributed to the Medical Center's contributions to community benefit. There is one exception: the Science Education Partnership Award Collaborative (SEPAC). SEPAC's work is so strongly integrated into the Workforce Development initiative that it cannot be discussed separately. We felt it was important to demonstrate that connection in this fiscal year.

Of course, there are many other programs that contribute to our organization's investment in sustainable community benefit. These include: Healthy Hispanic Living - the first online health magazine dedicated to the Hispanic Culture (www.healthyhispanicliving.com), the Sheri and Les Biller Patient and Family Resource Center, Patient Resources Coordination, Medical Professionals Education, Adopt a Family, and our numerous cash and in-kind donations. While not highlighted in this report, they make an impact on the wellbeing of our community.

The designation of community benefit programs as an institutional priority has increased the sense of urgency to create strong, useful programs that meet the needs of the vulnerable populations in our service area. By utilizing our 2014-2017 Implementation Strategy, we are now viewing existing and future programs through a lens that places vulnerable populations in the forefront of the planning process. This institutional commitment will foster collaboration among City of Hope employees participating in community benefit activities. Having priorities allows for a more strategic focus on areas that are critical to our service area, while creating pathways for health and healing. We at City of Hope look forward to serving our community in ways that recognize the specialized needs of cancer prevention and detection, healthy living, smoking cessation, the creation of research alliances and culturally relevant community partnerships that eliminate barriers to care.

APPENDIX

Appendix A

Needs Assessment Tools

Letter to Stakeholders



City of Hope, as a National Cancer Institute-designated comprehensive cancer center, is dedicated not only to serving our patients and their families, but also our community at large. We are seeking your input on how to better meet the needs of our community related to cancer prevention, early detection, treatment, and support services. Specifically, we seek your ideas on how City of Hope could best partner with you to improve the health and well-being of our community.

City of Hope will conduct brief telephone interviews with a select group of approximately 60 community representatives. All responses will be used to determine the priorities for City of Hope's community partnership activities and programs. City of Hope will protect the respondents' confidentiality and will not associate specific comments with individual respondents or their agencies. A summary of the results will be sent to all participants.

I am writing to ask for your participation in a phone interview.

A City of Hope representative will contact you by telephone within two weeks to arrange an interview and to answer any questions that you may have. The interview lasts approximately 30 minutes and will be scheduled at your convenience. I have enclosed a copy of the interview questions for your review and consideration. If you prefer to contact us, please call Lina Mayorga, program manager in Patient, Family and Community Education, at (626) 256-4673, ext. 64053 or LMayorga@coh.org.

We appreciate and value your participation and look forward to hearing your thoughts on how City of Hope can best contribute to the health of our community

Sincerely,

Handwritten signature of Michael A. Friedman in black ink.

Michael A. Friedman, M.D.
Chief Executive Officer
Director, Comprehensive Cancer Center
Irell & Manella Cancer Center Director's
Distinguished Chair

Handwritten signature of Robert Stone in blue ink.

Robert Stone
President
City of Hope

Needs Assessment Survey

City of Hope

Interview Regarding Community Health Assets and Needs February-March 2013

Date of Interview:	
Interviewee:	
Agency:	
Contact Information:	

Thank you for enabling City of Hope to more effectively serve our community by sharing your views regarding this community's health needs and how we can work together to meet those needs.

Part 1: Learning About Your Agency

1. I'd like to begin by learning more about your agency.
 - a. What services does your agency offer?
 - b. What population(s) does your agency serve?
 - c. What geographic area does your agency serve?
 - d. In what other languages does your agency provide services to the community?
 - e. Does your agency offer any services or programs that are culturally tailored to the needs of its community?
 - f. What are some barriers that your organization faces in meeting the needs of the community?

If you would prefer to mail or fax your completed Needs Assessment, please send to:
Lina Mayorga, Patient, Family & Community Education (NW Y-8)
1500 E. Duarte Road, Duarte CA 91010
Fax: 626-301-8868

Part 2: Your Views on Cancer-related Needs in Our Community

2. Now I'd like to ask your views on cancer-related needs in our community.
 - a. Beginning with **cancer prevention** and **early detection** (finding cancer at an early, most treatable stage), can you identify any unmet community needs? Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?
 - b. In the area of **cancer treatment**, can you identify any unmet community needs? Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?
 - c. In the area of **support for cancer patients and their families**, can you identify any unmet needs? ("Support" refers to clinical, psychological, emotional, financial or other needs.) Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?
 - d. Are there any **other unmet cancer-related needs in our community** that you would like to identify? Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?
 - e. Are there any other cancer-related needs that you can identify, that we have not covered? Do you have any suggestions on how to meet cancer-related needs in our community?
3. In your opinion, what are the three major barriers to meeting cancer-related needs in our community?
 - a.
 - b.
 - c.
4. In your opinion, which one of the three barriers is the highest priority (is most important to address in order to improve community well-being)? And why?

Part 3: Your ideas on How to Meet Our Community Cancer-Related Needs

5. What kinds of changes would you like to see over the next 5 years in order for our community to become a truly healthy community?
6. How would you like City of Hope to work with you/ your agency to improve the health of our community?

Part 4: Your Rating of Cancer Education and Support Issues

	How important is this issue to you?						How satisfied are you with current efforts in this area?					
	Not Important			Very Important			Not Satisfied			Very Satisfied		
	0	1	2	3	4	5	0	1	2	3	4	5
1. Culturally sensitive cancer education programs and materials are available to community members.	0	1	2	3	4	5	0	1	2	3	4	5
2. Culturally-sensitive cancer support groups and support services are available to community members.	0	1	2	3	4	5	0	1	2	3	4	5
3. Information on cancer prevention and early detection is available to community members.	0	1	2	3	4	5	0	1	2	3	4	5
4. Free /low cost cancer screening is available to community members.	0	1	2	3	4	5	0	1	2	3	4	5
5. Information on various cancer treatments (chemotherapy, radiation therapy, etc.) is available to community members.	0	1	2	3	4	5	0	1	2	3	4	5
6. Community members affected by cancer know what cancer support services are available in our community.	0	1	2	3	4	5	0	1	2	3	4	5
7. Cancer education and support programs are available for cancer survivors in our community.	0	1	2	3	4	5	0	1	2	3	4	5
8. Nutrition education programs are available to cancer patients and families who are undergoing treatment.	0	1	2	3	4	5	0	1	2	3	4	5
9. Education about the role of diet in preventing cancer is available in our community.	0	1	2	3	4	5	0	1	2	3	4	5
10. Training is provided to people in our community with cancer so that they can be advocates for themselves.	0	1	2	3	4	5	0	1	2	3	4	5

Part 5: Closing Comments

1. Have we covered everything that you think is important?

2. Do you have any suggestions about other individuals or agencies that we should contact in order to determine cancer-related needs in our community?
 - a.

 - b.

c.

Thank you for helping to identify community health needs and priorities. City of Hope greatly appreciates your partnership in building a healthier community.

Appendix B

2013 Community Health Needs

Major Barriers to Meeting Cancer Needs

Barriers faced by organizations

Major Barriers to Meeting Cancer-Related Needs in Our Community

Participants in the community consultation were asked to identify major barriers to meeting cancer-related needs in our community. Participants most often identified lack of funding and resources as major agency barriers due to budget cuts and the economy.

When asked to identify major barriers within their agency or organization, the highest number of responses was observed in three indicator categories:

1. Lack of Funding
2. Lack of Resources
3. Lack of Knowledge/ Community Awareness

Major Barriers to Meeting Cancer Needs of the Community As Identified by Respondents	
1. Financial Needs	<ul style="list-style-type: none"> • Funding to develop programs • Finances "never enough funding to meet everyone's needs" • County budget cuts and hours of availability for the public • Having sufficient financial support to recruit and retain staff • Funding for resources for programs geared toward the Latino community • Grant availability • Funding-(non-profit) consistently identifying for sources of funding to continue to do work • Budget/Grant limitations
2. Lack of Resources	<ul style="list-style-type: none"> • Capacity of community to actually provide service • Lack of resources & changing direction of healthcare initiatives direction • Resources to meet practical needs of patients and families: transportation, childcare, care • Lack of staff to meet needs of LA County. Very large area to cover, not enough time or staff • Ability to assist patients with practical needs: insurance, finances, housing, jobs • Survivorship education and programs • Limited resources at state and government level • Need for resources to refer clients for other kinds of services
3. Lack of Knowledge/ Community Awareness	<ul style="list-style-type: none"> • Community not having sufficient knowledge on services available to them • Awareness of the existence of agency and resources • General understanding of diagnosis and resources available • Distribution of clinic services information and resources available

	<ul style="list-style-type: none"> Increased education efforts to educate providers and other organizations on community resources available- thus increasing patient access to resources
4. Language & Cultural Barriers	<ul style="list-style-type: none"> Language and cultural stigma regarding cancer Language specific providers Financial support for new languages to better meet needs of emerging immigrant groups Lack of resources/support groups for Spanish and Chinese languages Need for Chinese speaking staff needed and education materials Recruitment and education of ethnic populations for clinical trials Need for bilingual staff and volunteers Translation and interpretation services Lack of ability to develop much needed educational programs in Korean Lack of educational materials available in Spanish and Chinese
5. Access to Care	<ul style="list-style-type: none"> Medical access to screening and follow-up care Government programs for low-income and illegal immigrants. Coverage for screening and treatment Obama Care will cover documented people not undocumented Access: Insurance coverage, fragmented system (i.e. most see several specialist) Insurance constraints with healthcare reform Access to specialty care
6. Community Collaboration & Partnerships	<ul style="list-style-type: none"> Lack of collaboration and partnership Lack of partnerships in community Partnerships to gain broader access to the community Collaboration and support from other organizations Partnerships to increase marketing efforts and resources available to community Increased collaboration versus competitiveness
7. Cancer Prevention Efforts	<ul style="list-style-type: none"> Lack of focus on prevention efforts Finances to provide cancer prevention education Budget cuts impacting cancer prevention programs Lack of mobile screenings Lack of ability to follow-up after prevention screenings

Cancer-Related Needs in Our Community

Participants in the community consultation were asked to identify unmet needs in our community in three topic areas:

- Cancer Prevention and Early Detection
- Cancer Treatment
- Support Services

Unmet Needs: Cancer Prevention and Early Detection

When community representatives were asked to identify unmet needs in the area of cancer prevention and early detection, respondents most often cited a lack of education regarding cancer prevention of cancer among specific cultural or language groups and lack of resources.

Lack of education on the prevention of cancer amongst specific cultures or languages

- Tailored programs for Spanish and Chinese speaking population
- Filipino and Thai are the mostly affected and need increase awareness of importance for early detection, need more outreach and language services
- Language and cultural barriers, linguistically and culturally appropriate health/cancer prevention information and services are one of the greatest needs that is mostly unmet
- Limited English proficient populations are most affected
- There is a lack of cancer screening knowledge, access. Populations most affected are the Hispanic and Asian. Suggestion: Promotoras to spread the word and education
- Outreach to Spanish speaking community, culturally competent information. Latinas are most affected. Important to be sensitive to cultural needs of population-when talking about gender anatomy of our body, breasts. Be sensitive in the way we address the need to seek screening
- Awareness, Healthy lifestyle, cultures and trust (Chinese, Hispanic)
- Screening rates are lowest among API. We need programs that target this population
- In Asian community Hep B is an area that needs to be addressed. Early detection will help reduce liver disease
- Lack of education materials in Spanish and Vietnamese on prevention efforts for cancer
- Low screening rates in Breast and cervical cancer. Lack of Knowledge, information awareness. Also, lack o health beliefs about screening. Pop: underserved populations (minorities. Suggestion: more screenings (free)
- Cultural misperceptions or understandings that prevent or delay detection or care.
- Lack of health beliefs about screening

Lack of education and prevention efforts

- The general public does not understand the link between diet (particularly sugary nutritionally devoid foods), exercise, and cancer. They understand this causes obesity & diabetes, but less so cancer. Any public awareness is helpful. Also, paid time off work for preventative screenings (or doing them at employer sites) would ensure people can get them.
- Cancer prevention and healthier lifestyles for children -- in hopes to involve parents as well
- Nutrition/active living, education for seniors, policy level for youth, including school nutrition.
- Need: education most people do not know about prevention tactics
- Screenings is an unmet need. Pop: Minority populations, Suggestion: proving more education as far as screening guidelines.
- Cancer education and cancer screening programs for minority and underprivileged population.

Provide accessible and low cost screening clinics

- In general, community needs more education on cancer prevention and early detection
- Offering programs and nutrition classes in schools and colleges. Exercise and eating well is part of cancer prevention.
- General lack of knowledge and education on prevention and early detection.
- Role of diet and nutrition. Role of being overweight or obese

Lack of programs for uninsured/ Access to Care

- Linking the uninsured to free programs and services for testing that are in their native language
- Low-income populations don't have access to medical care. Need free cancer screening for anyone who doesn't have health insurance. Suggestion: have mobile truck for screening
- Uninsured members of community-can't screen or obtain treatment. Suggestion: offer more free screening and charity surgeries
- Populations most affected are the poor who are without health insurance and do not have resources such as annual physical exams
- Not enough screening is available to those with no insurance (low and middle income populations need to go to where they are), Early education
- Undocumented residents obtaining health care
- Lack of access to regular medical care due to low-income, unemployment, under-insured or no health insurance
- Focusing on efforts for those without insurance that do not have resources for detection programs
- Access to health care to obtain information and education how to go about getting screened/treated. Population: low social economic
- Lack of primary care. Uninsured population. Suggestion: mobile screening, more follow-up and clinic access
- Young uninsured individuals without access to health insurance

Lack of resources available for prevention and screening

- Lack of resources and support for young adults
- Need for greater education efforts for blood cancers, and bring forth awareness.
- Little to no colonoscopy and prostate cancer screening available
- Limited resources for follow-up, focus on collaboration between agencies
- More resources about early detection strategies

- Women under the age of 40 - Lack of prevention programs for them
- Screening for cancer at earlier stages versus advanced
- Lack of screening programs available in the community
- Lack of low cost or no cost screening and prevention programs
- Lack of preventive programs for male cancers, prostate

Lack of Funding/Financial

- Financial assistance after diagnosis
- lack of funding for prevention efforts
- More likely to obtain funding for women’s preventative initiatives than for males
- Economy and finances always affects prevention and early detection programs, programs are usually first to be cut
- Lack of funding for mobile screenings
- Lack of funding for follow-up care once someone has been screen or been diagnosed with cancer

Unmet Needs: Cancer Treatment

When asked about unmet needs related to cancer treatment, many respondents cited the lack of access to care/financial barriers, lack of resources, language/cultural barriers and lack of knowledge. Respondents identified Latino and uninsured population as being the most affected when it comes to unmet needs related cancer treatment.

Access to Care/ Financial Barriers

- Access to care and treatment after diagnosis. Lack of financial resources to obtain treatment or a second options.
- Need: low income communities do no have access to treatment because of cost.
- Lack of access to regular medical care due to low income, unemployment, under-insured or no health insurance
- Lack of primary care use, indigent patients harder to access.
- Access to medical care, especially women. Uninsured have limited access. Suggestion: More BCCCP programs
- Access to medical care, especially women. Uninsured have limited access.
- Financial aspects - childcare - treatment medications - day to day needs - treatment vs. rent? This is what determines if patient well be treated or not.
- Cancer care for insured, underinsured and uninsured AAPIs.
- Early detection/primary care
- Patients struggle with home/social/ transportation needs also financial. Suggestion: connect with other services
- Lack o health insurance or **ability to** pay for treatment
- Financial aspects - childcare - treatment medications - day to day needs - treatment vs. rent?

This is what determines if **patient well be treated or not**

- In San Gabriel Valley, many of the Asian Pacific Islanders /Hispanics population do not have health insurance. County hospital is **their only option for treatment**
- Needs: lack of insurance causes people to not seek care. Population: Low social economic
- Not enough health coverage whether public or private. This affects low and middle income under-employed people most. **Too many people are making do without** full-time jobs. Pass universal health care. Alternatively a way **for mass** donations that go directly to a patient's care would be helpful.
- **Adults** who are undocumented do not have access to government insurance
- Anyone who doesn't have health insurance, because of lack of screening for cancer due to lack of health insurance. They can't go for treatment. Suggestion.: CoH Providing more charity care.

Increase in Treatment Resources and Education

- Need for partnerships to develop low income clinics.
- Practical patient needs: transportation, primary care or medical services for cancer
- **Need for integrative medicine** for those in treatment
- More education & information on clinical trials.
- More education on treatment in Armenian.
- Women under the age of 40 - Lack of resources and programs, need more educational intervention
- Focusing on encouraging clinical trials participation of minorities & medically underserved
- Care for cancer survivors
- Lack of Comprehensive Care
- **Lack of psychosocial support for patients in treatment**
- Patients who are diagnosed with cancer are in crisis- highly unmet emotional needs. Better access to psychosocial services to patients and their families.
- Lack of educational materials in print available to the public due to budget cuts, increasing education efforts on treatment options & what to expect.
- Not enough rehabilitation services being provided for survivors.
- **Need for local cancer care expert at community level.**

Cultural/ Language Barriers

- Cultural understandings that prevent or delay detection or care
- Language barrier- unable to communicate with the Health Care Professionals
- Language barriers continue to prevent LEP women (and men) from being able to receive culturally and linguistically appropriate care in a timely manner.
- Language barriers also make it nearly impossible for cancer patients/survivor to navigate the continuum of care and/or adhere to treatment.
- **Navigation services** for cancer patients in their native languages; Chinese (Mandarin) and Spanish in particular
- Latino and Asian: need is that this community is looking for doctors who speak their language. They want doctors to speak Spanish, Korean etc

Lack of Knowledge

- Don't know what to do, don't understand survivorship concept. Understand what a chronic illness. Need: is education. Suggestion: simplified, streamline education
- Patients often don't have a clear understanding of their treatment regimen or medications. And, the short and long term effects of treatment. More education on treatments and medications
- **Lack of knowledge and participation in clinical trials by minorities**
- Education on clinical trials, education on decision-making and treatment options.
- **Empowering patients/community to take an active role in their care**
- **Lack of knowledge on how to get medical treatment**

Needs in the area of Support for Cancer Patients and their Families

Unmet Needs: Support Services

For the area of unmet needs related to support for cancer patients and their families, respondents identified the lack of support services related to mental health, support groups, and awareness of support groups in other languages at community organizations. Respondents also identified the need for more resources and financial support, lack of educational programs, access to care issues, and lack of collaborations and partnerships to increase support services for cancer patients and families.

Your Views on Cancer-related Needs in Our Community in the Area of Support for Cancer Patients and their Families	
Lack of Support Services and Awareness	<ul style="list-style-type: none"> • Lack of resource information for psychological and psychiatric services • Support groups for caregivers and family members of cancer patients • Lack of support groups in other languages • Mental health resource information as part of coordination of care • Mental health resource information available in other languages • Support programs for siblings of pediatric cancer patients • Lack of psychosocial services in Spanish • Lack of bereavement support services • Full spectrum support services for cancer survivors • Lack of awareness of support groups available at various minority focused community organizations (i.e. African-Americans, Latino, Armenian, and Asian communities) • Language specific patient navigation services for cancer patients • Increased peer support programs for women with advanced breast cancer
Resources and Financial Support	<ul style="list-style-type: none"> • Lack of resource information for housing and transportation needs • Need of more financial support for basic needs (i.e. housing, transportation, food) • Increased availability of charity care for uninsured and low-income populations • Streamlined referral services for low income/ underinsured/uninsured populations • Lack of financial literacy programs in dealing with financial crisis

Lack of Education	<ul style="list-style-type: none"> • Lack of educational programs on participating in clinical trials • Need of more education and information on cancer treatment options • Lack of educational programs in other language about nutrition • Educational materials for children of cancer patients • Educational programs for young adults with cancer
Access to Care	<ul style="list-style-type: none"> • Educational programs for young adults with cancer • Low-income populations have little access to mental health services • Access to cancer treatment facilities due to lack of insurance • Access to clinical trial information
Community Partnerships and Collaborations	<ul style="list-style-type: none"> • Lack of community partnerships to provide support services for minority populations • Develop community partnerships to provide mental health services for minorities and low-income populations

Other Unmet Needs in Our Community

Unmet Needs: Other

Other cancer-related needs were identified by respondents. Top needs were related to education and awareness on clinical trials, cancer prevention, communication with the healthcare team, and full spectrum education for bone-marrow transplant patients. Additional needs included community partnerships and collaborations to increase community outreach, and implement research based programs for minorities. Lastly, resources and financial support needs were identified related to cancer treatment.

Other Unmet Cancer-related Needs in Our Community	
Educational Needs and Awareness	<ul style="list-style-type: none"> • Educational programs on clinical trials • Getting the word out about clinical trials as an option for treatment • More educational and empowerment programs • Full spectrum education for bone-marrow transplant patients (i.e. side effects, caregiver needs) • Lack of culturally tailored educational programs on cancer prevention • Health education programs in Spanish on nutrition • Increase educational programs in other languages • Lack of exercise programs for cancer patients and survivors • Education on communication strategies with healthcare team • Increase nutrition education programs for cancer patient and caregivers • Lack of educational programs on advocacy and communication to

	<p>take an active role in their care</p> <ul style="list-style-type: none"> • Increased education for cancer patients on employment rights, using health insurance, and appealing adverse treatment-related decisions • Lack of cancer-related educational programs for seniors • Need more education on cancer prevention for Latino and Asian populations • Lack of educational programs on advocacy and communication
Community partnerships and Collaborations	<ul style="list-style-type: none"> • Lack of collaborative efforts to get the “word out” about community resources • Collaboration to implement research based programs for minorities • Increased partnerships to increase community outreach • Increased partnerships to on-going updates and training for health care providers about programs available for cancer patients and families
Resources and Financial Support	<ul style="list-style-type: none"> • Financial support programs for cancer treatment • Lack of financial assistance information for medication costs

Changes for a Healthier Community

Community respondents identified key areas for the kinds of changes they would like to see over the next five years for a healthier community. Partnerships and collaborative efforts between various agencies were described to offer education and support services. Similarly, respondents described increasing the number of educational programs available in other languages as well as culturally appropriate education. Other areas identified were increased education on healthy lifestyles, and a widespread effort in providing resources, financial assistance, and support services for the community. Participants in the community consultation offered the responses categorized in Table 2.

Table2. Changes Participants Would Like to See Over Next Five Years

<p>Community Partnerships and Collaborations</p>	<ul style="list-style-type: none"> • Develop community partners to share funding and resources for health education programs • Increased community, hospital, government coalitions • Increased partnerships for prevention education efforts (i.e. media, community networks) • Partnerships- to train medical community to work with diverse community organizations • Increased collaboration between cancer treatment facilities and community organizations • Develop partnerships to collect robust data for cancer-related research • Develop partnerships for volunteer outreach- increase cancer survivors volunteering in cancer focused organizations • Increased partnerships to develop outreach programs to promote cancer prevention
<p>Language and Culture</p>	<ul style="list-style-type: none"> • More educational programs in Spanish • More support groups in Spanish • More cancer-related resources in Chinese • Availability of culturally tailored education • Availability of patient education materials in other languages • More language services (i.e. interpreter services, and translation of materials in other languages) • Culturally competent health care agencies
<p>Resources and Financial Assistance</p>	<ul style="list-style-type: none"> • Strong online presence of various cancer organizations to provide accurate information to public • Community members know what resources are “out there” • Increased availability of charity care for uninsured and low-income populations • More funding for prevention and early detection programs • Increased resource information about support groups and smoking cessation programs • Increased knowledge based programs for the community about free/low cost screenings

Healthy Lifestyles	<ul style="list-style-type: none"> • Increased public awareness about healthy eating • Culturally appropriate health messages on healthy lifestyles • Increased awareness on the importance of physical activity and exercise • More health promotion efforts focused on cancer prevention • More health education programs focused on obesity prevention
Support Services	<ul style="list-style-type: none"> • Full spectrum of support for caregivers • Support programs and services for caregivers in other languages • Increased availability system navigation services • Improved coordination of care services • More patient navigation services • Full spectrum comprehensive care for cancer patients
Education	<ul style="list-style-type: none"> • Increased educational programs on nutrition and smoking cessation • Full spectrum education about cancer disparities • More patient education on life after a bone marrow transplant • Increased culturally tailored education on cancer prevention • More health education programs to prevent cancer and other chronic diseases Increasing early detection education
Advocacy and Policy Changes	<ul style="list-style-type: none"> • Policy driven efforts to increase access to quality care for underserved populations • Empowering Hispanic community to become advocates for themselves • Utilizing policy change for advocacy measures
Access to Care	<ul style="list-style-type: none"> • Increased access to cancer treatment facilities • Increased health care services for low-income communities

Partnering with City of Hope

Ideas on Working with City of Hope

Community participants identified a range of ideas on partnering with City of Hope in order to meet cancer-related needs. All suggestions are presented in Table 3.

Table3. How Respondents Would Like to Partner with City of Hope	
Community Partnerships and Collaborations	<ul style="list-style-type: none"> • On-going collaboration to develop community events/programs related to cancer prevention • City of Hope to partner rather than lead community partnerships to increase visibility of community agencies • Increase coalitions- City of Hope to be the central agent to unite

	<p>service providers</p> <ul style="list-style-type: none"> • Develop partnerships to increase City of Hope presence at other healthcare organization • Develop partnerships to continue cancer survivorship programs • Increase continued medical education opportunities focused on caring for culturally diverse populations • Continue collaboration, reaching out to uninsured or underinsured • Partner in translation services of patient education materials • Partner to explore new types of media to enhance health-related communications • Continue collaboration with Patient, Community, and Family Education but expand community outreach efforts • Collaborate on train the trainer efforts to increase policy related efforts
Educational Needs and Awareness	<ul style="list-style-type: none"> • Expand health education programs open to the public • Get the word about City of Hope resources for the community (i.e. health education classes, seminars) • Expand programs like Ask the Experts to educate public on what causes cancer and how individuals can improve their eating and exercise habits
Other Ideas	<ul style="list-style-type: none"> • Implementation of community garden • More free, low-cost cancer screening held in community centers • Develop resources and programs for community librarians

Rating of Cancer Education and Support Issues

A. How Important is this Issue to You?

Participants were asked to rate the importance of cancer education and support issues in the ten topic categories (listed above).

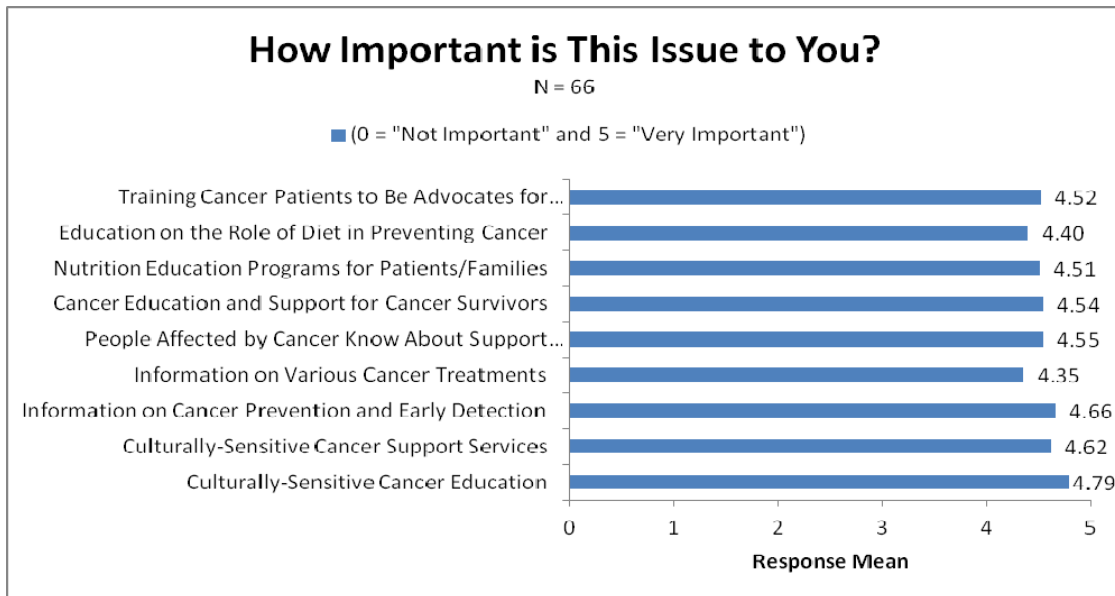
The highest scores were often assigned to two issues or topic categories:

1. Culturally-sensitive cancer education **4.79**
2. Information on cancer prevention and early detection **4.66**

The lowest scores were often assigned to two issues or topic categories:

1. Information on various cancer treatments **4.35**
2. Education on the role of diet in preventing cancer **4.40**

Figure 11. How Important is This Issues to You?



The response means ranged from 4.35 to 4.79, and the weighted grand mean was 4.55. This suggests that participants often rated each issue or topic category as 5 or very important.

B. How Satisfied are You With the Current Efforts on This Issue?

Participants were asked to rate the importance of cancer education and support issues in the ten topic categories (listed above).

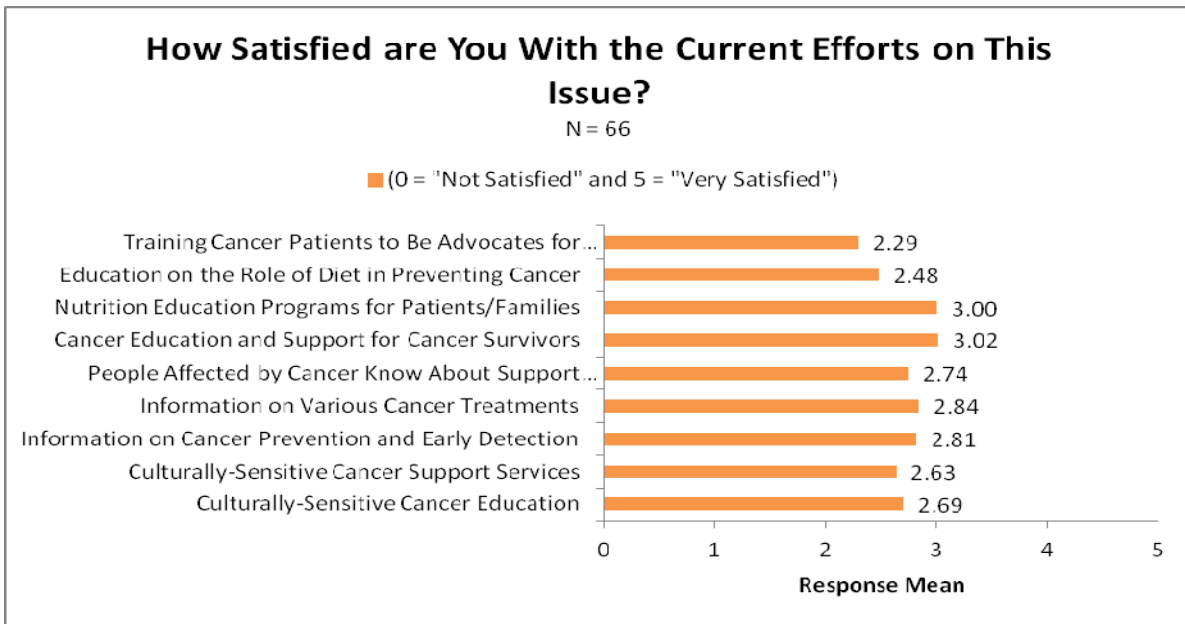
The highest scores were often assigned to two issues or topic categories:

1. Cancer education and support for cancer survivors 3.02
2. Nutrition education programs for patients/families 3.00

The lowest scores were often assigned to two issues or topic categories:

1. Training cancer patients to be advocates for themselves 2.29
2. Education on the role of diet in preventing cancer 2.48

Figure 12. How Satisfied are You with the Current efforts on this Issue?

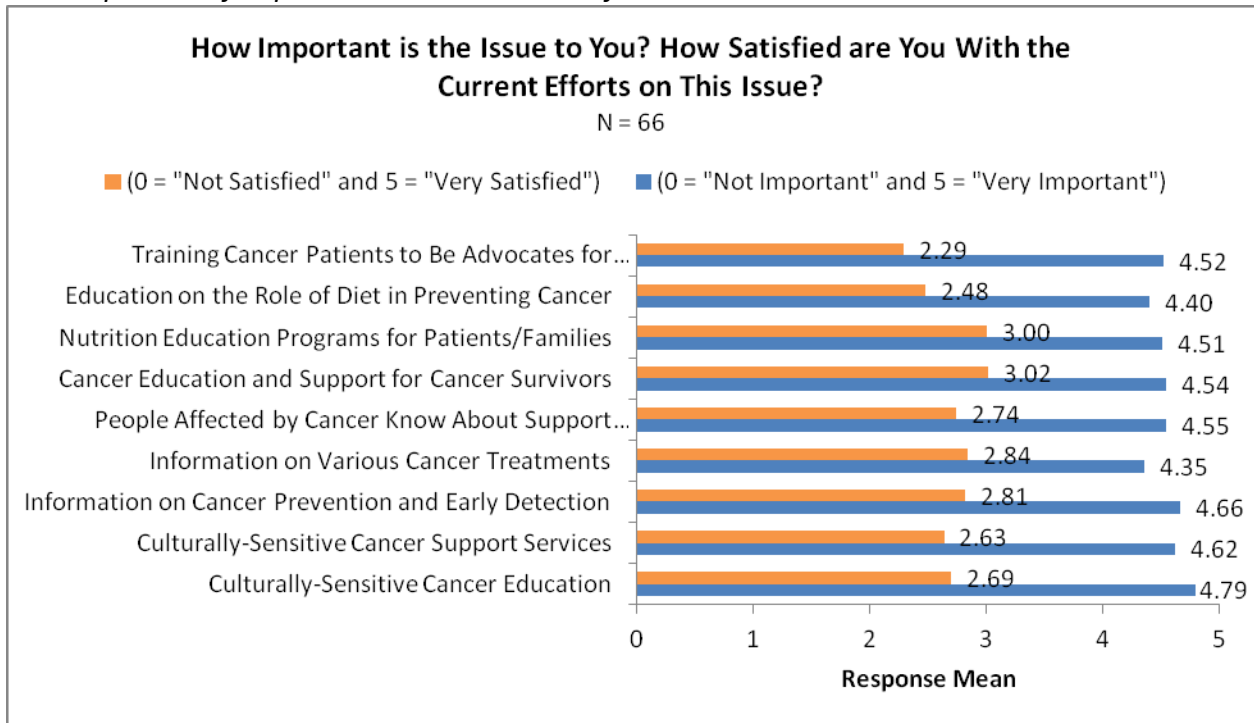


The response means ranged from 2.29 to 3.02, and the weighted grand mean was 2.72. This suggests that participants often rated each issue or topic category as 3 or a little satisfied.

C. Comparison of Importance Scores and Satisfaction Scores

The combined scores from the importance of and satisfaction of current efforts in cancer education and support issues are summarized in the following figure.

Figure 13. Comparison of Importance Scores and Satisfaction Scores



Appendix C

Community Partners FY 2013 CHNA

American Cancer Society
American Diabetes Association
Asian Pacific Healthcare Venture
Azusa Health Center
Azusa Pacific University-School of Nursing
Buddhist Tzu-Chi Foundation
California Cancer Collaborative Initiative
California Center for Public Advocacy
California Health & Longevity Institute
California State University, Fullerton- Health Promotion Research Institute
Cancer Support Community
Center for Health Care Rights
Claremont Graduate University- Weaving an Islander Network for Cancer Awareness, Research and Training (WINCART) Center
Citrus Valley Health Partners
City of Duarte-Parks and Recreation
City of Pasadena-Public Health Dept.
City of Pomona- Recreation Programs and Services: Pomona Youth and Family
Cancer Legal Resource Center
City of Hope-Center of Community Alliance for Research and Education (CCARE)
City of Hope-Case Management
City of Hope-Clinical Social Work
City of Hope-Communications
City of Hope-Diabetes and Genetic Research Center
City of Hope-New Patient Services
City of Hope-Patient Special Services
City of Hope-Physical Therapy
City of Hope-Population Sciences
City of Hope-Supportive Care Medicine
Duarte City Council
Duarte Unified School District
Glendale Memorial Hospital
Greater El Monte Community Hospital
Herald Cancer Association
Huntington Memorial Hospital
Kaiser Permanente Baldwin Park Medical Center
Kommah Seray Inflammatory Breast Cancer Foundation

Los Angeles County Public Health Department
Latino Health Access
Leukemia & Lymphoma Society
Little Tokyo Service Center
Los Angeles County Public Library
Methodist Hospital-The Cancer Resource Center
Office of California State Senator, Senate District 24
Our Savior Center
PADRES Contra el Cancer
PALS for Health
Pasadena Public Health Department
Pomona Health Center
Presbyterian Intercommunity Hospital- The Hospice House
Providence Center for Community Health Improvement
Providence St. Joseph Medical Center
San Gabriel Mission
St. Anthony Parish
St. Luke's Catholic Church
St. Vincent Medical Center- Multicultural Health Awareness and Prevention Center
The G.R.E.E.N. Foundation
United Cambodian Community
University of Southern California- Communications
University of Southern California- Norris Comprehensive Cancer Center
University of Southern California- School of Pharmacy
Women Helping Women Services-National Council of Jewish Women
Young Women Christian Association-San Gabriel Valley

Appendix D

Patient Financial Assistance Program

Policy and Procedure Manual
Administrative Manual Section I
Administrative Institutional
Department: Patient Financial Services



Written: 11/05
Reviewed: 10/07; 12/09; 09/12; 01/13; 02/14/13
Revised: 10/07; 12/09; 03/10; 03/25/13
Page: 1 of 7

Charity Care Policy

APPROVALS:

MEC: 03/19/13 SLT: 03/25/13 BOD: 2Q-13

Scope: Medical Center

I. PURPOSE / BACKGROUND:

The purpose of this Charity Care Policy (the "Policy") at the City of Hope National Medical Center ("COHNMC") is to improve the quality of health care and assure that care is accessible to the maximum number of people possible within the resources available at COHNMC. Meeting the needs of uninsured and underinsured patients is an important element in COHNMC's commitment to the community.

This policy seeks to demonstrate COHNMC's commitment to its patients and their families and the communities it serves with COHNMC's unique mix of services, which integrate biomedical advancements in research, education and clinical care.

This policy seeks to promote access to the resources of COHNMC consistent with its mission and its Code of Organizational Ethics.

To be an effective steward of COHNMC's resources, the Board of Directors ("the Board") strives to preserve the financial health of COHNMC. To this end, the Board promotes a high quality, patient friendly and effective billing and collection system, while continuing a commitment to support and subsidize the medically necessary care of patients who require financial assistance up to a maximum amount per fiscal year as determined on an annual basis by COHNMC's Board.

II. POLICY:

A. **Patients Covered:** An individual must meet all of the following conditions to be eligible for charity care at COHNMC: (1) the individual meets the criteria for care at COHNMC for a primary diagnosis of cancer, diabetes, HIV/AIDS, hematologic disease or for treatment with hematopoietic cell transplantation; (2) the individual meets all financial requirements for charity care and is unable to pay his or her self-pay balances; (3) the individual meets the income eligibility criteria set forth in Section II.C below and the *Charity Care Guidelines Table*; and (4) the individual is a legal resident of the United States, as confirmed by passport, social security card and/or election validation documentation. In order to preserve COHNMC's financial health, COHNMC targets an annual maximum dollar amount of charity care that it will provide in a fiscal year.

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As a result, it is possible for a patient to meet these eligibility requirements but not receive charity care because COHNMC has already committed to provide that maximum amount for the fiscal year at issue.

- B. **Duration of time for which charity care is approved:** A patient will be accepted for charity care for a period of one year. If a longer period of charity care is requested, the patient will be re-evaluated, using the same criteria as were initially applied and outlined within this policy.
- C. **Charity Care Guidelines Table:** The *Charity Care Guidelines Table* takes into account income and family size, and is based on the federal poverty level (FPL) guidelines established and updated annually by the Department of Health and Human Services. The *Charity Care Guidelines Table* will be updated annually by the Chief Financial Officer (CFO) based on updates to the FPL.
- D. **Income Eligibility:**
1. **Income Below 400% of FPL:** An individual will be considered for charity care if his or her Income is less than 400% of FPL.
 2. **Patient Assets:** In order to provide consistency with City of Hope's ("COH") mission and proper stewardship of COH charity dollars, all monetary assets of the patient or patient's legal guardian are taken into account in reviewing a charity care application, with the exception of the following assets: (1) amounts in patient retirement or deferred compensation plans qualified under the Internal Revenue code; (2) the primary residence where the patient or the patient's family resides; (3) automobile needed to transport working family members to and from work; and (4) savings accounts with less than two months of annual income.
- E. **Services Covered:** Medically Necessary Services directly related to an eligible patient's treatment for a primary diagnosis of cancer, diabetes, HIV/AIDS, hematologic disease or for treatment with hematopoietic cell transplantation are covered by this policy. Only City of Hope National Medical Center and City of Hope Retail Pharmacy charges are covered under Charity Care. Other services provided by outside parties, including but not limited to Home Health Services are not covered.
- For purposes of this policy, questions or issues about medical necessity will be resolved by COHNMC's Chief Medical Officer, or his/her designee, in consultation with the Charity Care Committee.
- F. **Nondiscrimination:** In making decisions regarding the provision of charity care pursuant to this policy, COHNMC does not discriminate on the basis of age, sex, race, religion, creed, disability, sexual orientation, or national origin. All determinations regarding patient financial obligation are based solely on financial need and patients may be considered for charity care at any time that the inability to pay becomes evident to the patient or COHNMC, regardless of any prior determinations under this policy.
- G. **Access to Charity Care – Guiding Principles, Patient Application Process and City of Hope Review Procedures:**

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1. Guiding Principles:

- a. Patients are able to apply for charity care or are identified as potential charity care applicants by COHNMC staff at multiple institutional entry points, such as new patient services, inpatient and outpatient admitting and registration. All front line administrative and clinical staff, including COHNMC affiliated physicians, social service staff and Patient Advocates are encouraged to identify patients and refer them to Financial Support Services (“FSS”), a division of Patient Access.
Identification of patients who are eligible for charity care can take place at any time during the rendering of services or during the billing and collection process.
- b. If an initial determination is made that the patient has the ability to pay all or a portion of the bill, such a determination does not prevent a reassessment of the person’s ability to pay based upon a change of status affecting the patient’s ability to pay.
- c. COHNMC provides written notice of its charity care program on all patient-friendly-bill statements, and upon request gives consideration to offering charity care, before outstanding accounts are sent to collection. COHNMC does not advance outstanding accounts to collection while patient is attempting to qualify for charity care, or attempting in good faith to settle payment.
- d. COHNMC renders charity care on a uniform and consistent basis according to this policy. The determination of full or partial payment is based solely on financial need.
- e. COHNMC may reevaluate patients designated as eligible for charity care at any time and will reevaluate each patient’s eligibility at least annually.

2. Patient Application Process:

Applicants must agree to and cooperate with a review of assets. The following financial screening will be required prior to acceptance for charity care:

- a. Patient financial information is gathered through the *Financial Evaluation Form*.
 - i. Patients are required to submit various documents to substantiate financial circumstances and proof of income, including paycheck stubs, W-2 forms, income tax returns, unemployment or disability statements, and savings and bank account statements.
 - ii. FSS counselors assist patients in completing charity care applications to provide maximum consistency.
- b. If it appears that the patient might be eligible for Medi-Cal or another state health program, FSS refers the patient to a vendor who assists COHNMC in assisting patients with Medi-Cal and Medicare Part B applications. It is the responsibility of the patient or his/her family to apply for such coverage with assistance from COHNMC’s application vendor and proof of a completed application must be provided to COHNMC.

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- c. Patients who do not qualify for charity care may be eligible for financial assistance as stated in the COH policy, "Patient Discounts and Free Services."

3. City of Hope Review Process:

Charity care applications will be processed by FSS to determine if financial qualifications are met. After financial qualification is verified by FSS, approval or denial for charity care is determined by COH's Charity Care Committee (the "Committee"):

- a. Composition of the Charity Care Committee: The Committee is comprised of representatives from each clinical program at COH, including the Chair or designee from Hematology/Hematopoietic Cell Transplantation; Medical Oncology; Surgery; Pediatrics; and Supportive Care Medicine. In addition, membership will include representatives from the administration, including Financial Services (FSS); Chief Medical Officer; Case Management; and Patient Access. A representative from the COH Ethics Committee will be included, as well as a community/patient representative.
 - b. The Committee will meet bi-weekly, or as needed, to review patient applications.
 - c. The Committee will allocate charity care dollars by considering an eligible patient's medical condition, the ability of COHNMC to provide the type of care required, and the availability of COH charity care resources.
 - d. Other considerations for approval or denial by the Committee will include the following: Priority will be given to patients who live in the Southern California area as well as patients who have cancer, hematologic diseases, HIV/AIDS, or diabetes, and whose conditions are treatable or curable by methods available at COHNMC.
 - e. In circumstances of disagreement between Committee members concerning approval or denial of charity care, the Chief Medical Officer or his/her designee will make the final decision.
 - f. Applications for renewal of charity care will be reviewed by a Charity Care Sub-Committee, headed by Patient Access.
- H. **Patient Notification:** Applicants for charity care are notified of decisions in writing. When possible, notification to new patients is included in the New Patient's Acceptance Letter.
- I. **Patient Right to Appeal:** Each patient denied charity care will be given the right to appeal. If a patient is denied charity care, all reasons for denial are included in the notice provided and the patient is informed about how to appeal rights and procedures. Appeals will be reviewed and determined by the CFO and the President of COH's Medical Staff. Should the CFO and the President of COH's Medical Staff not agree, the matter will be referred to the Chief Executive Officer, whose decision will be final.

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Within 14 days of receipt of a request for appeal from a patient who has been denied charity care, the patient and FSS will be notified whether the initial determination will be affirmed or reversed.

- J. **Respect of Confidentiality and Privacy:** All patients are treated with dignity and fairness in the financial application process and COHNMC respects the confidentiality and privacy of those who seek financial assistance.
1. FSS personnel receive training regarding requirements for confidentiality and privacy of all patient information, including patient financial information. No information obtained in a patient's application for financial assistance may be released except in compliance with applicable federal and state laws and COHNMC policy.
 2. Conversations regarding financial assistance are conducted in private unless otherwise requested by a patient (e.g., outpatient waiting areas when patients choose not to leave the waiting area). In these cases, privacy is maximized to the extent possible.
- K. **Patient Responsibility:** In order to receive charity care pursuant to this policy, patients are responsible for cooperating fully with application and financial assessment procedures, and to agree to financial screening of income and assets, as outlined in Section II.G.2. To be eligible for charity care, patients must cooperate by filling out forms for financial assistance and, if eligible, applications for government-sponsored insurance such as Medi-Cal. An applicant for charity care will be required to demonstrate compliance with this requirement.
- L. **Communication of Charity Care Process to Patients and Community:**
1. **Public Awareness:**
 - a. COHNMC is committed to building awareness of the Charity Care Policy through a variety of mechanisms including (i) visible signage within COHNMC (such as posters or notices in key admitting and registration areas, point of service brochures in waiting areas); (ii) COHNMC's website; (iii) in routine, written notification given at the time of admission to COHNMC, and (iv) in bill statements showing outstanding patient self-pay balances. All notices will include a toll-free number and how to access a FSS counselor. COHNMC will provide a copy of the "Charity Care Policy" upon request.
 - b. COHNMC is committed to using the primary languages of the major ethnic and cultural communities who utilize COHNMC in all materials used in connection with the "Charity Care Policy." Printed information will be available in English and Spanish language. Translators in COHNMC's Employee Translation Service will be used to support a variety of language needs.
 2. **Staff Training:** Clinical staff, including physicians, front-line administrative and patient financial services staff are trained to be familiar with the "Charity Care Policy"

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and are updated periodically. Detailed materials for training are prepared and maintained by Patient Business Services. Materials include information on how to access charity care, standards of cultural sensitivity and how to preserve confidentiality, including best practices and practices not tolerated by COHNMC. All employees are made aware of the availability of charity care as part of employee orientation.

M. Collections:

1. Patient accounts are not sent to collection without giving patients adequate time to be evaluated or re-evaluated and to develop alternative payment arrangements. Patient accounts will not be sent to collection pending completion of financial counseling. A patient will be given notice at least seven (7) business days before his or her file is sent to a collection agency.
2. Neither COHNMC nor its third party collection vendors will use wage garnishment or liens on primary residences as a means of collecting unpaid hospital bills from patients who are eligible for any form of charity care under this policy.
3. All agencies used for collection are advised of COHNMC policy in writing, and the "Charity Care Policy" is incorporated by reference in collection contracts with such agency(ies). COHNMC receives written assurances from agency(ies) that they will adhere to COHNMC standards.

N. Oversight and Board Responsibilities:

1. Senior management reviews detailed reports on COHNMC's provision of charity care on a quarterly basis.
2. The Board of Directors is responsible for balancing the critical need for patient financial assistance with the sustainability of COHNMC's resources and its financial integrity in order to serve the broader community. To this end, the CFO and CEO annually prepare a Charity Care Report for presentation to the Board.

Owner: Leon Villarrubia, Interim Director, Patient Financial Services

Sponsor: Wael Fakhry, SVP, Financial Operations

Related Policies:

1. Collections Policy
2. New Patient Application and Acceptance
3. Patient Discounts and Free Services Policy
4. Professional Courtesy Discounts Policy

Acronyms, Terms and Definitions Applicable to this Policy:

1. **Charity Care** - Free or partially subsidized health care services, including retail pharmacy services, provided by COHNMC to eligible individuals who meet the criteria set forth in Section II.A of this Policy.
2. **Income** - Gross income from all sources.

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3. **Medically Necessary Services** - Inpatient or outpatient services deemed medically necessary by a COHNMC medical staff member.
4. **Self-Pay Balance** - The outstanding balance of a COHNMC bill deemed to be a patient's or guarantor's personal responsibility after public or private insurance payments (if any) or denials. A patient's self-pay balance may be further reduced pursuant to this Charity Care Policy. (Guarantor refers to the individual assuming financial responsibility for services received by the patient.)

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