



# 年社區福利報告

歡迎來到希望



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# 執行摘要

為回應加州社區福利法（參議院第 697 議案），我們希望之城很榮幸能提交一份報告，詳述我們 2015 會計年度（2014 年 10 月 1 日到 2015 年 9 月 30 日）的社區福利活動。這條法令要求非營利醫院用疾病防治和增進健康狀況的計畫，來解決其所在社區市民的需求。

希望之城很榮幸能分享我們努力的成果，確保我們對當地社區的需求能持續做出回應。透過這份報告，您將瞭解我們服務的多元文化社區有何多樣化需求、我們對健康照護勞動力未來的廣泛投資、和努力創造所需基礎建設來執行多項的社區計畫。我們一直以來對癌症防治與減少癌症風險的社區教育之努力，也得以體現。我們在 2015 會計年度的社區福利總值為\$96,392,050（圖一）。

我們邀請您加入我們，來滿足我們社區的需求。請您花點時間來閱讀我們的報告。我們歡迎您與我們分享您的意見，您也可以向我們索取額

外的資料。這份報告和我們的《實施策略》可在我們的網站上下載：

<http://www.cityofhope.org/community-benefit>



# 我們是誰：希望之城

希望之城於 1913 年成立，是美國國內僅有 45 所的綜合癌症中心之一。國立癌症研究院（NCI）的指定，奠定了我們在癌症照護、基礎和臨床研究、轉化研究並讓研究成果成為實質醫療益處的領導者地位。

希望之城是以病患和家屬為主的照護先驅，長久以來對病患與家屬提供傑出又慈悲的醫療照護。每一天，我們都秉持著這個信念：

*「要是我們治療時摧毀了心靈，那治療身體就沒有用了。」*

希望之城的 Beckman 研究中心是我們尖端研究計畫的中心，這個研究中心領導了許多創新發現：

- 多種突破性的抗癌藥物（包括賀癌平 Herceptin、莫須瘤 Rituxan、爾必得舒 Erbitux、和癌思停 Avastin）皆以希望之城研發的技術為基礎，在世界各地拯救了許多生命。
- 希望之城研發的人工合成胰島素幫助了成千上萬的糖尿病患者。
- 希望之城是骨髓移植領域的佼佼者，我們已進行過超過一萬兩千場骨髓與幹細胞移植手術，也是全世界最大最成功的骨髓移植計畫之一。

為了進一步支持我們卓越的使命，希望之城協助成立了「美國國家綜合癌症網絡」（NCCN），這個聯盟定義設立了癌症照護的標準。NCCN 的主要目標，是確保絕大多數有需求的病患能獲得最先進的治療。

雖然希望之城服務世界各地的病患，但我們也服務我們的社區，並為此深感驕傲。我們的社區合作夥伴的計畫非常豐富，歷史悠久，也持續地成長茁壯。癌症和糖尿病既複雜、又關係到多種層面，在我們的當地社區很常見，因此，社區福利的夥伴關係是我們使命的重要一環。

## 使命

希望之城的目標是改善明日的健康。我們每天都在把科學變成實用的療法。我們讓希望成真。透過優質的照護、創新的研究、和消弭癌症與糖尿病的重要教育，我們正在朝目標前進。©2012 年希望之城

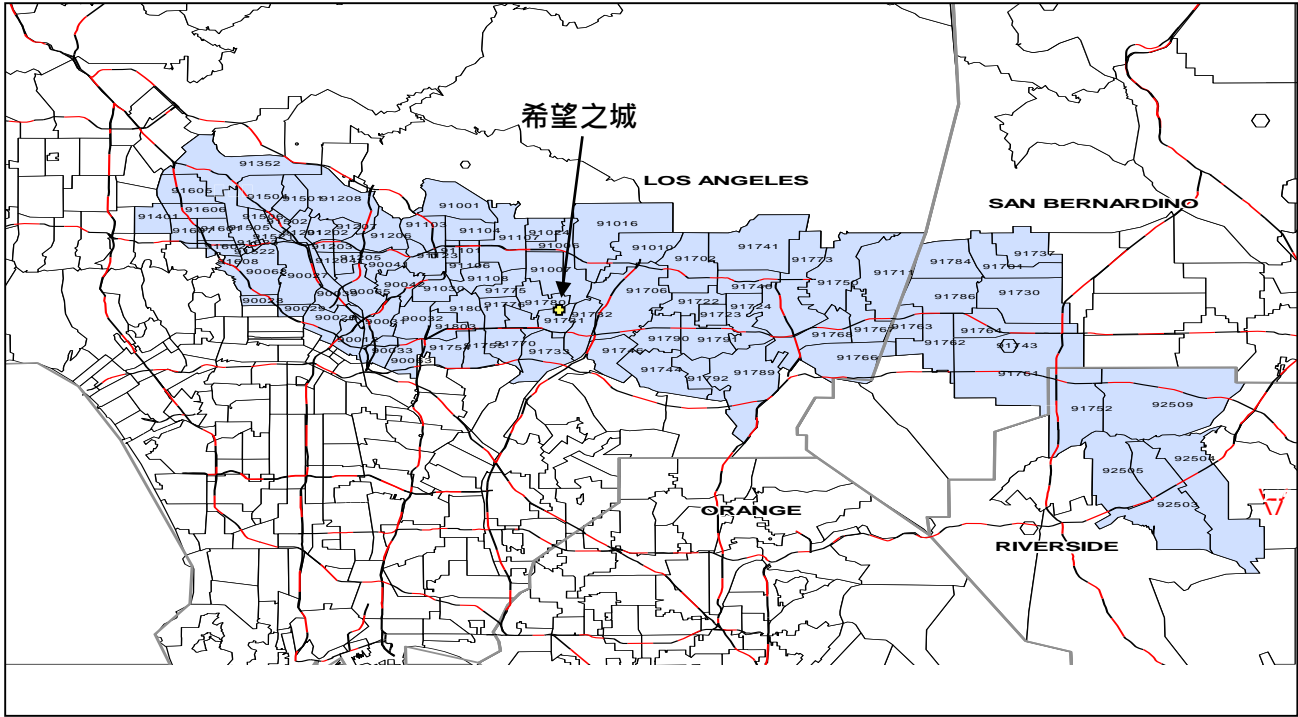
## 社會責任聲明

在希望之城，社會責任不只是我們的義務 - 還是我們的使命。我們對社區福利的承諾，沿襲自我們慈悲為懷的傳統。我們的勞動力反映了病患與其家屬的族裔與文化的多元性。我們的「綠」院區有節省能源的設備與低排放車輛，我們也實施了創新的使用水計畫。我們透過社區外展、解決健康教育、疾病防治以及更多活動，來表達我們對社區的慈悲心懷。我們因造福今日世界的社會合作夥伴而深感自豪，也會替未來世代繼續努力。若您想閱讀我們的《社會責任報告》，請造訪 [www.cityofhope.org/social-responsibility-report](http://www.cityofhope.org/social-responsibility-report)。

## 我們的社區：我們所服務的對象

希望之城位於加州 Duarte，這個擁有 21,500 人口的多元文化社區，就坐落在洛杉磯東北約 21 英哩的 San Gabriel 山谷中（圖二）。Duarte 被視為社區健康改善之努力的佼佼者，其為加州「健康城市措施」的會員成員可證明。此外，Duarte 在社區健康改善方面發揮了領導作用，也很有意願與希望之城合作實施多項措施。

我們的主要服務範圍遠超過 Duarte，包括了洛杉磯、San Bernardino、Riverside、橘郡和 Ventura 等。從這些郡來的病患佔了我們出院總數的 95%。這五個郡全部加起來佔了加州多元文化和族裔居民的大多數（圖三）。在這些郡裡，San Bernardino County 有最多的西班牙語裔人口（49.9%）和非裔美國人口（8.3%），Ventura County 有最多的白種人口（48.1%），而橘郡有最多的亞裔人口（18.2%）。



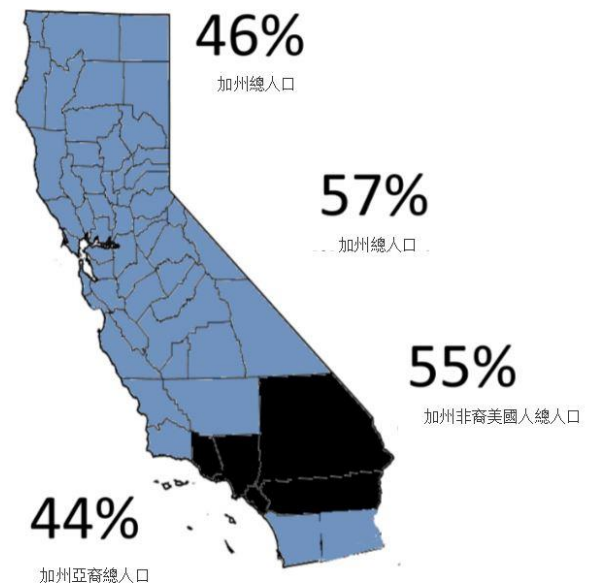
圖二 - 希望之城的主要服務區域

在我們服務區域郡的預測顯示，西班牙語裔或拉丁裔居民的人數將持續增加，而白種居民的人數將持續下降。西班牙語裔人口預計將在 2020 年成為洛杉磯和 San Bernardino 等郡的主要人口，並在 2030 年成為 Riverside 的主要人口（超過 50%）。洛杉磯郡的非裔美國人口預計將會減少。洛杉磯和其他四個郡的亞裔人口預期將維持穩定。（來源：州郡種族/族裔人口預測，2010-2060 年。加州政府財政部；2014 年 12 月。<http://www.dof.ca.gov/research/demographic/reports/projections/p-1>）

## 語言

在我們的五郡主要服務區域內，不到半數（49.8%）的居民在家裡說英語。這比州平均的 56.3% 還要低。超過三分之一（35.4%）的人口在家裡說西班牙語，比州平均百分比還要高（28.8%）。我們服務範圍內說亞洲語言的總家庭數跟州平均一樣高（9.5% 與 9.6%）。

當第三服務計畫區（SPA3）調查語言時，Sierra Madre 在家裡說英語的比例最高（80%）。South El Monte在家裡說英語的比例最低（12.8%），而在家說西班牙語的比例也是最高（77.1%）。在家說亞洲語言或太平洋島民語言比例最高的是 Rosemead（57.9%）。Duarte（7.2%）和 Pasadena（7.1%）有說印歐語言最高的比例。（來源：美國人口普查局，2009-2013 年美國社區調查，五年預測，B16002。<http://factfinder.census.gov>）。希望之城知道，用病患的母語提供健康照護資訊，以及用我們區域的三大門檻語言（英語、中文、西班牙文）來印刷資訊非常重要。



圖二 服務區域的族裔人口數。 來源：美國人口普查。快速指南。

[www.census.gov/quickfacts/table/PST045214/06,06037,06059,06065,06071](http://www.census.gov/quickfacts/table/PST045214/06,06037,06059,06065,06071)。 檢索日期 2015 年 11 月 19 日。

## 貧窮

貧窮門檻是用來計算官方貧窮人口的數據，每年由人口普查局（Census Bureau）更新。2015 年的聯邦貧窮線

（FPL）是一家四口收入 \$24,250 及單人 \$11,170（加州衛生服務部）。2015 年聯邦貧窮線。  
<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL2015/ACWDL15-14.pdf>。檢索日期 2015 年 11 月 25 日）。

在第三服務計畫區（SPA3）裡，貧窮率最高的是 El Monte，約有四分之一（24.3%）的人口生活在貧窮線以下。El Monte、Pomona 和 South El Monte有超過 50% 的人是低收入戶（> 200% 貧窮線）。San Marino 是這個服務計畫區貧窮率最低的地點，只有 8% 的人口活在貧窮線以下。（美國人口普查局，2010-2014 年美國社區調查五年評估。[http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)。檢索日期 2016 年 1 月 22 日）。

廣泛的五郡局部服務區域以 Ventura 和 橘郡貧窮率最低。San Bernardino、洛杉磯、Riverside 郡都比州平均的貧窮率還高。

## 健康的社會決定因素

健康的社會決定因素是人們生活、工作、和玩樂環境內的狀況，影響大範圍的健康與生活品質結果與風險（<http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>）。比方說，生活在貧窮狀況下與沒有高中文憑的互動關係，可能會對健康結果產生重大的影響。以下第三服務計畫區（SPA3）（圖四）的地圖，顯示了這些區域的居民高中沒畢業，並生活在貧困之中。超過 30% 居民生活在貧困中的社區以橘色顯示。居民 25% 以上沒高中畢業的社區以紫色顯示。高度貧窮與低教育程度程度的重疊區域以棕色顯示。這些棕色的區域是希望之城致力找出健康與健康不平等肇因的區域。



圖四 希望之城服務區域裡的大部份弱勢居民。（來源：社區共享（Community Commons）。弱勢族群足跡工具。  
<http://assessment.communitycommons.org/Footprint/> 檢索日期 2016 年 2 月 11 日）

獨特的人口組成讓這五郡在很多層面上都是弱勢族群，並增加了社區福利計畫的需求。在我們準備 2016 年社區健康需求評估（CHNA）時，我們了解這些郡的：

- San Bernardino 有最高的肺癌、乳癌、前列腺癌、和大腸癌死亡率。
- 洛杉磯郡有最高的肝-膽管和胃癌死亡率。
- 亞裔人口的癌症比率和死亡率通常最低；非裔美國人口的癌症死亡率通常最高。
- 癌症診斷率最高的是白種人。



- 這五郡的非裔美國女性和男性多是晚期才診斷出癌症，所以癌症死亡率比其他族裔的成年人更高。
- Riverside County 有 39.2% 的青少年（12 - 17 歲）超重。
- 最重的成年人都在 San Bernardino County，有 34% 的成年人屬於肥胖。
- 洛杉磯郡的亞裔/太平洋島民女性在過去三年內接受子宮頸抹片檢查的比例（65.9%）比白種女性（83.9%）、拉丁裔女性（86.3%）和非裔美國女性（89.3%）還要低。
- 服務區域的全部五郡（76.9%）超過了《健康人民》2020 年的大腸癌篩檢目標（70.5%）。不過，只有 67.4% 的人在建議年齡進行篩檢。

這不是秘密：貧窮 確與不佳健康問題和較短壽命有關。在某些地區的居民有較高的貧窮率、犯罪率、和暴力比率，對健康產生負面影響。Riverside（17.1%）和 San Bernardino（20.4%）等郡生活在貧窮中的人雖然相對穩定，跟其他郡相比還是很高（<http://www.census.gov/quickfacts/table/PST045215/06071,06065,00> 檢索日期 2016 年 2 月 11 日）。希望之城是癌症、糖尿病、愛滋病、和其他致命疾病的研究治療中心，我們盡力將我們對社區的所知加入策略，來解決廣泛健康差距的根本原因。



San Gabriel 高中 10 年級生，透過舞蹈教授健身

# 組織的承諾

## 監督與管理社區福利活動

因為社區 健康改善是希望之城任務的關鍵之一，許多各部門的員工參與了策劃與執行社區福利活動。為了協調這些努力，希望之城特別設立了「社區福利部門」。這讓我們能利用所有所需的資源，來增進希望之城企業的醫療中心和其他所有實體之間的合作工作環境。

公共衛生碩士暨合格衛生教育專家碩士 Nancy Clifton-Hawkins 是希望之城的社區福利經理。Clifton-Hawkins 女士可以回答希望之城社區服務計畫和服務相關傳達與責任歸屬的問題，您可以寫信到 [comm\\_benefits@coh.org](mailto:comm_benefits@coh.org) 聯絡她。

為協助監督所有的社區福利活動，希望之城有賴我們社區福利諮詢委員會（CBAC）的專業。CBAC 於 2014 年 11 月設立，由以下列出的社區組織和健康照護提供者的成員所組成：



2015-2017 年社區福利諮詢委員會成員。

- 美國癌症協會
- El Consilio（希望之城西班牙語/文化病患、家屬、和照護者團體）
- 男性教育男性健康相關資訊（Men Educating Men About Health）
- Duarte 統一學區（Duarte Unified School District）
- 鄰居互助會（NATHA）
- Pasadena 和 San Gabriel Valley 計劃生育（Planned Parenthood）
- 衛理公會醫院（Methodist Hospital）
- 癌症檢測計畫（Cancer Detection Program）- Cecilia G. De La Hoya 癌症中心 - White 紀念醫學中心
- Susan G. Komen - 洛杉磯
- Walden 大學 - 公共衛生資料專家
- 南加州婦女健康同盟（SoCal Women's Health Conference）

為確保委員會成員能代表當地的弱勢族群、或是弱勢族群重要問題的專家，我們尋求有以下專業知識的人們：

- 當地社區有過高比例醫療需求未獲滿足的居民
- 初級疾病預防的知識與專業能力
- 與當地非營利社區組織一起工作的經驗
- 流行病學的知識與專長
- 分析服務使用與人口健康資訊的專長

社區福利部門也建立了內部中心，由負責貢獻社區福利計畫與服務的希望之城工作人員所組成。他們每一季都開會討論聯邦報告要求、接收技術協助、並學習希望之城的程序，以確保計畫能解決《實施策略》所列出的重點。此外，這個團體還有內部網站提供社區公益最佳實踐的連結和資源、以及內部工具可供分享並建立合作，來增強員工貢獻的品質。

在 2015 年 1 月的初始會議，CBAC 的新成員接受訓練，瞭解社區福利標準和最佳實踐。他們也選出任期兩年的聯合主席（美國癌症協會 Pasadena/San Gabriel Valley 分會的 Viki Goto 和社區倡導者 Patricia Duff Tucker）。這些女性人才將



Patricia Duff Tucker · 圖左 · 和 Viki Goto 是希望之城新的社區福利諮詢委員會

領導 CBAC 的努力，來解決 2014-2017《實施策略》中所列出的重點目標。除了幫助希望之城的許多社區福利計畫與服務之外，CBAC 也幫忙了設計「健康生活補助」的特別補助金計畫。「健康生活補助」將我們的社區健康改善的活動擴展到了新的主題區域和社區中。CBAC 成員參加了補助金申請和獲獎者選擇的設計與審查。展望未來，CBAC 成員也將會進行實地考察。

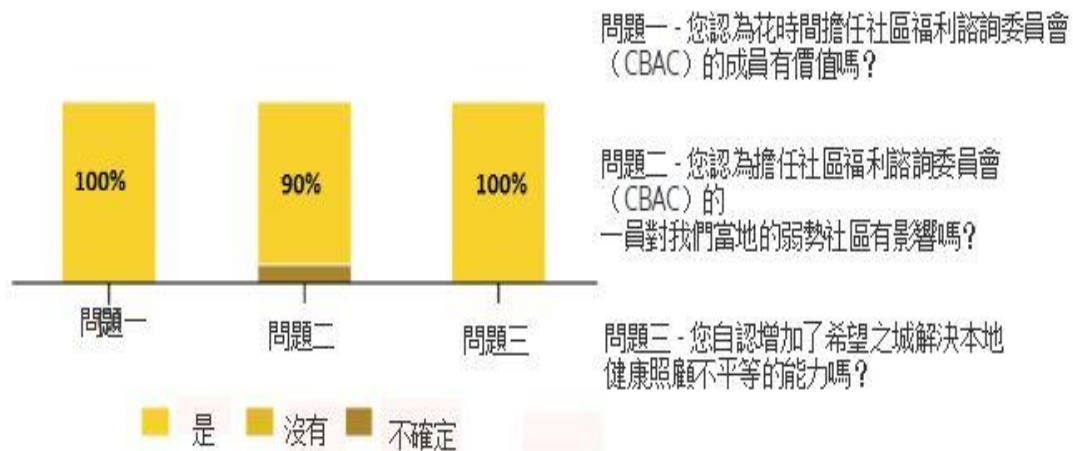
# 社區福利規劃過程

希望之城所有的社區福利計畫都由公共衛生研究院（Public Health Institute）所建立的五項核心原則所指導：

1. 注重希望之城主要服務區域內有過高未獲健康需求滿足的人口（「弱勢族群」），以文化、種族、或語言奇異、年紀、貧窮程度、和缺乏教育程度來測量。
2. 注重初級預防：健康教育、疾病預防、和健康保護。
3. 動用社區利益關係者來當完全的合作夥伴，建構社區的能力，讓他們參與永續策略，解決問題的症狀與根源。
4. 建立持續照護無縫銜接，來改善社區資源管理癌症和糖尿病的能力、避免病患被忽略、並減少未來醫療照護的需求。
5. 合作治理，確保社區在希望之城主導的計畫裡有發聲的份量，也能參與過程。

社區福利諮詢委員會（CBAC）在 2015 會計年度召開了四次會議。在 2015 年 1 月的會議當中，所有的成員都同意了憲章。除了確保我們 CBAC 成員深刻了解社區福利的語言與最佳實踐之外，我們也要確保他們了解他們工作的範圍，並能在服務 CBAC 時找到價值。年底時並對成員進行評估，以衡量他們參與的影響。我們對結果非常有信心（圖五）。

為了要確保 CBAC 成員瞭解他們的工作範圍、並在服務 CBAC 時找到價值，我們進行了一場年終回顧。以下是我們 2015 年 CBAC 成員評估的結果。



圖五 相信擔任 CBAC 成員的影響

成員們要求指出希望之城遵循的五項弱勢族群核心原則時，100%的 CBAC 成員能正確指出原則是哪些。不過，被問到能否解釋希望之城會實踐 2014-2017《實施策略》、或能不能分辨社區福利計畫和行銷計畫有所不同時，他們則不太有自信（圖六）：



圖六 2016 年將注重的的工作區域

他們的回答將會幫助設定 2016 會計年度 CBAC 的議程。這些計畫將有更多的曝光機會、以及他們對《實施策略》的想法將會另外報告。CBAC 成員將接受訓練，來瞭解社區福利與行銷計畫之間的不同，以確保他們能分別兩者的差異，並確認未來的計畫。

CBAC 幫忙指導希望之城的社區福利計畫和服務之際，這個團體將會擴展到新的領域。之前提過，CBAC 協助設計、執行、並評估「健康生活補助」計畫，讓希望之城的社區健康改善活動擴展到新領域。這份經驗提供了 CBAC 的成員機會，能更了解我們服務的社區，並讓他們建立自己的計畫策劃及領導能力。此外，這些第一手的經驗將讓我們的成員能針對希望之城的活動發言，解決我們 2013 年「社區衛生評估」裡指出的問題。



社區福利諮詢委員會的會員 Susan Nyanzi 醫師造訪了 San Gabriel 高中的「健康與福祉」計畫。與 Nyanzi 醫師共影的是節目協調員 Jesse Chang。

# 社區需求的評估過程與結果

為進行我們的 2016 年「社區衛生需求評估」(CHNA)，我們正在整合 2013 年 CHNA 的結果來加入我們的計畫。以下是用《實施策略》創造的途徑之調查結果和解釋概要，來引導我們滿足未獲健康滿足需求的不成比例社區之需要。

## 2013 年社區衛生需求評估方法

希望之城是非營利醫院，每三年進行一次社區健康需求評估 (CHNA)。2013 年的 CHNA 訪問了超過兩百位社區個人與組織，來了解未獲滿足的健康需求，收集了我們主要服務區域內的癌症與糖尿病相關資訊。希望之城支援照護醫療科的兩位健康教育者訪談了希望之城內外的同儕，並審查了 2010 年 CHNA 的參與者名單，以找出 2013 年 CHNA 的受訪者。這份名單包括了倡導者團體、癌症相關組織、社區醫院、健康部門、心理健康機構、文化中心企業、學校、圖書館、當地政府、宗教組織、和其他社區機構選出的社區代表。

在 2013 年 2 月寄出一份訪談問卷給八十個組織，封面信函由希望之城總裁與執行長所撰寫，要求社區成員參與需求評估 (見附錄 A)。事先收到問卷讓參與者能決定他們是否願意參與。許多同意的人在問卷上註記，以準備參加面談。

為使面談過程更為方便，可能的參與者受邀在網路上回答訪談問卷，而不用電話訪談。這樣他們就能在方便時填寫問卷。在邀請函寄出約兩個月後，希望之城的代表用電話聯絡了每一位參與者預約面談。66 位預約面談的參與者由一位健康教育者或實習生面談，有高達 83% 的回覆率。55 位參與者由電話受訪，11 位參與者在線上完成了需求評估問卷、以郵件寄回、傳真回覆、或親自受訪。電話採訪約為 20 分鐘，在 2013 年 2 月到 4 月之間完成。

為了增加與公共衛生機構之間的合作，以找出並解決社區健康需求，洛杉磯郡和 Pasadena 郡衛生部門的代表也加入了訪談。66 個完成的訪談包括了以下機構的代表，他們對於醫療服務不足、低收入和/或少數群體的需求非常了解：

- 亞太保健經營 (Asian Pacific Healthcare Venture)
- Azusa 健康中心
- 慈濟基金會
- 癌症法律資源中心
- 健康照護權利中心
- 克雷爾蒙 (Claremont) 研究大學 - Weaving 與島民網絡癌症宣導
- 研究與訓練 (WINCART) 中心
- 角聲癌症協會
- 拉丁裔健康專案 (Latino Health Access)
- 小東京服務中心 (Little Tokyo Service Center)
- Kommah Seray 炎姓乳癌基金會
- 我們的救主中心 (Our Savior Center)
- PADRES 癌症基金會 (PADRES Contra el Cancer)
- 亞太語言健康相關計劃服務 (PALS for Health)
- Pomona 健康中心
- San Gabriel Mission 修道院
- 聖文生醫療中心 (St. Vincent Medical Center) - 多文化健康宣導與預防中心
- G.R.E.E.N. 基金會
- 聯合柬埔寨社區 (United Cambodian Community)

希望之城的社區需求評估問卷重點在研究相關需求，並以前一份評估使用的問卷為基礎。並加入了有關社區資產和量化成分的問題，以增進所得數據的品質。問題針對以下領域：

1. 回覆者機構所提供的服務，包括語言特定與文化適當的服務
2. 這些區域的癌症預防、早期發現、治療、癌症病患和其家屬的支持、和其他癌症相關需求等未滿足的需求。
3. 滿足癌症相關需求的主要障礙



4. 滿足癌症相關需求的建議
5. 如何與希望之城合作來增進社區健康的想法
6. 健康社區的特質
7. 受訪者希望未來五年看到什麼樣的社區改變來變得更健康
8. 十項教育與支援問題的重要性
9. 現行教育與支持努力的滿意程度

回覆輸入訪談表格的電子版本。所有訪談的資料隨後將輸入 Excel 電子表格。定量數據由統計軟體 SPSS 分析。健康教育者審查這些電子表格，並替這九個內容部分準備訪談主題的摘要。原始意見則納入報告，以增勝回覆的豐富程度。

## 2013 年社區健康需求評估結果摘要

CHNA 的參與者被要求指出四項領域的需求：癌症預防、早期發現、癌症治療、和癌症支援。與語言與文化適當教育、支援、和資源相關的意見最常被提到。意見指出，特定人口需要文化與語言特定的服務，包括拉丁人口、亞裔/太平洋島民（見附錄 B 了解詳細回覆）。



評估社區對於癌症的想法：誰有癌症、獲得醫療照護的障礙有哪些、有哪些資源能幫助人們獲得癌症照護的使用權。

## 癌症預防與早期發現

受訪者被問到癌症預防與早期發現有何障礙時，他們最常回答的是：特定文化或語言團體缺乏癌症預防教育，以及缺乏資源。參與者指出的癌症預防與早期發現需求分成以下類別：

1. 特定文化或語言團體缺乏癌症預防教育
2. 缺乏預防和篩檢的資源
3. 需要更多癌症預防的教育（例如：飲食與運動）
4. 有限的社區資源宣導
5. 缺乏未保險者的計畫導致他們不能獲得醫療照護

## 癌症治療

被問到癌症治療的障礙時，許多回覆者指出：

- 缺乏照護 / 財務問題
- 缺乏有關癌症治療的教育資源
- 接受治療的語言 / 文化障礙
- 缺乏知識
- 回覆者指出拉丁裔與未保險人口是最受這些癌症治療障礙影響的人。

重要的是，「可負擔健保法案」（Affordable Care Act）可能減輕了其中一些問題，但沒能完全解決所有問題。從實施以來，我們從社區夥伴處聽到有些病患被醫療保險剔除，其他人則加入了醫療保險，但卻不知道要怎麼使用。無論如何，我們的 2014-2017 年「社區福利計畫」致力要在「可負擔健保法案」實施前來滿足這些需求。

## 癌症支援

被問到癌症病患與其家屬支援的障礙時，回覆者指出缺乏心理健康的支持服務、缺乏支持團體、也需要英語之外的支持團體。回應者也指出需要更多的資源和財物支援、更多教育課程、更多的照護、更多合作與夥伴關係來增加癌症病患與家屬的支持服務。

## 社區健康需求重點

為準備實施 2014 年的社區福利策略，社區成員（Foothill 健身挑戰策劃委員會）受邀來幫忙制定社區福利未來三年的議程。

在 2013 年 12 月，這些人拿到一份 2013 年 8 月的 CHNA 並被受邀依照美國衛生與公共服務部《建立公共衛生優先順序》（1989）所設的準則來排出優先重點。因為希望之城是專科醫院，他們被問到的只有有關癌症與癌症早期發現與預防的問題。他們受邀使用這項準則並針對這些問題，來優先排序這些問題，用從一（不重要）到五（非常重要）排列：



- 問題的大小（也就是每千人、萬人、或十萬人的數）問題的嚴重性（也就是個人、家庭、和社區程度的影響）
- 經濟可行性（也就是成本、內部資源、與可能的外部資源）
- 現有的專業知識（也就是我們能否做出重要貢獻？）
- 需要付出的時間（也就是整體策劃、實施、評估）
- 外部突顯性（也就是多元族群社區利益關係者很重要的證據）

到了 2014 年 1 月，社區參與者建立了五項優先順序，希望之城的領導團隊立刻採取行動（見附錄 B）：

1. 研究聯盟（RA）
2. 癌症預防與早期發現，尤其是與肺癌、腸癌、前列腺癌、與女性癌症（CP）
3. 健康生活，尤其是與營養與身體活動影響癌症與糖尿病（HL）
4. 文化相關的社區合作夥伴關係與教育（CRCP）
5. 戒菸與其對肺癌的影響（SC）

在這些重點區域內，社區成員認定以下的特定問題很重要，該在未來三年內處理。因為社區利益關係者指出的這些重點區域息息相關，希望之城很多現有的計畫觸及到一項或多項核心原則，也滿足了超過一項的策略重點。我們相信這是健全教育的表徵，能滿足大多數人的需求。

- 減少肥胖率（HL）
- 增加身體活動量（HL）
- 有文化能力和文化特定的健康教育（CRCP/HL）
- 注意文化不同的支持服務（CRCP）
- 協助導引健康照護系統（CRCP）
- 癌症倡導訓練（CRCP）
- 增加社區夥伴關係（CRCP）
- 讓弱勢族群無法獲得服務的障礙，包括貧窮、缺乏交通與文化/語言問題（CRCP）

增加更多重點來解決當地社區的需求，所有希望之城的社區福利計畫都必須與本報告先前提到的公共衛生研究院（Public Health Institute）的五項核心原則有關。我們積極要改進現有的計畫，包括額外原則和重點事項。以下每個計畫項目裡都包含了細節。

## 其他健康需求

身為綜合癌症中心，希望之城並不適合提供針對社區其他非癌症健康需求的問題。不過，我們致力要與其他能滿足這些需求的組織建立關係。這讓我們在無法提供其所需時，能轉介弱勢族群，讓他們獲得所需的照護。

## 監測與評估

我們相信用商業經營的方法來計畫評估列出的措施，將能確保其長期可續。我們了解，為了衡量成功，必須評估並找出需要改進的地方。這種過程能帶來更有效的措施。希望之城努力要找出最佳方法來監測評估本報告中列出的措施影響。為了有效調配資源並獲得最佳結果，希望之城的年度預算將包括管理、追蹤、和報告所有社區福利計畫和措施結果的營運資金。

# 社區福利措施

## 《實施策略》指出之計畫概況

希望之城目前提供一系列的措施，以滿足大量多樣化的需求。每項措施都有個別的目標能造福社區。有些措施已經發展多年了，其他的則是全新的措施。有些措施是全院參與，其他措施則在特定部門內進行。以下是我們 2015 年計畫 / 服務的快速瀏覽（圖七）。

計畫活動 *Beckman 研究中心	核心原則				策略重點				
	弱勢族群	初級預防	持續照護無縫銜接	社區能力建構	癌症早期預防	健康生活	文化相關的合作夥伴關係	戒菸	研究
<b>勞動力發展</b>									
<ul style="list-style-type: none"> <li>Regional Occupational Program</li> <li>Student Mentoring/Interns</li> <li>Train, Educate and Accelerate Careers in Healthcare</li> <li>Science Education Partnership Award Program*</li> <li>Job Shadowing</li> <li>Community Science Festival</li> <li>Diversity Healthcare Career Expo</li> </ul>	x	x		x			x		
<b>社區衛生宣導/健康生活（篩檢、講座/課程、支持團體）</b>									
<ul style="list-style-type: none"> <li>Eat Move Live*</li> <li>Community Nutrition and Diabetes Classes</li> <li>Healthy Living Grants</li> <li>Ask The Experts</li> <li>BRAC1 and BRAC2* Genetic</li> </ul>	x	x	x	x	x	x	X	x	
<b>多元措施</b>									
<ul style="list-style-type: none"> <li>Latino Outreach Strategy</li> <li>Latino's Living Healthy (LULAC)</li> <li>Healthy Hispanic Living</li> <li>Chinese Outreach</li> </ul>	x	x				x	x		
<b>健康照護支援服務</b>									
<ul style="list-style-type: none"> <li>Patient Resources Coordination</li> <li>Adopt-A-Family</li> <li>Community Blood Drives</li> <li>Village Stays</li> </ul>	x	x	x				x		
<b>持續照護無縫銜接</b>									
<ul style="list-style-type: none"> <li>Transition of Care Comm Coalition</li> <li>Bereavement Support Grp</li> </ul>	x	x		x		x	x		x
<b>醫療專業人員教育</b>									
<ul style="list-style-type: none"> <li>Pharmacy</li> <li>Rehabilitation</li> <li>Nursing</li> <li>Nutrition</li> <li>Social Work</li> <li>Continuing Medical Educ.</li> </ul>	x	x	x	x	x		x		

# 社區福利關鍵措施

希望之城的社區福利計畫正進入過渡階段。有些是每年設立的，也會每年提供服務給社區。其他計畫則是特別設立，因應個別需求或要求。我們持續探索社區福利投資的隱藏好處，我們全院可能會找到有些計畫已不敷使用，應該要重新設計，才能確保新計畫的影響能針對我們當地社區的需求。以下是2015會計年度社區福利計畫和服務主要重點區域的現狀報告：勞動力發展、持續照護無縫銜接、和健康生活社區補助計畫。每個部分的彩格會提供一份資訊瀏覽簡介。這些簡介能幫讀者快速找出每個重點區域的核心原則和策略重點。

## 勞動力發展

根據美國疾病控制與預防中心（2013），達到衛生公平、減少健康不平等、增進所有美國人的健康將會是全國健康必須改進保護的重點。為了確保人人能得到照護，希望之城維持多元的勞動力，反映我們當地社區文化與語言組成，至為重要。除了預防疾病、維護永續環境措施、並促進廣泛的合作關係來共同發展我們社區的健康狀況之外，希望之城致力要增加教育機會，來增加少數族裔 / 文化族群的健康照護的職業。

以下列出增進我們勞動力的文化多元性摘要。我們透過強化的內部關係和與當地社區的重要合作，提供了多種計畫來增加我們服務地區高中學生和成人對健康照護領域的興趣。我們正集中、簡化、並協調這些計畫，確保特定的弱勢學生能夠參與。

	影響	
核心原則	弱勢族群	<input checked="" type="checkbox"/>
	初級預防	
	持續照護無縫銜接	
	社區能力建構	<input checked="" type="checkbox"/>
策略重點	研究	
	癌症預防早期發現	
	健康生活	
	文化相關的合作夥伴關係	<input checked="" type="checkbox"/>
	戒菸	

## 健康照護職業影片

未來，希望之城要確保我們的勞動力能解決弱勢社區的需求，並在醫療研究和科學的領域有重大影響。此外，我們需要的勞動力必須能提供健康照護所需的基礎建設。為了達到這些目標，我們創造了一系列五支影片來倡導護理、科學、製藥、設施工程、和慈善領域的工作。我們將這些影片放上 YouTube，好讓更多人能進瞭解這些機會。請點選以下圖片來觀賞這些影片。



## 土撥鼠日/工作影子實習日

每年二月，Duarte 高中的一群學生都會到希望之城見習員工的工作。這項計畫讓學生能探索職業選項，並瞭解醫院運作的實際知識。依據這些學生的興趣和希望，他們會花一天的時間來跟著醫師、研究人員、健康教育者、人力資源專業人員、營養師、病患協調員、財務專業人員、和其他專家見習。這層關係會在見習日之後持續，學生在中學期間將被鼓勵視員工為導師，連絡他們來獲得支持和指導。在 2015 年 2 月，Duarte 高中有十三名學生參加了這項計畫。

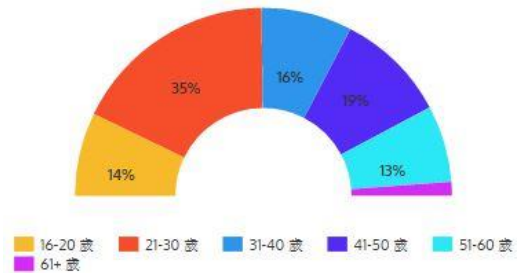
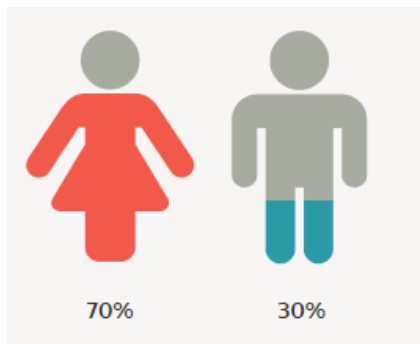
## Duarte 高中科學實地考察

當地學生受邀參觀希望之城 Beckman 研究中心的實驗室，他們與科學家見面、瞭解疾病預防背後的科學、並進行實踐科學計畫來增加他們對科學研究的興趣。在 2015 年，有 39 位 Duarte 高中參加大學先修課程的學生加入了這項活動。

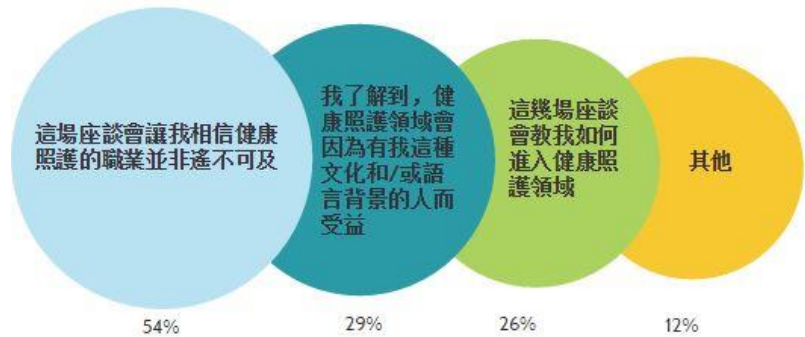
## 多元保健職業博覽會

希望之城在 2015 年 9 月舉辦了多元保健職業博覽會，吸引了約五百名參與者。這個博覽會的目的是增加一般民眾對健康照護大量職業機會的認知，並給學生和其父母提供資源和建議。這個博覽會包括了人脈網絡、設定目標、成功穿著、撰寫履歷、和利用社交網站尋找就業機會的研討會。三十多個組織的代表幫助與會者瞭解南加州現有的機會、實習機會、專業協會、多元資源團體、和保健訓練計畫。

在 2015 年，有多達 70%的與會者是女性（圖八）。正如預期，35%與會者年紀介於 21-30 歲之間。不過，19% 的人介於 41-50 歲之間，可能代表這些與會者正在尋求事業的第二春（圖八）。超過 75% 的人指出，參加博覽會幫了他們決定要追求健康照護的職業。近 30% 的人說，他們了解了保健領域將會重視他們的文化和/與語言背景（圖九）。



圖八 多元保健職業博覽會的與會者性別與年紀



圖九 保健多元性博覽會 評估結果。



博覽會成功增加了與會者會健康照護的興趣（圖九）。更重要的是，這個博覽會影響了一般認為獲得健康照護職業的能力（圖九）。此外，幾乎有三分之一的人了解到，健康照護領域將會重視人們的文化或語言能力。這是很重要的發現，因為我們需要更多元、文化更豐富的勞動力。

### T.E.A.C.H.（訓練、教育和加速保健職業）計畫

T.E.A.C.H. 計畫是希望之城、Duarte 高中、和 Citrus 大學的企業合作關係。這項計畫在高中裡提供大學程度的課程，幫助公立學校學生準備健康照護資訊科技領域高需求的行業裡所需能力。學生可以不用繳學費、或是繳交極低學費，來獲得資訊科技副學士所需的一半大學學分。除了提供課程之外，希望之城還提供了計畫、訓練、和實習 / 輔導機會。這項密集的計畫為多位少數族裔的學區學生提供了前所未有的工作訓練和學習機會，並幫忙建造了堅定、多元的勞動力，來滿足 STEM（科學、科技、工程、和數學）領域的漸增需求。在 2015 年，有 21 名學生參加了這項計畫課程。

在過去一年裡，Citrus 大學讓 Duarte 高中的學生得以參加課號 130 的電腦科學課程。Duarte 高中生在他們學校上了一年的課後，由微軟（Microsoft）認證。他們也會獲得 Citrus 大學所完成課程的學分。下一年，這項計畫將會與 CISCO 公司合作，加上 A+ 認證，還有一項網絡認證途徑。

希望之城提供了「真實世界」整合的途徑，由我們的科技中心贊助實地考察。我們也提供客戶服務訓練的夏季實習計畫給 T.E.A.C.H. 和區域職業計畫（ROP）的學生（請看以下的ROP 解釋）。品質上來說，2015 年的 T.E.A.C.H. 團隊了解到，加入該計畫的有些學生對於參與並沒有太大的興趣。加上獲得微軟認證的機會幫助增加了入學率。欲進一步瞭解 T.E.A.C.H. 的未來 計畫，請造訪：

[http://www.accessduarte.com/?option=com\\_content&view=article&id=892:teach-projectlaunch&catid=3:latestnews-category&Itemid=150](http://www.accessduarte.com/?option=com_content&view=article&id=892:teach-projectlaunch&catid=3:latestnews-category&Itemid=150)

### 區域職業計畫（ROP）

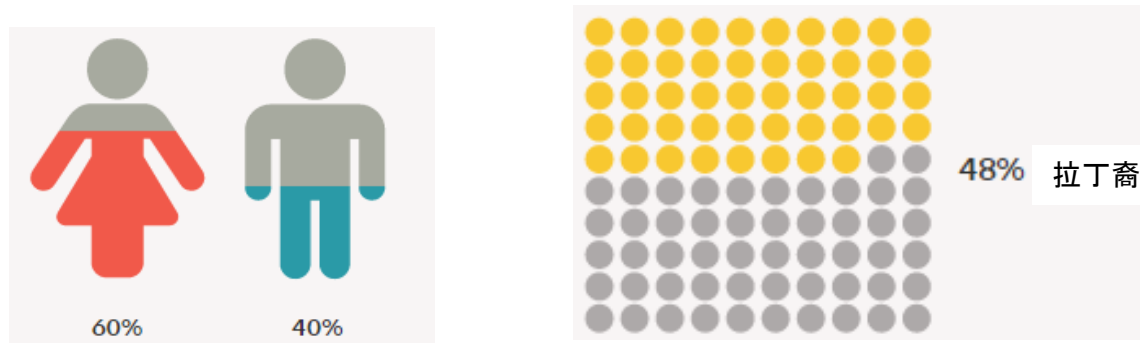
在 2015 年，21 位當地高中生參與了這個六週的計畫，特別設計給高中生，讓他們了解醫學中心內多種醫療與非醫療的職業。Duarte 高中和鄰近社區的學生與希望之城的專家人員配對相同興趣，包括人

力資源、財務、資訊科技、行銷、募款、公共衛生、臨床醫學、研究、和其他職業。這六週以來，這些學生每週受輔導兩天，並在第三天參與課程，並因此獲得學分。這項計畫的目標是要幫助學生找出職涯的興趣所在，也幫助希望之城建立未來的勞動力，包括來自未獲足夠幫助族群背景的學生。有機會時，ROP 實地考察會加入 T.E.A.C.H. 計畫。分享這些資源能幫忙減少重複實施兩種計畫相關的成本。

### San Gabriel Valley 科學教育合作夥伴獎 (SEPAC)

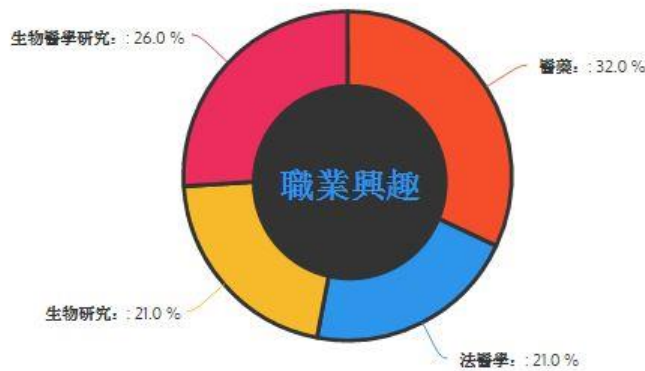
SEPAC 是希望之城與 Duarte 聯合學區的合作關係。一份五年的補助金由全國衛生研究院 (National Institutes of Health) 支付 Susan Kane 博士的薪資，她是一位科學教育者，她發展並實施了所有計畫活動的課綱。在她的指導之下，希望之城的教職人員、科學家、和博士前學生捐獻了他們的服務，整年提供實用的生物醫學科學教育給二<sup>年級</sup>、五<sup>年級</sup>和八<sup>年級</sup> 生。此外，SEPAC 還替有興趣的高中生舉辦深度的暑期研究計畫。這項計畫讓學生從世界級的科學家和教育者，學到癌症、糖尿病、和幹細胞研究的最新發展。SEPAC 的目標是用適合該年紀、充滿互動、實際活動的方法，來讓學生了解科學與健康之間的連結，並增加未獲足夠幫助的少數族群學生加入科學與科技大學主修和職業的途徑。在 K-12 教育期間提供的多項互動教育幫助學生建立維持興趣，並準備學生進入大學體驗真實世界的研究。SEPAC 影片請上 <http://www.cityofhope.org/students-and-youth/science-education-partnership-award#Media> 觀看

#### 影響：暑期實習計畫



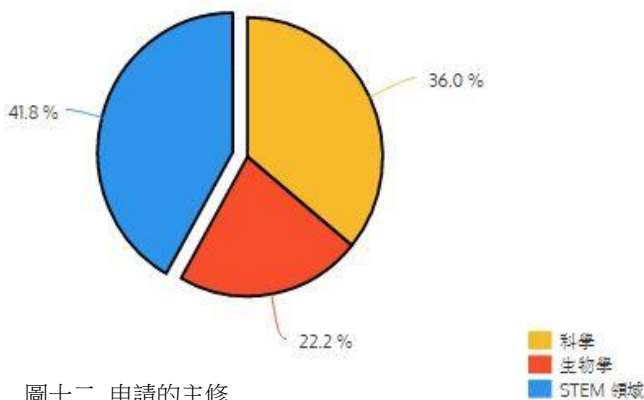
圖十 SEPAC 計畫的參與者性別與族裔。

從 2012 年起 SEPAC 計畫在學生畢業後追蹤他們。在 2015 年，我們發現 90% 回覆調查的學生都進了大學就讀。剩下的 10% 還沒有進大學就讀（不是還在高中，就是才剛高中畢業）。



圖十一 科學職業興趣。

參與這項計畫的學生展現出真誠願望，想以科學為職業發展目標。加入四年大學的所有學生都申請科學領域科目為主修。大部份的人都說想在獲得學士學位後繼續升學。



圖十二 申請的主修



圖十三 大學後繼續教育族裔。

<p><b>希望之城部門夥伴</b> 政府與社區關係 人力資源 Beckman 研究中心</p>	<p><b>社區夥伴</b> Duarte 學區 Irwindale 教育基金會 Duarte 教育基金會 Duarte 高中</p>
<p><b>社區福利投資</b> \$200,934 \$297,557** 勞動力發展總額\$498,491</p>	

\*\*Beckman 研究中心

## 持續照護無縫銜接與社區能力建構

我們能替社區所做最重要的事情之一，就是增加社區照護獨特需求病患的能力。我們了解這項過程通常不太順利。我們也知道，當人死於癌症時，他們的摯愛仍需要支持與照護。為了解決這兩個問題，希望之城很榮幸能支持兩個社區計畫，讓病患從醫院轉回家裡或設施照護的過渡期更順利，並提供支持給病患、摯愛親友、和照護提供者：「過渡照護社區聯盟」和希望之城「悲痛支持團體」。這些計畫描述如下。

### 過渡照護社區聯盟 (TC3)

離開醫院只是康復之路的一小步。為了確保病患持續康復，他們需要受過專業訓練的在家專業照護工作者，以免需要再住院。這就是希望之城過渡照護社區計畫的目的。

#### Transitions of Care Community Coalition (TC3)

##### Vision

**Safe and Compassionate Transitions**  
(from Hospital to Home)

##### Mission

The Transitions of Care Community Coalition will ensure safe and compassionate transitions from hospital to home through: professional collaborations, clear communications and messaging, on-going education of staff, patients/ families/ caregivers, and continuous quality improvement processes.

##### Goals

1. Formalize professional collaborations.
2. Creation of clear communications and messaging paths for all providers, patients, and their families/ caregivers.
3. Provision of on-going education of staff, patients/ families/ caregivers.
4. A continuous quality improvement process.

即使有專業人員幫忙，要在家裡達到

跟希望之城、或甚至專業照護設施相同程度的照護和治療品質，是非常困難的。要是原本的出院後照護品質能更好一點、或照護者訓練更全面的話，就能解決問題，不需要再度住院。

希望之城的「個案管理與安寧營運」主任 Brenda Thompson 兩年前開始觀察病患重新住院時，就發現了這種情形。她發現有些照護提供者在照護特殊需求的訓練上有待加強。這些問題在長期急性 設施、專業護理設施、急性康復中心、安寧照護、和居家照護提供者，都很常見。

	影響	
核心原則	弱勢族群	<input checked="" type="checkbox"/>
	初級預防	
	持續照護無縫銜接	<input checked="" type="checkbox"/>
	社區能力建構	<input checked="" type="checkbox"/>
策略重點	研究	
	癌症預防早期發現	
	健康生活	<input checked="" type="checkbox"/>
	文化相關的合作夥伴關係	<input checked="" type="checkbox"/>
	戒菸	

Thompson 開始發展訓練課程來解決這個狀況。「過渡照護社區聯盟」(T3)這項課程由希望之城主導，包含了從洛杉磯、Riverside、San Bernadino、和橘郡等郡 35 個過渡健康照護領先機構的 90 位專業人員。

希望之城每季都舉辦聯盟成員的會議，並不定期舉辦非正式會議。這些正式會議每次為期一到兩天。下一次的會議預期將在 2016 年 9 月舉辦，此聯盟將討論多項程序的最佳實踐方法，包括幹細胞移植的特殊治療、複雜的靜脈點滴照護、到腸造口的維持。

其他醫院與健康照護提供者雖提供類似課程，但他們的訓練只提供給專業護理中心的工作人員。希望之城則不一樣，我們訓練到家服務的健康照護機構、到家服務的輸血公司、專業護理設施、長期急性照護設施、和急性復原設施等各式照護者，讓所有的病患都能得益。我們的目標，是確保我們本區的癌症病患能享受更好的生活品質。

**計畫影響：**發展策略方案來指導照護社區過渡聯盟 (TC3) 未來三到五年的執行

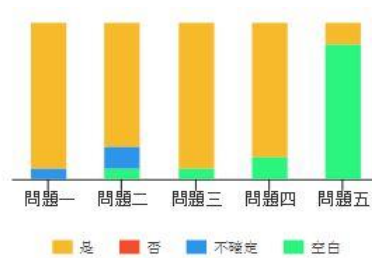
#### **方案目標 / 創造策略：**

1. **基礎建設 (行政領導委員會)** - 發展所需基礎建設要件 (政策、會計年度、科技、品質) 所需，以確保 TC3 之永續性。
2. **專業合作** - 與其他我們區域內的照護提供者發展策略關係，加強能力以滿足病患與照護者所需。
3. **過程與溝通** - 創造溝通途徑以減少醫院、其他照護設施、和病患家裡的過渡障礙。
4. **提供者教育** - 透過不斷給提供者教育機會來增加他們的能力，以提供協調、有用、安全的病患過渡過程。
5. **病患/家人/照護者 (PFC) 教育**-減少 PFC 出院時，在過渡時期的焦慮感。
6. **品質** - 確保過渡期間的服務以病患為主、照顧已知的需求 (病患、家屬/照護者和健康照護團隊)、持續評估需求並追蹤過程。

## 悲痛支持團體 (BSG)

在摯愛死後，從照護轉變到哀悼的過程，並不簡單。為提供哀悼過程中所需的支持，希望之城的「兒童生命團隊」(Child Life Team)舉辦了一場十二週的悲痛支持團體，提供哀悼者一個安全之地來摸索調解感受，回復到正常新生活。聚會在 Maryvale 家庭資源中心舉行。社區內所有成員都能註冊參加。這個團體也是為了「見證」，而不是要「解決」人的悲痛感受。主持聚會的兒童生命專家、社工、和牧師不自詡為權威專家，他們只「陪伴」您渡過哀悼過程，回到現實生活。陪伴是一種悲痛諮商的方法，由「生命與失去過渡中心」(Center for Life & Loss Transition)所發展，這裏是希望之城輔導師受訓的地方。

在 2015 年會計年度舉辦了三組悲痛團體聚會。這些團體主要是痛失孩子、配偶、或家族裡的重要成人。所有聚會都是特別為癌症逝世的親人所舉辦，有特定的哀悼與悲痛過程。在每場支持團體結尾末時會有一份調查。絕大多數的參與者都表達，他們更瞭解如何用聚會中教授的溝通技巧，來向其他人表達他們的需求了。他們也因使用聚會中學到的哀悼調適技巧，而對自己的能力變得更有信心。



- 問題一 - 相信悲痛支持團體 (BSG) 增進了他們與家屬、摯友、和同事等人的溝通技巧
- 問題二 - 相信他們在經歷哀悼過程時，能清楚溝通傳達自己的需要
- 問題三 - 對他們悲痛支持團體 (BSG) 學習到的調適技巧感到有信心
- 問題四 - 從參與支持團體找到價值
- 問題五 - 相信悲痛支持團體 (BSG) 對他們的孩子/青少年孩子有幫助

圖十四 信念和信心

所有的參與者都認為參與團體很有價值，這證明了我們哀悼過程需要支持的研究結果（圖十四）。

希望之城夥伴	社區夥伴
<ul style="list-style-type: none"> <li>• 案例管理</li> <li>• 社區福利</li> <li>• 病患、家屬與社區教育</li> <li>• 圖書館服務</li> <li>• 兒童生活服務</li> <li>• 牧師之職</li> <li>• 社會工作</li> </ul>	<ul style="list-style-type: none"> <li>• Duhaney 家庭健康</li> <li>• El Encanto 健康照護</li> <li>• 信心與希望安寧照護及家庭健康</li> <li>• Gentiva 與 Kindred 之家</li> <li>• Heartland 家庭健康照護與安寧照護</li> <li>• 好萊塢家庭健康與安寧照護</li> <li>• Vitas 安寧照護</li> <li>• 加州到家護理協會（VNA California）</li> <li>• West Covina 健康照護</li> <li>• Casa Colina 醫院與健康照護</li> <li>• 伴侶安寧照護（Companion Hospice Care）</li> <li>• Coram 特殊輸注服務</li> <li>• Maryvale 家庭資源中心</li> <li>• 全能雙手家庭健康（Able Hands Home Health）</li> <li>• 合格護理（Accredited Nursing）</li> <li>• Active Hospice Care, Inc 安寧照護公司</li> <li>• Barlow Respiratory Hospital 呼吸疾病醫院</li> <li>• Bioscrip 輸注</li> <li>• Bonum 家庭健康與安寧服務</li> <li>• 無限照護（Care Unlimited）</li> <li>• Casa Colina 康復中心</li> </ul>
<p>社區福利投資： \$28,828</p>	

## 健康生活社區補助計畫

希望之城不會定期舉行人口健康介入調查，因為我們社區裡有其他組織是這方面的專家。但是今年，我們資助了七個當地非營利組織（包括兩間學校和一間大學），針對我們一項或多項癌症預防、健康生活、或戒菸的策略重點來設計創新課程。我們的社區福利諮詢委員會成員選出了健康生活社區補助計畫的項目。此外，



希望之城還能瞭解當地弱勢族群的需求，幫助支持社區的努力，用適當的文化方法和特別的態度來解決健康不平等的問題。我們也會持續支持這些組織，提供技術協助和交流的機會。

	影響	
核心原則	弱勢族群	<input checked="" type="checkbox"/>
	初級預防	<input checked="" type="checkbox"/>
	持續照護無縫銜接	<input checked="" type="checkbox"/>
	社區能力建構	<input checked="" type="checkbox"/>
策略重點	研究	
	癌症預防早期發現	<input checked="" type="checkbox"/>
	健康生活	<input checked="" type="checkbox"/>
	文化相關的合作夥伴關係	<input checked="" type="checkbox"/>
	戒菸	

(<http://www.cityofhope.org/about-city-of-hope/community/community-benefit/healthy-living-grant-program>)。

在 2015 年會計年度間，「健康生活社區補助」計畫付出了 \$30,000 美元的小額補助（每筆 \$5,000）給團體/組織，他們用有創意永續的方式提倡健康生活，包括良好的營養、身體活動、癌症或糖尿病預防、或戒菸。基於我們 2014 會計年度的努力，我們了解 \$5,000 是鼓勵社區組織申請補助的最佳金額。

2015 年的補助金得主包括：

- Azusa Pacific University 的 Neighborhood Wellness Center's Azusa Walks 計劃
- Pasadena Educational Foundation 的 Sharing a Healthy Start
- Day One 的 Walk/Bike to School



- AltaMed 糖尿病團體參觀計畫
- 美國心臟協會的「檢查。改變。控制。」
- Bike San Gabriel Valley 的 Learn to Bike SGV
- San Gabriel High School Business and Technology Academy 的 Health and Wellness Initiative

結果將在明年報告，同時宣布 2016 年度的補助金得主。以下是每位得主的首前計畫描述：

### Azusa Pacific University 的 Neighborhood Wellness Center's Azusa Walks 計畫

這項六週的計畫針對低收入、沒保險、有高度糖尿病和肥胖風險的西班牙語社區，探討缺乏運動的問題。這項計畫評估了個人疾病的風險、創造個人疾病風險預防計畫、並用體育訓練來提供健身課程的支持。這項計畫也整合了大四運動科學課程學生的參與，提供身體狀況評估，包括安排運動處方。

### Pasadena 教育基金會 - 分享健康的開始

Pasadena 教育基金會與 Pasadena 聯合學區 (PUSD) 將會針對他們社區內增加的肥胖與糖尿病率，來拓展他們的「分享健康開始」策略，讓 PUSD 最貧窮學校內的家庭更了解健康食物和營養教育課程。

基金會和校區將針對這些實際問題、及健康飲食十分昂貴的觀念，來整合健康食物準備和烹飪研習班、學校與社區花園展示，協助「補充營養協助計畫」與「市場配對」的登記率，並領導到當地農民市場、超級市場、和社區市場的實地調查，來比較新鮮食物和速食的真正價格。

此外，這項計畫會提供 John Muir 高中生到 Muir 農場參加以工作為主的學習機會和帶薪實習機會，並增加學校與社區之間當地家庭與計畫夥伴之間的合作。



John Muir 高中社區花園提供了農產品給「健康開始計畫」中的家庭。

### Day One 的 Walk/Bike to School

Day One 將會繼續努力，來幫助 El Monte 和 South El Monte 的居民增加體能活動及獲得健康資源的機會。走路 / 騎車上學計畫旨在增加走路/騎單車上學的機會、減少溫室氣體排放、增進公共健康。這項計畫

將在十二所學校進行試辦（十所小學、一小中級學校、和一所中學），包括約 7,400 名八年級的學生。

欲進一步瞭解這些計畫，請造訪這個連結：[走路上學日（Walk to School Day）](#)

### AltaMed 糖尿病團體參觀計畫



Madrid 小學的走路上學日團隊。

AltaMed 將會擴展其 AltaMed West Convina 院區糖尿病團體參觀計畫，來針對糖尿病相關健康差距的肇因、以及糖尿病和糖尿病前期高危險群的人缺乏預防疾病的行為。這項計畫將會提供糖尿病教育，結合由醫師進行的一對一醫療評估。

教育的部分由 AltaMed 的健康教育者和醫師共同提供，並設計來鼓勵團體參與及互動，以促進參與者的學習。此外，

AltaMed 利用有類似文化背景和語言偏好的社區健康工作者（「倡導者」（promotoras））替 AltaMed 病患建立信任。這些倡導者提供了自我管理和慢性疾病的個人化健康教育。在參與糖尿病團體參觀計畫後，這些病患與倡導者建立了連結，倡導者會幫病患維持所學新生活習慣的改變。此外，計畫參與者會因應需要與內部參與者聯繫（從 AltaMed，包括臨床藥局、行為衛生、與照顧體弱年長者的「全方位年長人士照護計畫」PACE 計畫）。

### 美國心臟協會的「檢查、改變、控制。」<sup>©</sup>

「檢查。改變。控制。」這項創新的計畫重點在於使用 San Gabriel Valley (SGV) 當地的醫院、診所和社區組織資源和合作夥伴關係，來預防心血管疾病和中風。這是一項實證醫學計畫，專門照顧亞裔和其他族裔的低收入成年人和年長人士。美國心臟協會 (AHA) 的「生命簡單七招」(Life's Simple 7) 和「心臟 360」工具 (Heart 360) (網路的健康調查和健康管理追蹤工具) 將與這個計畫整合，用適當的營養、身體活動、體重管理、戒菸、和高血壓管理來引導參與者進行更健康的生活型態。他們在 San

Gabriel Valley (SGV) 社區裡派遣衛生工作者，用中文、廣東話、和英語，來提供服務不足及英語能力不足的成人文化適當的教育以及醫療介入。

### Bike San Gabriel Valley (BikeSGV) 的「學會騎車」課程

Bike San Gabriel Valley (BikeSGV) 想增加該區達到目前聯邦身體活動標準（需要有氧身體活動和增加肌力）的青少年人數。這項「SGV 學會騎車」課程專門在重點社區提倡規律身體活動，提供青少年、年輕成人、和其他從未學過騎單車的大眾成員課程，再加上修理維護單車的課程。



BikeSGV 的修理工作人員會在 Jeff Seymour 家庭中心教人如何修理單車。

El Monte 市校區 (EMCSD) 被選作這項計畫的地點，因為 El Monte 很需要這項服務；這裏是洛杉磯郡有最高兒童肥胖率的市之一。EMCSD 在位於目前報廢的 Mulhall 小學位

址的新 Jeff Seymour 家庭中心提供 Bike San Gabriel Valley (Bike SGV) 空間，來服務社區。這座校園是 Bike San Gabriel Valley (Bike SGV) 的總部暨即將開張的 SGV 單車教育中心地點，這裏將會是 San Gabriel Valley 的第一座社區單車合作和教育中心。他們在臉書 (Facebook) 上建立了一個網路專頁，您可以進一步瞭解他們的活動：[www.facebook.com/San-Gabriel-Valley-Bicycle-Education-Center-952651388132172/?fref=ts](http://www.facebook.com/San-Gabriel-Valley-Bicycle-Education-Center-952651388132172/?fref=ts)

### San Gabriel High School Business and Technology Academy 的 Health and Wellness Initiative

這項學生主導的措施將會提升 San Gabriel Valley (SGV) 弱勢社區的健康相關知識和行為。透過三方策略，這家學院的學生將會：

- 用「梗圖」(meme)\*、廣告、和口號來設計實施健康與保健媒體宣傳。
- 在校園裡建立可移動的植物栽培床，來種植富含營養的「超級食物」。

- 舉辦全校性的「菜園到餐桌」健康與保健活動，全部的學生都可以學習品嚐好吃的健康食物和超級食物。

這項計畫包括了商業與科技學院、醫學院、和美食及木工課程的學生和老師。在計畫期間，學生將可追蹤對選擇健康食物選擇態度的改變變，並增加如何將健康食物加入日常飲食的知識。



San Gabriel 高中的商業與科技學生會照顧他們的超級食物菜園。

\*「梗圖」(meme)是一張圖片、影片、一段文字等 梗圖在網路上傳得很快，使用者常會稍微改圖，讓圖變得更好笑  
(<http://www.oxforddictionaries.com/us/definition/learner/meme>。檢索日期 2016 年 2 月 11 日)

## 社區能力建構

為了要建設社區能力，所有受補助者將會獲得持續的技術協助及導師支持，以確保能收集到評估資訊，而且計畫課程要能與他們資助的結果一致。希望之城的社區福利諮詢委員會成員將會在今年下半年對每位獲補助者稽查，並在需要時提供意見回饋。在資助週期結束時將會頒發新的補助，2015 年的獲補助者將會參與一場半天的研討會，他們會與社區分享計畫結果，並擔任「健康生活補助」新受獎者的導師。這項補助計畫最終目的，是在我們服務區域內建立社區的支持健康與保健能力。這份「健康生活補助」小型計畫最重要的訊息，就是「小而美」。當地組織能受益於這份小型補助金，幫助他們晉升另一個境界、擴大他們努力的規模、或幫他們不用投注大筆資金，就能推出試辦計畫。

<u>希望之城夥伴</u>	<u>社區夥伴</u>
<ul style="list-style-type: none"> <li>• 行銷與溝通</li> <li>• 社區福利</li> </ul>	社區福利諮詢委員會 Azusa Pacific 大學 美國心臟協會 AltaMed 醫療團體 Bike San Gabriel Valley DayOne Pasadena 教育基金會 San Gabriel 高中
<u>社區福利投資</u>  \$30,728	

# 社區福利投資

## 福利的定義

2015 會計年度希望之城提供的量化社區福利列在表一。跟社區福利標準一樣，只有由醫療中心（不包含希望之城 Beckman 研究中心或慈善部門）資助的才包括在內。

天主教健康協會出版的《策劃報告社區公益指南，2015 版》，被用來評斷活動是否達到可量化的社區福利標準。這份準則符合國家稅務局的報告和會計標準。活動以參議院第 697 議案大項目分類，進一步以國家稅務局表 H 的類別分類。

## 收集數據與取得價值所使用之方法

醫療照護服務和健康研究的財務資料由希望之城財務部門提供。用來計算 Medi-Cal 加州醫療保險計畫和 Medicare 聯邦醫療保險服務的方法是以每個案價格計算，再減掉收到的核退費用。

廣義社區福利的數據是透過聯絡醫療中心個別部門所取得。為計算人事服務的價值，每項活動付出的預估時數乘以時薪會被加進福利所得。實物捐贈則以面值計算。金額四捨五入到最接近的百位數。

## 可量化之福利價值

醫療中心在 2015 會計年度提供的可量化社區福利是**\$96,392,050**。這包括了：

- **\$26,257,095** 醫療照護服務公益，包括了 Medicare 差額。
- **\$ 3,391,788** 提供給廣義社區的福利
- **\$ 66,743,167** 提供給健康研究、教育、和訓練計畫

希望之城也為我們的社區提供了各式不同的福利，這些福利未列在表一中，因為這些已包含在社區福利的營運成本。這包括了（但不限於）提供給政府機構和社區組織的技術協助、給研究文獻的貢獻金額、和社區董事會的領導協助。

表一  
希望之城醫療中心所提供的社區福利經濟價值  
2015 會計年度

類別/計畫名稱	總費用	抵銷收益	淨社區福利
<b>A. 弱勢群體的醫療照護服務</b>			
Medicare	237,669,034	168,109,099	69,559,935
Medi-Cal	122,919,976	79,514,390	43,405,586
Hospital Provider Fee Program	23,575,575	121,657,001	(98,081,426)
Charity Care	11,373,000		11,373,000
<b>所有醫療照護服務福利，包括 MEDICARE 聯邦醫療保險 差額</b>	<b>395,537,585</b>	<b>369,280,490</b>	<b>26,257,095</b>
<b>所有醫療照護服務福利，MEDICARE 聯邦醫療保險除外</b>	<b>134,292,976</b>	<b>79,514,390</b>	<b>54,778,586</b>
<b>B. 廣義社區福利</b>			
<b>1. 社區健康改善服務</b>			
<b>a. 社區健康教育</b>			
AIDS Summit	5,014		5,014
Community Health Awareness (screenings, classes, support)	171,010		171,010
Latinos Living Healthy (LULAC) and Healthy Hispanic Living	192,000		192,000
Smoking Cessation (Support Groups + Pharmacy Support)	52,984		52,984
Chinese Language Educational Events	19,644		19,644
Napolitano Mental Health Consortium	2,454		2,454
<b>b. 健康照護支持服務</b>			
Village Stays	260,720		260,720
Community Blood Drives	30,589		30,589
Patient Resources Coordination	73,298		73,298
<b>所有社區健康改善服務</b>	<b>807,713</b>		<b>807,713</b>
<b>2. 社區福利運作</b>			
	<b>122,495</b>		<b>122,495</b>
<b>3. 現金與實物捐贈 (包括所有的現金捐贈)</b>			
Education Foundations - Duarte	3,386		3,386
Health Consortium of San Gabriel Valley	2,500		2,500
California Health Foundation Trust (CHFT)	2,162,212		2,162,212
<b>所有現金與實物捐贈</b>	<b>2,168,098</b>		<b>2,168,098</b>
<b>4. 社區建設活動</b>			
Drought Tolerate Community Landscape Demonstration Project	41,000		
Groundhog Job Shadow Day and Career Day	2,409		2,409
2015 Health Care Expo+Career Videos	102,723		102,723
Regional Occupational Program - Summer High School	4,193		4,193
Community Science Festival	53,748		53,748
2015 Healthy Living Grants	30,000		30,000
Science Field Day	2,872		2,872
Transitions of Care Community Coalition	15,408		15,408
TEACH	2,000		2,000
City Gov't and Chamber Events (EnvirAwards,Garden, Special Olympics)	39,129		39,129
<b>所有社區建設活動</b>	<b>293,482</b>		<b>293,482</b>
<b>所有廣義社區福利</b>	<b>3,391,788</b>		<b>3,391,788</b>
<b>C. 健康研究、教育、和訓練計畫</b>			
Medical Center non-funded cancer research	74,056,200	9,741,600	64,314,600
Training Programs (CME, Pharmacy, Nursing, Rehabilitation and Nutrition)	2,724,816	296,249	2,428,567
<b>所有健康研究、教育、和訓練計畫</b>	<b>76,781,016</b>	<b>10,037,849</b>	<b>66,743,167</b>
<b>所有可量化社區福利，MEDICARE 聯邦醫療保險除外</b>	<b>214,465,780</b>	<b>89,552,239</b>	<b>124,913,541</b>
<b>所有可量化社區福利，包括 MEDICARE 聯邦醫療保險差額</b>	<b>\$475,710,389</b>	<b>\$379,318,339</b>	<b>\$96,392,050</b>

# 結論

希望之城努力減少我們服務區域的健康差距，使用多種方法，包含創造全機構對社區福利的重視、組織密切的合作關係、以及排除獲得良好健康之障礙的根本原因等。這份文件解釋了社區福利措施的關鍵，其領域包括勞動力發展、健康生活、和努力建造持續照護無縫銜接的計畫。

請注意，有些在我們《2014-2017 年實施策略報告》提到項目的並沒有包括在這份 2015 會計年度摘要裡。這包括了臨床研究、乳癌高危險群拉丁語裔基因篩檢、「希望種子」（Seeds of Hope）、和少數族群的流行病學研究。這些計畫代表了 of 希望之城 Beckman 研究中心的工作。雖然這些計畫對希望之城很重要，也對消弭健康不平等有極大貢獻，但在考量醫療中心的非營利狀態時，這些計畫都不算在內。因此，這份報告著重在醫療中心對社區福利有直接貢獻的計畫上，唯一例外的是：科學教育合作夥伴獎（SE PAC）。SE PAC 的工作深入整合了勞動力措施，因此無法分開討論。當然，還有許多其他計畫對我們組織投資在永續社區福利大有助益。這些計畫包括了：健康西班牙語裔生活（第一個專門照顧西班牙語裔文化群眾的線上健康平台，[www.healthyhispanicliving.com](http://www.healthyhispanicliving.com)）、Sheri & Les Biller 病患與家屬資源中心、病患資源協調、醫療專業人員教育、收養家庭（Adopt a Family）、和我們眾多的現金和食物捐贈。這些計畫雖然沒在本報告中佔大篇幅報導，但是卻對我們社區的健全生活很有影響。

我們在本會計年度做了一些報告變更。在 2015 會計年度，我們了解到「研究與教育社區聯盟中心」計畫（CCARE）對文化適切性和特定語言在營養與運動教育「飯食、運動、生活」計畫的影響。因此，我們將這些計畫的成本改到醫療中心，好讓這項計畫對我們弱勢社區的影響能更受到注意。

此外，我們開始仔細觀察醫療中心符合社區福利標準的措施，並開始將這些措施包含在報告裡。這包括了與 Duarte 合作的社區捐血活動、和耐旱造景教學課程。再進一步探索之後，我們發現到有許多計畫提供社區教育或訓練未來健康照護工作者（比如說社工），但在前幾年沒有收納到報告裡 - 這讓整體「社區建設」類別的貢獻數據變得更大。



過去一年裡激發了我們對勞動力的想像，超越了醫院的界線，並發現了額外的途徑能影響我們廣義社區的健康。這種「想像工程」特別在「過渡照護社區聯盟」和「悲痛支持團體」達到高峰。這兩項重要的努力幫忙打造了病患的和廣大社區的「持續照護無縫銜接」。

最後，我們想要談談過去一年報告裡的貢獻總額和今年的總數大幅差異。希望之城提供的社區福利其中一項內容，是提供比該項照護成本還要低廉許多的服務給加入 Medi-Cal 加州醫療保健計畫的病患。為減少 Medi-Cal 保險計劃資助的某些差額，加州所有的醫院都付經費給加州政府（「提供者費用」），用來獲得聯邦追加資助以補足 Medi-Cal 費用。這幫助我們能持續照護我們服務區域的弱勢病患。請造訪<http://www.calhospital.org/hospital-fee-program> 了解這項「醫院費用計畫」的進一步資訊。在 2015 年 9 月 30 日會計年度結尾，希望之城的 Medi-Cal 社區福利支出低於歷史數據。這大部份是因為聯邦政府核准「提供者費用」給醫院的費用，包括了 2014 會計年度六個月的服務再加上 2015 會計年度全年額度。

在過去這個會計年度，我們也看到了報告上「社區建設」報告項目有大幅增加的貢獻金額。這一部分是因為我們捐獻給「加州健康基金會信託」（CHFT）<http://www.calhospital.org/profile/california-health-foundation-trust>。這份約為\$210 萬美元的捐款將會拿來贊助支持健康照護，包括獲得醫療保健、研究、和教育。這不是每年重複的捐款，所以我們預期明年我們對「社區建設」活動的貢獻會下降。將社區福利計畫指定為機構重點提升了創造強健、有用的計畫的迫切性，來迎合我們服務區域弱勢群體的需求。我們現在把弱勢群體放在計畫過程的重點，來審視現有及未來的計畫。我們有信心，這個機構使命將會促進希望之城員工參與社區福利活動的合作。有了優先重點後，我們能用策略來將重點放在對我們服務區域最重要的地方，也能創造健康和復原的道路。在我們開始分析我們「社區健康需求評估」的數據時，我們希望之城期待能以我們的專業需求來服務我們的社區，包括癌症預防與發現、健康生活、戒菸、和創造癌症聯盟及文化相關社區夥伴關係來減少獲得照護的障礙。

# 附錄

# 附錄 A：需求評估工具

## 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

## 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		
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.

# 附錄 B：社區福利需求評估完整結果

## 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

<b>1. Financial Needs</b>	<ul style="list-style-type: none"> <li>• Funding to develop programs</li> <li>• Finances "never enough funding to meet everyone's needs"</li> <li>• County budget cuts and hours of availability for the public</li> <li>• Having sufficient financial support to recruit and retain staff</li> <li>• Funding for resources for programs geared toward the Latino community</li> <li>• Grant availability</li> <li>• Funding-(non-profit) consistently identifying for sources of funding to continue to do work</li> <li>• Budget/Grant limitations</li> </ul>
<b>2. Lack of Resources</b>	<ul style="list-style-type: none"> <li>• Capacity of community to actually provide service</li> <li>• Lack of resources &amp; changing direction of health care initiatives direction</li> <li>• Resources to meet practical needs of patients and families: transportation, childcare, care</li> <li>• Lack of staff to meet needs of LA County. Very large area to cover, not enough time or staff</li> <li>• Ability to assist patients with practical needs: insurance, finances, housing, jobs</li> <li>• Survivorship education and programs</li> <li>• Limited resources at state and government level</li> <li>• Need for resources to refer clients for other kinds of services</li> </ul>



<b>3. Lack of Knowledge/Community Awareness</b>	<ul style="list-style-type: none"> <li>• Community not having sufficient knowledge on services available to them</li> <li>• Awareness of the existence of agency and resources</li> <li>• General understanding of diagnosis and resources available</li> <li>• Distribution of clinic services information and resources available</li> <li>• Increased education efforts to educate providers and other organizations on community resources available- thus increasing patient access to resources</li> </ul>
<b>4. Language &amp; Cultural Barriers</b>	<ul style="list-style-type: none"> <li>• Language and cultural stigma regarding cancer</li> <li>• Language specific providers</li> <li>• Financial support for new languages to better meet needs of emerging immigrant groups</li> <li>• Lack of resources/support groups for Spanish and Chinese languages</li> <li>• Need for Chinese speaking staff needed and education materials</li> <li>• Recruitment and education of ethnic populations for clinical trials</li> <li>• Need for bilingual staff and volunteers</li> <li>• Translation and interpretation services</li> <li>• Lack of ability to develop much needed educational programs in Korean</li> <li>• Lack of educational materials available in Spanish and Chinese</li> </ul>
<b>5. Access to Care</b>	<ul style="list-style-type: none"> <li>• Medical access to screening and follow-up care</li> <li>• Government programs for low-income and illegal immigrants.</li> <li>• Coverage for screening and treatment</li> <li>• Obama Care will cover documented people not undocumented</li> <li>• Access: Insurance coverage, fragmented system (i.e. most see several specialist)</li> <li>• Insurance constraints with health care reform</li> <li>• Access to specialty care</li> </ul>
<b>6. Community Collaboration &amp; Partnerships</b>	<ul style="list-style-type: none"> <li>• Lack of collaboration and partnership</li> <li>• Lack of partnerships in community</li> <li>• Partnerships to gain broader access to the community</li> <li>• Collaboration and support from other organizations</li> <li>• Partnerships to increase marketing efforts and resources available to community</li> <li>• Increased collaboration versus competitiveness</li> </ul>
<b>7. Cancer Prevention Efforts</b>	<ul style="list-style-type: none"> <li>• Lack of focus on prevention efforts</li> <li>• Finances to provide cancer prevention education</li> <li>• Budget cuts impacting cancer prevention programs</li> <li>• Lack of mobile screenings</li> <li>• Lack of ability to follow-up after prevention screenings</li> </ul>

### 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 or 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.

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

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

## 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 health care 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"> <li>• Educational programs on clinical trials</li> <li>• Getting the word out about clinical trials as an option for treatment</li> <li>• More educational and empowerment programs</li> <li>• Full spectrum education for bone-marrow transplant patients (i.e.</li> </ul>

	<ul style="list-style-type: none"> <li>• side effects, caregiver needs)</li> <li>• Lack of culturally tailored educational programs on cancer prevention</li> <li>• Health education programs in Spanish on nutrition</li> <li>• Increase educational programs in other languages</li> <li>• Lack of exercise programs for cancer patients and survivors</li> <li>• Education on communication strategies with health care team</li> <li>• Increase nutrition education programs for cancer patient and caregivers</li> <li>• Lack of educational programs on advocacy and communication to take an active role in their care</li> <li>• Increased education for cancer patients on employment rights, using health insurance, and appealing adverse treatment-related decisions</li> <li>• Lack of cancer-related educational programs for seniors</li> <li>• Need more education on cancer prevention for Latino and Asian populations</li> <li>• Lack of educational programs on advocacy and communication</li> </ul>
Community Partnerships and Collaborations	<ul style="list-style-type: none"> <li>• Lack of collaborative efforts to get the “word out” about community resources</li> <li>• Collaboration to implement research based programs for minorities</li> <li>• Increased partnerships to increase community outreach</li> <li>• Increased partnerships to on-going updates and training for health care providers about programs available for cancer patients and families</li> </ul>
Resources and Financial Support	<ul style="list-style-type: none"> <li>• Financial support programs for cancer treatment</li> <li>• Lack of financial assistance information for medication costs</li> </ul>

## 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**

Language and Culture	<ul style="list-style-type: none"><li>• More educational programs in Spanish</li><li>• More support groups in Spanish</li><li>• More cancer-related resources in Chinese</li><li>• Availability of culturally tailored education</li><li>• Availability of patient education materials in other languages</li><li>• More language services (i.e. interpreter services, and translation of materials in other languages)</li><li>• Culturally competent health care agencies</li></ul>
Resources and Financial Assistance	<ul style="list-style-type: none"><li>• Strong online presence of various cancer organizations to provide accurate information to public</li><li>• Community members know what resources are “out there”</li><li>• Increased availability of charity care for uninsured and low-income populations</li><li>• More funding for prevention and early detection programs</li><li>• Increased resource information about support groups and smoking cessation programs</li><li>• Increased knowledge based programs for the community about free/low cost screenings</li></ul>
Healthy Lifestyles	<ul style="list-style-type: none"><li>• Increased public awareness about healthy eating</li><li>• Culturally appropriate health messages on healthy lifestyles</li><li>• Increased awareness on the importance of physical activity and exercise</li><li>• More health promotion efforts focused on cancer prevention</li><li>• More health education programs focused on obesity prevention</li></ul>
Support Services	<ul style="list-style-type: none"><li>• Full spectrum of support for caregivers</li><li>• Support programs and services for caregivers in other languages</li><li>• Increased availability system navigation services</li><li>• Improved coordination of care services</li><li>• More patient navigation services</li><li>• Full spectrum comprehensive care for cancer patients</li></ul>
Access to Care	<ul style="list-style-type: none"><li>• Increased access to cancer treatment facilities</li><li>• Increased health care services for low-income communities</li></ul>

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

## 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).

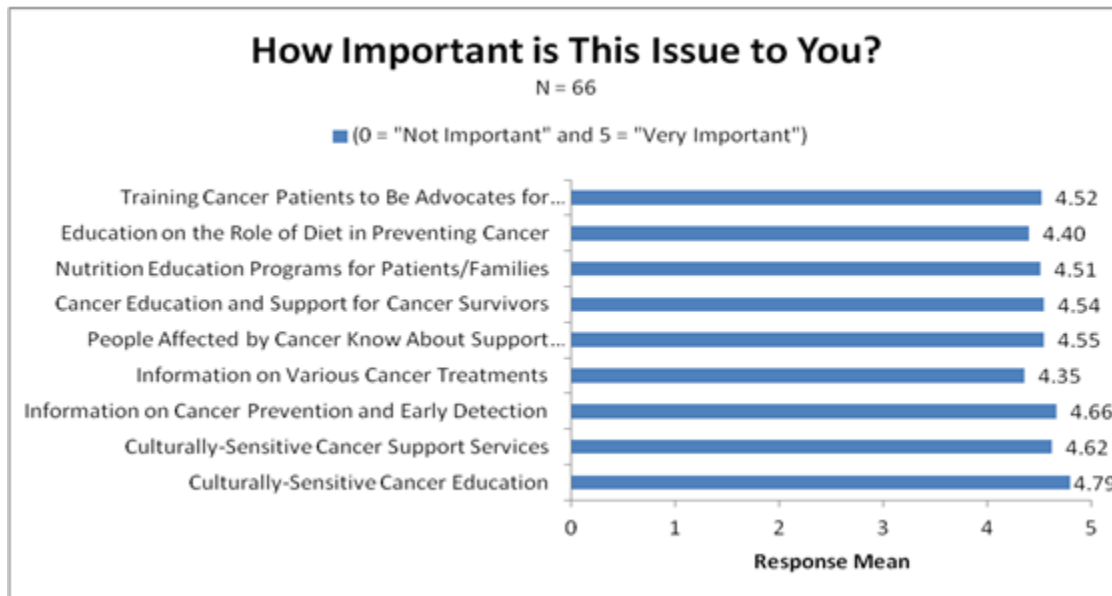
The highest scores were often assigned to two issues or topic categories:

- |   |      |
|---|------|
| 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).

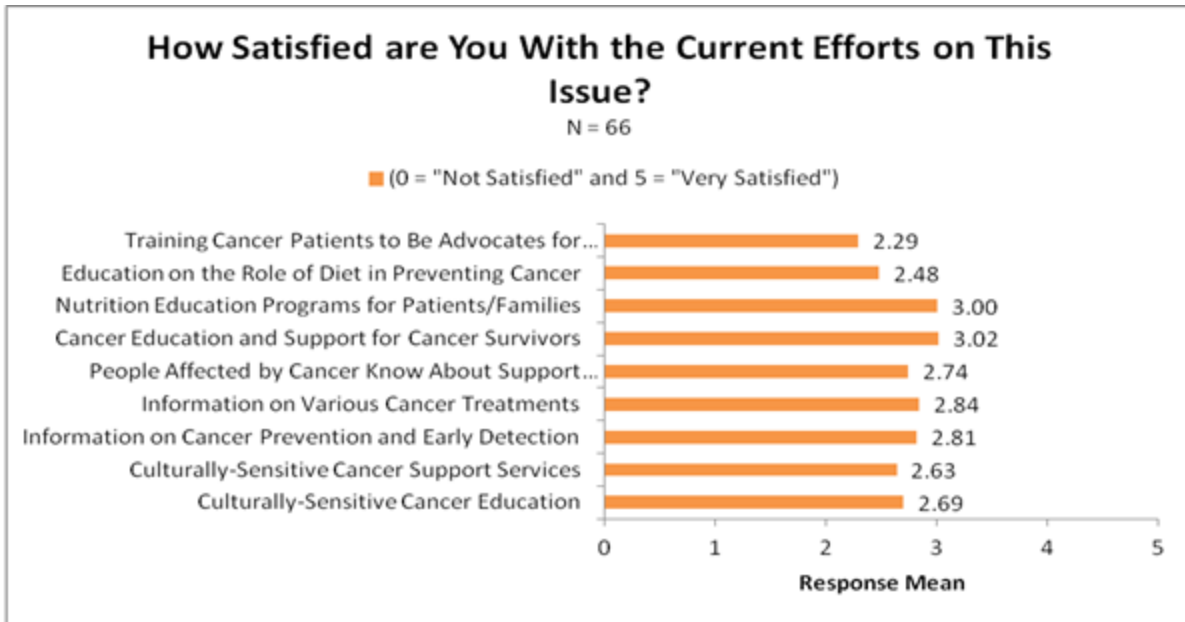
The highest scores were often assigned to two issues or topic categories:

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?

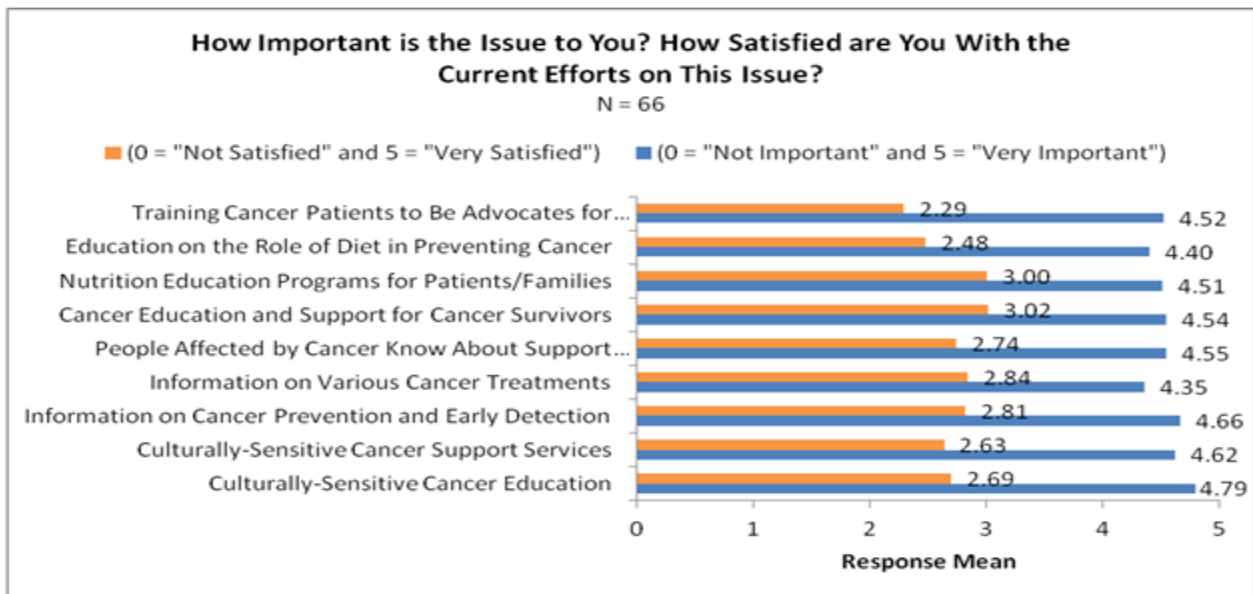


The response means ranged from 2.29 to 3.02, and the weighted grand mean was 2.72. This suggests that participants often rated each issue or topic category as 3 or a little satisfied.

#### 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



# 附錄 C：社區合作夥伴 - 2013

## 會計年度社區健康需求評估

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

# 附錄 D：病患財務協助計畫

**Policy and Procedure Manual**  
**Administrative Manual Section 01**  
**Administrative Institutional**  
**Department: Patient Financial Services**



Written: 11/05  
Reviewed: 10/07; 12/09; 09/12; 01/13; 02/14/13; 10/24/14; 02/27/15  
Revised: 10/07; 12/09; 03/10; 03/25/13; 03/09/15

## Charity Care Policy

Page: 1 of 6

### APPROVALS:

MEC: 03/02/15; SLT: 03/09/15; BOD: 1Q-15

Scope:  X  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.

## 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.
- 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.

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**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: (a) amounts in patient retirement or deferred compensation plans qualified under the Internal Revenue code; (b) the primary residence where the patient or the patient's family resides; (c) automobile needed to transport working family members to and from work; and (d) 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 that are excluded from Medicare Coverage Guidelines, and services rendered at City of Hope Medical Foundation Community Sites 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:****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.
- 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 for patients requiring assistance for their entire treatment plan 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 Support 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 FSS counselors. Approvals may be granted incrementally by:
- Up to \$5,000 – Approved by Financial Counselor, Financial Support Services
  - \$5,001 to \$25,000 – Approved by Manager, Financial Support Services
  - \$25,001 to \$50,000 – Approved by Sr. Director, Patient Financial Services
  - \$50,001 to \$100,000 – Approved by Vice President, Revenue Cycle
  - \$100,001 and greater – Approved by Charity Care Committee
- g. Following receipt of completed application and financial qualifications verified by FSS, a “Charity Care Pending” insurance plan will be appended to the patient’s demographic record. This will suppress any patient billing and collections efforts while awaiting decision on the application. Once a decision is made and communicated to the patient, the demographic record will be updated accordingly.
- h. The Committee, at its discretion, may grant approvals on cases that do not meet all of the criteria specified in the policy for patients who remain in active primary treatment or those who have had a reoccurrence of disease. An approval may be granted if it is determined that an interruption in care will likely compromise the patient’s clinical outcome. Interruptions in care include, but are not limited to the following:
- Expired Breast and Cervical Cancer Treatment Program Restricted coverage
  - Conditions of participation requiring the patient to have a Primary Care Physician (PCP) in the community
  - Treatment/services that are restricted in the community
  - Existing COH patients converting to non-contracted Managed Care Plans (Medicare and Medi-Cal) –COH Physician reviews and determines that patient’s safety and survival will be comprised from interruption of ongoing treatment at COH.
- 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.

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" and are updated periodically. Detailed materials for training are prepared and maintained by Patient Financial 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, a Charity Care Report will be prepared by Patient Financial Services and presented to the Charity Care Committee by the Vice President of Revenue Cycle or the Senior Director of Patient Financial Services on a quarterly basis to inform the committee of total financial assistance provided to our patients.

Owner: Senior Director, Patient Financial Services

Sponsor: Vice President, Revenue Cycle

**Related Policies:**

1. Code of Organizational Ethics
2. Collections Policy
3. New Patient Application and Acceptance
4. Patient Discounts and Free Services
5. Professional Courtesy Discounts
6. Retail Pharmacy Charity Care Procedures

**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. **City of Hope ("COH")** – City of Hope National Medical Center ("COHNMC") referred to as City of Hope ("COH") for the purposes of this policy.
3. **Income** - Gross income from all sources.
4. **Medical Center** – Refers to all facilities covered by City of Hope National Medical Center's hospital license.
5. **Medically Necessary Services** - Inpatient or outpatient services deemed medically necessary by a COHNMC medical staff member.
6. **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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