

WELCOME TO HOPE



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COMMUNITY

BENEFIT

REPORT



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EXECUTIVE SUMMARY

City of Hope is pleased to submit a report of our community benefit activities for Fiscal Year 2018 (October 1, 2017-September 30, 2018). The State of California’s Community Benefit law (SB697) requires nonprofit hospitals to address the needs of their communities through programs designed to help prevent diseases and improve the health status of its citizens.

City of Hope is proud to share the results of our efforts to address our 2018-2021 Implementation Strategy and to ensure that we remain responsive to the needs of our local communities. Throughout this report, we will demonstrate an understanding of the diverse needs of the multicultural communities we serve, an extensive

investment in the future of our health care workforce, and a commitment to the creation of the infrastructure necessary to carry out an extensive array of community projects. Our traditional community education efforts in cancer prevention and cancer risk reduction are also reflected. The total value of our community benefit investments during the 2018 Fiscal Year is \$238,441,117 (Figure 1).

Moving forward we hope to explore new areas that provide us the opportunity to impact the underserved communities in our quest to bridge the health disparities gap. In doing so, we invite you to be active partners in helping us meet the needs of our communities. Please take the time to explore our report — we welcome you to share your comments with us or make requests for additional data. Send all comments



Figure 1. Fiscal Year 2018 Community Benefit Investments

to: CommunityBenefit@coh.org. This report, as well as our implementation strategy, is available for download via our website at: CityofHope.org/community-benefit

WHO WE ARE: CITY OF HOPE

Founded in 1913, City of Hope is one of only 49 National Cancer Institute designated comprehensive cancer centers in the nation. This designation 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 leading-edge research programs, centered in Beckman Research Institute of City of Hope, has led to many groundbreaking discoveries:

- Numerous breakthrough cancer drugs, including Herceptin, Rituxan, Erbitux 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 15,000 bone marrow and stem cell transplants and operates one of the largest and most successful programs of its kind in the United States.

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 the NCCN is to ensure that the largest number of patients in need receive state-of-the-art treatment.

Although City of Hope is a treatment choice for patients from around the world, we also serve our community and are proud to serve it well. We have a rich history of developing health and wellness 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. ©2012 City of Hope

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 features 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 2). 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, Orange, Riverside, San Bernardino and Ventura counties — where City of Hope operates more than 20 clinical practice locations. Together, these five counties are home to the majority of California’s multicultural and ethnic residents (Figure 3, page 7). Among these counties, San Bernardino County has the highest percentage of Hispanics (49.9%) and blacks (8.3%), Ventura County has the highest percentage of whites (48.1%), and Orange County has the highest concentration of Asians (18.2%).

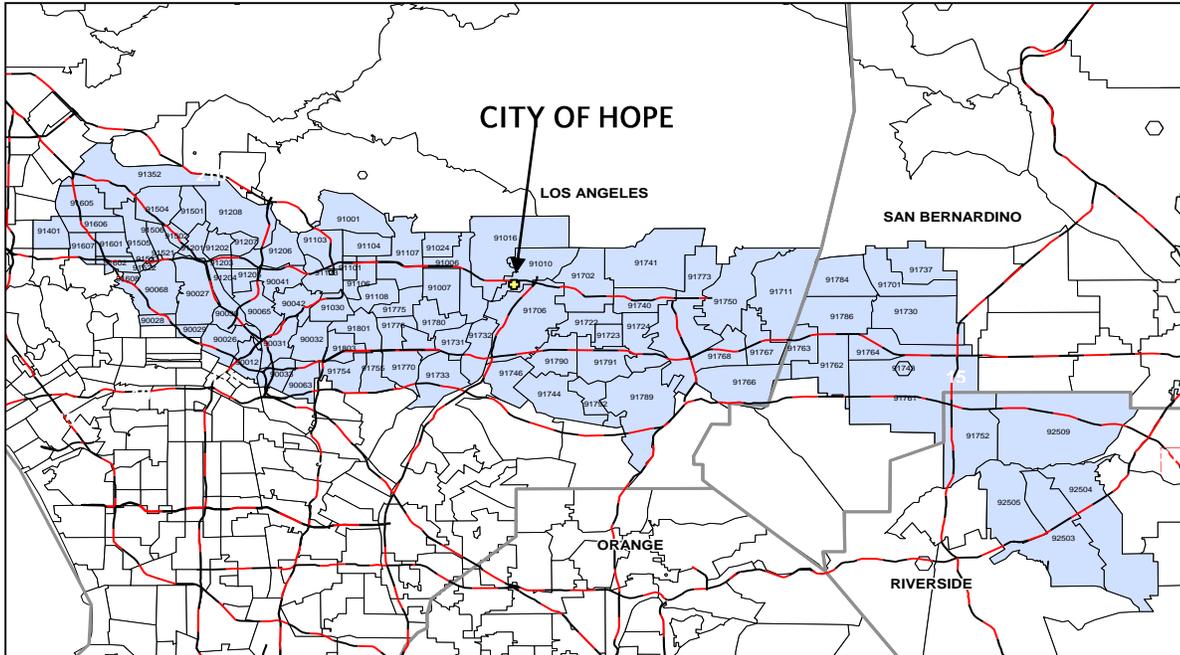


Figure 2. City of Hope's primary service area

Projections for the counties in our service area suggest that the number of Hispanic or Latino residents will continue to rise, and are expected represent the majority population (over 50%) by 2025 in Los Angeles and San Bernardino counties, and by 2035 in Riverside County. The number of black residents living in LOS ANGELES County is expected to remain steady with slight population increases across all counties. The Asian populations in LOS ANGELES and the other four counties is expected to remain stable. The total number of whites living in LA. and Ventura counties will decrease slightly. (Source: State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; Jan. 2018. dof.ca.gov/Forecasting/Demographics/Projections)

Language

In our five-county Primary Service Area, fewer than half of all the residents (49.8%) speak only English in the home. This is a lower rate than the state average of 56.3%. Spanish is spoken in more than one-third of homes (35.4%), a larger percentage than the state average (28.8%). The percentage of total households within our catchment area speaking an Asian language is the same as the state average, roughly 9.5%.

When language is examined by place of residence in the San Gabriel Valley, Sierra Madre has the highest percentage of the population speaking only English in the home (82.8%). East Los Angeles has the lowest percentage of population speaking only English (11.3%) and the highest rate of speaking Spanish in the home (87.9%). The highest percentage speaking an Asian or Pacific Islander language at home is found in Rosemead (55.9%). Pasadena has the highest percentage of those who speak another Indo-European Language (7.1%). (Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates <https://factfinder.census.gov/> Retrieved on 01/10/18). City of Hope recognizes the importance of offering health care and financial information in a patient's native language and prints materials in the three major threshold languages for our region (English, Chinese, and Spanish).

Poverty

Poverty thresholds are used for calculating official poverty population statistics, which are updated yearly by the Census Bureau. For 2018, the Federal Poverty Level (FPL) was \$25,100 for a family of four and \$12,140 for an individual (U.S. Department of Health and Human Services. *2017 Federal Poverty Levels*. www.healthcare.gov/glossary/Federal-Poverty-Level-fpl/ Retrieved on 01/26/19).

In Service Planning Area 3 (SPA 3-San Gabriel Valley), the highest level of poverty can be found in El Monte, where almost one-quarter (23.8%) of the population is living below the FPL. Fifty percent of the residents of El Monte, Pomona and South El Monte are low-income (defined as < 200% of FPL). Diamond Bar has the lowest levels of poverty in the SPA, with only 5.9% of the population living below the FPL. (U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Retrieved on 01/10/18).

In the broader five-county regional service area, Orange and Ventura counties have the lowest rates of poverty (12.5% and 10.6% respectively). Los Angeles, Riverside and San Bernardino counties each have poverty rates higher than the state average (17.8%, 16.5% and 19.1%, respectively).

Social Determinants of Health

Social determinants of health are conditions in the environment where people live, work and play that affect a wide range of health and quality-of-life outcomes and risks.

(healthypeople.gov/2020/topics-objectives/topic/social-determinants-health).

For example, living in poverty and not having a high school diploma can have a major impact on health outcomes. The map of SPA 3 (Figure 3) shows where residents of these SPA 3 neighborhoods have not graduated from high school and live in poverty. Communities where 25% or more of the residents live in poverty are shown in orange. Communities where 25% or more of the residents do not have a high school education are shown in purple. The overlap of high poverty and low education attainment is shown in brown. The brown areas are where City of Hope is concentrating on identifying the root causes of health inequality.

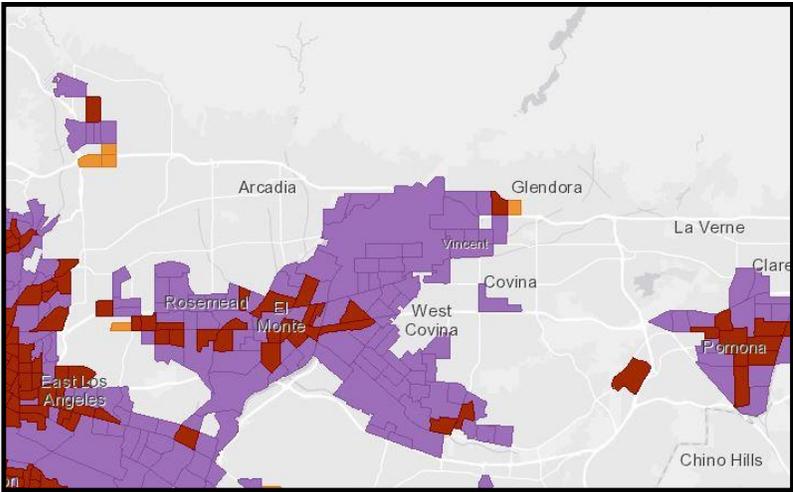


Figure 3. Most vulnerable residents in SPA3. (Source: Community Commons. Vulnerable Populations Footprint Tools. <http://assessment.communitycommons.org/Footprint/> Retrieved on 01/16/18)

The unique composition of these five counties makes them vulnerable on many levels and reinforces the need for community benefit programs. From our 2016 Community Health Needs Assessment, we learned that:

- Cancer deaths are highest in San Bernardino County, driven mostly by lung, breast, prostate and colorectal cancers.

- Los Angeles County has the highest rates of cancer deaths due to liver, bile duct and stomach cancers.
- Cancer rates and mortality tend to be lowest among Asians. The rate of death from cancer tends to be highest among blacks.
- The rate of cancer diagnosis is highest among whites.
- Black women and men in all five counties are diagnosed later and more likely to die from cancer, than adults of other races.
- In Riverside County, 39.2% of teenagers (ages 12-17 years) are overweight.
- In San Bernardino County, 34% of all adults are obese.
- In Los Angeles County, Asian Pacific Islander women have the lowest rate of receiving a Pap test in the last three years (65.9%), as compared with whites (83.9%), Latinas (86.3%), and blacks (89.3%).
- All five counties in the service area exceed the Healthy People 2020 objective for colorectal cancer screening. However, only 67.4% get the exam at the recommended age.

ORGANIZATIONAL COMMITMENT

Oversight and Management of Community Benefit Activities

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Because community health improvement is a key component of City of Hope's mission, a large number of employees, in a variety of departments, participate in planning and implementing community benefit activities. To coordinate these efforts, City of Hope has a designated Department of Community Benefit. This enables us to leverage all resources necessary to foster a collaborative work environment that relies on the connections between the medical center and all other entities that are part of the City of Hope enterprise.

Nancy Clifton-Hawkins, M.P.H., M.C.H.E.S.[®] is City of Hope's community benefit manager. Clifton-Hawkins is available to answer questions regarding the delivery and accountability of community benefit programs and services at City of Hope and can be reached at CommunityBenefit@coh.org

To assist in the oversight of all community benefit activities, City of Hope relies upon the expertise of our Community Benefit Advisory Council (CBAC). The CBAC was established in November 2014 and is comprised of members from the community organizations and health care providers listed below:

- American Association for Retire People
- American Cancer Society
- Arcadia Methodist Hospital
- Cancer Detection Program - Cecilia G. De La Hoya Cancer Center – White Memorial Medical Center
- City of Azusa – Recreation and Family Services
- City of Duarte – Senior Services
- City of Pasadena Health Department
- Duarte Unified School District
- El Consilio (City of Hope Spanish Language/Cultural patient, family and caregiver group)
- Foothill Unity Center
- Los Angeles County Department of Health Services – Region SPA 3
- Our Savior Center
- Planned Parenthood Pasadena and San Gabriel Valley
- Set of Life
- Walden University - Public Health Data Expert

To ensure council members represent local vulnerable populations, or are experts in issues important to vulnerable communities, we sought individuals with 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 Department of Community Benefit also established an internal hub comprised of City of Hope staff members who are responsible for contributing to community benefit programs and services. They meet on a quarterly basis to discuss federal reporting requirements, receive technical assistance and learn about City of Hope’s processes for ensuring our programs address priorities outlined in the Implementation Strategy. Additionally, this group has an internal website that provides links and resources to community benefit best practices and internal tools for sharing and building collaborations that strengthen the quality of staff contributions.



Christian Port (Planned Parenthood of Pasadena and San Gabriel Valley) and Tashera Taylor (Foothill Unity Center) served as co-chairs during the Fiscal Year 2018.

During the 2018 Fiscal Year , the co-chairs, Christian Port and Tashera Taylor held four meetings with the CBAC. Two were held in person and two via a virtual meeting online platform.

During the course of this year the CBAC worked to review and revise the Healthy Living Grant program, reviewed the charter and conducted site visits to the 2017 Healthy Living grantees they chose to fund. CBAC members who made site visits submitted written and verbal reports on their experiences. Additionally, they reviewed and chose the 2018 Healthy Living Grantees and Fiscal Year 2018 Kindness Grantees. As in previous years, the CBAC members attended and exceeded the annual conference and awards luncheon where they personally spoke about the projects they visited. CBAC members also chose to focus on mental

health as a priority, in the 2018-2021 Implementation Strategy. Because of this, the members helped to plan and deliver a full day mental health symposium that will be described in later sections.



(Above) CBAC members, Dr. Susan Nyanzi and Peggy Diamond (L to R), conduct a site visit of the Healthy Seniors at the Fairplex project with Barbara Tuen (far right) from The Farm at the LA County Fairplex. (Below) Healthy Seniors at the Fairplex working with seedlings.



COMMUNITY BENEFIT PLANNING PROCESS

All community benefit programs at City of Hope are filtered through the lens of the Five Core Principles established by the Public Health Institute (phi.org/resources/?resource=advancing-the-state-of-the-art-in-community-benefit-toolkit):

1. Emphasis on populations with disproportionate or vulnerable populations with unmet health needs within City of Hope's Primary service area 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, and often more complex medical care.
5. Collaborative governance to ensure the community has a voice in, and partners with, projects initiated with City of Hope.

After the review of the results in the 2016 Community Health Needs Assessment (CHNA), in October 2016, the Community Benefit Advisory Council assisted in the prioritization of the CHNA and set the framework for the design of the 2018-2021 Implementation Strategy . The strategy can be downloaded and reviewed simply by accessing the link below.



2018-2021 COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY

[https://www.CityofHope.org/about-city-of-](https://www.CityofHope.org/about-city-of)

[hope/community/community-benefit.](https://www.CityofHope.org/about-city-of-hope/community/community-benefit)



Community Health Needs Assessment Process and Results

Completion of the Fiscal Year 2016 Community Health Needs Assessment was critical in City of Hope's efforts to plan and implement programs and services to the vulnerable living in our service area. Below you will find the methodology used to gather data and prioritize health needs.

2016 Community Health Needs Assessment Methodology

The service area of City of Hope is richly diverse in language, culture, religion and ethnicities. With this diversity comes a large variation in factors that put individuals at risk for health issues such as cancer and diabetes. Sociocultural factors—for example, the level of education achieved or the language spoken at home—can increase or decrease the risk of preventing or contracting a life-threatening illness. Serving our community and providing programs and services to our local residents designed to reduce risk and improve access to health care are paramount to our success as a nonprofit hospital. One way to ensure we do this is by developing a strategy to address the main opportunities identified in our 2016 Community Health Needs Assessment (CHNA).

For the 2016 CHNA, City of Hope collected primary data from focus groups, interviews and surveys. Secondary data on the leading causes of death, illness and social determinants of health was also collected to help us explore the health and socioeconomic issues that cause some of our area residents to experience health inequities (Please see <https://www.CityofHope.org/about-city-of-hope/community/community-benefit> for more details). Our Community Benefit team took this data to community focus groups and asked the participants, "What does this mean to you? How do you believe that these issues are impacting you and your community?" We then presented the community's views regarding the data and asked our Community Benefit Advisory Council (CBAC) members what their thoughts were about the assessment findings we asked them to prioritize the issues (discussed in the pages that follow).

Summary of 2016 Community Health Needs Assessment Results

Secondary data analysis yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations and ascertain community assets to address needs.

To determine size and seriousness, health indicators identified in the secondary data collection were measured against benchmark data, specifically California rates and Healthy People 2020 objectives, whenever available. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources (interview, focus group and survey participants) were asked to identify and validate community and health issues. Information gathered from these sources helped determine significant health needs.

Significant Health Needs

The following significant health needs were determined:

Significant Health Needs	Rank Order Score (Total Possible Score of 4)
Access to health care	3.85
Mental health	3.72
Cancer	3.65
Heart disease	3.56
Overweight and obesity	3.54
Substance abuse	3.34

Table 1. Significant health needs ranked by priority. In Los Angeles County, 43% of people in 2011 died before they reached age 75, which the Los Angeles County Department of Public Health deems “premature.” In SPA 3, coronary heart disease was the leading cause of death and premature death.

Leading Causes of Death	Leading Causes of Premature Death
1. Coronary Heart Disease	1. Coronary Heart Disease
2. Chronic Obstructive Pulmonary Disease	2. Suicide
3. Stroke	3. Liver Disease
4. Lung Cancer	4. Motor Vehicle Crash
5. Alzheimer's Disease	5. Lung Cancer

Table 2. Leading causes of death and premature death in SPA 3 (2011) Source: LA County Department of Public Health, Mortality in Los Angeles County, 2014.

<http://publichealth.lacounty.gov/dca/data/documents/mortalityrpt11.pdf>

Prioritization of Community Health Needs

At a meeting of the City of Hope CBAC members were given the CHNA results. After listening to a report on the findings (both the health data and the community input) they were asked to prioritize the findings using the instructions in Figure 4. Each health issue was written on a large poster paper and attached to the wall of the meeting room in random order. Colored dot stickers were given to each participant. Different colors were used to represent different levels of importance, with red being highest and descending down through blue, green and yellow.

Prior to placing their colored dot stickers, the CBAC members chose to combine categories that had shared territory. For example, heart disease and obesity/overweight were added to a new category called Chronic Disease. Substance abuse was added to the mental health category.



2016 Community Health Needs Assessment Process

How the prioritization process will work:

1. Take topic/issues and ask: To what extent does this issue relate to each of the criteria below?

Size: # of persons affected	Feasibility: City of Hope's ability to reasonably impact issue given available resources/expertise
Seriousness: Degree to which the problem leads to death, disability and impairs one's quality of life	Value: The importance of the problem to the community
Trends: Whether or not the health problem is getting better or worse in the community over time	Consequence of Inaction: Risks associated with causing greater problems if not addressed at the earliest opportunity
Equity: Degree to which specific groups are affected by problem	Social Determinants/Root Causes: Whether or not a problem is a root cause or social determinants of health that impacts one or more health issues.
Intervention: Any existing strategies proven to be effective in addressing the problem	

2. Decide on the way you would like City of Hope to prioritize this issue.

- a. Red=#1
- b. Blue = #2
- c. Green = #3
- d. Yellow = #4

Access To Health Care	Heart Disease
Mental Health	Obesity/Overweight
Cancer	Substance Abuse

3. Then we come to an agreement on it all.

Figure 4. Community Benefit Advisory Council prioritization instructions

At the end of the exercise, the identified needs were organized in the following manner:

1. **Access to care** – Need for culturally relevant partnerships that decrease barriers to care
2. **Chronic disease prevention** – Need for information on healthy living, specifically related to how nutrition and physical activity impact cancer and diabetes
3. **Mental health** – Need for supportive partnerships that increase access to mental health care/services
4. **Cancer prevention and early detection**--Specifically related to lung, colorectal, prostate and women's cancers

When asked why they placed cancer in the last category, the CBAC members responded that they believed that addressing access to care, chronic disease prevention and mental health would systematically reduce the overall risk of cancer. In addition, the CBAC members recognized the fact that these categories are broad reaching. In our focus groups, surveys and interviews, the CBAC members added depth to these categories, which helped us understand the needs within each.

Plan to Address Needs

Although addressing these priorities is ambitious, we believe we have formulated a realistic implementation strategy (CityofHope.org/about-city-of-hope/community/community-benefit) that addresses these issues in a way that make the most sense for a comprehensive cancer center. We will continue to seek new pathways to meet the needs of our vulnerable residents and explore innovative strategies to maximize collaborations as a means to building sustainable programs in our local communities. Ultimately, we will provide positive contributions to the collective impact of other hospitals, organizations, schools, churches, and government entities in our service area.

Collaborations

City of Hope is an institution that is overflowing with compassionate individuals. In order to address the needs of our community, we will leverage these rich resources to design interventions that specifically target the identified issues within our service areas. Internal teams are already trained to change the way they see their work, from looking through a marketing lens to using a community benefit lens that focuses how the program will impact the health of the vulnerable community first. Externally, City of Hope will call on the diverse relationships it has nurtured with local organizations, school and universities, governments, other nonprofit hospitals and the multitude of passionate souls that serve the vulnerable. By collaborating with our local communities, we can work together to meet the needs of our most vulnerable populations in culturally appropriate ways. Additionally, by including our community stakeholders in planning our community benefit programs and services, we ensure these programs are built on trust and shared vision. This provides a strong foundation for programs that will survive and thrive within the community we serve.

Oversight

To ensure City of Hope’s reportable community benefit programs and services are targeting the identified in the 2016 needs assessment, the CBAC will meet at least four times a year. The CBAC members are individuals that represent the local community with follow arease of expertise that help guide transparent community benefit programming. Each CBAC member must have one of the following talents and/or experiences:

- Residence in a local community with a disproportionate percentage of 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 Community Benefit Department also established an internal hub comprised of City of Hope staff members who are responsible for contributing to community benefit programs and services. They meet on a quarterly basis to discuss federal reporting requirements, receive technical assistance and learn about City of Hope’s processes for ensuring programs address priorities outlined in the Implementation Strategy. Additionally, this group has an internal website that provides links to resources, community benefit best practices and internal tools for sharing and building collaborations that strengthen the quality of staff contributions.



CBAC Members and 2018 Healthy Living Grantees celebrating awards.

Anticipated Impacts on Health Needs

When we look at the four priority areas identified by our community, we need to think about them through the framework already available to us as the Healthy People 2020 Leading Health Indicators (www.healthypeople.gov). Each priority has a measurable outcome indicator. While it may be unrealistic to believe that City of Hope can make a significant impact on the national goal, mindful programming and collective impact will enable us to make changes to the communities we serve. As an institution, we will aim our programs and services at our residents, focusing on the recommended objectives below:

1. Access to Care – Culturally relevant partnerships that decrease barriers to care

- a. **AHS-5.1** Increase the proportion of persons of all ages who have a specific source of ongoing care.
- b. **AHS-2** Increase the proportion of insured persons with coverage for clinical preventive services.
- c. **COH** – Increase the number of collaborative efforts with organizations that provide programs and services to communities with disproportionate unmet health needs.
- d. **COH** – Increase the percentage of our health care workforce that is culturally and linguistically diverse.

Key Code

- AHS = Access to Health Services
- COH = City of Hope
- PA = Physical Activity
- NWS = Nutrition Weight Status
- D = Diabetes
- MHMD = Mental Health and Mental Disorders
- C = Cancer

2. Chronic Disease Prevention – Healthy living, specifically related to how nutrition and physical activity impact cancer and diabetes

- a. **PA-1** Reduce the proportion of adults who engage in no leisure-time physical activity.
- b. **PA-3.3** Increase the proportion of adolescents who meet current federal physical activity guidelines for aerobic and muscle-strengthening activities.
- c. **PA-15** Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities.
- d. **NWS-8** Increase the proportion of adults who are at a healthy weight.
- e. **NWS-9** Reduce the proportion of adults who are obese.
- f. **NWS-10** Reduce the proportion of children and adolescents who are considered obese.
- g. **NWS-12** Eliminate very low food security among children.
- h. **NWS-14** Increase fruit consumption among residents aged 2 years and older.
- i. **NWS-15** Increase the consumption and variety of vegetables in the diets of residents aged 2 years and older.
- j. **D-1** Reduce the number of new cases of diabetes diagnosed annually.
- k. **D-14** Increase the proportion of persons with diabetes who receive formal diabetes education.

3. Mental Health – Supportive partnerships that increase access to mental health care/services

- a. **MHMD-6** Increase the proportion of children with mental health problems who receive treatment.
 - b. **MHMD-9** Increase the proportion of adults with mental health disorders who receive treatment.
 - c. **MHMD-11** Increase depression screenings by primary care providers.
 - d. **MHMD-12** Increase the proportion of homeless adults with mental health problems who receive mental health services.
4. **Cancer prevention and early detection, specifically as they relate to lung, colorectal, prostate and women's cancers**
- a. **C-15** Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines.
 - b. **C-16** Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.
 - c. **C-17** Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.
 - d. **C-19** Increase the proportion of men who have discussed the advantages and disadvantages of the PSA (prostate-specific antigen) test to screen for prostate cancer with their health care provider.
 - e. **COH** Increase the proportion of men who receive a prostate cancer screening based on the most recent guidelines.
 - f. **C-14 (Developmental)** Increase the mental and physical health-related quality of life for cancer survivors.

Moving forward, City of Hope will align its efforts at addressing the Healthy People 2020 indicators above. A yearly report will be published describing the efforts we have made to address these issues. Comments from our local community will be accepted throughout the year and used to strengthen City of Hope's efforts to decrease the disparities that prevent our local residents from experiencing a good quality of life.

Needs Not Addressed

Unlike many non-specialty hospitals, City of Hope will not dive deeply into the root causes of health inequities and social determinants of health, such as poverty and homelessness. Because the social determinants of health and root causes of health disparities are intertwined with risk factors for cancer and diabetes, however, we will make every effort to include language and programming that will ensure we focus our community benefit investments on the most vulnerable. The Five Core Principles will be used to

set the tone for all programs and services and guarantee focus remains on those communities with disproportionate unmet health needs.

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 identify 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 on the outcomes and impacts of all community benefit programs and initiatives.

COMMUNITY BENEFIT INITIATIVES

Overview of Programs Identified in the 2018 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 based on latest CHNA. Some are organization-wide, while others are conducted by a specific department. Figure 5 provides a quick overview of our 2018 programs and services.

Program Activity <small>*Beckman Research Center</small>	Core Principles				Strategic Priorities			
	Vulnerable Populations	Primary Prevention	Seamless Continuum of Care	Community Capacity Building	Access to Care	Healthy Living	Mental Health	Cancer Prevention
Workforce Development								
<ul style="list-style-type: none"> • Student Mentoring/Interns • Train, Educate and Accelerate Careers in Healthcare • Science Education Partnership Award Program* • Job Shadowing 	X	X		X			X	
Community Health Awareness/Healthy Living (Screening, Lectures/Classes Support Groups)								
<ul style="list-style-type: none"> • Eat Move Live • Community Nutrition, Diabetes and Cancer Prevention Classes • Community Health Fairs • Healthy Living Grants • Kindness Grants • Community Gardens • Prostate Cancer Awareness • Napolitano Mental Health Consortium • Mental Health Symposium 	X	X	X	X	X	X	X	X
Diversity Initiatives								
<ul style="list-style-type: none"> • Latino Outreach Strategy • Latino's Living Healthy (LULAC) • LA Diversity Council • Diversity Resource Groups 	X	X				X	X	
Health Care Support Services								
<ul style="list-style-type: none"> • Patient Resources Coordination • Transportation • Village Stays 	X	X	X				X	
Seamless Continuum of Care								
<ul style="list-style-type: none"> • Transition of Care Comm Coalition • Bereavement Support Grp 	X	X	X	X		X	X	
Medical Professional Education								
<ul style="list-style-type: none"> • Pharmacy • Rehabilitation • Nursing • Nutrition • Social Work • Continuing Medical Educ. • Child Life • Health Education 	X	X	X	X	X		X	

Figure 5. Fiscal Year 2018 CB programs and services

Key Community Benefit Initiatives

Many programs are created and provided to the community on an annual basis, while others are created to address needs or requests as they arise. As the City of Hope team continues its exploration into community benefit investments throughout the institution we may find that some programs no longer make sense or should be redesigned to ensure impacts are focused on the needs of our local community. Conversely, new programs may be created to address the emerging needs and integrate strategies that engage City of Hope teams in more community based collaborations. What follows is a status report on the main focus areas of our 2018 Fiscal Year community benefit programs and services: **Healthy Living and Kindness Grants, Mental Health Symposium, Community Science Festival and Community Garden-Nutrition** programs. The colorful boxes in each section are meant to provide a snapshot of the programs. At a glance, the reader will be able to identify what core principle and strategic priorities are addressed through each focus area.

		Impacts	
Core Principle	Vulnerable Populations		<input checked="" type="checkbox"/>
	Primary Prevention		<input checked="" type="checkbox"/>
	Seamless Continuum of Care		<input checked="" type="checkbox"/>
	Community Capacity Building		<input checked="" type="checkbox"/>
Strategic Priorities	Access to Care		<input checked="" type="checkbox"/>
	Healthy Living		<input checked="" type="checkbox"/>
	Mental Health		<input checked="" type="checkbox"/>
	Cancer Prevention Early Detection		<input checked="" type="checkbox"/>

Healthy Living – Building Community Capacity Through Healthy Living and Kindness Grants

City of Hope, does not conduct population health interventions on a regular basis as there are organizations in our community which are experts in this area, and we believe they are best equipped to design programs and services that help their own communities. The Healthy Living Community Grant Program is the vehicle that we use to identify organizations that can deliver innovative programs designed to address one or more of our strategic priorities around cancer prevention, healthy living or smoking

cessation. In addition to the Healthy Living Grant, in Fiscal Year 2018 we created a special grant category to encourage our employees, who have good ideas, to do something great for their community, called Kindness Grants. Our CBAC members review all the applications and make the selections for the Healthy Living Community Grant Program. Members also conduct site visits of Healthy Living grantees. Not only is it rewarding to help local organizations, these groups provide City of Hope more insight into the needs of vulnerable local populations. They also teach City of Hope about ways to support community efforts that tackle health disparities in culturally appropriate and specific ways. Through out the funding period, City of Hope continues to support these organizations by providing technical assistance and networking opportunities. (CityofHope.org/about-city-of-hope/community/community-benefit/healthy-living-grant-program).

Healthy Living Grant (HLG)

During Fiscal Year 2018, the Healthy Living Community Grant Program dispensed \$45,000 through nine groups and organizations that demonstrated a creative, yet sustainable, approach to promoting healthy living through good nutrition, physical activity, cancer or diabetes prevention, or smoking cessation. The 2018 Healthy Living Cohort included:

	Impacts	
Core Principle	Vulnerable Populations	<input checked="" type="checkbox"/>
	Primary Prevention	<input checked="" type="checkbox"/>
	Seamless Continuum of Care	<input checked="" type="checkbox"/>
	Community Capacity Building	<input checked="" type="checkbox"/>
Strategic Priorities	Access to Care	<input checked="" type="checkbox"/>
	Healthy Living	<input checked="" type="checkbox"/>
	Mental Health	<input checked="" type="checkbox"/>
	Cancer Prevention Early Detection	<input checked="" type="checkbox"/>
	Access to Care	<input checked="" type="checkbox"/>

American Heart Association – Asian American, Native Hawaiian & Pacific Islander Health Initiative (AANHPI): Utilizing a cross-sector approach to address the health disparities in AANHPI communities, the initiative’s common agenda is threefold: 1) Develop strong relationship between AANHPI communities and

to recognize, prioritize and address health disparities, 2) Consolidate and coordinate mutually reinforcing activities of organizations to eliminate duplication and maximize shared resources, 3) Analyze and tailor currently-used evidence-based strategies that will work for AANHPI communities served. The Initiative will lead to understand the most effective processes and pathways for engaging AANHPI in policy change that results in successful compliance and eventual community norm change so it can create a comprehensive culture of health.

Catalyst San Gabriel Valley – Healthiest Loser: Campuswide initiative that will focus on a discreet and holistic approach to a healthy and flourishing teen lifestyle as opposed to just about losing weight. We will use a three-month window as the active phase for students involved. We also want to see this project as a kick-starter to lifelong health changes, not just a short-term activity.



Charles Drew Team poses with Healthy Living Grant Check

Charles R. Drew University – Move Your Feet Then Eat: This project involves the collaboration of volunteer health professionals to promote healthier lifestyles through multicultural dance and food preparation classes. Students of the proposed project will have an opportunity to learn dance styles and healthy food choices from different cultures. Move Your Feet Then Eat will encourage K-12 students of SPA-6 to express themselves,

promote teamwork and increase confidence while fighting to prevent obesity, diabetes and cardiovascular disease.

City of Montclair – Montclair Medical Clinic Improving the Social Determinants of Health: Addressing social determinants of health through the implementation of a promotora model. The promotoras will conduct follow-up calls or visits with patients after their initial visit to confirm they

received the care needed or if needed and possible, assist with any challenges/barriers. Individuals are linked to promotora via Montclair Medical Clinic and/or Montclair Senior Center.

Common Threads – Garden Bites Experiential Garden and Nutrition Education for Children: To implement and evaluate three sessions of the Garden Bites program (15 lessons each) with 75 children. The Garden Bites program provides the skills and knowledge to choose and prepare healthy, fresh food on their own and with their families. The evaluation will help to determine the impact the program has on childhood obesity and related co-morbidities, in addition to knowledge and behavior change.

Inland Valley Council of Churches/Inland Valley Hope Partners – Healthy Living: The Healthy Living program fits well within a three-prong strategy to move families and individuals toward self-sufficiency. Homeless families and individuals as well as low income families and individuals have access to a food security program, where they are also made aware of our housing programs, and the healthy living program.

Mychal’s Learning Place – Afterschool Program: The Afterschool Program was created to help young people with developmental disabilities build strong, meaningful lives on many levels. It takes place immediately following regular school hours and is designed to help kids build life skills – the capabilities that will allow them to take responsibility for their own lives, to make good decisions and to learn how to solve problems. Included in that curriculum are health-related activities that address immediate physical and mental health needs and provide a base for a long-term approach to a healthy life.



Ed Lynch, executive director of Mychal's Learning Center visits with Dr. Susan Nyanzi, CBAC member, during a site visit

Santa Anita Family YMCA – Get Summer Get Fit Initiative: “Get Summer, Get Fit” is an initiative, offering teens ages 12-17 free YMCA memberships June 1 through July 31. In addition to swimming, basketball, cardio equipment, weight training, etc., Get Summer, Get fit features special workshops (e.g. healthy cooking clinics, positive body image, etc.) provided by other community partnerships.

Tzu Chi Medical Foundation – Tzu Chi Cancer Awareness Program: Cancer education and awareness outreach and screening program in the Chinese Community within the San Gabriel Valley.

We Build Community Capacity

In order to build capacity, all grantees are being provided with ongoing technical assistance and mentoring support to ensure evaluation data is collected and the programs align with their funded outcomes. City of Hope’s CBAC members will conduct site visits later in the year for each grantee and provide feedback where necessary. Ultimately this grant program is about building community and capacity around efforts that support health and wellness in our service area.

At the end of the funding cycle when new grants are awarded, the 2017 grantees participate in a half-day conference, where they share their program results with the community and act as mentors to the new round of Health Living Grant recipients. In June 2018, in a room filled with City of Hope staff, community members and the new cohort of healthy living grantees, the eight 2017 healthy living grantees shared their findings after a year of implementing programs that City of Hope funded. All 2017 grantees made 15-minute presentations and held a poster session. While the programs varied from cooking and health education classes to mammograms and health care careers for high school students, all shared a common theme: to improve the lives of the vulnerable living in the San Gabriel Valley. You can access them via our Community Benefit webpage, <https://www.CityofHope.org/about-city-of-hope/community/community-benefit/healthy-living-grant-program/healthy-living-conference>



Elizabeth Christy shares the findings from her project during the 2018 Healthy Living Grant Conference and Awards Luncheon.



Healthy Seniors at the Farm at LA Fairplex team.



Boy's and Girl's Club shares their program findings at the 2018 Healthy Living Grant Conference and Awards Luncheon.

The important take-home message from the Healthy Living Grant Program is that “small is beautiful.” Meaning, you can do a lot of good with not a lot of money. Local organizations can benefit from smaller grants that increase their productivity, increase the scale of a previous effort or launch a pilot program without making a large investment.

Community Capacity Building Grants

In addition to the Healthy Living Grants, in 2017 the CBAC decided to create a new funding category called, "Community Capacity Building Grants." During the 2018 grant review process the CBAC members found proposals did not fit in with the criteria for a one year project. Yet, there are programs that are worthy because they meet the specific needs of the local vulnerable community. The recipient of the 2018 Healthy Living Community Capacity Building Grants are:



San Gabriel Valley Economic Partnership – Healthy San

Gabriel Valley: Continued convening of community to address issues in government policies and built environments that help people to lead healthier lives.

Kindness Grants

The Kindness Grants were created in 2018 to support City of Hope Employees, with great ideas, who want



to do good in their community. The Community Benefit Advisory Council approved a \$20,000 budget to support this endeavor. For Fiscal Year 2018 a total of eleven programs were funded. These employee driven

projects are described below:

Essential Oils as Part of a Healthy Lifestyle for Cancer Survivors - \$5000

Submitted by: Andrea Garcia-Ortiz and Kelly Greer – Division of Nursing Research and Education To demonstrate the multiple uses of each essential oil, our team will hold in person classes and online education. This will give cancer survivors the chance to experience the essential oils firsthand and see what works best for them. We will implement daily health habits with the participants and provide easy tools to help track their progress. The topics we will cover, the do-it-yourself (DIY) methods and online options are an innovative approach to accomplish these strategies. Will **partner** with Stepping Forward - Arcadia Methodist Hospital's Cancer Survivorship Program and the Sheri & Les Biller Patient and Family Resource Center at City of Hope.

Black Hair Care and It's Link to Cancer Forum - \$3,925

Submitted by: Jazma Tapia – Connecting People of African American Descent (CPAD)

To accomplish the cancer prevention and early detection strategy, **CPAD aims to hold a community forum**. The setting will include a discussion panel and fireside chat. The panel of speakers will include a scientist, physician and/or nurse, community advocate scientist and policymaker discussing the research and clinical aspect of toxins in black hair care products. They will provide scientific input on the potential cancer risks from using such products. The fireside chat will include a licensed stylist and customer for both natural and relaxer processed African-American hair. A moderator will guide the conversation asking open-ended questions to receive each guest's personal and/or professional feedback on African-American hair care and products. The final part of the forum will be an open dialogue and question-and-answer session in which attendants will ask the professionals questions and the scientists get to hear feedback. Firsthand accounts will be shared from event attendants, stylists and customers about the use of hair care products and noted health effects. As guests and speakers sign in before the start of event, we will encourage them to write out questions to ask during the panel and fireside sessions. During the event, guests will be encouraged to write more questions to be used during the final open discussion session, therefore streamlining the process and maximizing the allotted time. In conjunction with the forum and to continue fostered discussion, we aim to create a Twitter chat and article for City of Hope communications.

Nutrition and Fitness Workshops @ Three Non-profits - \$1,075

Submitted by: Amrita Krishnan MD FACP/ Heme/HCT

The organization, [OC Books on the Run](#), is a high school student run literacy program. They will host three workshops:

Girls Inc. focusing on nutrition and exercise. OC Books will connect with local chefs to invite them for an onsite healthy cooking day at Girls Inc. In addition, they plan to host a separate workshop with a prominent athlete as a motivational speaker for the girls who will speak on physical activity and its mental and health benefits.



At the **Soup Kitchen**, OC Books will partner with the volunteers to offer a nutrition class to teach children about the basic food groups and how to make healthy food choices. Additionally, OC Books will donate gift bags with nutritious food, coupons, and pamphlets

outlining healthy eating.

Human Options Shelter would benefit from a long term approach with a formal library to provide information on a variety of women's topics: cancer prevention, emotional well-being, health, diet and exercise. Furthermore, OC Books will provide a lecture evening hosting a speaker series with local female doctors to answer health questions and provide resource referrals. Looking ahead, OC Books hopes to continue the lecture series featuring fitness experts and nutritionists who can encourage the women at the shelter and offer daily programs to develop a healthy lifestyle for the women and children who live at the Human Options shelter.

The Effect of the “Living Well After Cancer” Program on Quality of Life and Metabolic Measures - \$1,550

Submitted by Jessica Clague DeHart, Ph.D., M.P.H., Population Sciences

Partnering with The Claremont Club, a wellness center that already has a very successful wellness program for cancer survivors. [Living Well after Cancer \(LWAC\) Program](#) at the Claremont Club was established in 2005 and has since successfully implemented 30 programs reaching 1,000+ cancer survivors across the Inland Empire. Although the program is well-known for its success in increasing function and quality of life, the evidence has been anecdotal. Through this Kindness project, they will develop a partnership with the Claremont Club where City of Hope provides the quantitative data to support the program’s success. Their goal is to expand the LWAC Program to include a larger intervention at the Claremont Club.

Thanksgiving Baskets for the Vulnerable - \$3,050

Submitted by Salina Palacios, Prayer Warriors and Latinos for Hope

Once a year, the Prayer Warriors along with [the Latinos for Hope](#) diversity resource group join efforts in creating Thanksgiving Baskets. These baskets are donated to identified vulnerable City of Hope patient families and families in the community that would otherwise not have a Thanksgiving dinner. Being able to provide a Thanksgiving meal to their family will help the family focus on their recovery or other needs instead of worrying about paying for the meal. *All food is donated by City of Hope employees, area vendors, and churches. They would like to assemble 100 baskets this year.

Mixed Match Moving Screening at Cal Tech - \$1,000

Submitted by Amanda Fulton Hem/HCT/MUD Office

To purchase the film license and host a screening of the film, [“Mixed Match”](#) at Cal-tech during the SURF – Summer Undergraduate Research Fellowship in August 2018. They will host a screening of the film “Mixed Match” followed by a donor drive, where people who would like to join the registry can sign up. The impactful message of the movie will hopefully encourage more people to join the registry. To date, there has not been a screening of the film in the San Gabriel Valley.



Laryngectomy Support Group - \$800

Submitted by: Kelly Hansen, M.S., C.C.C.-S.L.P., Rehabilitation Services

The laryngectomy support group will fill a gap in the community by providing a much needed support group to patients. When you have a laryngectomy, the voice box is removed. Patients need to learn how to communicate with this device. They will also strengthen their own abilities to thrive as they are interacting with others who live with this often times misunderstood condition. This initial pilot project will be held at City of Hope and looks toward opening up to the broader community as lessons are learned and funds become available.

Chinese American Community Cancer Annual Health Education Forum – \$1,000

Submitted by: Sophia Yeung, Program Coordinator, 2A Clinic

Partnering with the [American Cancer Society California Chinese Unit](#), the Chinese American diversity resource group, will organize and provide a health education forum that will be open to the general public, including cancer patients, survivors and caregivers. Experts from City of Hope and other institutions will be invited to share cancer health updates and best practices. The forum will also serve as a platform to connect patients and families to Chinese language materials, cancer navigation, and survivorship support.

Duarte Senior Food Distribution Wagons - \$600

Submitted by: Astrid Williams, Dr.P.H., C.H.E.S.® - Program Director, Community Benefit



Every month, anywhere from five to 18 City of Hope employees and grad students converge on the [Duarte Senior Center](#) to support the monthly food distribution, through the LA Regional Food Bank. For over one year

now, (at the in-kind cost of \$140,000), the volunteers have utilized small carts to transport the nearly 40 pounds of subsidized food from the distribution site, to the senior's cars, bus stops and even apartments. Starting in January the program will be shifting their distribution process from utilizing grocery sacks to boxes. This will make it more difficult to carry the food for the seniors. Funding will be used to purchase foldable/storable wagons to help the nearly 250 seniors get their food each month.

Eating Healthy with the Teen Nutrition Council - \$1000

Submitted by: Marisela Garcia, B.A., C.H.E.S.®, Health Education Specialist, CCARE

CCARE, working in partnership the [Duarte Teen Center](#), will provide monthly cooking workshops, after school to the teens attending programs at the center. The Teen Nutrition Council members will facilitate the workshops, nutrition and hands-on cooking classes. The Teen Nutrition Council has prior cooking class experiences that were successful, but were terminated due to the lack of funding to purchase program supplies. This grant will pay for the project costs related to re-usable cooking supplies and food costs for the monthly classes.

Striving for a Healthier Foothill Unity! –\$1000

Submitted by Katty Nero, C.H.E.S.®, Health Education Specialist, CCARE

In collaboration with the [Foothill Unity Center](#) in Monrovia the CCARE team will conduct three weekly physical activity classes for the participants in the Family Food Program. Utilizing resistance bands, the participants will engage in a 20 to 30 minute class. The resistance bands will be distributed to participants so that they can take the bands home and exercise on their own. The

classes will focus on strengthening workouts that help promote bone health and muscle mass. The grant will pay for the resistance bands.

Through the Kindness Grants we were able to demonstrate that a “little goes a long way” in encouraging employees to do good in the community. Eleven important community-based programs were delivered to a diverse audience within the San Gabriel Valley. We learned about the creativity and desire of our employees to work in the community.

Addressing Mental Health in the Primary Care Setting



In the 2018-2021 Implementation Strategy, our CBAC prioritized Mental Health as City of Hope’s third most important area to address over the

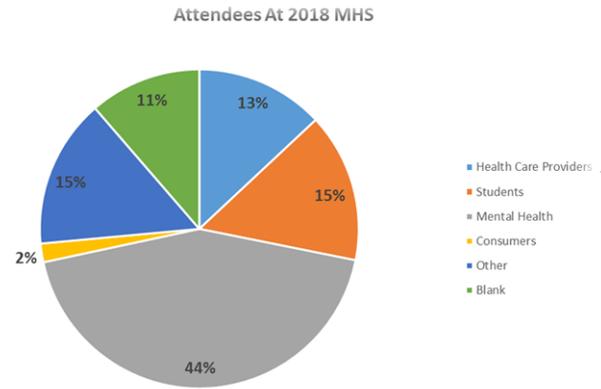
next three

years. During the spring 2018 CBAC meeting members decided to organize a one-day mental health symposium to focus this strategy: **Mental Health – Supportive Partnerships that increase access to mental health care/services.**

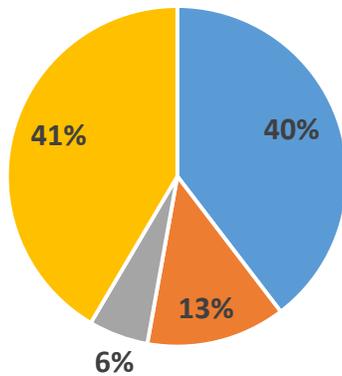
The event was held at City of Hope on August 2, 2018. For a full length video of the event and to access handouts, please visit the conference website: <https://www.CityofHope.org/about-city-of-hope/community/community-benefit/mental-health->

		Impacts	
Core Principle	Vulnerable Populations		<input checked="" type="checkbox"/>
	Primary Prevention		<input checked="" type="checkbox"/>
	Seamless Continuum of Care		<input checked="" type="checkbox"/>
	Community Capacity Building		<input checked="" type="checkbox"/>
Strategic Priorities	Access to Care		<input checked="" type="checkbox"/>
	Healthy Living		
	Mental Health		<input checked="" type="checkbox"/>
	Cancer Prevention Early Detection		

[symposium](#). The evaluation results from the symposium informed the committee on whether or not outcomes were achieved. The majority of attendees were actually mental health professionals (44%) compared to 13% for health care providers. This tells us a couple of things. First that mental health providers are still wanting to learn about more ways to help their clients. Second, we need to really figure out how to interest other health care providers to participate on a weekend event. On the flip side, 94% of the attendees said that the event increased their knowledge of mental health issues in the primary care setting, which means even though we did not attract the larger primary care providers, we did impact the knowledge of the mental health providers and increased the confidence of participants to make referrals in the future.

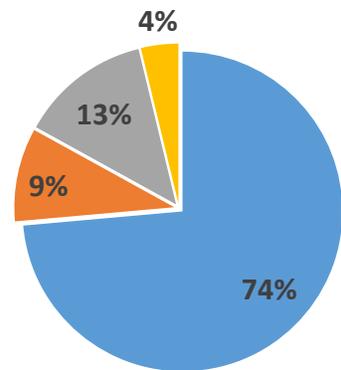


Do you believe a personal stigma prevents you from addressing mental health issues in your practice?



■ Not likely ■ Somewhat likely ■ Very likely ■ Does not apply

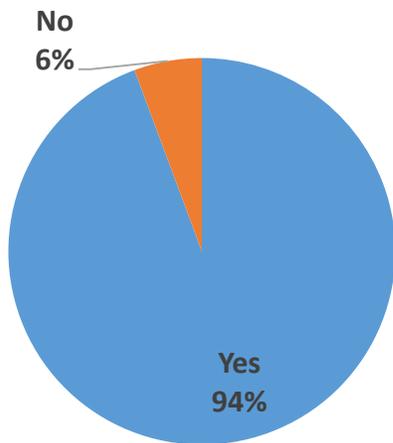
Did attending this event increase your confidence in making a mental health referral?



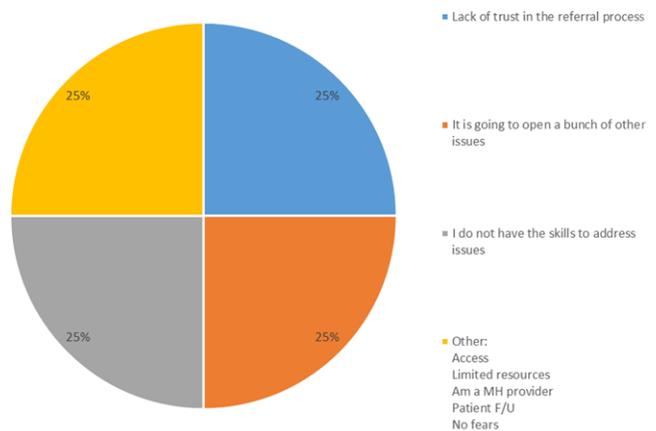
■ Yes ■ No ■ Not Sure ■ Does Not Apply

Of total participants, 19% felt that they were either somewhat likely or very likely to have a personal stigma that prevents them from making mental health referrals. When asked about what keeps them from making mental health referrals the responses were evenly distributed between lack of trust in the referral process, belief that a referral will open a bunch of *other* issues they do not have the skills to address. The CBAC will be addressing mental health again during the Fiscal Year 2019 cycle. They will use these evaluation results to plan the next event.

Do you believe this event increased your knowledge of mental health issues in the primary care setting?



What is your biggest fear in addressing mental health in your clinical practice?



Encouraging Careers in Science, Technology, Engineering and Math (STEM)

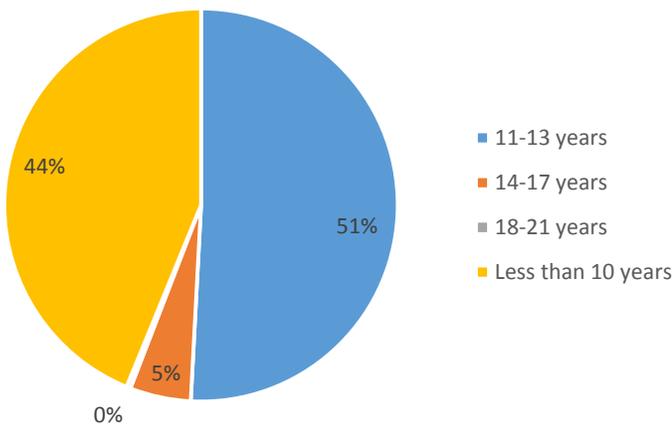
It is important to start early when encouraging children and teens in vulnerable communities to pursue a career in STEM. The reason this is important is because we need to ensure that our health care work force is as diverse as the community we serve. Oftentimes a career in the sciences seems overwhelming when you are only 11 years old. City of Hope is committed to presenting research and science in a way that makes it less intimidating and more fun while encouraging elementary school and middle school aged students that makes it less intimidating, more fun while encouraging children from



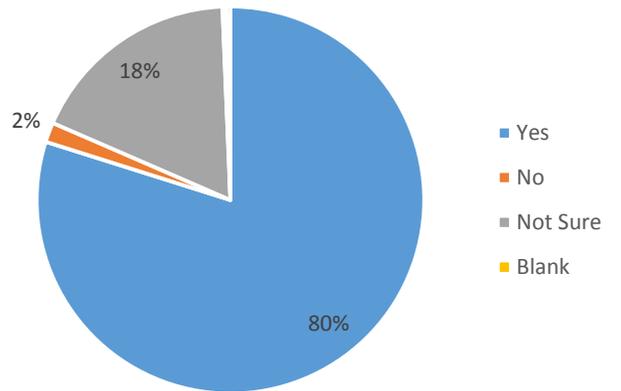
Impacts		
Core Principle	Vulnerable Populations	<input checked="" type="checkbox"/>
	Primary Prevention	
	Seamless Continuum of Care	
	Community Capacity Building	
Strategic Priorities	Access to Care	<input checked="" type="checkbox"/>
	Healthy Living	<input checked="" type="checkbox"/>
	Mental Health	
	Cancer Prevention Early Detection	

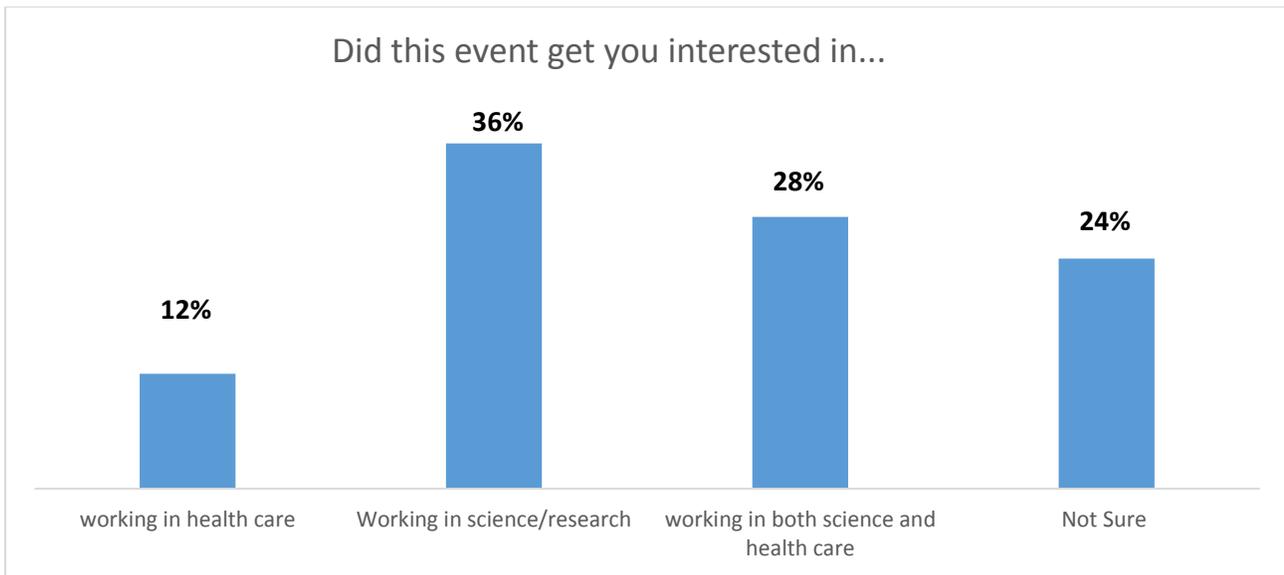
our service area to consider a career in health, science or research. During Fiscal Year 2018, the Community Science Festival was held in September. 51% of the attendees represented the targeted age group of 11 to 13 years. The goal of the event was to spark an interest in science among the attendees. According to the survey, 80% responded “yes” that the event sparked an interest in science. The science demonstrations won over the students in being interested in science and research (36%). Although, another 28% did indicate that they were interested in working in both science and health care. Combined that is a 64% demonstration of interest in health and science.

2018 Community Science Festival Attendees



Do you think this event sparked your interest in science?





The Community Science Festival would not be the success it is without the help and support of a large team of dedicated City of Hope researchers, scientists, graduate students, staff and community volunteers. All donated their time and energy to the event allowing more to be invested in supplies for the day. At the end of the day, it is really about the kids. Here is sample of some of their experiences.

I think I should be a scientist when I grow up.

My favorite was robotics. Robotics was good.

My experience today was great. I had so much fun! Especially taking out DNA from a strawberry.

This was a good experience and taught me a lot of things

It sparked my interest especially for research in cancer. Very interesting!



Enterprisewide Collaborations – Community Garden and Nutrition Programs

City of Hope is proud of the accomplishments of the programs across the enterprise. The Department of Community Benefit has worked collaboratively and in partnership with the Conrad N. Hilton Foundation and internal partners throughout the institution from diabetes/endocrinology to Enterprise Support Services and the Beckman Research Institute of City of Hope. This partnership is part of a larger five-year initiative to reduce the incidence of cancer and diabetes.

Savoring Hope Cooking Classes



One such collaboration is the Savoring Hope cooking classes. These interactive classes are led by one of City of Hope’s executive chefs and a health educator. During the Fiscal Year 2018, 241 community members (both City of Hope staff and members of our local community) participated in 27 different and special class programs. Throughout the year students learned to make a variety of healthy food items from chicken tortilla soup to lettuce wraps. To learn more about Savoring Hope cooking classes go to:

<https://www.CityofHope.org/about-city-of-hope/community/hilton-partnership/savoring-hope-cooking-classes>.

Community Gardens – Arroyo High School and Garden of Hope



On a nice plot of land connected to Arroyo High School, Eco Urban Gardens is breaking ground on a life transforming farm. This farm,

sponsored in part by a grant from the Conrad N. Hilton/City of Hope Partnership, will expand on their current footprint and build an aquaponics system, more garden beds, an outdoor kitchen, a garden labyrinth and a Hugelkultur demonstration garden. The ultimate vision is to create a culture of health and well-being through a fully integrated garden. The garden involves school stakeholders (students, teachers, maintenance/facilities, STEAM, culinary arts) who participate in all the planning and execution of the project. The project is managed by Eco Urban Gardens, a 2017 Healthy Living Grant recipient. The plans have been created through BlueHouse, an innovative urban agriculture nonprofit. City of Hope is excited to participate in such an amazing partnership.

	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	Access to Care	<input checked="" type="checkbox"/>
	Healthy Living	<input checked="" type="checkbox"/>
	Mental Health	
	Cancer Prevention Early Detection	<input checked="" type="checkbox"/>

On the very last day of Fiscal Year 2018, City of Hope employees from Community Benefit, Enterprise Support Services, and Philanthropy along with 50 volunteers from a local Best Buy, installed the



Garden of Hope, a small plot of land on the southwest corner of campus. The establishment of the Garden of Hope fulfills a mission to create a backbone for farm-to-table dining and food security in our community. Future programming will include the creation of an urban farming internship with California State University Pomona to maintain the

garden and to teach others about sustainable urban gardens. This garden will collaborate with the Savoring Hope cooking classes and COH community nutrition education programs to expand knowledge and change behaviors related to healthy eating. We will work with the COH K-12 summer programs to create STEM curriculum that incorporates the biological sciences with the environment and climate change.



Diabetes Self-management with the Episcopal Church

There are, of course, other programs being delivered to the community via the Conrad N. Hilton/City of Hope partnership. One includes a collaboration with the Episcopal church in the Los Angeles region. They have spent Fiscal Year 2018 certifying community educators in the Diabetes Self Management program (<https://www.cms.gov/Medicare/Provider-Enrollment-and->

[Certification/SurveyCertificationGenInfo/DSMT-Accreditation-Program.html](#)). When fully operational, their goal is to impact 88,000 congregants in 144 churches across Los Angeles County. Stay tuned for more results in Fiscal Year 2019.

COMMUNITY BENEFIT INVESTMENTS

How Benefits Were Defined

The quantifiable community benefits provided by City of Hope in Fiscal Year 2018 are listed in Table 3. Consistent with community benefit standards, only activities funded by the Medical Center (versus Beckman Research Institute of City of Hope, City of Hope Medical Foundation or Philanthropy) are included.

The Catholic Health Association's publication, "A Guide for Planning and Reporting Community Benefit, 2015 Edition," was used to determine whether activities met criteria for inclusion as a quantified community benefit. The criterion also meets Internal Revenue Service reporting and accounting requirements. Activities were grouped under the broad categories defined in SB 697 and were 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 were 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 hours devoted to an activity were multiplied by hourly wage and the fringe benefits were added to that number. In-kind donations were calculated at face value. Dollars were rounded to the nearest hundred.

Value of Quantifiable Benefits

Community Benefit Categories	Net Benefit
CHARITY CARE ¹	\$3,350,893
UNPAID COSTS OF MEDI-CAL ²	\$0
OTHERS FOR THE ECONOMICALLY DISADVANTAGED ³	\$0
EDUCATION AND RESEARCH ⁴	\$110,328,036
OTHER FOR THE BROADER COMMUNITY ⁵	\$2,523,438
TOTAL COMMUNITY BENEFIT PROVIDED EXCLUDING UNPAID COSTS OF MEDICARE	\$116,202,367
UNPAID COSTS OF MEDICARE ²	\$122,238,750
TOTAL QUANTIFIABLE COMMUNITY BENEFIT	\$238,441,117

Table 3. Fiscal Year 2018 Quantifiable Community Benefit

City of Hope also provided a wide range of benefits to our communities that is not reflected in Table 3 because they are not included in the definition of operational costs for community benefit. These include, but are not limited to, technical assistance provided to governmental agencies and community organizations, contributions to research literature and leadership on community boards.

¹ Charity Care includes traditional charity care write-offs to eligible patients at reduced or no cost based on the individual patient’s financial situation.
² Unpaid costs of public programs include the difference between costs to provide a service and the rate at which the hospital is reimbursed. Estimated costs are based on the overall hospital cost to charge ratio. This total includes the revenue and expense associated with the state Quality Assurance Program. City of Hope recognized net revenue from the Quality Assurance Program, which is recorded as \$0 Medi-Cal shortfall.
³ Includes other payors for which the hospital receives little or no reimbursement (County indigent).
⁴ Costs related to the medical education programs and medical research that the hospital sponsors.
⁵ Includes non-billed programs such as community health education, screenings, support groups, clinics and support services.

CONCLUSION

City of Hope strives to decrease health disparities in our service area by creating an institution-wide emphasis on community benefit to organize thoughtful collaborations that address root causes of barriers to good health. This year we provided evidence on the total Fiscal Year 2018 investment (\$238,441,117) and report on the strategies prioritized in our 2018-2021 Implementation Strategy Plan. The main focus areas of our 2018 Fiscal Year community benefit programs and services: **Healthy Living and Kindness Grants, Mental Health Symposium, Community Science Festival and Community Garden-Nutrition Programs** have been described in detail. In addition to these programs City of Hope provided more programming for work force development, a variety of cancer education and support groups and health care support services, like support for lodging and transportation for our most vulnerable patients. It has been an incredible year where we saw more collaboration across City of Hope departments than ever before. It is these collaborations that has allowed us access to our most at-risk communities and provide cancer prevention education and promote cancer awareness in the most culturally appropriate and sensitive way possible. For example, our multi-ethnic marketing and outreach program is an example of how we leverage marketing best practices in order to build visibility and participation to our cause. The establishment of our Kindness Grant program also opened up the opportunity to engage City of Hope employees in volunteer activities in the communities they live and serve.

The designation of community benefit programs as an institutional priority has heightened the sense of urgency to create strong, useful programs that meet the needs of the vulnerable populations in our service area. We continually view existing and future programs through a lens that places vulnerable populations in the forefront of the planning process. We are confident our institutional commitment will foster more collaboration among City of Hope employees and our community stakeholders. Prioritizing community benefit allows for a more strategic focus on things that are critical to our service area, while creating pathways for health and healing.

APPENDIX

Appendix A

2016 Needs Assessment Tools

Focus Groups and Interviewees

Community input was obtained from focus groups, surveys and interviews that engaged public health professionals, community members and representatives from organizations that represent medically underserved, low-income and/or minority populations.

Focus Groups

Agency and Agency Location	Participant Description	Language	Number of Participants
Second Baptist Church (Monrovia)	African-American adults	English	12
Second Baptist Church (Monrovia)	Teens, ages 14-18	English	20
Duarte Senior Center (Duarte)	Seniors	English	11
Asian Youth Center (San Gabriel)	Asian-American adults	English and Mandarin	12
Our Saviour Center (El Monte)	Hispanic/Latino adults	Spanish	10
TOTAL			65

Interview Key Informants

Name	Title	Organization
1 Tim Alderson	Executive Director	Seeds of Hope Episcopal Diocese of Los Angeles
2 Mary Borja	Health Services Chair	El Monte City School District
3 Lisa Dowd	Health Services Coordinator	Duarte Unified School District
4 Florence Lin	Community Relations Manager	Asian Youth Center

5	Jasmine Lopez	Volunteer	El Consilio
6	Maggie Lopez	Clinic Administrator, Azusa Clinic	El Proyecto del Barrio
7	Jim Morris	Executive Director	Men Educating Men About Health
8	Jennifer Rivera	Community Liaison Public Health Supervisor, Community Health Services	Los Angeles County Department of Public Health, SPAs 3 and 4
9	Cindy Sarabia	Volunteer, School-age Department	Antelope Valley Partners for Health
10	Tashera Taylor	Client Services Director	Foothill Unity Center
11	Jamie Thai	Chief Financial Officer	Garfield Health Center
12	Corina Ulloa	Director, Nutrition Services	West Covina Unified School District
13	Rev. George Van Alstine	Co-pastor	Altadena Baptist Church
14	Sonja Yates	Executive Director	San Gabriel Valley Habitat for Humanity
15	Lucy Young	Senior Director	Herald Cancer Center

Community Survey Summary

A survey was made available to community partners from November 2015 to January 2016 through Survey Monkey. An introduction to the survey explained the purpose of the survey and assured participants that participation was voluntary and that they would remain anonymous. We received 38 responses. Survey results are below:

Table 83. Age of Respondents

Age	Percent
20-29	15.0%
30-39	12.5%
40-49	22.5%
50-59	27.5%
60-69	17.5%
70-79	5.0%

Table 84. Insurance Coverage

Insurance coverage	Percent
No health care insurance	10.5%
Medicaid/Medi-Cal	7.9%
Medicare	10.5%
Employer-based insurance (includes HMO)	68.4%
Other or don't know	2.7%

What is the biggest health issue facing your community?

Health Issues	Number of Respondents
Diabetes	13
Obesity	10
Heart disease	8
Addiction/drug abuse/smoking	4
Access to health care, insurance coverage	4
Cancer	3
Air quality/pollution	3
Mental health	2
Asthma	1
HIV/AIDS	1
Aging population	1
Safety	1
Homelessness	1

What kinds of problems do you or your family face obtaining care or support services?

- We cannot afford it. Money and the lack of health insurance get in the way.
- The cost and the approval for my services
- Sometimes staff is insensitive. They are worried about money and quantity instead of quality.
- Selecting reliable specialists and costs
- Not be able to pay or not be able to see a doctor, because medical insurance won't approve authorizations.
- Making the time to address health needs.
- Limited appointment availability (i.e. earliest appointment isn't available for weeks).
- Cost of prescription meds, cost of dental care
- The lack of information about the various health services available in Pasadena. From my own experience, I have noticed that some parents don't know where clinics are located, and they know that it would be costly to take them to Huntington Hospital.
- The healthcare maze and out-of-pocket expenses
- Availability of appointments, money for co-pays
- Fighting with insurers over billing
- Language barrier/transportation for elders
- Taking time off work during the day. I would like to see more doctors offer regular evening hours.

What would make it easier for you and your family to obtain care?

- Zero co-pay
- Universal health care as offered by other industrialized nations in the world
- Talking with a social worker who has a lot of patience
- Resources and staff that are culturally appropriate and in-language. Also, navigators that can help patients with follow-up and help translate medical forms.
- Transportation. My parents are elderly and don't like to drive. I sometimes have to take time off work to drive them to their doctor visits.
- Reduce the cost and make health care more affordable.
- Having more work flexibility or having office hours that are not urgent care, e.g. on the weekends
- Not waiting so long for an appointment
- More specialty care practitioners
- More family clinics with flexible times to see doctors
- Local urgent care or after-hours services with early/late appointment hours
- Interpreters available to help people understand and navigate the system
- Health insurance
- A place that shows all the resources in the area
- Encourage discussion of mental health issues in Asian-American culture.
- Encourage Asians to seek jobs in mental health and other allied health and public health fields to ensure cultural and linguistic competency in serving the local San Gabriel Valley residents (and California).
- Private physicians and pharmacists (and their staff) should be knowledgeable in community resources and supportive resources to share with their patients.
- Better understanding of how to access insurance opportunities

What type of support or services do you see a need for in this community?

- Transportation
- Language materials available in API languages
- Translations (especially Spanish and Asian languages such as Chinese, Vietnamese, Tagalog, etc.)
- Support from people who would like to see healthier food options. Advocacy, education of elected officials
- Patient navigation
- Obesity prevention
- Mental health services
- Sex education
- Alcohol abuse prevention
- Drugs and tobacco use prevention
- Teen resources and services for pregnant teens
- Support for single seniors
- Low-income clinics or hospitals
- Forums on diabetes prevention and care
- Obesity prevention and care
- Education in all languages, more outreach in the community, having support groups to teach the community
- Access to affordable preventive checkups
- Mental health providers that talk with people and not just give pills
- Low-cost dental services
- Let our community know that there is information and resources available for them.
- Health insurance for those of us who own homes, but do not make enough to pay for health insurance
- Health care staff that speak our language, understand our culture and know there are cultural beliefs, barriers and strengths influencing health and accessing care.
- I don't know where to get resources and have to go to too many different places.
- Childcare, parks and recreation services, afterschool programs, senior centers, adult educational programs and community centers
- Behavioral health must improve. There cannot be waiting lists. People who suffer from mental disorders need to have mental/behavioral health available immediately.

Community Resources

City of Hope solicited community input through key stakeholder interviews, a community survey and focus groups to identify programs, organizations and facilities potentially available to address significant health needs. This is not a comprehensive list of all available resources. For additional resources, refer to 211 LA County at www.211la.org/ and Think Health LA at www.thinkhealthla.org.

Community Resources

Significant Health Needs	Community Resources
Access to care	<ul style="list-style-type: none"> • Clinica Ramona in El Monte provides one year of health coverage for free • Community Health Alliance of Pasadena (ChapCare) • Set for Life hosts health expos with health screenings • Senior Advocacy Program, a county program for seniors primarily in nursing homes • CVS and Rite Aid offer flu shots and screenings • Foothill Transit offers bus service from Duarte to Pasadena • Duarte Senior Center publishes a newsletter that identifies resources • City of Hope Health Fair • Herald Christian Health Center • Tzu Chi Foundation • Cleaver Family Wellness Clinic and food pantry • Good Samaritan Hospital • Parish Nurses offer screenings with referrals for more services • El Monte School District developed a Family Center in El Monte, which includes a number of services and community organizations. • AltaMed • Western University provides dental services at two dental clinics at schools • Duarte School District’s Health Services Center focuses on getting kids access to health insurance. • Foothill Unity Center food bank • Department of Health Services clinic in El Monte • C-Care • Latinos for Hope (City of Hope group) goes out into the community and inform/educate about what’s available • Certified Enrollment Counselors at El Proyecto del Barrio help patients understand eligibility and enrollment and to keep them on their programs to maintain their benefits • East Valley Community Health Center • Antelope Valley Community Clinic • Antelope Valley Children’s Center • Antelope Valley Partners for Health • Palmdale Regional Medical Center • Antelope Valley Hospital • Garfield Health Center • Asian Community Center • Kaiser Permanente • Huntington Hospital • City of Pasadena Public Health Department • Chinatown Service Center

Cancer	<ul style="list-style-type: none"> • Clínica Médica Familiar (Family Medical Clinic) has clinics twice a year • Brotherhood Labor League Annual Men's Conference • City of Hope offers cancer screenings at health fairs • Set for Life offers mammograms • Children's Hospital Los Angeles • Southern California Health Conference at Pasadena Civic Center • Cleaver Clinic • American Cancer Society has resources that can help with transportation and navigation assistance • Susan B. Komen • My Health LA patients provides emergency Medi-Cal for women 40+ with breast cancer, and for women of any age with cervical cancer through the Every Woman Counts program • Prostate Cancer Research Institute annual conference • MEMAH (Men Educating Men About Health) annual conference Partners with City of Hope to do digital rectal exams • Garfield Health Center provides mammograms and Colorectal cancer screening • Herald Cancer Association offers support, consultation, answers questions, written information, links to websites
Heart disease	<ul style="list-style-type: none"> • American Heart Association • Set for Life • Labor Union Conference • Curbside CPR classes offered by the Fire Department • Tzu Chi Foundation • Children's Hospital Los Angeles • Los Angeles County Department of Public Health Service • City of Azusa has a Wellness Center • El Proyecto Del Barrio does medication management and assistance • Clinic pharmacy dispensary provides some additional medications • Los Angeles County Department of Health Services, Healthy Choice the Easy Choice. Working to have healthier options more accessible, including exercise breaks in meetings, etc. • Foothill Unity Center offers a walking program and checks blood pressure • Health plans provide educational materials about foods to eat and foods to avoid. Some have been translated by health plans.
Mental health	<ul style="list-style-type: none"> • Alma Services • Spirit Family Services • Enki Mental Health Center • Foothill Unity Center provides referrals and services for families and homeless • National Association for the Mentally Ill • Tri-Cities Mental Health serves Pomona, La Verne and Claremont • Los Angeles County Department of Mental Health

	<ul style="list-style-type: none"> • Foothill Family Service offers some group services • Libraries provide information on where to access services • Whittier Hospital has a lot of free classes • El Monte School district added a district social worker and school counselor • Pacific Clinics/Asian Pacific Family Center • Foothill Family Services • D’Veal Family & Youth Services • District Homeless Coordinator has information about referrals for kids • Duarte School District has partnerships with providers (Foothill Family Services and D’Veal) to come into the schools and provide services • Asian Coalition helps people find resources • Each Mind Matters, the California Mental Health movement • Mental Health Services Act • Asian Youth Center hosts a mental health day • Health Consortium of Greater San Gabriel Valley is looking to build more connections between physical and behavioral health providers • Healthy Neighborhoods initiative from Department of Mental Health pilot site in El Monte. Department of Mental Health Service Area Advisory Committee includes consumers and tries to deal with issues of access • Santa Anita Family Services • Foothill Family Services • Arcadia Mental Health • Aurora Clinic • Pacific Clinics • Asian Pacific Health Care Venture has Chinese language mental health services
Overweight and obesity	<ul style="list-style-type: none"> • San Gabriel Valley Service Center has free Zumba, yoga, line dancing and aerobics classes • Women, Infant and Children offers nutrition classes • Our Saviour Center has nutrition and cooking classes • Community centers offer exercise programs such as Zumba and walking • Senior centers • Each city has some exercise programs • Swim programs for school-age children • Some nonprofits organize physical education and/or nutrition education/healthy snacks, such as Boys & Girls Clubs • City of Duarte hosts a Biggest Loser contest and sponsors city walks • Duarte Senior Center offers referrals and some free services, including a hiking club
Drugs, alcohol, tobacco	<ul style="list-style-type: none"> • Alcoholics Anonymous • Azteca • California’s anti-tobacco campaign • Policies that prevent tobacco use in public settings and more enforcement of laws that prevent tobacco sales to minors

	<ul style="list-style-type: none">• American Cancer Society• Unity One• Los Angeles County Sherriff's drug and alcohol prevention programs• Parent University• Narcotics Anonymous• Asian Youth Center program helping cities create smoke-free parks
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Appendix B

Financial Assistance Policy

Policy and Procedure Manual
Administrative Manual
Administrative Institutional
Department: Supportive Care



Written: 05/25/17

Reviewed:

Revised:

Page: 1 of 4

APPROVALS:

SLT: 07/12/17

Scope: X Medical Center

**Provision of Patient
Assistance Items to Patients
Who Demonstrate Financial
Need**

I. PURPOSE / BACKGROUND

City of Hope's Supportive Care Department, Case Management Department and Village Operations (the "*Departments*") may, from time to time, provide financial assistance to patients to further City of Hope's ("COH") charitable purpose, to support the overall wellbeing of patients who would otherwise be unable to independently pay for necessary items and services and to better ensure patient access to, and continuity of, requisite medical care. Such financial assistance (collectively, "*Assistance*") may include assistance with transportation to and from appointments at COH (whether in the form of gas cards or transportation vouchers), grocery store gift cards, lodging assistance, and assistance for medically-necessary post-discharge clinical care. The purpose of this policy is to provide guidelines by which such Assistance will be offered and provided by the Departments to COH's patients.

II. POLICY

- A. Available Assistance will only be discussed with patients who have already (1) been admitted to COH, or (2) selected COH as its healthcare provider such that COH has started developing a plan of care for the patient.
- B. Assistance will not be marketed or advertised by the Department or any other COH personnel.
- C. Assistance will be offered only to low-income patients upon the patient's disclosure of financial need.
 1. The Department will assess the patient's financial need prior to the provision of any Assistance. Assistance will only be available to patients who meet the requirements set forth below in Procedure Section G.
 2. With the exception of Lodging Assistance, assistance provided shall be intended solely for use by the patient and not by the patient's family members or other parties.
 3. Documentation of this assessment, and any proof of financial need submitted by the patient, will be documented in the COH Electronic Health Record (EHR).
 4. Assistance will not be used for service recovery, risk management, or patient relations.
- D. Where Assistance entails COH paying for medically necessary post-discharge services, COH will select such vendors based on patient convenience, and whether the vendor provides quality and reliable services at reasonable, fair market value rates.

- E. The Department will track all Assistance provided by patient name and medical record number using a spreadsheet to document the type and value of Assistance, and date when the Assistance was given. Tracking logs will be maintained by the Department for a minimum of ten (10) years.
- F. Any cost centers used to obtain Assistance will not be reported on COH's Medicare cost report.
- G. Assistance will not be reported as charity care.

III. PROCEDURE

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
Director of Case Management Department, with support from the Managed Care Department	<ul style="list-style-type: none"> A. Compile a list of vendors (“<i>Contracted Vendors</i>”) that have agreed to a pre-negotiated payment rate from COH as payment in full for furnishing medically necessary post-discharge services (the “<i>Contracted Vendors List</i>”). B. Confirm that the pre-negotiated payment rates are consistent with fair market value. C. Select Contracted Vendors based on patient convenience and the quality and reliability of their services. D. Confirm that the Contracted Vendors are not referral sources to COH. E. Annually review and update the Contracted Vendors List.
Case Management and Supportive Care Departments	<ul style="list-style-type: none"> F. Discuss Assistance only with patients who have already (1) been admitted to COH, or (2) selected COH as its healthcare provider, such that COH has started developing a plan of care for the patient. G. Assess patient financial need as follows: Supportive Care and Case Management: A patient with Medi-Cal is deemed to have demonstrated financial need and is eligible for Assistance. A non-Medi-Cal patient will be deemed to have demonstrated financial need if he or she meets the current COH Charity Care income criteria. The following additional factors may be considered in assessing financial need: Supplemental Security Income or other government assistance program participation; financial hardship due to reduction or loss of income due to medical condition; unplanned or unexpected treatment-related expenses that patient cannot cover; increase in out-of-pocket costs associated with treatment plan that patient cannot cover. Village: Please see the following COH policies: (1) <i>Village Stay Criteria (Hope and Parsons)</i>, and (2) <i>Village – Billing and Collections</i>. H. Document determination of patient financial need in the EHR. I. Explore other types of available aid (e.g., grants, food stamps, etc.). J. Offer and provide Assistance to the patient as appropriate and explain that such Assistance may not be repeatable and may require a new assessment of financial need.

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
Case Management and Supportive Care Departments	<p>K. For any Assistance involving medically necessary post-discharge care paid for by COH, select vendor from the Contracted Vendors List. Any exceptions (i.e., selecting a vendor not identified on the Contracted Vendors List) must first be approved by the Director of Case Management.</p> <p>L. Document provision of any Assistance in the EHR.</p> <p>M. For transportation assistance, the total value will not exceed \$1,200 per year per patient. Exceptions to these caps must first be approved as follows:</p> <ol style="list-style-type: none"> 1. Assistance above the annual cap of \$1,200 but below \$3,000 per patient per year must be approved in writing, in advance, by the Director of the department providing the Assistance. The Department Director shall only approve this additional assistance for an immediate and/or exigent need where the patient is otherwise unable to obtain resources to address the need in the necessary timeframe. 2. Assistance exceeding the amounts in the immediately preceding paragraph, or that does not meet the foregoing criteria for approval by the Department Director, must be approved, in advance, in writing by COH's Corporate Compliance Department. <p>N. For grocery store cards, the total value will not exceed \$400 per year per patient. Exceptions to these caps must first be approved as follows:</p> <ol style="list-style-type: none"> 1. Assistance above the annual cap of \$400 but below \$1,000 per patient per year must be approved in writing, in advance, by the Director of the department providing the Assistance. The Department Director shall only approve this additional assistance for an immediate and/or exigent need where the patient is otherwise unable to obtain resources to address the need in the necessary timeframe. 2. Assistance exceeding the amounts in the immediately preceding paragraph, or that does not meet the foregoing criteria for approval by the Department Director, must be approved, in advance, in writing by COH's Corporate Compliance Department. <p>O. Lodging Assistance (lodging at the Hope and Parson Villages, or a local hotel when the Villages are full) will not exceed \$2,500 per patient per year. Assistance above that limit must be approved in writing in advance by the Department's Executive Director.</p> <p>P. Assistance for medically-necessary post-discharge clinical care coordinated through Case Management is subject to the following requirements: (1) All requests for Assistance for medically-necessary post-discharge clinical care up to a value of \$5,000 per patient per year must be approved in advance, in writing by Director of Case Management. (2) Requests in excess of \$5,000 must be approved, in advance, in writing by COH's Corporate Compliance Department.</p>

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
Case Management and Supportive Care Departments	<p>Q. Any requested Assistance outside of the parameters above must be approved, in advance, in writing by COH's Corporate Compliance Department.</p> <p>R. Report any Assistance provided to the Department administrative support staff member responsible for documenting and tracking Assistance.</p> <p>S. Document patient name, medical record number, Assistance type, Assistance value and Assistance date in the spreadsheet maintained by Department.</p>

Owners: Director, Clinical Social Work; Director, Case Management

Sponsors: Senior Vice President, Chief Nursing and Patient Services Officer; Chief Clinical Officer

Collaborators: Corporate Compliance

Related Policies:

1. Charity Care
2. Village Billing and Collections
3. Village Stay Criteria (Hope and Parsons)

Appendix One – Acronyms, Terms and Definitions Applicable to this Policy

1. **City of Hope ("COH")** – City of Hope National Medical Center ("COHNMC"), also referred to as City of Hope ("COH") for purposes of this policy.
2. **EHR** – Electronic Health Record
3. **Medical Center** – Refers to all facilities covered by City of Hope National Medical Center's hospital license.

Appendix C

Charity Care Policy

Policy and Procedure Manual
Administrative Manual
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; 09/30/16
Revised: 10/07; 12/09; 03/10; 03/25/13; 03/09/15; 10/10/16
Page: 1 of 7

Charity Care Policy

APPROVALS:

SLT: 10/07/16; MEC: 10/10/16; BOD: 3Q-16

Scope: Medical Center Medical Foundation (Hospital-Based Services Only)

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. This policy was adopted with the intention of satisfying the requirements set forth in Section 501(r) of the Internal Revenue Code of 1986, as amended (the "Code"). Accordingly, any interpretation of this policy should be consistent with Section 501(r) of the Code.

II. POLICY

- A. **Patients Covered:** An individual is eligible for financial assistance at COHNMC for free care if the individual meets all of the following conditions: (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.
- D. **Income Eligibility:**
1. **Income Below 600% of FPL:** An individual will be considered for charity care if his or her Income (or family's Income) is less than 600% 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 charges for services provided at hospital-based City of Hope locations and the City of Hope Retail Pharmacy 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 non-hospital-based City of Hope Medical Foundation Community Sites are not covered. COHNMC does not operate an emergency department.
- 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 the patient from applying for financial assistance at a later date.
- c. COHNMC makes the financial assistance policy widely available to the public including providing 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 outside of this policy 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") and for limited services and/or renewals is determined in accordance with subsection (f) below):

- 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 limited services and 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. Manager, Patient Financial Services
 - \$50,001 to \$100,000 – Approved by Sr. Director, Patient Financial Services
 - \$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. Outside of this policy, 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. Moreover, in the event that any third party collection vendors are required to initiate extraordinary collection activity, the third party collection vendor must make reasonable efforts within the Meaning of Section 501(r) of the Code to determine the eligibility of the individual (or another individual responsible for payment of the individual’s bill) under this policy. In addition, the third party collection vendors shall issue three statements and provide a final notice thirty (30) days before extraordinary collection activity will be taken. Agreements with third party collection vendors shall require compliance with Section 501(r) of the Code. For more information regarding the activities that may be taken in event of default, please refer to the Self Pay Collection Policy or the Medicare Bad Debt Policy which COHNMC makes widely available to the public by including on COHNMC’s website.
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.

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

Appendix One – 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 IIA 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. **City of Hope Medical Foundation (“COHMF”)** – Added to the scope of this policy as the professional charges derived from hospital-based services are covered under this policy.
4. **Community Sites** – Refers to non-hospital practices operated by City of Hope Medical Foundation (“COHMF”). Services rendered at non-hospital-based COHMF Community Sites are not covered under this policy.
5. **Income** – Gross income from all sources.
6. **Medical Center** – Refers to all facilities covered by City of Hope National Medical Center’s hospital license.
7. **Medically Necessary Services** – Inpatient or outpatient services deemed medically necessary by a COHNMC medical staff member.
8. **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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CityofHope.org/community-benefit

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