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**2019**

# **COMMUNITY BENEFIT REPORT**



**City of Hope®**

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# EXECUTIVE SUMMARY

City of Hope is pleased to submit a report of our community benefit activities for Fiscal Year 2019 (October 1, 2018 to September 30, 2019). 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.

This is the second report where City of Hope is proud to share the results of our efforts to address our 2018-2021 Implementation Strategy. 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 healthcare 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 2019 Fiscal Year is 269,308,108 (Figure 1).

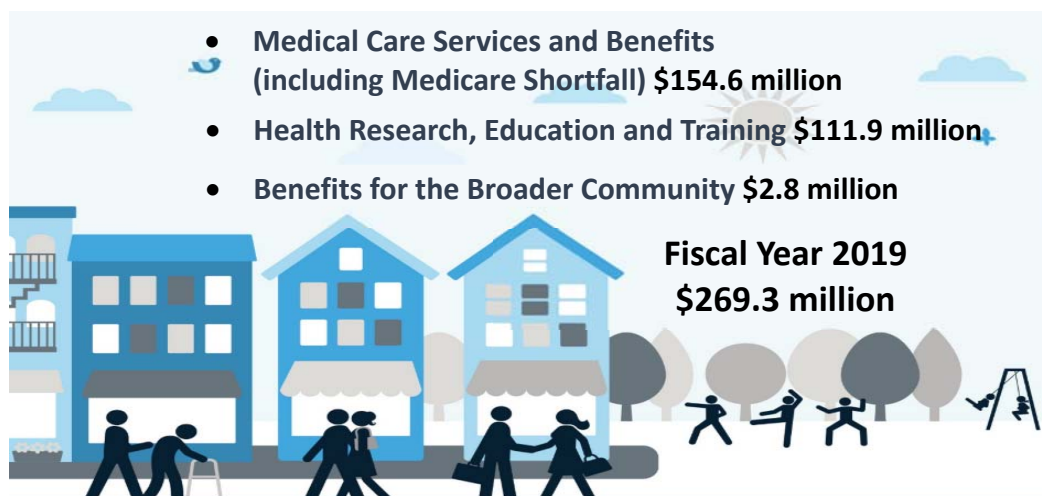


Figure 1. Fiscal Year 2019 Community Benefit Investments

Moving forward we will 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 to:

[CommunityBenefit@coh.org](mailto:CommunityBenefit@coh.org). This report, as well as our implementation strategy, is available for download on our website at: [CityofHope.org/community-benefit](http://CityofHope.org/community-benefit)

# WHO WE ARE: CITY OF HOPE

Founded in 1913, City of Hope is one of 51 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, have 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 [cityofhope.org/careers/why-city-of-hope/corporate-social-responsibility](http://cityofhope.org/careers/why-city-of-hope/corporate-social-responsibility).

## The Community We Serve

City of Hope is located in Duarte, California, a richly diverse community almost 22,000 situated at the base of the San Gabriel Mountains roughly 21 miles northeast of Los Angeles (Figure 2). Duarte is recognized as a leader in community health

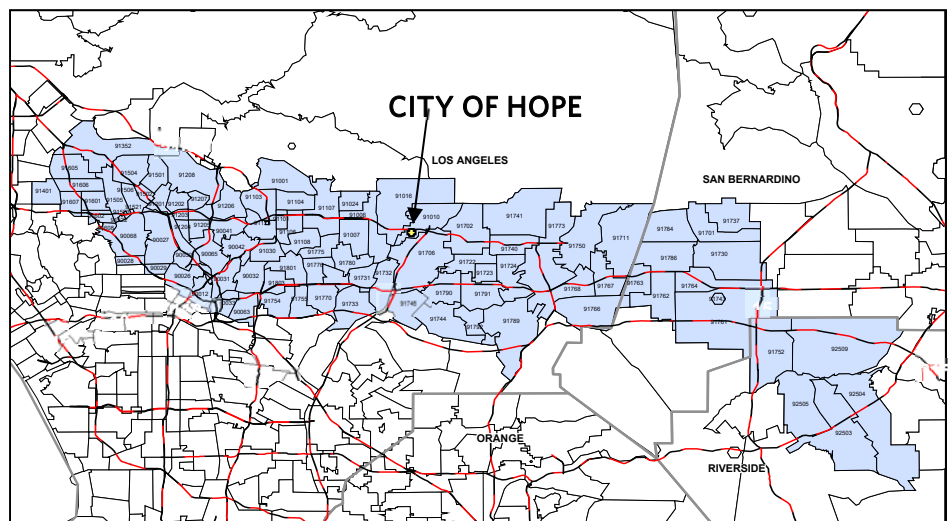


Figure 2. City of Hope's primary service area

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.

## Race/Ethnicity

Within the Service Planning Area 3 (SPA 3), the highest concentration of Latinos are in Pomona, while Pasadena has the highest concentration of Blacks and Whites. Alhambra has the highest population of Asians. Native Americans and Hawaiian/Pacific Islanders reside in higher numbers within Baldwin Park and El Monte. The population within the SPA 3 is 44.7% Latino, 19.3% White, 29.9% Asian, and 3.6% Black/African-American. Irwindale, La Puente and South El Monte have the highest concentration of the Latino population, with a rate of 93.3%, 84.7%, and 82%, respectively (Figure 3).

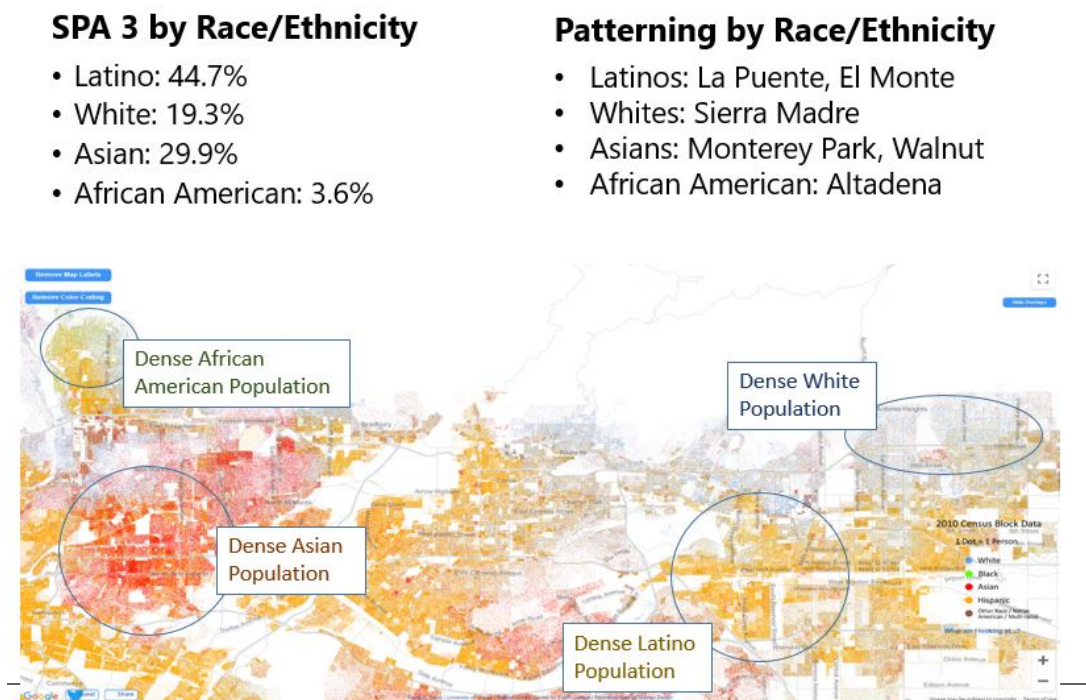


Figure 3. This map shows a portion of the SGV service area spanning from Pasadena on the left to Claremont on the right. Racial dot map: <http://racialdotmap.demographics.coopercenter.org/>

Our primary service area extends far beyond Duarte to include Los Angeles, Orange, Riverside, San Bernardino and Ventura counties — where City of Hope operates nearly 30 community practice sites. Together, these five counties are home to the majority of California’s multicultural and ethnic residents.

Among these counties, the Latino population grew to 46.1%, while the White population declined to 31.6%. The Asian and Black populations appear stable at 12.9% and 6.3%, respectively. In comparison to California, these counties have a significantly higher concentration of Latino population — the state rate stands at 38.8% — and a significantly lower concentration of White population — a margin gap of 6.3%, with the state having the higher rate of 37.9%. The state populations consists also of 13.9% Asians and 5.5% Black/African-Americans. San Bernardino County has the highest percentage of Latinos (52.3%) and Blacks (8.0%), Ventura County has the highest percentage of Whites (46.1%), and Orange County has the highest concentration of Asians (19.5%).

Projections for the counties in our service area suggest that the number of Latino residents will continue to rise, and the number of White residents will continue to fall. Latinos are expected to represent the majority of the population (more than 50%) by 2030 in Los Angeles and San Bernardino counties. The number of Black and Asian residents is expected to remain stable throughout the five counties. (State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; 2019.)

## Language

With the exception of Los Angeles County, the remaining counties of interest to City of Hope all have at least half of their respective populations speaking English only in the home. Los Angeles County has the highest rates of foreign-language speakers in Spanish (39.3%) and other Indo-European languages (5.3%). All but Orange County have rates of Spanish speakers in the home greater than the state rate of 28.7%. Los Angeles and Orange counties have the highest proportion of households speaking Asian languages. Their rates, 10.9% and 14.5%, respectively, are also greater than the state rate of 9.9%.

Given the distribution of languages spoken, it is perhaps self-evident that Los Angeles County has a higher proportion of the population feeling linguistically isolated compared to California (17.9%).<sup>1</sup> These

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<sup>1</sup> Linguistic isolation describes the population over age 5 who speak English “less than very well.”

rates are slightly lower than they were in 2014 when county and state population for linguistic isolation trended at 25.8% for Los Angeles and 19.1% for the state (Figure 4.) When language is examined by city, certain cities disproportionately favor one foreign language over another. More than two-thirds of La Puente (70.4%) and South El Monte (67%) residents speak Spanish at home. On the other hand, less than 10% of households in Sierra Madre (8.5%), San Marino (8.2%), Bradbury (7.7%), and Arcadia (6.6%) speak Spanish. Seven cities had at least half of residents speaking Asian or Pacific Islander in the home: Monterey Park (56.7%), Rosemead (56.2%), San Gabriel (55.4%), Rowland Heights (53.3%), Temple City (52.4%), and Arcadia (51.5%). Altadena (7.1%) and Pasadena (7.1%) have the highest percentage of residents who speak some other Indo-European Language. (U.S. Census, American Community Survey, 2013-2017)

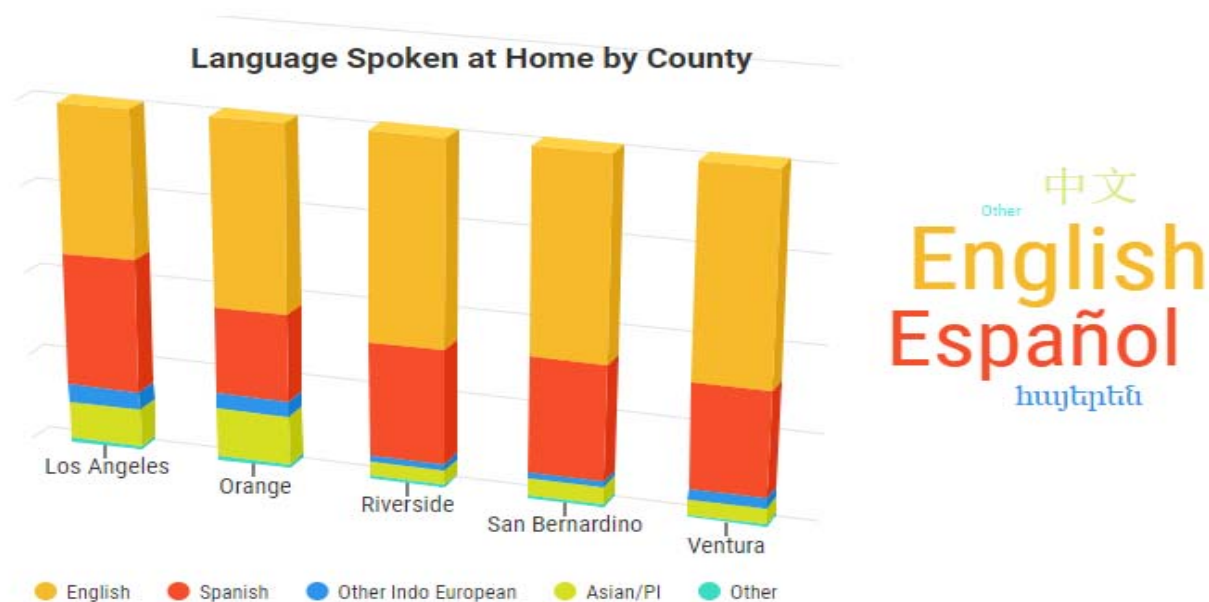


Figure 4. Language Spoken at Home by County. U.S. Census, American Community Survey, 2013-2017.

## 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](https://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. For this report we will examine the intersections between poverty, educational attainment and how this makes people vulnerable.

### **Poverty**

In SPA 3, eight cities have poverty levels greater than the state's rate of 15.1%. They include Pasadena (15.5%), Monterey Park (15.8%), Azusa (16.4%), La Puente (18%), Rosemead (18%), South El Monte (18.7%), Pomona (20.7%), and the highest level in El Monte, where almost one out of four (22.6%) of the population lives below the poverty level. The federal government measures the number of people in poverty with thresholds established and updated annually by the U.S. Census (Federal Poverty Level). In 2017, the Federal Poverty Level for an individual stood at annual income of \$12,060, while for a family of four it was \$24,600. In California, where the cost of living is high, research indicates that families can earn two or more times the Federal Poverty Level and still struggle to meet their basic needs.<sup>2</sup>

### **Educational Attainment**

One of the key drivers of health is educational attainment — low levels of education are often linked to poverty and poor health. In SPA 3, 12 cities rank below the state in the rate of college-educated adults 25 years old or older, including South El Monte and Irwindale, which have the lowest rates, at 6.2%, and 7.5%, respectively. The highest percentage of residents with a high school diploma are Baldwin Park (32.5%), Citrus (31.8%), and Valinda (30.2%). Though La Puente has low rates of college-educated adults (8.3%), it does have a larger portion of residents with no high school education (24%) or a high school diploma (29.7%) than the majority of peer cities in SPA 3. El Monte (26.7%) and South El Monte (29.4%) have the largest proportions of residents with no high school education.

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<sup>2</sup> "Making Ends Meet: How Much Does It Cost to Support a Family in California?" (December, 2017). California Budget and Policy Center. Available at <https://calbudgetcenter.org/wp-content/uploads/Making-Ends-Meet-12072017.pdf> Accessed [June 13, 2019]

## Vulnerable Populations

Poverty and education attainment are predictive of at-risk or vulnerable populations. As depicted in figure 5<sup>3</sup>, City of Hope, located in Duarte, is surrounded by vulnerable communities. Communities

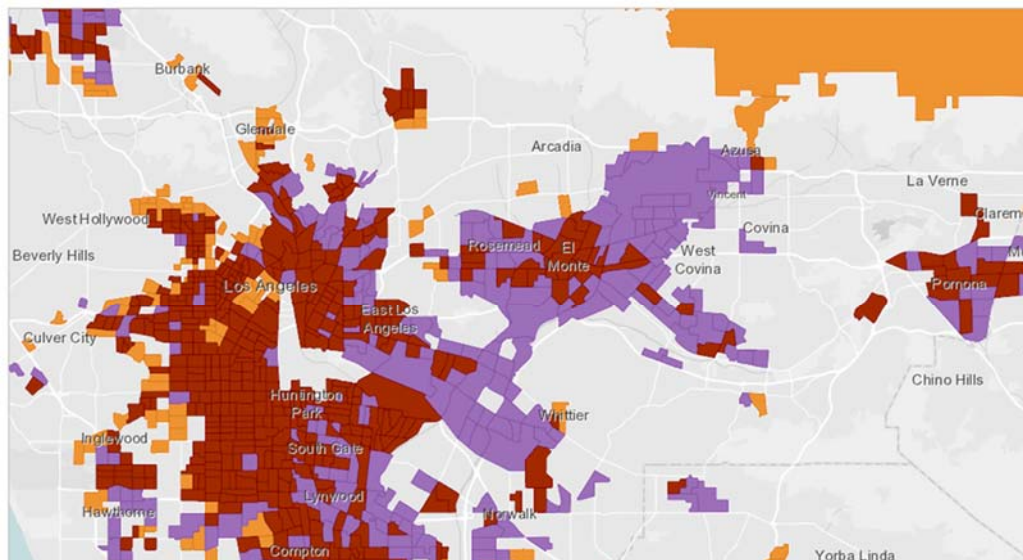


Figure 5. Map of Vulnerable Populations in City of Hope Service Area. Source: American Community Survey 5-Year Estimates, 2013-2017.

with 30% or more of residents in poverty are shown in orange. Communities in which 25% or more of residents lack a high school education are shown in purple. The overlap of high poverty and low educational attainment is depicted in red and indicate communities with vulnerable populations.

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.

<sup>3</sup> Map developed by Community Commons, available here: <http://www.communitycommons.org/entities/60847319-e438-44be-a5c3-5b8d298845e1>

- 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.

Many of the health issues that impact our service areas have a direct correlation between race/ethnicity, language, poverty and educational attainment. Recognizing the shared social determinants of health we are able to more effectively identify the drivers of the conditions impacting the communities City of Hope serves.

# ORGANIZATIONAL COMMITMENT

## Oversight and Management of Community Benefit Activities

Because community health improvement is a key component of City of Hope's mission, a large number of 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 City of Hope National Medical Center and all other entities that are part of the City of Hope enterprise.

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 Retired People
- American Cancer Society
- Arcadia Methodist Hospital
- 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, Inc.
- YWCA – San Gabriel Valley

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 our Implementation Strategy. Additionally, this group has an internal webpage 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 2019.

During the 2019 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. During the course of this year, the CBAC provided input and participated in focus groups/interviews for the community health needs assessment, worked to review and revise the Healthy Living Grant program, reviewed the charter and conducted site visits to the Healthy Living grantees they chose to fund during 2018/2019. CBAC members who made site visits submitted written and verbal reports on their observations and experiences. Additionally, they reviewed and chose the 2019 Healthy Living Grantees and Fiscal Year 2019 Kindness Grantees. As in previous years, the CBAC members attended and emceed the annual conference and awards luncheon where they personally spoke about the sites they visited.

Nancy Clifton-Hawkins, M.P.H., M.C.H.E.S.® is City of Hope's community benefit senior 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](mailto:CommunityBenefit@coh.org)

# 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](http://phi.org/resources/?resource=advancing-the-state-of-the-art-in-community-benefit-toolkit)):

1. Emphasis on 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.



## 2018-2021 COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY

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 this link. [CityofHope.org/about-city-of-hope/community/community-benefit](http://CityofHope.org/about-city-of-hope/community/community-benefit). Completion of the Fiscal Year 2016 CHNA was critical in City of Hope's efforts to plan and implement programs and services to the vulnerable living our our service area. Next, you will find the methodology used to gather data and prioritize health needs in that 2016 assessment.

# COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND RESULTS

## 2016 Community Health Needs Assessment Methodology

City of Hope's service area 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 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 [CityofHope.org/about-city-of-hope/community/community-benefit](http://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 and 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 (interviews, focus groups 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 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 6. 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?

<b>Size:</b> # of persons affected	<b>Feasibility:</b> City of Hope's ability to reasonably impact issue given available resources/expertise
<b>Seriousness:</b> Degree to which the problem leads to death, disability and impairs one's quality of life	<b>Value:</b> The importance of the problem to the community
<b>Trends:</b> Whether or not the health problem is getting better or worse in the community over time	<b>Consequence of Inaction:</b> Risks associated with causing greater problems if not addressed at the earliest opportunity
<b>Equity:</b> Degree to which specific groups are affected by problem	<b>Social Determinants/Root Causes:</b> Whether or not a problem is a root cause or social determinants of health that impacts one or more health issues.
<b>Intervention:</b> 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 6. 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](https://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 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 by using a community benefit lens that focuses on how programs 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, schools and universities, governments, other nonprofit hospitals and the multitude of compassionate 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**

As mentioned previously, to ensure City of Hope's reportable community benefit programs and services are targeting those areas identified in the 2016 needs assessment, the CBAC will convene 4 times per year to review progress and budgeting related to the 2018-2021 Implementation Strategy. CBAC

members also select awardees for the two City of Hope grant programs and conduct fidelity checks for funded programs.



CBAC Members and 2019 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](http://www.healthypeople.gov)). Each priority has a measureable 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
2. **Chronic Disease Prevention** – Healthy living, specifically related to how nutrition and physical activity impact cancer and diabetes
3. **Mental Health** – Supportive partnerships that increase access to mental health care/services
4. **Cancer prevention and early detection**, specifically as they relate to lung, colorectal, prostate and women's cancers

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 preventing our local residents from a good quality of life.

## **Needs Not Addressed**

Unlike many nonspecialty 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, 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 that 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 Fiscal Year 2019 Programs/Services

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 the latest CHNA. Some are organization-wide, while others are conducted by a specific department. Figure 7 provides a quick overview of our 2019 programs and services.

Program Activity *Beckman Research Center	Core Principles				Strategic Priorities			
	Vulnerable Populations	Primary Prevention	Seamless Continuum of Care	Community Capacity Building	Access to Care	Healthy Living	Mental Health	Cancer Prevention
<b>Workforce Development</b>								
<ul style="list-style-type: none"> <li>• Student Mentoring/Interns</li> <li>• Train, Educate and Accelerate Careers in Healthcare</li> <li>• Science Education Partnership Award Program*</li> <li>• Job Shadowing</li> </ul>	x	x		x	x		x	x
<b>Community Health Awareness/Healthy Living (Screening, Lectures/Classes Support Groups)</b>								
<ul style="list-style-type: none"> <li>• Cooking Classes</li> <li>• Community Nutrition, Diabetes and Cancer Prevention Classes</li> <li>• Community Health Fairs</li> <li>• Healthy Living Grants</li> <li>• Kindness Grants</li> <li>• Community Gardens</li> <li>• Prostate Cancer Awareness</li> <li>• Hopeful.org – Online Cancer Support</li> <li>• Mental Health Integration Summits</li> </ul>	x	x	x	x	x	x	x	x
<b>Diversity Initiatives</b>								
<ul style="list-style-type: none"> <li>• CA Diversity Council</li> <li>• Diversity Resource Groups (Asian American Community, Connecting People of African Descent for Hope, Latinos for Hope, Pride in the City, Women's Professional Network, Young Professionals Network)</li> </ul>	x	x	x	x	x	x	x	x
<b>Health Care Support Services</b>								
<ul style="list-style-type: none"> <li>• Patient Resources Coordination</li> <li>• Transportation</li> <li>• Village Stays</li> </ul>	x	x	x				x	
<b>Seamless Continuum of Care</b>								
<ul style="list-style-type: none"> <li>• Bereavement Support Grp</li> </ul>	x	x	x	x		x	x	
<b>Medical Professional Education</b>								
<ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Rehabilitation</li> <li>• Nursing</li> <li>• Nutrition</li> <li>• Social Work</li> <li>• Continuing Medical Educ.</li> <li>• Child Life</li> <li>• Health Education</li> </ul>	x	x	x	x	x		x	x

Figure 7. Fiscal Year 2019 Community Benefit Program 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 2019 Fiscal Year community benefit programs and services: **Healthy Living and Kindness Grants, Mental Health Integration Summits 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 principles and strategic priorities is addressed through each focus area.**

		Impacts	
Core Principle		Vulnerable Populations	☑
		Primary Prevention	☑
		Seamless Continuum of Care	☑
		Community Capacity Building	☑
Strategic Priorities		Access to Care	☑
		Healthy Living	☑
		Mental Health	☑
		Cancer Prevention Early Detection	☑

## 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 access to care, healthy living, mental health or cancer prevention. 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 both the Healthy Living and Kindness grant programs. Council 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)

	Impacts	
Core Principle	Vulnerable Populations	☑
	Primary Prevention	☑
	Seamless Continuum of Care	
	Community Capacity Building	☑
Strategic Priorities	Access to Care	☑
	Healthy Living	☑
	Mental Health	☑
	Cancer Prevention Early Detection	☑

## Healthy Living Grant

During Fiscal Year 2019, the **Healthy Living Community Grant** Program dispensed \$45,000 to nine 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 2019 Healthy Living Cohort included: Walk With Sally, Foothill Unity Center, Set for Life, Asian Pacific Health Care Venture Inc., Los Angeles Brotherhood Crusade, Big Brothers and Big Sisters of Orange County and the Inland Empire, Azusa Beautiful, Azusa Pacific University and Hope through Housing Foundation. Their programs are described

below:

**Walk With Sally**  
**Friendship Activity Days**

Walk With Sally believes no child should walk alone through a loved one's cancer, they promote hope through individualized mentoring and community support services that empower children traumatized by a parent, guardian or sibling's cancer journey. **Friendship Activity Days** will address the emotional well-being of the child and guides them on healthier lifestyle choices.

**Foothill Unity Center**  
**Fresh Food Workshops and Health Screening**

**Fresh Food Workshops and Health Screening**, is a “one-stop shopping” strategy to effectively deliver multiple services needed by the low-income population in the community. This program meets clients where they are to provide a variety of health, wellness, financial literacy and advocacy support that help’s the center’s low income clients to begin to take control of their health.

**Set for Life Inc.**  
**Our Bodies, A Living Sacrifice**

The initiative, **Our Bodies, A Living Sacrifice**, is a pilot program with the goal of convening local African American church leadership in Monrovia and Duarte around a short-term strategic plan focusing on specific activities to increase congregant’s knowledge about health living practices, resources and reduce the incidents of preventable chronic disease and cancers in African Americans.

**Asian Pacific Health Care Venture Inc.**  
**Managing Diabetes and Cardiovascular Workshops**

**Managing Diabetes and Cardiovascular Workshops** are two-hour interactive workshops held in Chinese (Mandarin). Each series consists of three weekly workshops culturally tailored to the population. APHCV will reach 100 participants.

**Los Angeles Brotherhood Crusade**  
**Healthy Kids Zones**

The **Healthy Kids Zones** will combat childhood obesity, promote healthy eating and exercise habits and foster youth development among children in grades K-8 living in the economically disadvantaged urban communities of South Los Angeles.

**Big Brothers, Big Sisters of Orange County and the Inland Empire**  
**Wellness Through Mentoring Project**

**Wellness Through Mentoring Project** will address the social and economic challenges that are largely responsible for mental and behavioral health programs for low income children and youth. This project will support health and wellness training and development for 21 BBBSOCIE staff specifically addressing mental and behavioral health challenges of mentees.

**Azusa Pacific University**  
**Baldwin Park Neighborhood Wellness Center**

**Baldwin Park Neighborhood Wellness Center** will use home visits, conduct individual health education classes and presentations to education 200 Baldwin Park residents to empower them to incorporate daily healthy

living practices that changes lives.

## Hope Through Housing Foundation

### **Healthy Choices—Let's Grow Promenade**

**Healthy Choices—Let's Grow Promenade** will promote the harvesting and consumption of home-grown fruits and vegetables for low income residents within an affordable housing community in West Covina. Residents will select, till and manage their own plots in an effort to combat food deserts, poor nutrition, childhood obesity and sedentary lifestyles.

## Azusa Beautiful!

### **Go Garden for Body, Mind and Spirit**

**Azusa Beautiful! Go Garden for Body, Mind and Spirit** is a creative approach that will focused on a 40 plot community garden that can accommodate up to 90 people. Programming will include: Go Garden Yoga, Smart Gardening, Food Preservation, Tots in the Plots and Garden Mindfulness and Meditation.

## 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 were awarded, the 2018 grantees participated in a half-day conference, where they shared their program results with the community and acted as mentors to the new round of Health Living Grant recipients. In June 2019, the nine 2018 healthy living grantees shared their findings after a year of implementing programs. All 2018 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, [CityofHope.org/about-city-of-hope/community/community-benefit/healthy-living-grant-program/healthy-living-conference](http://CityofHope.org/about-city-of-hope/community/community-benefit/healthy-living-grant-program/healthy-living-conference)



Fiscal Year 2018 Healthy Living Grantees sharing program results at the 2019 Healthy Living Conference.



## Montclair Consejeras: Improving the Social Determinants of Health in the City of Montclair

Alyssa Colunga, MPH, CHES & Leticia Gavilanes  
City of Montclair, Human Services Department  
City of Hope Healthy Living Conference, June 2019



### Montclair Medical Clinic

The Montclair Medical Clinic (MMC) was founded in 1978. Currently, the MMC operates at Montclair Community Health Center, one block north of the City Civic Center. Health Education Specialist, Leticia Gavilanes, oversees the operations at MMC.

### Background

There is a tremendous need to address the social determinants of health in the City of Montclair because of the overall health disparities. In Montclair, 18% live in poverty compared to 16% in California. Compared to San Bernardino County, less people in Montclair have achieved a Bachelors degree (12%), more speak a language other than English at home (65%) and there is a higher housing burden (45.5%). Of adults in the surrounding area, according to Pomona Valley Hospital Needs Assessment 2017, Montclair has the highest amounts of individuals who rate their health as fair or poor, 31%, are obese 37%, and are food insecure at 18% (16% higher than the neighboring City of Claremont).

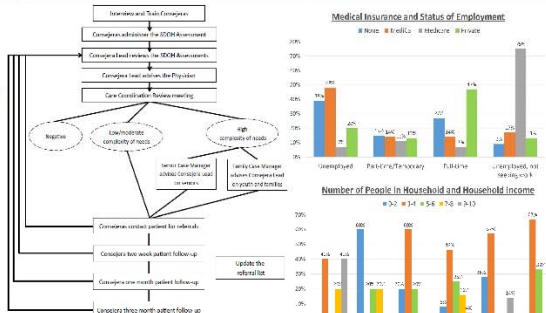
The Montclair Consejera (Community Health Worker) program has trained over 20,000 individuals since 1998. The content of their health promotion has ranged from nutrition to bike and pedestrian safety.

By utilizing community health workers to conduct a Social Determinants of Health (SDOH) Assessment, patients needs that are barriers to achieving optimal health can be addressed through referrals to social services such as counseling, case management, food distributions, or even help with developing a resume, paying utility bills or health and physical activity classes. The SDOH used, PRAPARE, was developed by the National Association for Community Health Centers and is used at community health centers nationwide.

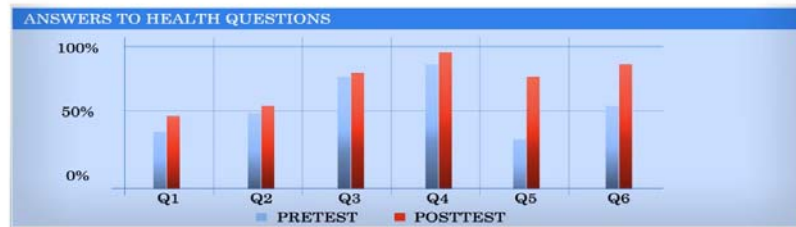
### Healthy Living Grant Strategy

The main healthy living grant strategy utilized for this project is: Teach people more healthy living practices so they will change their lifestyles (e.g., cancer screening, nutrition education, wellness, etc.).

### Preliminary Results



## Pre-test and Post-test Survey



Health Questions for 'lecture topic'

- Q1 is How much do you know about colorectal cancer?
- Q2 is What is the prevalence of colorectal cancer in USA?
- Q3 is What are the early symptoms and signs of colorectal cancer?
- Q4 is Do you hear about the colon polyp
- Q5 is What is the relationship of colon polyp and colorectal cancer
- Q6 is How is the criteria of early detection of colorectal cancer

*Tzu Chi Medical Foundation 2019 Health Living Grant Conference presentation*

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

During the grant review process, the CBAC members found some proposals did not fit in with the criteria for a one year project. Yet, these proposals are worthy as they meet the specific needs of the local vulnerable community. To address this, the council created a new funding category called, “Community Capacity Building Grant.” The recipient of the \$5,000 - 2019 Healthy Living Community Capacity Building Grant is:



**Maternal Outreach Management Teams (MOMs) Orange County.** MOMs

OC serves women who experience a sense of isolation in an urban environment. Relatives may not live nearby and unsafe neighborhoods keep them indoors. Knowing the value of community, MOMs OC

encourages every mother in their program to participate in group health education classes, as well as their Mommy and Me groups. Groups serve a dual purpose as they offer an opportunity for mothers to share

their struggles, ask questions, and to gain positive reinforcement and new insights about motherhood and infant development. Funding will ensure that a projected 2,100 mothers in their program receive regular depression and domestic violence screenings as well as case management to connect those in need to professional services and interventions.

## Kindness Grants



The Kindness Grants were created in 2018 to support City of Hope employees who want to do good in their community. During Fiscal Year 2019, seven programs

were funded totaling \$20,000. These employee driven projects are described below:

### 1. ***Be the Match Event*** – Submitted by Victoria Taylor McKinney

The Women's Professional Network and the Asian American Community will be partnering with Southern California Edison to host our "Be the Match" event, a one day educational program. This will be aimed to educate the community of Southern California Edison about City of Hope's Bone Marrow Transplant program, focusing on providing access to care for multi-cultural blood donor disparities.

### 2. ***Hope for the Breast*** – Submitted by Alissa Peralez

The Women's Professional Network hosted their third annual "Hope for Breast and Health" event. This is a one day educational symposium educates women and men on the importance of breast health.

### 3. ***Sickle Cell Disease Forum*** – Submitted by Jazma Tapia

Connecting People of African American Descent diversity resource group promoted sickle cell disease awareness at both the scientific and layman levels.



*CPAD members who organized and volunteered at the Sickle Cell Disease forum.*

The goal for the event was to bring awareness to SCD and to City of Hope's new sickle cell disease program roll-out. Also important, is the need to highlight the danger of implicit bias and encourage Cultural Competence for the purpose of improving adult Sickle Cell patient experiences and interactions with healthcare professionals.

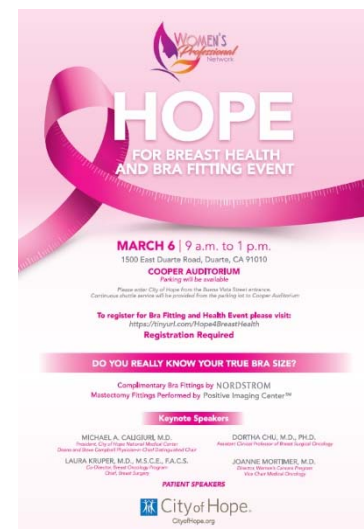
### 4. ***Mixed Marrow*** – Submitted by: Amanda Fulton

Mixed Marrow is an organization that is dedicated to finding matched unrelated donors for patients of multiethnic descent. This grant will fund care packages for patients and

their families.

### 5. ***Couples Coping With Cancer Together Spanish Language Support Group Retreat*** – Submitted by: Jenny Rodriguez

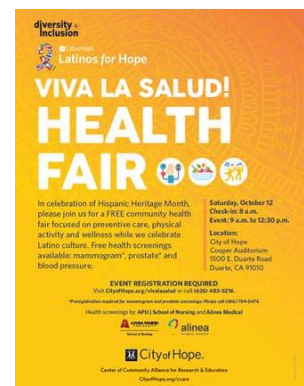
Funding will support a one day couple's retreat for Spanish-speaking breast cancer patients and their partners.



The retreat will provide multiple culturally competent intervention modalities for patients and their partners, including education on gender strengths and differences in stress and coping styles, identifying and reducing gender-role conflict, teaching communication, problem solving skills and psychosocial coping, developing and practicing bonding, positive role modeling behaviors for their family.

#### 6. *Hispanic Heritage Month Celebration* – Submitted by: Brenda Corona

Latinos4Hope addressed the different health disparities affecting the Hispanic/Latino community, such as cancer and diabetes, due to chronic health disease and lack of access to care. They partnered with CCARE and other medical professionals to raise awareness on the importance of Hispanic participation in research studies to improve the health of Hispanic and Latino populations. Participation in such research studies can help reduce health disparities among racial and ethnic minority communities by identifying new ways to treat diseases to achieve better health. The intent of the community event was to engage community members and have an interactive session on various health screenings, BMI, blood pressure check and breast screenings.



#### 7. *Cessation4Hope – Filling the Gaps for Successful Cessation* – Submitted by: Sophia Yeung

Will address barriers related to smoking cessation. Smoking cessation should be an integral part of the treatment plan, our social worker department, American Cancer Society, and some of the health insurance plans only offer limited free transportation for patients who attend active cancer treatment; there is no existing transportation grants for patients to attend the cessation clinic or the cessation support group. Some patients and support group participants have no coverage or limited coverage to cessation support and/or medication, such as nicotine replacement therapy (NRT). The support group will be open to the community and patients without insurance as a part of the community benefit. Transportation and NRT assistance will be provided for needed patients who commit to participate at least four support group sessions. We will initiate a Rapid Action Plan for lapses and relapses.

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. Seven important community-based programs were delivered to a diverse audience within the San Gabriel Valley. Through the Kindness Grant program we learned about the creativity and desire of our employees to do good work in the community.

## Addressing Mental Health through Integration With Primary Care

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. Fiscal Year 2018 initiated the mental health programming through the one day mental health symposium. During Fiscal Year 2019, City of Hope partnered with the Health Consortium of San Gabriel Valley to deliver two mental health integration summits. The first on March 5<sup>th</sup> and the second on May 7<sup>th</sup> in Irwindale, California.

The overall goal of the Health Integration Summits is to forge new collaborations, partnerships and opportunities for networking that will further enhance integration of physical health, mental health and substance use services in the Greater San Gabriel Valley.

The Health Integration Summits are targeted to representatives from physical health, mental health and substance use service organizations who are in leadership positions and who have an understanding of program implementation, operations and/or clinical services.

Agenda highlights for the March 5, 2019 Summit were:

- Panel presentation on Integration Issues & Challenges in SPA 3 from the L.A. County Perspective
- Panel presentation on Health Neighborhoods as a Best Practice Model of Integration in SPA 3
- Opportunity for networking and strategizing in small groups on how to best serve clients/patients with multiple, cross-system needs and how issues of referral relationships, co-management/coordination of care and data sharing impact integrated care

		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		

The second Health Integration Summit, on May 7th, objectives were for providers to forge new collaborations for networking to further enhance integration of physical health, mental health and substance use services in the Greater San Gabriel Valley; learn about existing models for integrating services; identify actions to better integrate services; and learn about new ways to access community resources. Target audience members were representatives from service organizations who have an understanding of program implementation, operations and/or clinical services, and who can make decisions and share ideas and suggestions with their organizational leadership. Providers were able to display organizational materials, and network with other providers. The day's presentations covered the following topics:

- Social Determinants, Sectors & Systems: Creating a Healthy SGV
- Behavioral Health Integration in Primary Care, LA County
- Expanding Access to Treatment for Opioid Use Disorders
- One Degree Resources

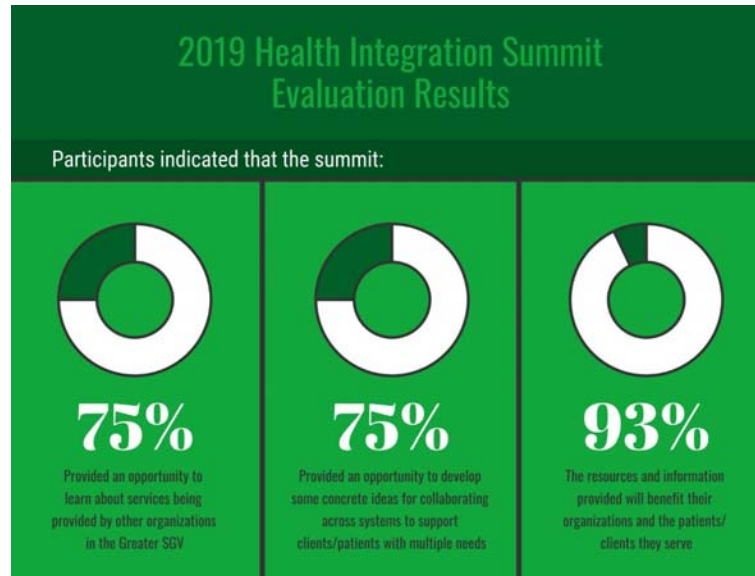


Figure 8. Evaluation Results from Health Integration Summits

In the next fiscal year, will be looking at a collaborative approach to addressing mental health through our SPA 3 Hospital Collaborative. Within the context of the challenging emergency department burden for providing care to those in mental health crisis, the hospital collaborative will explore models for reducing the strength of the burden and connecting patients to the care and resources they deserve.

## 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 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

# SAVORING HOPE

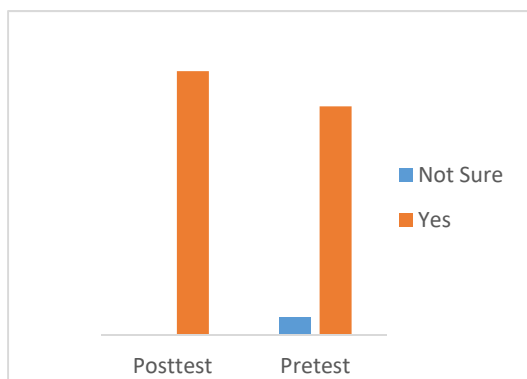


One such collaboration is the Savoring Hope cooking classes. These interactive classes are led by City of Hope's Executive Chef Christian Eggerling and a health educator. During the Fiscal Year 2019, over 150 community members (both City of Hope staff and members of our local community) participated in 18 different cooking demonstration classes. 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>.

As health educators, we know that the best way to share new information is to hide it inside a fun activity. During the Savoring Hope cooking classes, students also learn about the rich nutrient dense ingredients and their roles in promoting good health. Additionally, there are three objectives meant to increase

	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"/>



participant skills and confidence in re-creating healthy meals (Figure 9). Ultimately resulting in reduction of barriers to cooking more nutritious meals.

## Kid Run Farmer's Market and School

### Wellness

While City of Hope continued the partnership with the Arroyo High School and Eco Urban Gardens to build the farm program there, we also expanded efforts to support wellness at other schools in the San Gabriel Valley.

We started off with the implementation of a farmers market at Beardslee Academy in Duarte. Sixth, seventh and eighth graders from the school leadership program were trained to run the market. City of Hope procured the produce from a local community supported agricultural nonprofit called Food Roots. They acquire their produce from local farmers who grow certified organic foods. The team from City of Hope (including our AmeriCorps volunteer) trained the students and adults in the skills necessary to run a farm stand at the school. Training topics included: inventory, setting up the stand, how to determine costs and profits and produce storage.



Farmer's Market at Beardslee Academy

The goal of the market was not to make a profit. Rather, it was to discover a model that would help a school start and sustain a market at their school. City of Hope purchased the produce, display and marketing materials. Beardslee provided the scale, petty cash, cash box and students/leadership to run the market. At the end of the school year, the student leaders were asked what they learned and whether or not they felt that it was a good idea to have a farmers market at their school (figure 10 and figure 11). Overall 62% felt that having a farmers market is a good idea. Many identified relevant and important skills needed to run a market. Based on this experience, City of Hope will look at expanding farmer's market program in another school district during the next fiscal year.

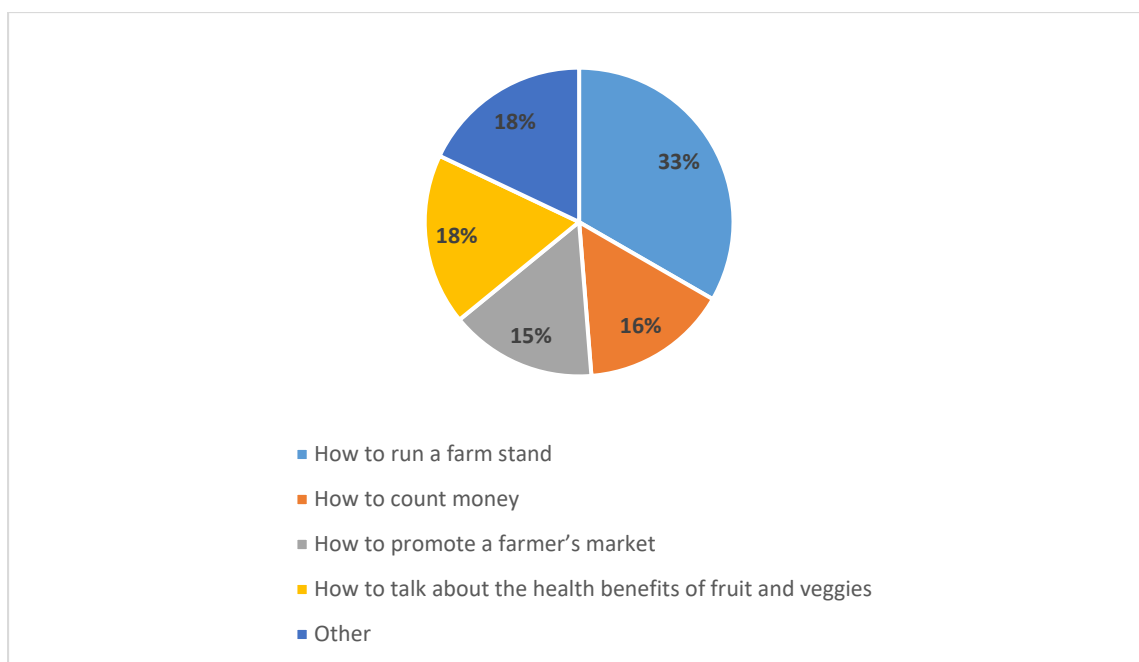


Figure 10. Beardslee Academy students identify skills learned

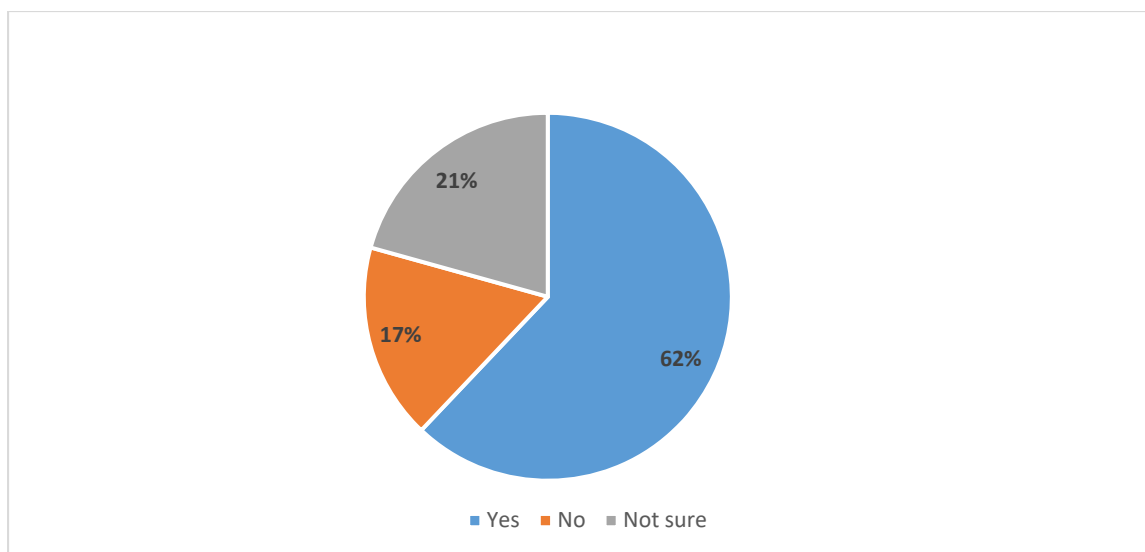
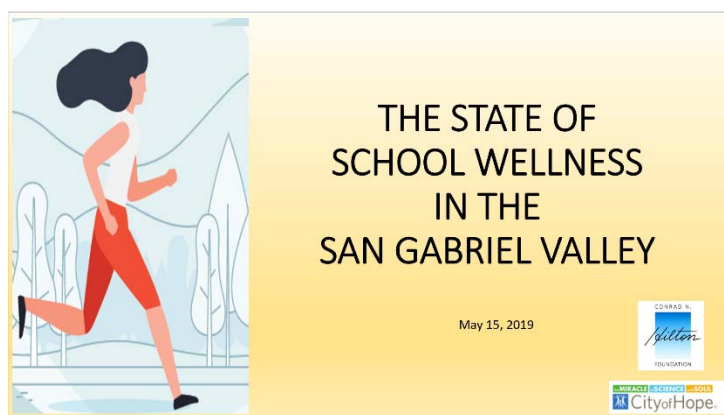


Figure 11. Beardslee Academy students who believe having a farmer's market is a good idea

In May 2019, with the support of the Conrad N. Hilton Foundation, hosted a school wellness symposium for schools districts in the San Gabriel Valley. The purpose of the day was to provide encouragement to our local school districts with the knowledge and information necessary to build strong sustainable school wellness programs in their districts. Guest speakers shared the latest policies and tools



that support schools and best practices needed to design, implement and sustain programming at the levels where the districts are the most receptive. At the end of the event, City of Hope announced the ability to award small grants to support

school wellness programs for the districts that attended the event. A number of school districts applied and ultimately three were chosen. Here are the programs that were selected for grants during this past fiscal year: Pasadena Unified School District – **School Kids Yoga and Mindfulness program**, El Monte Unified High School District – **Freestanding Vegetables for Enhanced Healthy Lunch pilot project** and Mountain View School District – **Healthy Food Choices bookmark** contest. In the selection process, each district needed to demonstrate how the funding would impact their district's school wellness policies.

Pasadena says that this grant will allow them to “address the toxic impact of childhood trauma on a student’s ability to learn.” El Monte Unified suggested that their school district prescribes to the Smarter Lunchroom Movement and this grant will, “support bringing in a creative solution that increases access to more culturally relevant vegetables opetiong to students choosing to have pho for lunch.” Finally, Mountain View will be “increasing the awareness of the Whole School, Whole Community and Whole Child model in their district.” Throughout the next fiscal year, the City of Hope community benefit team will be checking in on the districts to document the impact of these grants on the school wellness policies.

## Garden of Hope

There is something special about sharing the farm/garden experience with others. Without any scientific research behind this thought, we feel that it makes people really happy. It breaks down barriers and allows us to develop relationships surrounded in trust with our most vulnerable communities. Our Garden of Hope has become a local gathering place for community, oth internal and external to City of Hope. Patients come out to the garden between doctor visits and often pick fresh produce to incorporate in to their next meal. City of Hope and community volunteers, Garden Sprouts, dedicate hours to helping



to maintain the garden. There was an Earth Day celebration sharing information on urban gardening, pest management and handed out seeds.



Bearslee Academy kindergarten field trip to the Garden of Hope

During May 2019, kindergarteners from Bearslee Academy walked over to experience the Garden of Hope and learned about soil conservation and composting, creepy crawly insects, tested water, painted rocks, planted seeds and tasted fresh veggies from the garden. The team of volunteers who worked at this event represented staff members from the City of Hope K-12 program, Department of Supportive Care Medicine, Enterprise Support Services and several community members.

A summer garden party was held to encourage community members to participate in the garden and to sample a plant-based menu inspired by food produce grown in the Garden of Hope. During the garden party, guests learned about hydroponics and composting, tasted and watered produce, and learned about the accessibility of gardening to everyone regardless of housing circumstance. This party blurred the

lines between City of Hope and our local community, demonstrating true integration of the Garden of Hope with our community – with a sense of shared ownership for its success. More importantly, the Garden of Hope provided City of Hope with the opportunity to transition urban farming intern and recent Cal Poly – Pomona (CPP) graduate into a newly created AmeriCorps volunteer. With this linkage, the garden has deepened our ties not only with CPP, but also with the City of Duarte and their AmeriCorps



Community members enjoying the summer garden party

program.

Produce from the garden harvested and shared with all of the volunteers, City of Hope staff, food services (chef integrates the produce into the salad bar and cooking classes) and community members who need it. Funding from the Conrad N. Hilton Foundation has helped us protect the garden by funding the construction of a fence around the garden. The Pasadena Men’s Rugby Club helped to install the fence. All these things demonstrate the strength of community that comes from the

Garden of Hope. We look forward to growing the programming and outreach of this garden during the next fiscal year.

## Roots of Hope



There are other programs being delivered to the community via the Conrad N. Hilton and City of Hope Partnership. One includes a collaboration with the Episcopal Church’s Seeds of Hope program in the Los Angeles region. They have spent this last fiscal year certifying community educators in the Center for Disease Control’s Diabetes Prevention Program. This churchbased model has seen results that are even more impressive than the CDC’s traditional model (figure 12). Not only are there significant weight losses, the progressive decrease in the A1c across 12 months is impressive too. This past year, the program implementors created their strategic plan and an infrastructure that will expand the program to

other church denominations with the Asian Pacific Islander communities. The Root sof Hope goal is to impact



Figure 12. Results of Roots of Hope Diabetes Prevention Program church-based model

88,000 congregants in 144 churches across Los Angeles county and expand into Asian Pacific Islander communities in the continental United States and territories in the South Pacific.

Nutrition Science and Food Policy Summit

In May 2019, City of Hope, with support from the Conrad N. Hilton Foundation/City of Hope partnership, hosted a day long Nutrition Science and Food Policy Summit. Over 500 community members registered to attend this event. Topics addressed the science behind nutrition and the practical application of good nutrition to an average person’s life. There were cooking

demonstrations and breakout sessions that focused on the Asian Pacific Islander community. A keynote



was delivered by Most Reverend Bishop Ryan Jimenez from the Roman Catholic Diocese of Chalan Kanoa in the Northern Mariana Islands. His talk focused on the church as a promoter of change that can improve the health of congregants.

Participants reflect the diversity of in the San Gabriel Valley and represent the communities of color in this region. Knowledge transfer was impressive given the complexity of the topics presented. For each category we have between 58% and 75% of participants who Strongly Agree that they recognize the need for culturally appropriate interventions, that they understand the effect of plant-based diets on chronic disease and that they understand how diet affects chronic disease. It is interesting to see these results and allows us to surmise that “people get it” and we need to focus future efforts on behavioral supports once the knowledge has been adopted. Results from the church related pull out session demonstrates that participants understand how the church can be a support for a program that works towards a healthier community.

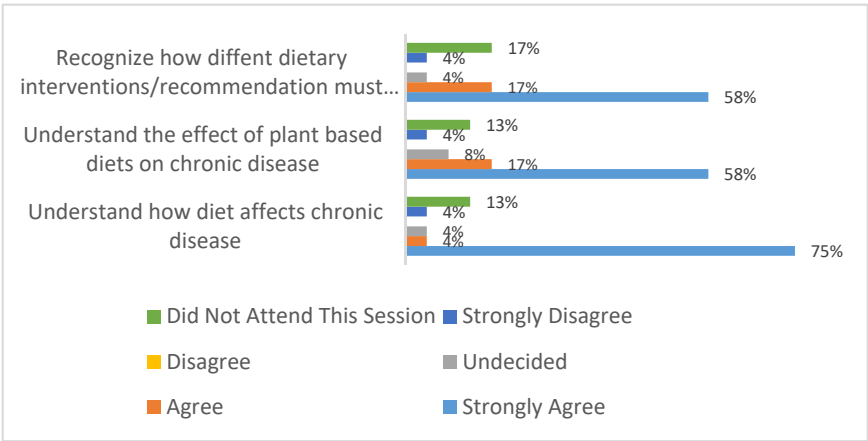


Figure 13. 2019 Nutrition Summit participant survey responses

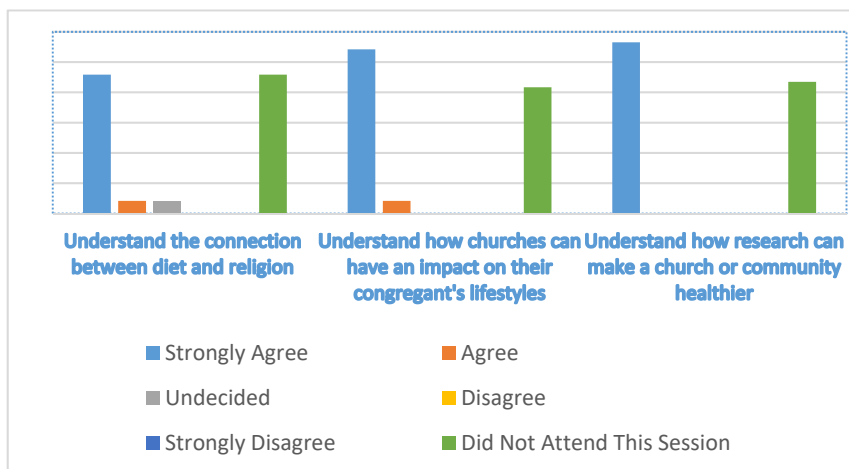


Figure 14. 2019 Nutrition Summit participant agreement with the role of the church and healthy lifestyles

## Cross Institution Collaborations

It is important to recognize the participation of the hardworking individuals who contributed to over 212 community education events across this institution and in the vulnerable communities City of Hope serves. There has been an obvious thought shift from exclusively increasing patients toward our services to getting critical cancer prevention awareness information into our most underrepresented communities that is both culturally and linguistically appropriate. This year we saw significant increases in these type of programs in the African American, Chinese and Hispanic communities, where trust building is critical to the success of reducing health inequities. Our Multi-ethnic Marketing department contributed to a significant number of programs that were held in our communities of color.

# 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 the 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 <sup>4</sup>	\$4,990,643
UNPAID COSTS OF MEDI-CAL <sup>5</sup>	\$79,543,936
OTHERS FOR THE ECONOMICALLY DISADVANTAGED <sup>6</sup>	\$0
EDUCATION AND RESEARCH <sup>7</sup>	\$111,883,196
OTHER FOR THE BROADER COMMUNITY <sup>8</sup>	\$2,846,433
<b>TOTAL COMMUNITY BENEFIT PROVIDED EXCLUDING UNPAID COSTS OF MEDICARE</b>	<b>\$147,010,450</b>
UNPAID COSTS OF MEDICARE <sup>2</sup>	\$122,297,658
<b>TOTAL QUANTIFIABLE COMMUNITY BENEFIT</b>	<b>\$269,308,108</b>

Table 3. Fiscal Year 2019 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.

<sup>4</sup> Charity Care includes traditional charity care write-offs to eligible patients at reduced or no cost based on the individual patient's financial situation.

<sup>5</sup> 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.

<sup>6</sup> Includes other payors for which the hospital receives little or no reimbursement (County indigent).

<sup>7</sup> Costs related to the medical education programs and medical research that the hospital sponsors.

<sup>8</sup> 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 2019 investment (**\$269,308,108**) and reported on the strategies prioritized in our 2018-2021 Implementation Strategy Plan. The main focus areas of our 2019 Fiscal Year community benefit programs and services **Healthy Living and Kindness Grants, Mental Health Integration Summits 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. 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 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 this 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
<b>TOTAL</b>			<b>65</b>

#### 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/](http://www.211la.org/) and Think Health LA at [www.thinkhealthla.org](http://www.thinkhealthla.org).

## Community Resources

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

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

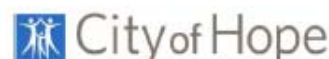
	<ul style="list-style-type: none"> <li>• Foothill Family Service offers some group services</li> <li>• Libraries provide information on where to access services</li> <li>• Whittier Hospital has a lot of free classes</li> <li>• El Monte School district added a district social worker and school counselor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

	<ul style="list-style-type: none"> <li>• American Cancer Society</li> <li>• Unity One</li> <li>• Los Angeles County Sherriff's drug and alcohol prevention programs</li> <li>• Parent University</li> <li>• Narcotics Anonymous</li> <li>• Asian Youth Center program helping cities create smoke-free parks</li> </ul>
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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"> <li>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>").</li> <li>B. Confirm that the pre-negotiated payment rates are consistent with fair market value.</li> <li>C. Select Contracted Vendors based on patient convenience and the quality and reliability of their services.</li> <li>D. Confirm that the Contracted Vendors are not referral sources to COH.</li> <li>E. Annually review and update the Contracted Vendors List.</li> </ul>
Case Management and Supportive Care Departments	<ul style="list-style-type: none"> <li>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.</li> <li>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>.</li> <li>H. Document determination of patient financial need in the EHR.</li> <li>I. Explore other types of available aid (e.g., grants, food stamps, etc.).</li> <li>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.</li> </ul>

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"> <li>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.</li> <li>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.</li> </ol> <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"> <li>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.</li> <li>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.</li> </ol> <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: Revenue Cycle



Written: 11/05  
Reviewed: 09/30/16; 02/07/18; 07/17/19  
Revised: 10/10/16; 08/05/19  
Page: 1 of 8 (Attachments)

### Charity Care Policy

#### APPROVALS:

SLT: 07/31/19; MEC: 08/05/19; BOD: 2Q-19

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 Conduct.

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 the income eligibility criteria set forth in Section II.F below and the *Charity Care Guidelines Table*; and (3) the individual is a legal resident of the United States, as confirmed by passport, social security card and/or election validation documentation.
- B. **Financial Assistance Provided:** If a patient is accepted for charity care, the patient will receive the financial assistance necessary to ensure that services covered under this policy as defined in Section II.G below ("Services") received during the applicable time period are free to the patient. To further clarify, there is no sliding discount scale for financial assistance once a patient at COHNMC qualifies for charity care; the patient receives all Services at a 100% discount.

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- C. **Amounts Generally Billed:** In providing charity care, COHNMC is required by law to consider the amounts generally billed to individuals who have insurance covering emergency or other medically necessary care (“Amounts Generally Billed” or “AGB”) and to guarantee that patients accepted for charity care will not be charged more than AGB for other medically necessary services. COHNMC uses the prospective Medicare method for calculating AGB and, as stated in Section II.B, COH will not charge patients more than AGB for other medically necessary services because these patients will receive Services free of charge.
- D. **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.
- E. **Charity Care Guidelines Table:** The *Charity Care Guidelines Table*, attached to this Policy as Attachment A, 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 Vice President of Revenue Cycle based on updates to the FPL.
- F. **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, as provided in the Charity Care Guidelines Table.
  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.
- G. **Services Covered:** This policy covers all medically necessary services that COHNMC typically provides to its patients, which are generally 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. COH does not normally provide medically necessary care in other contexts (e.g., COH does not operate an emergency department or provide emergency medical care to the population at large); however, to the extent COH did provide other medically necessary services to its patients, beyond the services covered by this policy as described above, COH would do so without regard for the individual’s ability to pay for the care. Only charges for services provided at hospital-based City of Hope locations and the City of Hope Retail Pharmacy are covered under Charity Care. COH’s “List of Providers” is attached to this policy for reference. 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.

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- H. **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. A patient may apply for charity care at any time after receiving care.

I. **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.
- 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 income and 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. To the extent a patient has filed for Chapter 7 bankruptcy, a patient may submit the bankruptcy discharge, which is a court order approving the bankruptcy, to demonstrate need for financial assistance if such discharge is dated within the prior 2 years of the time period in which the patient is seeking charity care.

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- 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 determine patient eligibility for coverage for their entire treatment plan by considering a financially 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 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

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\$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.

J. **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.

K. **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 Vice President of Revenue Cycle and the President of COH’s Medical Staff. Should the Vice President of Revenue Cycle 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.

L. **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

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not to leave the waiting area). In these cases, privacy is maximized to the extent possible.

- M. **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.I.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.
- N. **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, Spanish, and Traditional Chinese languages. 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.
- O. **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 or any extraordinary collection activity ("ECA") as a means of collecting unpaid hospital bills from patients who are eligible for any form of charity care under this policy.
    - a. Although ECA is not authorized and will not be used in connection with this policy, COHNMC is nonetheless required by law to adhere to the following

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requirements if ECA were to be used (which it will not): (1) Any 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; (2) A third party collection vendor shall issue three statements and provide a final notice thirty (30) days before extraordinary collection activity will be taken; and (3) Agreements with third party collection vendors shall require compliance with Section 501(r) of the Code.

- b. 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.

**P. Oversight and Board Responsibilities:**

1. Senior management reviews detailed reports on COHNMC's provision of charity care on a quarterly basis.
2. The Board of Directors is responsible for balancing the critical need for patient financial assistance with the sustainability of COHNMC's resources and its financial integrity in order to serve the broader community. To this end, a Charity Care Report will be prepared by Patient Financial Services and presented to the Charity Care Committee by the Vice President of Revenue Cycle or the Senior Director of Patient Financial Services on a quarterly basis to inform the committee of total financial assistance provided to our patients.

Owner: Director, Patient Financial Services

Sponsor: Vice President, Revenue Cycle

**Policy History:**

Reviewed: 10/07; 12/09; 09/12; 01/13; 02/14/13; 10/24/14; 02/27/15

Revised: 10/07; 12/09; 03/10; 03/25/13; 03/09/15

**Related Policies:**

1. Code of Conduct
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 II.A of this Policy.
2. **City of Hope ("COH")** – City of Hope National Medical Center ("COHNMC") referred to as City of Hope ("COH") for the purposes of this policy.
3. **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.

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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.)

**Attachment A:** City of Hope Charity Assistance FPL Guidelines

**Attachment B:** City of Hope Charity Care: Methodology for Identifying LEP Populations

**Attachment C:** City of Hope Charity Policy: List of Providers

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**Attachment A**  
**CITY OF HOPE**  
**CHARITY CARE ASSISTANCE**  
**FPL GUIDELINES**

The following Financial Assistance Eligibility Guidelines are based on the Federal Poverty Guidelines effective April 1, 2019. This schedule delineates the household income thresholds according to the FPL.

**2019 FPL GUIDELINES**

Number in Household	Annual 100%	Annual 600%	Monthly
1	\$12,490	\$74,940	\$6,245
2	\$16,910	\$101,460	\$8,455
3	\$21,330	\$127,980	\$10,655
4	\$25,750	\$154,500	\$12,875
5	\$30,170	\$181,020	\$15,085
6	\$34,590	\$207,540	\$17,295
7	\$39,010	\$234,060	\$19,505
8	\$43,430	\$260,580	\$21,715
Each additional person, add	\$4,420		

Source: <https://aspe.hhs.gov/2019-poverty-guidelines>

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## Attachment B

### City of Hope Charity Care: Methodology for Identifying LEP Populations

For 2018 fiscal year, City of Hope (“COH”) evaluated the Limited English Proficiency (“LEP”) populations among the patients it serves by utilizing EPIC patient data that identified primary language spoken. The identified LEP populations that represent more than 1,000 unique visits or at least 5% of City of Hope’s total patients seen\* were:

1. Spanish: 1,720 or 8.82% of LEP persons.
2. Mandarin: 629 or 2.72% of LEP persons.

Language	Unique # of Patients	% Patients	# Clinic Visits*	% Clinic Visits
English	21,181	85.38%	101,978	83.07%
Spanish	1,720	6.93%	10,832	8.82%
Chinese - Mandarin	629	2.54%	3,345	2.72%
Armenian	264	1.06%	1,269	1.03%
Chinese - Cantonese	224	0.90%	1,323	1.08%
Korean	182	0.73%	1,200	0.98%

The FAP, FAP application, and plain language summary of the FAP were translated into the following languages:

1. Spanish
2. Traditional Chinese

\*Note that COH is a specialty hospital that does not serve any specific geographic community. As a result, COH has assessed the LEP population based on actual patients served by COH rather than the population of the surrounding community.

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## Attachment C

### City of Hope Charity Care Policy: List of Providers

- **Providers Covered Under the Charity Care Policy:**
  1. City of Hope Medical Group physicians (when services are provided at COH hospital-based locations).\*
  2. Third-party contracted providers (when services are provided at COH hospital-based locations and billing is performed by COH).
- **Providers Not Covered Under the Charity Care Policy:**
  1. City of Hope Medical Group physicians (when services are provided at a location other than COH hospital-based locations).
  2. Third-party contracted providers (when services are provided at a location other than COH hospital-based locations).
  3. Third-party contracted providers (when services are provided at COH hospital-based locations but billing is not performed by COH).

There are no other outside providers who provide medically necessary care in COH hospital facilities.

\*For more information, see *Charity Care Policy*. For questions, please contact Financial Support Services at (626) 256-4673, ext. 80258.

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15000 E. Duarte Road, Duarte, CA 91010

[CityofHope.org/community-benefit](http://CityofHope.org/community-benefit)

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