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City of Hope®

2016 COMMUNITY BENEFIT REPORT

WELCOME TO HOPE

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EXECUTIVE SUMMARY

In response to the State of California's Community Benefit Law (SB 697), we at City of Hope are pleased to submit a report of our community benefit activities for fiscal year 2016 (October 1, 2015-September 30, 2016). This law requires nonprofit hospitals to address the needs of their communities through programs designed to help prevent diseases and improve the health status of its citizens.

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

Our total value of community benefit investments for the 2016 fiscal year is $125,501,271 (Figure 1).

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. This report, as well as our implementation strategy, is available for download via our website at:

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

WHO WE ARE: CITY OF HOPE

Founded in 1913, City of Hope is one of only 47 comprehensive cancer centers in the nation. This National Cancer Institute 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 program, centered in Beckman Research Institute of City of Hope has led to many groundbreaking discoveries:

- Numerous breakthrough cancer drugs, including Herceptin, Rituxn, 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 13,000 bone marrow and stem cell transplants and operates one of the largest and most successful programs of its kind in the world.

To further support our mission of excellence, City of Hope helped found the National Comprehensive Cancer Network (NCCN), an alliance that defines and sets national standards for cancer care. A primary goal of 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 destination for patients from around the world, we also serve our community and are proud to serve it well. We have a healthy history of rich programs with community partners-programs that continue to thrive and grow. Because cancer and diabetes are complex, multifaceted and all-too-common in our area, partnerships for community benefit are an integral part of our mission.

Mission Statement

City of Hope is transforming the future of health. Every day we turn science into practical benefit. We turn hope into reality. We accomplish this through exquisite care, innovative research, and vital education focused on eliminating cancer and diabetes. ©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 has energy-efficient equipment and low-emission vehicles, and we operate an innovative water-use program. We express compassion through community outreach, addressing health education, disease prevention and more. We take pride in a social partnership that benefits the world today and will continue do so for future generations. To obtain a copy of our Social Responsibility Report, please visit www.cityofhope.org/social-responsibility-report.

Our Community: Whom We Serve

City of Hope is located in Duarte, California, a richly diverse community of 21,500 situated at the base of the San Gabriel Mountains approximately 21 miles northeast of Los Angeles (Figure 2). Duarte is recognized as a leader in community health improvement efforts, as demonstrated by its charter membership in California's Healthy City initiative. Additionally, Duarte has taken a leadership role in community health improvement and is a willing partner with City of Hope in multiple initiatives.

Our primary service area extends far beyond Duarte to include Los Angeles, San Bernardino, Riverside, Orange and Ventura counties. Patients from these counties comprise 95 percent of our total discharges. Together, these five counties are home to the majority of California's multicultural and ethnic residents (Figure 3, page 7). Among these counties, San Bernardino County has the highest percentage of Hispanics (49.9%) and blacks (8.3%), Ventura County has the highest percentage of whites (48.1%), and Orange County has the highest concentration of Asians (18.2%).

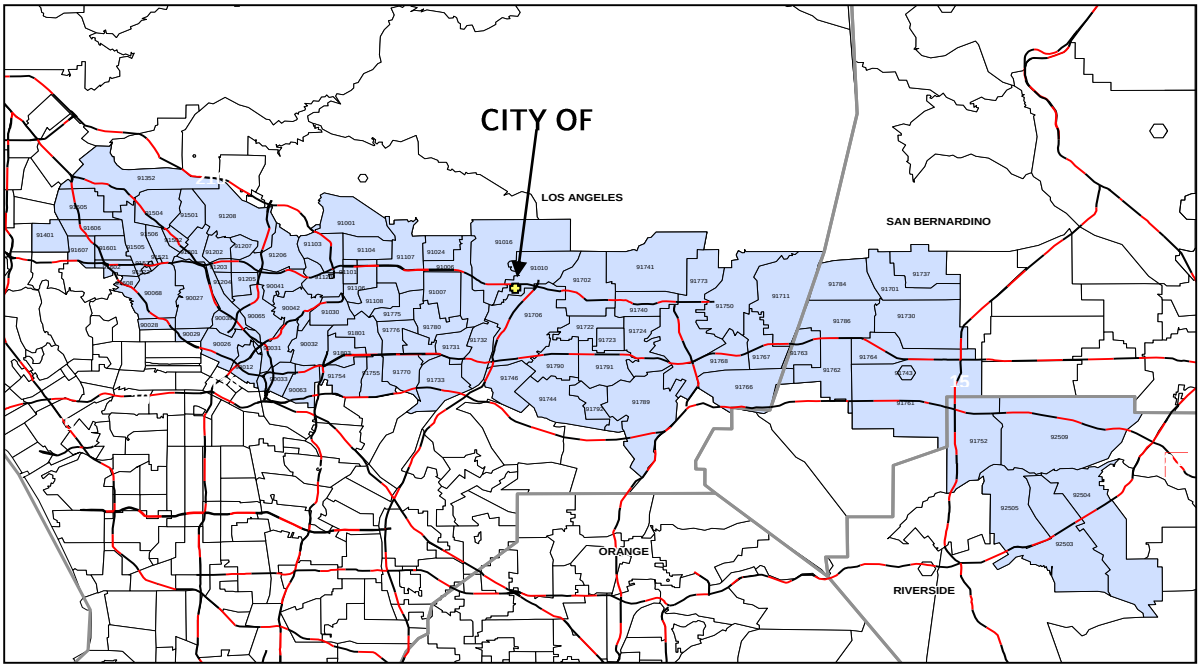

Figure 2. City of Hope's primary service area

Projections for the counties in our service area suggest that the number of Hispanic or Latino residents will continue to rise and the number of white residents will continue to fall. Hispanics are expected to represent the majority population (over 50%) by 2020 in Los Angeles and San Bernardino counties, and by 2030 in Riverside County. The number of black residents living in L.A. County is expected to decline. The Asian populations in L.A. and the other four counties is expected to remain stable. (Source: State and County Population Projections by Race/Ethnicity, 2010-2060. State of California, Department of Finance; Dec. 2014.

Language

In our five-county Primary Service Area, less than half the residents (49.8%) speak only English in the home. This is a lower rate than that the state average of 56.3%. Spanish is spoken in more than one-third of homes (35.4%), a larger percentage than the state average (28.8%). The percentage of total households within our catchment area speaking an Asian language is the same as the state average (9.5% vs 9.6%).

When language is examined by place in the Service Planning Area 3 (SPA3), Sierra Madre has the highest percentage of population speaking only English in the home (80%). South El Monte has the lowest percentage of population speaking only English (12.8%) and the highest rate of speaking Spanish in the home (77.1%). The highest percentage of speaking an Asian or Pacific Islander language at home is found in Rosemead (57.9%). Duarte (7.2%) and Pasadena (7.1%) have the highest percentage of those who speak some other Indo-European Language. (Source: US Census Bureau, 2009-2013 American Community Survey, 5-year estimates, B16002. http://factfinder.census.gov). City of Hope recognizes the importance of offering health care information in a patient's native language and prints materials in the three major threshold languages (English, Chinese, Spanish) for our region.

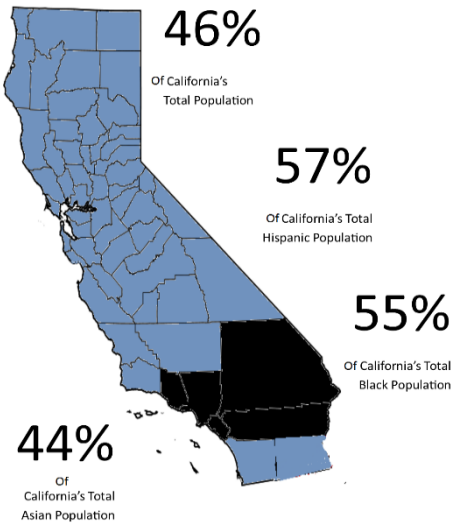

Figure 3. Ethnic populations in service area. Source: US Census.Quick Facts. www.census.gov/quickfacts/table/PST045214/06,06037,06059,06065,06071

Poverty

Poverty thresholds are used for calculating official poverty population statistics, which are updated yearly by the Census Bureau. For 2016, the Federal Poverty Level (FPL) was $24,300 for a family of four and $11,880 for an individual (U.S. Department of Health and Human Services. 2016-2017 Federal Poverty Levels. https://aspe.hhs.gov/poverty-guidelines. Retrieved on 12/21/16.

In SPA 3, the highest level of poverty can be found in El Monte, where almost one-quarter (24.3%) of the population is living below the FPL. Over 50% of the population in El Monte, Pomona and South El Monte are low-income (>200% of FPL). San Marino has the lowest levels of poverty in the SPA, with only 8% of the population living below the FPL. (U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates. http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml. Retrieved on 01/22/16).

In the broader five-county regional service area, Ventura and Orange counties have the lowest rates of poverty. San Bernardino, Los Angeles and Riverside counties all have poverty rates higher than the state average.

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 (http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health). For example, the relationship between living in poverty and not having a high school diploma can have a major impact on health outcomes. The map of SPA 3 (Figure 4) below shows where the residents of these neighborhoods have not graduated from high school and live in poverty. Communities where 30% or more of the residents live in poverty are shown in orange. Communities where 25% or more of the residents do not have a high school education are shown in purple. The overlap of high poverty and low education attainment is shown in brown. The brown areas are where City of Hope is concentrating on identifying the root causes of health inequality.

Figure 4. Most vulnerable residents in City Hope's service area. (Source: Community Commons. Vulnerable Populations Footprint Tools. Retrieved on 02/11/16

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 (CHNA), 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.
- The heaviest adults live in San Bernardino County, where 34% of all adults are obese.
- In Los Angeles County, Asian/Pacific Islander women have the lowest rate of receiving a Pap smear 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.

San Gabriel High School students promoting breast cancer prevention messages

It is no secret that poverty is linked to poor health and shortened life expectancy. Residents in certain ZIP codes have higher incidences of poverty, crime, and violence, which negatively impact health. The number of people living in poversty in Riverside (17.1%) and San Bernardino (20.4%) counties, , while relatively stable, is still very high when compared to other counties (http://www.census.gov/quickfacts/table/PST045215/ 06071,06065,00 Retrieved 02/11/16). While City of Hope is a leading research and treatment center for cancer, diabetes, HIV/AIDS and other life-threatening diseases, we do our best to incorporate what we know about our communities into strategies that address other root causes of health disparity on a broader basis.

ORGANIZATIONAL COMMITMENT

Oversight and Management of Community Benefit Activities

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

2015-2017 Community Benefit Advisory Council members

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

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

- American Cancer Society
- El Consilio (City of Hope Spanish Language/Cultural patient, family and caregiver group)
- Men Educating Men About Health
- Duarte Unified School District
- Set of Life
- Planned Parenthood Pasadena & San Gabriel Valley
- Methodist Hospital
- Cancer Detection Program - Cecilia G. De La Hoya Cancer Center – White Memorial Medical Center
- Walden University - Public Health Data Expert
- Southern California Women's Health Conference
- City of Pasadena Health Department

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

Patricia Duff Tucker, left, and Viki Goto are co-chairs of City of Hope's new Community Benefit Advisory Council. With their help, and that of the other council members, City of Hope is determined to improve the health of its community.

During the 2016 fiscal year, the co-chairs, (Viki Goto from the Pasadena/San Gabriel Valley Chapter of the American Cancer Society, and Patricia Duff Tucker, a community advocate) held four meetings with the CBAC. Two were held in person and two via WebEx. During the course of this year the CBAC worked to review and revise the Healthy Living Grant program, reviewed the charter, and conducted site visits to the Healthy Living Grant programs they funded. CBAC members who made site visits submitted written and verbal reports on their experiences. Additionally, they reviewed and chose the 2016 Healthy Living Grantees, and attended the conference and award luncheon where they personally got up and spoke about the projects they visited. In a particularly busy year, the advisory council members also participated in the design and implementation of the triannual

community health needs assessment (CHNA) either by attending the initial design meeting and participating in discussion with our CHNA consultant or by taking part in the actual focus groups, providing linkages to community groups , being interviewed and answering the online surveys. After the release of the CHNA in September 2016, the council members planned on participating in the review of the results and prioritization of new strategies for the subsequent implementation strategy. The CBAC members are not a rubber stamp advisory council. Taking their tasks seriously and intelligently, they ensure that City of Hope's community benefit programming is aligned with our priorities and addresses the needs of our local residents.

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:

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

The Community Benefit Advisory Council (CBAC) met four times in fiscal year 2016. At the January 2016 meeting, all members agreed to the revised charter. During this fiscal year CBAC members helped to design and implement the tri-annual community health needs assessment. Soon after the end of the fiscal year 2016, the CBAC members will also participate in the review of the assessment results and provide further input regarding the priority areas they believe that City of Hope should focus their community benefit programs and services through fiscal year 2021. The results of this process can be reviewed in the 2018-2021 Implementation Strategy which can be accessed on the City of Hope community benefit website:

Community Needs Assessment Process and Results

While we recently finalized our 2016 Community Health Needs Assessment, we are still obligated to continue our efforts of addressing prioritized needs from the 2014 Implementation Strategy. Below is a recap of the findings from the 2013 CHNA and an explanation of the pathways that were created through the Implementation Strategy to guide our efforts to meet the identified needs of the communities with disproportionate unmet health needs.

2013 Community Health Needs Assessment Methodology

As a nonprofit hospital, City of Hope conducts a CHNA every three years. The 2013 CHNA collected data related to cancer and diabetes in our primary service areaby interviewing more than 200 community individuals and organizations about unmet health needs. Two health educators in City of Hope's Department of Supportive Care Medicine interviewed colleagues inside and outside City of Hope and reviewed lists of participants from the 2010 CHNA to identify interviewees for the 2013 CHNA. The list included a cross-section of the community representatives chosen from advocacy groups, cancer-related organizations, community hospitals, health departments, mental health agencies, culturally focused organizations, schools, libraries, local governments, religious organizations and other community-based agencies.

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

To make the interview process more convenient, potential participants were invited to answer the interview questionnaire online, rather than over the phone. This allowed them to respond at their convenience. Approximately two weeks after the invitation was mailed, a City of Hope representative contacted each recipient by phone to schedule an interview. The 66 participants who scheduled

appointments were interviewed by a health educator or intern, achieving a response rate of 83%. Fifty-five participants were interviewed by phone, and 11 individuals completed the needs assessment questionnaire online, returned it in the mail, faxed it back or were interviewed in person. Phone interviews took approximately 20 minutes and were completed between February and April 2013.

To increase collaboration with public health agencies in identifying and addressing community health needs, representatives from the Los Angeles County and Pasadena health departments were included in the interviews. The 66 completed interviews included representatives from the following organizations, who were knowledgeable about the needs of the medically underserved, low-income and/or minority populations:

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

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

1. Services provided by the respondent's agency, including language-specific and culturally appropriate services

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

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

Summary of 2013 Community Health Needs Assessment Results

Participants in the CHNA were asked to identify needs in four areas: cancer prevention, early detection, cancer treatment and cancer support. The largest number of comments were related to the need for linguistically and culturally appropriate education, support and resources. Specific populations that were identified as needing culturally and linguistically tailored services included Latinos and Asians/Pacific Islanders (See Appendix B for detailed responses).

Assessing community thoughts regarding cancer: Who has it, what are the barriers to getting care, and what resources are available the help people access care for cancer.

Cancer Prevention and Early Detection

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

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

Cancer Treatment

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

- Lack of access to care/inability to pay for care
- Lack of resources for education about cancer treatments
- Language/cultural barriers to accepting treatment
- Lack of knowledge
- Respondents identified Latino and uninsured populations as being the most affected by these barriers to cancer treatment

It is important to note that the Affordable Care Act may have eased some of these concerns, but did not eliminate them. Since its implementation, we have heard from community partners that some patients have been dropped from their health coverage, while others who have obtained health insurance don't know how to use it. Our 2014-2017 Community Benefits Program is dedicated to meeting needs identified before the Affordable Care Act was implemented.

Cancer Support

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

Prioritization of Community Health Needs

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

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

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

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

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

Within these focus areas, the community members identified the following specific issues as important to pursue over the next three years. Because the focus areas identified by the community stakeholders are interrelated, many existing City of Hope programs touch on more than one core principle and meet more than one strategic priority. We believe this is a sign of a robust program that is likely to meet a large number of needs. We have applied the abbreviations so that you can see how the interrelated issues link back to the five priorities identified above.

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

To add more focus on addressing the needs of the local community, all community benefit programs at City of Hope must be associated with one of the Public Health Institute's Five Core Principles discussed earlier in this report. We are actively seeking to enhance existing programs to include additional principles and priorities. Details are included under each program on the pages that follow.

Other Health Needs

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

Monitoring and Evaluation

We believe that taking a business approach to planning and evaluating the identified initiatives will ensure their long-term sustainability. We realize that evaluation is necessary to measure success, as well as to 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 the outcomes of all community benefit programs and initiatives.

Bernice Vasquez from Alta Med shares program evaluation findings at the 2016 Healthy Living Conference and Luncheon

COMMUNITY BENEFIT INITIATIVES

Overview of Programs Identified in the Implementation Strategy

City of Hope currently offers a wide variety of initiatives to meet a large number of diverse needs. Each initiative has specific goals that benefit the community. Some of the initiatives have been thriving for years; others are new. Some are organization-wide, while others are conducted through a specific department. Figure 5 provides a quick overview of our 2016 programs and services.

	Core Principles				Strategic Priorities				
Program Activity *Beckman Research Center	Vulnerable Populations	Primary Prevention	Seamless Continuum of Care	Community Capacity Building	Cancer Prevention Early	Healthy Living	Culturally Relevant Partnership	Smoking Cessation	Research
Workforce Development									
• Regional Occupational Program • Student Mentoring/Interns • Train, Educate and Accelerate Careers in Healthcare • Science Education Partnership Award Program* • Job Shadowing	x	x		x			x		
Community Health Awareness/Healthy Living (Screening, Lectures/Classes, Support Groups)									
• Eat Move Live* • Community Nutrition, Diabetes and Cancer Prevention Classes • Community Health Fairs • Healthy Living Grants • AIDS Summit • Prostate Cancer Awareness • Napolitano Mental Health Consortium • Smoking Cessation	x	x	x	x	x	x	x	x	
Diversity Initiatives									
• Latino Outreach Strategy • Latino's Living Healthy (LULAC) • Healthy Hispanic Living • LA Diversity Council	x	x				x	x		
Health Care Support Services									
• Patient Resources Coordination • Community Blood Drives • Village Stays	x	x	x				x		
Seamless Continuum of Care									
• Transition of Care Comm Coalition • Bereavement Support Grp	x	x	x	x		x	x		x
Medical Professionals Education									
• Pharmacy • Rehabilitation • Nursing • Nutrition • Social Work • Continuing Medical Educ. • Child Life	x	x	x	x	x		x		

Figure 5. 2016 CB programs and services

Key Community Benefit Initiatives

Community Benefit programming at City of Hope is working through a transition phase. Some programs have been created and provided to the community on an annual basis, while others have a more ad hoc approach to address needs or requests on a more reactionary basis. As we continue our exploration into the hidden gems of community benefit investment, 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. What follows is a status report on the main focus areas of our 2016 fiscal year community benefit programs and services: Workforce Development, Seamless Continuum of Care and the Healthy Living Community Grant program. The colorful boxes in each section are meant to provide a snapshot. At a glance, the reader will be able to identify what core principle and strategic priorities are addressed through each focus area.

Workforce Development

According to the U.S. Centers for Disease Control and Prevention (2013), achieving health equity, eliminating health disparities and improving the health of all Americans will be necessary to improve and protect the nation's health. To ensure access to care, it is vital that City of Hope retains a workforce that reflects the cultural and linguistic composition of our local community. In addition to preventing disease, upholding sustainable environmental practices and fostering a broad range of partnerships to collaboratively advance the health of our communities, City of Hope is committed to increasing

	Impacts	
Core Principle	Vulnerable Populations	☑
	Primary Prevention	
	Seamless Continuum of Care	
	Community Capacity Building	☑
Strategic Priorities	Research	
	Cancer Prevention Early Detection	
	Healthy Living	
	Culturally Relevant Partnerships	☑
	Smoking Cessation	

educational opportunities that can lead to careers in health care for underrepresented ethnic/cultural groups.

A summary of important activities designed to improve the cultural diversity of our workforce is discussed below. Through strong internal relationships and important collaborations with our local community we are delivering a variety of programs with the potential to increase interest in health care fields among high school students and young adults living in our service area. These programs are in the process of being centralized, simplified and coordinated to ensure that vulnerable students are specifically targeted for participation.

Groundhog Day/Job Shadow Day

Every year, a group of students from Duarte High School shadow City of Hope employees for one day in February. This program enables the students to explore career options and gain practical insights into how a hospital operates. The students spend a part of a day shadowing doctors, researchers, health educators, human resource professionals, dieticians, patient coordinators, finance professionals and other specialists, depending on each student's interests and desires. The relationships continue beyond the single day, as students are encouraged to view these employees as mentors and contact them for support and direction throughout high school. On February 4, 2016, 20 students from Duarte High School participated in the program. At the end of the day, all of the students were asked to complete a survey that assessed their interests in pursuing a career in health/science. Their responses can be seen in figures 6-9 below:

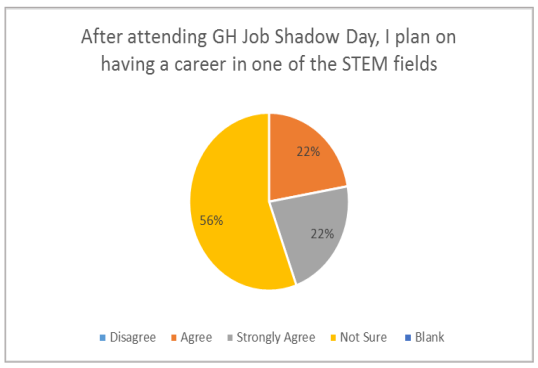

Figure 6. Job Shadow Day plans on having a career in STEM field

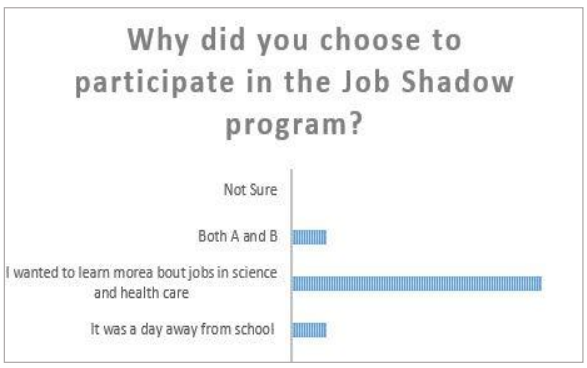

Figure 7. Reason for participating in the program

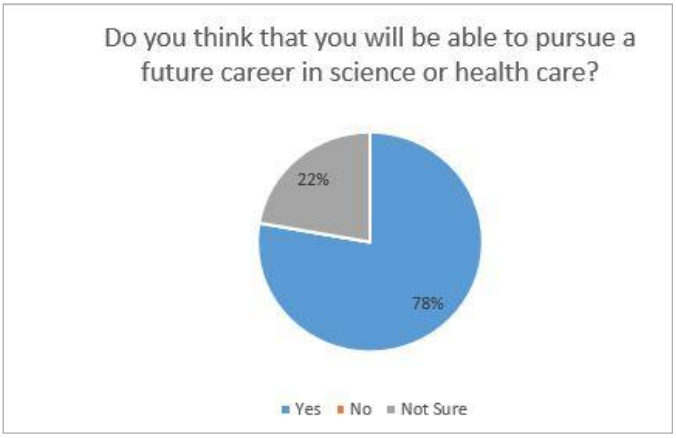

Figure 8. Ability to pursue future career in science or health care

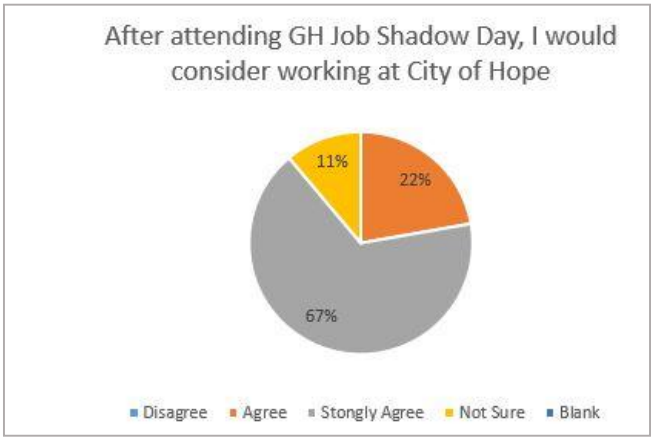

Figure 9. Future career at City of Hope

An overwhelming majority of the students who attended this event indicated that they not only believe they will be able to pursue a future career in science or health care, they also would consider working at City of Hope. A critical way in addressing the needs of the local vulnerable communities is to populate our health care workforce with local residents who can help break down barriers to care though their intimate knowledge of cultural issues that may impact our patients. In turn, this builds trust and credibility between the patients and our health care providers that helps to improve health outcomes.

Duarte High School Science Field Trip

Local students are invited to tour the laboratories at Beckman Research Institute of City of Hope, where they meet with scientists, learn the science behind disease prevention, and conduct hands-on science projects to increase their interest in scientific research. In 2016, 40 AP students from Duarte High School attended the event.

Regional Occupational Program (ROP)

In 2016, 21 local high school students participated in this six-week program designed to expose high school students to the wide variety of medical and nonmedical professions associated with a medical center (Table 1). Students from Duarte High School and surrounding communities were matched with City of Hope professionals in mutual areas of interest within human resources, finance, information technology,

marketing, fundraising, public health, clinical medicine, research and other professions. For six weeks, the students were mentored two days a week and attended class on the third day, for which they earned five academic credits. The goals were to help the students identify areas of career interest, while helping City of Hope build a future workforce that includes students from underrepresented cultural and linguistic groups.

Clinical	**Science/Research**	**Business Support**
Case Management	Animal Resources	Accounting & Finance
Child Life Program	Cancer Survivorship	Food & Meal Services (Sodexo)
Clinical Nutrition	Clinical Research	Government and Community Affairs
Clinical Social Work	Diabetes Endocrinology & Metabolism	Health Information Management Systems
Laboratory Services	Medical Oncology	Healthcare Administration
Diagnostic Imaging	Professional Education	Human Resources
Infectious Diseases	Research Departments	Information Technology Services
Medical Records		Marketing
MRI Diagnostic Radiology		Occupational Health and Safety
Nursing		Philanthropy
Outpatient Registration		Printing and Duplicating
Pharmacy		Purchasing
Radiation Oncology		
Rehabilitation Services		
Respiratory Therapy		
Surgery		
Transfusion Medicine		
Hematology & Hematopoietic Cell Transplantation		

Table 1. City of Hope mentors for summer ROP program were available in these areas

The San Gabriel Valley Science Education Partnership Award Collaborative (SEPAC)

SEPAC is a partnership between City of Hope and the Duarte Unified School District. A five-year grant from the National Institutes of Health underwrites the salary of Susan Kane, Ph.D., a science educator who develops the curriculum and implements all program activities. Under her direction, City of Hope faculty, scientists, and predoctoral students donate their services to provide hands-on biomedical science education to second, fifth and eight graders throughout the year. Additionally, SEPAC runs an in-depth summer research program for interested high school students. The program enables students to learn about the latest advances in cancer, diabetes and stem cell research from world-class scientists and educators. The goal of SEPAC is to increase understanding of the connection between science and health through age-

appropriate, interactive, hands-on activities, and to grow the pipeline of underrepresented minority students pursuing college majors and careers in the sciences and technology. Multiple interactions provided over the course of K-12 schooling help build and maintain interest, while preparing students to enter college with real-world research experience. SEPAC videos are available on http://www.cityofhope.org/students-and-youth/science-education-partnership-award#Media It is interesting to note the high percentage of females participating in the program (Figure 10).

Figure 10. Participants in the SEPAC program by gender and ethnicity

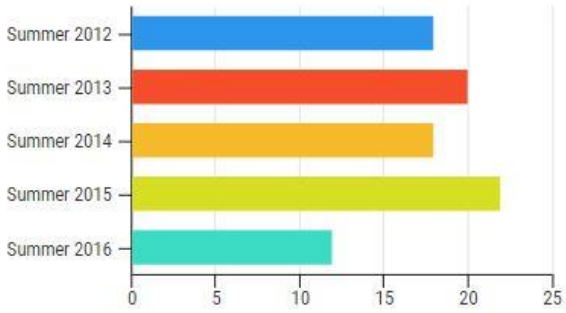

Figure 11. Enrollment in SEPAC over five years – scheduling issues only allowed for one session in 2016.

Figure 11 shows a consistent flow of students from year to year, except in 2016. Scheduling conflicts only permitted for one session to be held, significantly decreasing the total number in attendance.

In addition to the SEPAC Summer Internship program the SEPAC team hosts a series of Saturday science days. The Saturday Science Program, funded by Northern Trust, is part of a series of community science education programs provided by City of Hope. The program is intended to deliver opportunities to engage in science to the communities in the San Gabriel Valley.The program is provided on a monthly basis, with each month focused on a different topic. The Saturday Science Program covered 43 different science activities across 11 events from June 2015 to February 2016. Each event is made up of a morning session geared toward 8 to 10-year-olds and an afternoon session designed for 11 to 15-year-olds (Figure 12).

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Duarte High School Students Produce Authentic Cancer Research At City Of Hope

DUARTE - A dozen students from Duarte High spent much of their summer participating in a research project at City of Hope that helps give them a authentic insight for the scientific working to gain a better understanding of cancer.

The students were part of a City of Hope program for the Science Education Partnership Award Collaborative (SEPA) which completed the fifth and final year of its cycle, with impressive results for the students.

"High school students from Duarte get experience working in the lab under the direction of research scientists," said Marlen Rowan, program coordinator for SEPA in the cancer biology department of City of Hope. "These are highly motivated students who get a chance to do research with not necessarily intended for students until college. They were participating in authentic research."

The program began in the summer of 2012 as three-week course for seniors, with 12 to 24 students working alongside the research scientists each year on a project based on DNA repair mechanisms and how cells recognize mistakes, explained Rowan.

Duarte High School summer research students and DHS Biology teacher, Jeff Roderick, presented at the conclusion of completion to the SEPA program from the City of Hope and Duarte Unified School District's conference hall on August 11, 2016. (Photo courtesy of the Duarte Unified School District)

The students from Duarte were under the direction of biology teacher Jeff Roderick, and were committed to work two days a week for three hours a session for the eight-week program. At the end of the program, the students presented their findings in a group culmination and shared their efforts with faculty, families, DUSD and COH administration in a culmination program on August 11, 2016.

"Whether high school students who come to work a certain skill set and give them an opportunity to learn with a higher set of skills, and hopefully motivate them to pursue science at other related careers," said Roderick.

The 12 students from Duarte who attended the summer are all juniors and seniors. They are Sarah Bruns, Ashley Cardenas, Bianca Delgadillo, Marianna Delgado, Dania Espinoza, Jill Faltz, Tiffany Hsu, Sabrina Ibanez, Leslie Klein, Lindsey Lathrop, Linda Leon, and Paloma Mata.

The SEPA Summer Research Program is taught by City of Hope staff scientist Glenn Merrifield and Roderick, and each of the students received a summer job with additional scientists on the City of Hope campus.

The project, which began with the summer of 2012 group, and has continued each summer, is mechanism is what we are studying."

And the scientists and teachers were learning along with the students.

Roderick said the difference between the City of Hope summer program and his work with students on the Duarte High campus produces a huge learning experience for me. I'm used to practicing in labs with high-school students, and the labs have predictable and expected results, demonstrating a core principle. There are experiments that have never been done before and we were looking at some interesting results. This translates knowledge outside that I can translate into the classroom."

The City of Hope has long been a partner with Duarte Unified School District, offering programs to grade the scientific interest of students. The summer two-week program and a year long program during the school year are geared to those who have identified science as a viable education and career path.

Other programs include field trips for 2nd, 5th and 8th grade students. Here is also a SHE Club (STEM after school science club at Andrew Duarte Elementary School), and additional Saturday Science Days on the City

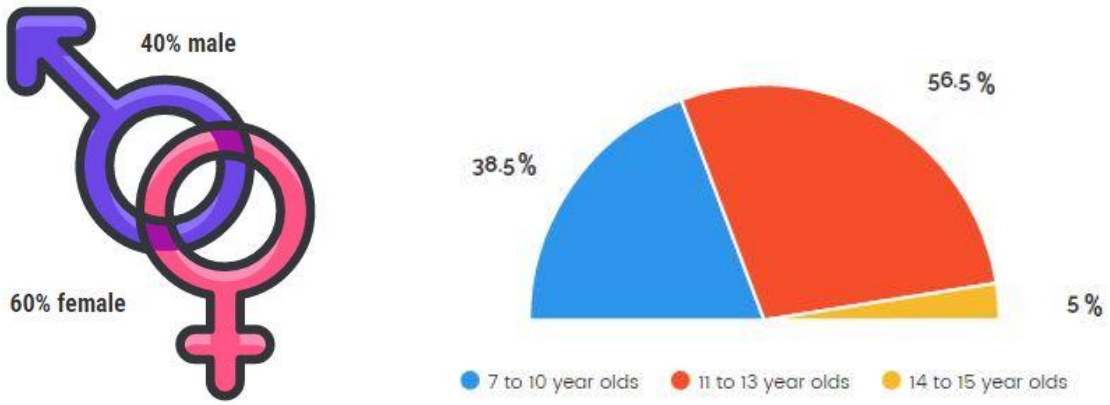


Figure 12. Gender and ages of Saturday science program

City of Hope's pipeline health care career programs (like Job Shadowing, ROP, Duarte School Field Trips and SEPAC) are vital for minority students. Pipeline programs have the potential to reduce health

disparities and serve to improve health outcomes across the board. City of Hope's efforts at early intervention in promoting health and science careers will contribute to the ultimate eradication of barriers that limit access to care to those in our vulnerable communities.

Seamless Continuum of Care and Community Capacity Building

One of the most important things we can do for our community is increase its capacity to care for patients with unique needs. We have learned the process is often far from smooth. We have also learned that when one person dies from cancer, the need to support and care for their loved ones must continue. In order to address both issues, City of Hope is proud to support two community programs that seek to ease the transition from hospital to home or facility care and offer support to patients, loved ones and providers of care: Transitions of Care Community Coalition and City of Hope Bereavement Support Group. These programs are described below.

	Impacts	
Core Principle	Vulnerable Populations	☑
	Primary Prevention	
	Seamless Continuum of Care	☑
	Community Capacity Building	☑
Strategic Priorities	Research	
	Cancer Prevention Early Detection	
	Healthy Living	☑
	Culturally Relevant Partnerships	☑
	Smoking Cessation	

Transitions of Care Community Coalition

Leaving the hospital is only one step on the road to recovery. To ensure that recovery continues, properly trained at-home and professional care workers are needed to help reduce hospital readmissions. This is where City of Hope's Transitions of Care program comes in.

Even with professional help, it is difficult to replicate the quality of care and treatment that patients receive at City of Hope at home or even in a professional care facility. Readmission to the hospital may be required to attend to issues that might have been resolved, had the original post-hospital care been better or caregiver training more comprehensive.

That was the situation that Brenda Thomson, City of Hope's director of Case Management and Village Operations, observed about three years ago when she began looking at patient readmissions. She found that some care providers had gaps in training for caring for specialized needs. These gaps were

present in providers at long-term acute facilities, skilled nursing facilities, acute rehab and hospice care, as well as home care providers.

Thomson began developing a training program to remedy the situation. Led by City of Hope, the program is now called the Transitions of Care Community Coalition TC3 and includes 90 individuals from 35 leading transitional health care organizations in Los Angeles, Riverside, San Bernardino, and Orange counties.

During the fiscal year 2016, TC3 met four times with the administrators and one-time with the clinical teams for the administrators. During the administrator meetings, topics covered ranged from revisiting the vision, mission and goals created in the previous year to "Home Health Face-to-Face" requirements, and "Competitive Bidding" and the processes that can help with transitions between facilities and communication between levels of care. The TC3 also created an external webpage to help facilitate ongoing communication among the members and to share resources.

The membership of TC3 is unique because it is built upon potential vendors or service providers for City of Hope. During the year, this has brought up two interesting issues that, if left unchecked, could derail the coalition's ability to retain members and continue building a seamless continuum of care. The leadership committee conducted an evaluation to address issues specific to the goals and objectives of the strategic plan as well as possible barriers to success. This evaluation asked members: How difficult is it to participate in the coalition without a guarantee of increased referrals or that they will become preferred providers? How much do they value being a part of the TC3? If they believe that participation in TC3 will help them make patient transitions safer?

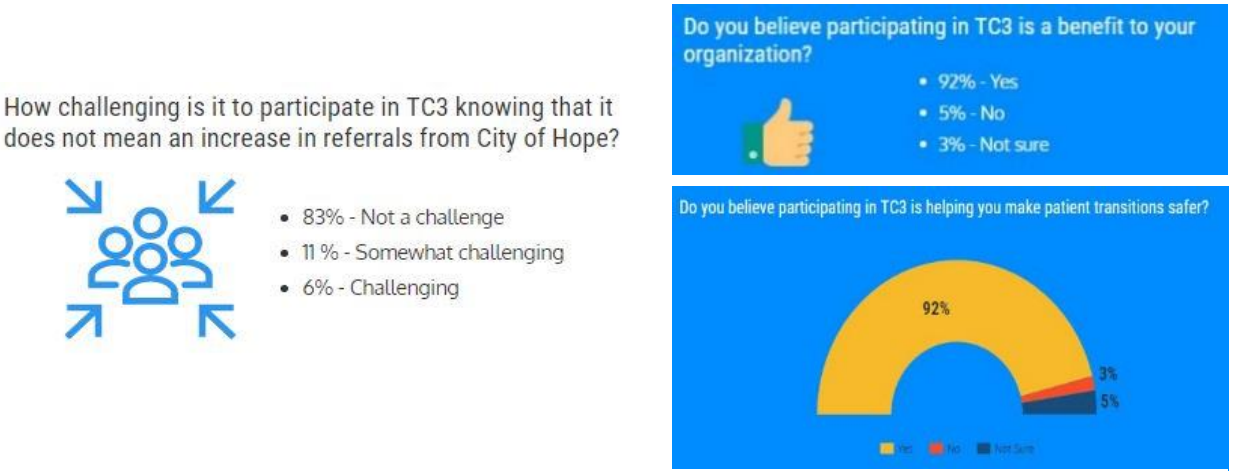


Figure 13. Results from the 2016 evaluation of Transitions of Care Community Coalition membership

The results (Figure 13) revealed that 17% of the membership finds it *somewhat challenging* or *challenging* to participate in the coalition without the promise of referrals. This means that the altruistic vision is not being shared by everyone participating in the group. It could also mean a loss of membership or more important, a misinterpretation of benefits in participating. The leaderships team will need to review these results and come up with strategies that may address this issue on a regular basis so that those who are participating and any future members understand that this is not an intent of the coalition.

The results of this evaluation were shared at the 2016 International Cancer Education Conference (ICEC) in Bethesda, Maryland (Figure 14).

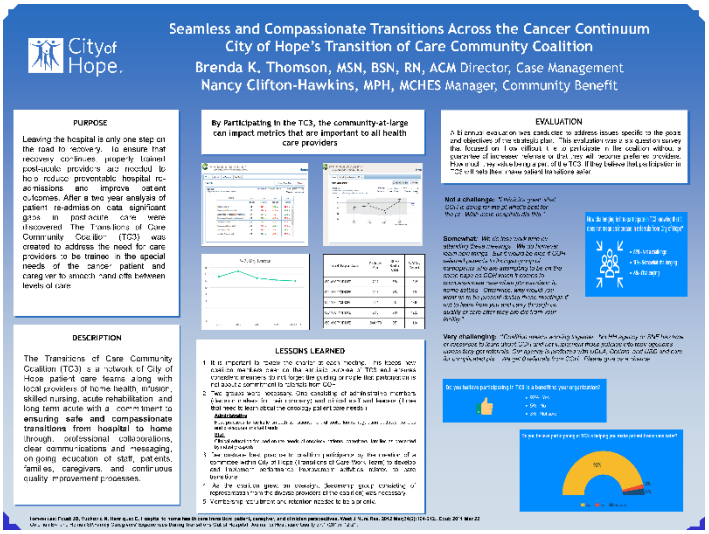


Figure 14. Poster presented at ICEC September 2016

Bereavement Support Group (BSG)

It is not easy to move from caregiving for a loved one to grieving after the loved one has passed. To address the need for support during grief, the child life team from City of Hope created a 12–week bereavement support group that offers a safe place to explore and reconcile feelings while returning to a new normal life. Meetings are held at the Maryvale Family Resource Center. Any member of the community can register to attend. The groups are also meant to "witness," rather than "fix," someone's grief. The child life specialists, social worker and

chaplain who facilitate the meetings do not view themselves as experts, but talk of "companioning" people through the grieving process and back to reality. Companioning is an approach to bereavement counseling developed by the Center for Life & Loss Transition, where City of Hope's facilitators are being trained.

During fiscal year 2016, two 12-week bereavement support groups were held. The groups focused on loss of a child, a spouse or significant adult. All were tailored to cancer deaths, which have a particular grief and bereavement journey. At the end of each support group, a survey was taken. Overwhelmingly, participants demonstrated an increased ability to use the communication skills taught in the class to express their needs to others. They also became confident in their ability to use the grief coping skills they learned in the classes, which mirrors the results from the program in fiscal year 2015 (Figure 15).

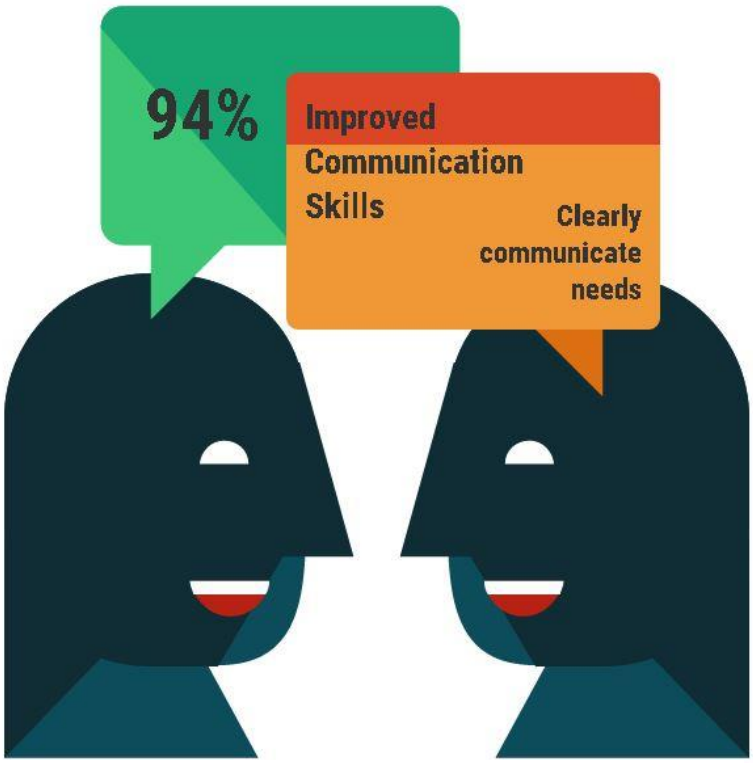


Figure 15. Bereavement support group participants believe they improved their communication skills and believe they can use those skills to clearly communicate their needs to others

On the first night of the 2016 support group nearly 25% were not sure they would find value in attending the program. Similar to fiscal year 2015, by the last night, 100% found value in attending the support group.

Being able to express your grief with others experiencing similar situations can help ease the burden. The City of Hope bereavement support group has demonstrated two years in a row the benefit they play in the lives of our community members who lives have been impacted by cancer.

Healthy Living Community Grant Program

City of Hope, does not conduct population health interventions on a regular basis as there are organizations in our community that are experts in this area that we believe are best equipped to design programs and services that help their own communities. The Healthy Living Community Grant Program is the vehicle that we use to identify organizations that can deliver innovative programs designed to address one or more of our strategic priorities around cancer prevention, health living or smoking cessation. Our Community Benefit Advisory Council members review the applications and make the selections for the Healthy Living Community Grant Program. Not only does it feel good to help local organizaitons, in turn, these groups provide City of Hope more insight into the needs of local vulnerable populations and teaches how City of Hope can help support community efforts that tackle health disparities in a culturally appropriate and specific ways. Throughtout the funding period, City of Hope continues to support these organizations by providing technical

	Impacts	
Core Principle	Vulnerable Populations	☑
	Primary Prevention	☑
	Seamless Continuum of Care	☑
	Community Capacity Building	☑
Strategic Priorities	Research	
	Cancer Prevention Early Detection	☑
	Healthy Living	☑
	Culturally Relevant Partnerships	☑
	Smoking Cessation	

assistance and networking opportunities. (http://www.cityofhope.org/about-city-of-hope/community/community-benefit/healthy-living-grant-program).

During fiscal year 2016, the Healthy Living Community Grant Program gave out $40,000 in small grants ($5,000 each) to groups and organizations that demonstrated a creative, yet sustainable, approach to promoting healthy living through good nutrition, physical activity, cancer or diabetes prevention, or smoking cessation. The 2016 Healthy Living Cohort included:

Alta Med — Diabetes Group Visit Program El Monte: AltaMed will assist people with prediabetes in making lifestyle changes that reduce their high risk of developing diabetes. Using this model, they will expand and enhance programs in El Monte and West Covina.

Azusa Pacific University — Wellness Opportunities for Healthy Living: Uniquely situated within the local communities and with a collaborative presence, the Wellness Opportunities for Healthy Living program will increase activity, prevent diabetes, and promote healthy nutrition and lifestyle changes through health and wellness checks, physical fitness and exercise prescription programs.

Foothill Unity Center — Health Nutrition Education Program: This program aims to increase access to health services and information to low-income and homeless families. Families will learn about the relationship between food/nutrition and physical and mental health. The project will support their primary service, which is to provide food security and health related services to low-income and homeless families in crisis, in the San Gabriel Valley.

Planned Parenthood Pasadena and San Gabriel Valley — Mobile Mammography Expansion Project: This project increases access to mammography for older women through targeted mobile mammography and health education to local vulnerable communities throughout the San Gabriel Valley.

San Gabriel High School Medical Academy — Healthy Living Starts Within: Building on the 2015/2016 work of the Business and Technology Academy, the Medical Careers Academy will

educate students about healthy eating while maintaining behaviors, like exercise, to support good health. This is a student run program.

Tzu Chi Medical Foundation — Healthy Community in the San Gabriel Valley: Program activities aim to improve overall health of San Gabriel Valley residents who face language and culture barriers through preventative health education, plant-based diets and physical activity. Classes and workshops are provided in Chinese and/or English and take place in the South El Monte and Alhambra clinics. If classes are in English, Chinese translation will be available. Education materials are in English, Spanish and Chinese.

Western University Health Sciences — Healthy Living and Active Living in Pomona: A12-week family based (parents and children) healthy living workshops. With an age appropriate curriculum developed and delivered by promoters and nursing students, along with supervision and guidance of an expert nursing faculty.

YWCA San Gabriel Valley—Healthy Parents and Kids SGV: The Healthy Parents and Kids SGV program is a multilayered approach to reducing obesity in Azusa. The YWCA assists parents in developing healthy living practices, and provides the educational tools to change their lifestyles. Parents can also participate in or lead food demonstrations to learn how to make healthier meals and snacks that use fruits and vegetables.

Building 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 Community Benefit Advisory Council members will conduct site visits later in the year for each grantee and provide feedback where necessary. At the end of the funding cycle when new grants are awarded, the grantees participate in a half-day conference, where they share their program results with the community and act as mentors to the new round of Health Living Grant recipients. Ultimately this grant

program is about building community and capacity around efforts that support health and wellness in our service area.

On August 5, 2016, in a room filled with City of Hope staff, community members and the new cohort of healthy living grantees, the six 2015 Healthy Living Grantees shared their findings after a year of implementing programs that City of Hope funded. All 2015 grantees made a 15-minute presentation and held a poster session. Some programs made inroads into the health status of the communities they served and others taught school children and their families how to walk or bike to school in safe ways. Teenagers grew superfoods in a school garden while non-English speaking ladies worked out in a Zumba class. You can access them via our community benefit webpage

Participants in the 2016 Healthy Living Conference (LR) Jesse Chang and Andy Ngo from San Gabriel High School, Katia Ahmed Pasadena Unified School District, Dora Avila – Healthy Living Intern, Susan Nyanzi Community Benefit Advisory Council member

The important take-home message from this small Healthy Living Grant program is that "small is beautiful." Local organizations can benefit from smaller grants that boost them to another level, increase the scale of a previous effort or launch a pilot program without making a large investment.

COMMUNITY BENEFIT INVESTMENTS

How Benefits Were Defined

The quantifiable community benefit provided by City of Hope in fiscal year 2016 are listed in Table 2. Consistent with community benefit standards, only activities funded by the medical center (versus Beckman Research Institute of City of Hope or Philanthropy) are included.

The Catholic Health Association's publication, *"A Guide for Planning and Reporting Community Benefit, 2015 Edition,"* was used to determine whether activities met criteria for inclusion as a quantified community benefit. The criteria also meet 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

The total value of quantifiable community benefit provided by the medical center in fiscal year 2016 was **$125,501,271.** This included:

- **$ 58,385,289** in medical care service benefits, which included Medicare shortfall
- **$ 2,390,202** in benefits provided to the broader community

- $ 64,725,780 in health research, education and training programs

Category/Program Name	Total Expense	Offsetting Revenue	Net Community Benefit
A. Medical Care Services for Vulnerable Populations			
Medicare	276,978,012	211,258,932	65,719,080
Medi-Cal	155,615,088	106,335,636	49,279,452
Hospital Provider Fee Program	13,983,940	73,819,843	(59,835,903)
Charity Care	3,222,660		3,222,660
TOTAL MEDICAL CARE SERVICES BENEFITS, INCLUDING MEDICARE SHORTFALL	**449,799,700**	**391,414,411**	**58,385,289**
TOTAL MEDICAL CARE SERVICES BENEFITS, EXCLUDING MEDICARE	158,837,748	106,335,636	**52,502,112**
B. Benefits for the Broader Community			
1. Community Health Improvement Services			
a. Community Health Education			
AIDS Summit	6,533		6,533
Community Health Awareness (screenings, classes, support, web education)	351,795		351,795
Latinos Living Healthy (LULAC) and Healthy Hispanic Living	325,843		325,843
Smoking Cessation (Support Groups + Pharmacy Support)	51,195		51,195
Prostate Cancer Awareness Campaign	250,000		250,000
Napolitano Mental Health Consortium	6,088		6,088
b. Health Care Support Services			
Village Stays	234,000		234,000
Community Blood Drives	123,357		123,357
Patient Resources Coordination	71,053		71,053
Total Community Health Improvement Services	**1,419,864**		**1,419,864**
2. Community Benefit Operations	**261,123**		**261,123**
3. Cash and In-Kind Donations			
Duarte Senior Center Food Distribution	14,389		14,389
Health Consortium of San Gabriel Valley	5,000		5,000
Education Foundations (Duarte)	7,760		7,760
Community Meeting Sponsorship	14,487		14,487
CA Health Care Foundation Trust	562,056		562,056
Total Cash and In-Kind Donations	**603,692**		**603,692**
4. Community-Building Activities			
Workforce Development	37,456		37,456
Healthy Living Grants	49,838		49,838
Transitions of Care Community Coalition	10,304		10,304
LA County Collective Impact	2,993		2,993
LA Diversity Council	4,932		4,932
Total Community-Building Activities	**105,523**		**105,523**
TOTAL BENEFITS FOR BROADER COMMUNITY	**2,390,202**		**2,390,202**
C. Health Research, Education and Training Programs			
Medical Center non-funded cancer research	78,783,000	15,373,000	63,410,000
Training Programs (CME, Pharmacy, Nursing, Rehabilitation and Nutrition)	1,579,280	263,500	**1,315,780**
TOTAL HEALTH RESEARCH, EDUCATION and TRAINING PROGRAMS	**80,362,280**	15,636,500	**64,725,780**
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, EXCLUDING MEDICARE	**241,590,230**	121,972,136	**119,618,094**
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, WITH MEDICARE SHORTFALL	**$532,552,182**	**$407,050,911**	**$125,501,271**

Table 2. Economic Value of Community Benefit Provided by City of Hope during Fiscal Year 2016

City of Hope also provided a wide range of benefits to our communities that is not reflected in Table 2 because they are included in the operational costs for community benefit. These include, but are not limited to, technical assistance provided to government agencies and community organizations, contributions to the research literature and leadership on community boards.

CONCLUSION

City of Hope strives to decrease health disparities in our service area by creating an institution-wide emphasis on community benefit that organize thoughtful collaborations that address root causes of barriers to good health. This document explains key community benefit initiatives made in the areas of workforce development, healthy living and programs that strive to build a seamless continuum of care.

It is important to note that some programs reported in our 2014-2017 Implementation Strategy were not included in this 2016 fiscal year summary. These include Clinical Research, Genetic Screening for Latinas at High Risk for Breast Cancer, Seeds of Hope and Epidemiological Research in Minority Populations. These programs represent work performed through the Beckman Research Institute of City of Hope. Although they are critically important to City of Hope, and make substantial contributions to eliminating health disparities, they are not considered when taking the medical center's nonprofit status into account. Therefore, this report focuses on programs directly attributed to the medical center's contributions to community benefit with one exception: the Science Education Partnership Award Collaborative (SEPAC). SEPAC's work is so strongly integrated into the Workforce Development initiative that it cannot be discussed separately. Of course, there are many other programs that contribute to our organization's investment in sustainable community benefit. These include: Healthy Hispanic Living (the first online health platform dedicated to the Hispanic culture) www.healthyhispanicliving.com, the Sheri & Les Biller Patient and Family Resource Center, Patient Resources Coordination, Medical Professionals Education, Adopt a Family and our numerous cash and in-kind donations. While not highlighted in this report, they make an impact on the well-being of our community.

As we grow and institutionalize the way we view our community benefit responsibilities we will continue to take a closer look at medical center initiatives that are aligned with community benefit standards and include those in our report. This year, we we discovered a number of programs that were providing community education or training future health care workers (Child Life specialists and the web-based

chemotherapy education class), which we had not reported in prior years – which resulted in a greater contribution in the overall "Community Building" category. We also conducted the triannual community health needs assessment. Through this process we learned more about the health inequities in our service area. Our community stakeholders helped us to see the role that mental health is playing in a community's ability to engage in behaviors that prevent cancer. We look forward to the implementation of our new strategies in fiscal year 2018.

This past year, as an institution, we began to see the important role we could play in providing City of Hope staff as support for important community services. Since June 2016, City of Hope employees spend one afternoon per month, helping to distribute food at the Duarte Senior Center. Over 200 vulnerable seniors are assisted in getting the supplemental food they need to survive. Not only do the seniors get to benefit from our volunteerism, City of Hope employees share how good it makes them feel to give back to the community where we work. These are important endeavors that help build a "Seamless Continuum of Care" for patients and the greater community. This is the power of community benefit. It transforms the institution and the people who work there. It makes us all better stewards to the community.

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 are now viewing existing and future programs through a lens that places vulnerable populations in the forefront of the planning process. We are confident our institutional commitment will foster collaboration among City of Hope employees participating in community benefit activities. Having priorities allows for a more strategic focus on areas that are critical to our service area, while creating pathways for health and healing. As we begin the process of analyzing the data for our Community Health Needs Assessment, we at City of Hope look forward to serving our community in ways that recognize the specialized needs of cancer prevention and detection, healthy living, smoking cessation, and the creation of research alliances and culturally relevant community partnerships that eliminate barriers to care.

APPENDIX

Appendix A
Needs Assessment Tools

Letter to Stakeholders

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

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

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

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

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

Sincerely,

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

Robert Stone
President
City of Hope

Needs Assessment Survey

City of Hope

Interview Regarding Community Health Assets and Needs
February-March 2013

Date of Interview:	
Interviewee:	
Agency:	
Contact Information:	

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

Part 1: Learning About Your Agency

1. I'd like to begin by learning more about your agency.

    a. What services does your agency offer?

    b. What population(s) does your agency serve?

    c. What geographic area does your agency serve?

    d. In what other languages does your agency provide services to the community?

    e. Does your agency offer any services or programs that are culturally tailored to the needs of its community?

    f. What are some barriers that your organization faces in meeting the needs of the community?

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

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

2. Now I'd like to ask your views on cancer-related needs in our community.

    a. Beginning with **cancer prevention** and **early detection** (finding cancer at an early, most treatable stage), can you identify any unmet community needs? Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?

    b. In the area of **cancer treatment**, can you identify any unmet community needs? Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?

    c. In the area of **support for cancer patients and their families**, can you identify any unmet needs? ("Support" refers to clinical, psychological, emotional, financial or other needs.) Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?

    d. Are there any **other unmet cancer-related needs in our community** that you would like to identify? Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?

    e. Are there any other cancer-related needs that you can identify, that we have not covered? Do you have any suggestions on how to meet cancer-related needs in our community?

3. In your opinion, what are the three major barriers to meeting cancer-related needs in our community?
    a.

    b.

    c.
4. In your opinion, which one of the three barriers is the highest priority (is most important to address in order to improve community well-being)? And why?

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

5. What kinds of changes would you like to see over the next 5 years in order for our community to become a truly healthy community?

6. How would you like City of Hope to work with you/ your agency to improve the health of our community?

Part 4: Your Rating of Cancer Education and Support Issues

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

Part 5: Closing Comments

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

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

    a.

    b.

    c.

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

Appendix B
2013 Community Health Needs Assessment Results

Major Barriers to Meeting Cancer Needs

Barriers faced by organizations

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

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

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

Major Barriers to Meeting Cancer Needs of the Community As Identified by Respondents	
1.Financial Needs	• Funding to develop programs • Finances "never enough funding to meet everyone's needs" • County budget cuts and hours of availability for the public • Having sufficient financial support to recruit and retain staff • Funding for resources for programs geared toward the Latino community • Grant availability • Funding-(non-profit) consistently identifying for sources of funding to continue to do work • Budget/Grant limitations
2. Lack of Resources	• Capacity of community to actually provide service • Lack of resources & changing direction of health care initiatives direction • Resources to meet practical needs of patients and families: transportation, childcare, care • Lack of staff to meet needs of LA County. Very large area to cover, not enough time or staff • Ability to assist patients with practical needs: insurance, finances, housing, jobs • Survivorship education and programs

	• Limited resources at state and government level • Need for resources to refer clients for other kinds of services
3. Lack of Knowledge/ Community Awareness	• Community not having sufficient knowledge on services available to them • Awareness of the existence of agency and resources • General understanding of diagnosis and resources available • Distribution of clinic services information and resources available • Increased education efforts to educate providers and other organizations on community resources available- thus increasing patient access to resources
4. Language & Cultural Barriers	• Language and cultural stigma regarding cancer • Language specific providers • Financial support for new languages to better meet needs of emerging immigrant groups • Lack of resources/support groups for Spanish and Chinese languages • Need for Chinese speaking staff needed and education materials • Recruitment and education of ethnic populations for clinical trials • Need for bilingual staff and volunteers • Translation and interpretation services • Lack of ability to develop much needed educational programs in Korean • Lack of educational materials available in Spanish and Chinese
5.Access to Care	• Medical access to screening and follow-up care • Government programs for low-income and illegal immigrants. • Coverage for screening and treatment • Obama Care will cover documented people not undocumented • Access: Insurance coverage, fragmented system (i.e. most see several specialist) • Insurance constraints with health care reform • Access to specialty care
6.Community Collaboration & Partnerships	• Lack of collaboration and partnership • Lack of partnerships in community • Partnerships to gain broader access to the community • Collaboration and support from other organizations • Partnerships to increase marketing efforts and resources available to community • Increased collaboration versus competiveness
7.Cancer Prevention Efforts	• Lack of focus on prevention efforts • Finances to provide cancer prevention education • Budget cuts impacting cancer prevention programs • Lack of mobile screenings • Lack of ability to follow-up after prevention screenings

Cancer-Related Needs in Our Community

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

- Cancer Prevention and Early Detection

- Cancer Treatment
- Support Services

Unmet Needs: Cancer Prevention and Early Detection

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

Lack of education on the prevention of cancer amongst specific cultures or languages
• Tailored programs for Spanish and Chinese speaking population • Filipino and Thai are the mostly affected and need increase awareness of importance for early detection, need more outreach and language services • Language and cultural barriers, linguistically and culturally appropriate health/cancer prevention information and services are one of the greatest needs that is mostly unmet • Limited English proficient populations are most affected • There is a lack of cancer screening knowledge, access. Populations most affected are the Hispanic and Asian. Suggestion: Promotoras to spread the word and education • Outreach to Spanish speaking community, culturally competent information. Latinas are most affected. Important to be sensitive to cultural needs of population-when talking about gender anatomy of our body, breasts. Be sensitive in the way we address the need to seek screening • Awareness, Healthy lifestyle, cultures and trust (Chinese, Hispanic) • Screening rates are lowest among API. We need programs that target this population • In Asian community Hep B is an area that needs to be addressed. Early detection will help reduce liver disease • Lack of education materials in Spanish and Vietnamese on prevention efforts for cancer • Low screening rates in Breast and cervical cancer. Lack of Knowledge, information awareness. Also, lack o health beliefs about screening. Pop: underserved populations (minorities. Suggestion: more screenings (free) • Cultural misperceptions or understandings that prevent or delay detection or care. • Lack of health beliefs about screening
Lack of education and prevention efforts
• The general public does not understand the link between diet (particularly sugary nutritionally devoid foods), exercise, and cancer. They understand this causes obesity & diabetes, but less so

cancer. Any public awareness is helpful. Also, paid time off work for preventative screenings (or doing them at employer sites) would ensure people can get them.

- Cancer prevention and healthier lifestyles for children -- in hopes to involve parents as well
- Nutrition/active living, education for seniors, policy level for youth, including school nutrition.
- Need: education most people do not know about prevention tactics
- Screenings is an unmet need. Pop: Minority populations, Suggestion: proving more education as far as screening guidelines.
- Cancer education and cancer screening programs for minority and underprivileged population. Provide accessible and low cost screening clinics
- In general, community needs more education on cancer prevention and early detection
- Offering programs and nutrition classes in schools and colleges. Exercise and eating well is part of cancer prevention.
- General lack of knowledge and education on prevention and early detection.
- Role of diet and nutrition. Role of being overweight or obese

Lack of programs for uninsured/ Access to Care

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

Lack of resources available for prevention and screening

- Lack of resources and support for young adults
- Need for greater education efforts for blood cancers, and bring forth awareness.
- Little to no colonoscopy and prostate cancer screening available
- Limited resources for follow-up, focus on collaboration between agencies
- More resources about early detection strategies
- Women under the age of 40 - Lack of prevention programs for them
- Screening for cancer at earlier stages versus advanced
- Lack of screening programs available in the community
- Lack of low cost or no cost screening and prevention programs
- Lack of preventive programs for male cancers, prostate

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

Unmet Needs: Cancer Treatment

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

Access to Care/ Financial Barriers
• Access to care and treatment after diagnosis. Lack of financial resources to obtain treatment or a second options. • Need: low income communities do no have access to treatment because of cost. • Lack of access to regular medical care due to low income, unemployment, under-insured or no health insurance • Lack of primary care use, indigent patients harder to access. • Access to medical care, especially women. Uninsured have limited access. Suggestion: More BCCCP programs • Access to medical care, especially women. Uninsured have limited access. • Financial aspects - childcare - treatment medications - day to day needs - treatment vs. rent? This is what determines if patient well be treated or not. • Cancer care for insured, underinsured and uninsured AAPIs. • Early detection/primary care • Patients struggle with home/social/ transportation needs also financial. Suggestion: connect with other services • Lack o health insurance o**r ability to** pay for treatment • Financial aspects - childcare - treatment medications - day to day needs - treatment vs. rent? This is what determines if **patient well be treated or not** • In San Gabriel Valley, many of the Asian Pacific Islanders /Hispanics population do not have health insurance. County hospital is **their only option for treatment** • Needs: lack of insurance causes people to not seek care. Population: Low social economic • Not enough health coverage whether public or private. This affects low and middle income under-employed people most. To**o many people are making do without** full-time jobs. Pass

universal health care. Alternatively a way **for mass** donations that go directly to a patient's care would be helpful.

- **A**dults who are undocumented do not have access to government insurance
- Anyone who doesn't have health insurance, because of lack of screening for cancer due to lack of health insurance. They can't go for treatment. Suggestion.: CoH Providing more charity care.

Increase in Treatment Resources and Education

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

Cultural/ Language Barriers

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

Lack of Knowledge

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

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

Unmet Needs: Support Services

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

Your Views on Cancer-related Needs in Our Community in the Area of Support for Cancer Patients and their Families	
Lack of Support Services and Awareness	• Lack of resource information for psychological and psychiatric services • Support groups for caregivers and family members of cancer patients • Lack of support groups in other languages • Mental health resource information as part of coordination of care • Mental health resource information available in other languages • Support programs for siblings of pediatric cancer patients • Lack of psychosocial services in Spanish • Lack of bereavement support services • Full spectrum support services for cancer survivors • Lack of awareness of support groups available at various minority focused community organizations (i.e. African-Americans, Latino, Armenian, and Asian communities)

	• Language specific patient navigation services for cancer patients • Increased peer support programs for women with advanced breast cancer
Resources and Financial Support	• Lack of resource information for housing and transportation needs • Need of more financial support for basic needs (i.e. housing, transportation, food) • Increased availability of charity care for uninsured and low-income populations • Streamlined referral services for low income/ underinsured/uninsured populations • Lack of financial literacy programs in dealing with financial crisis
Lack of Education	• Lack of educational programs on participating in clinical trials • Need of more education and information on cancer treatment options • Lack of educational programs in other language about nutrition • Educational materials for children of cancer patients • Educational programs for young adults with cancer
Access to Care	• Educational programs for young adults with cancer • Low-income populations have little access to mental health services • Access to cancer treatment facilities due to lack of insurance • Access to clinical trial information
Community Partnerships and Collaborations	• Lack of community partnerships to provide support services for minority populations

	• Develop community partnerships to provide mental health services for minorities and low-income populations

Other Unmet Needs in Our Community

Unmet Needs: Other

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

Other Unmet Cancer-related Needs in Our Community	
Educational Needs and Awareness	• Educational programs on clinical trials • Getting the word out about clinical trials as an option for treatment • More educational and empowerment programs • Full spectrum education for bone-marrow transplant patients (i.e. side effects, caregiver needs) • Lack of culturally tailored educational programs on cancer prevention • Health education programs in Spanish on nutrition • Increase educational programs in other languages

	• Lack of exercise programs for cancer patients and survivors • Education on communication strategies with health care team • Increase nutrition education programs for cancer patient and caregivers • Lack of educational programs on advocacy and communication to take an active role in their care • Increased education for cancer patients on employment rights, using health insurance, and appealing adverse treatment-related decisions • Lack of cancer-related educational programs for seniors • Need more education on cancer prevention for Latino and Asian populations • Lack of educational programs on advocacy and communication
Community partnerships and Collaborations	• Lack of collaborative efforts to get the "word out" about community resources • Collaboration to implement research based programs for minorities • Increased partnerships to increase community outreach • Increased partnerships to on-going updates and training for health care providers about programs available for cancer patients and families
Resources and Financial Support	• Financial support programs for cancer treatment • Lack of financial assistance information for medication costs

Changes for a Healthier Community

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

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

Community Partnerships and Collaborations	• Develop community partners to share funding and resources for health education programs • Increased community, hospital, government coalitions • Increased partnerships for prevention education efforts (i.e. media, community networks) • Partnerships- to train medical community to work with diverse community organizations • Increased collaboration between cancer treatment facilities and community organizations • Develop partnerships to collect robust data for cancer-related research • Develop partnerships for volunteer outreach- increase cancer survivors volunteering in cancer focused organizations • Increased partnerships to develop outreach programs to promote cancer prevention

Language and Culture	• More educational programs in Spanish • More support groups in Spanish • More cancer-related resources in Chinese • Availability of culturally tailored education • Availability of patient education materials in other languages • More language services (i.e. interpreter services, and translation of materials in other languages) • Culturally competent health care agencies
Resources and Financial Assistance	• Strong online presence of various cancer organizations to provide accurate information to public • Community members know what resources are "out there" • Increased availability of charity care for uninsured and low-income populations • More funding for prevention and early detection programs • Increased resource information about support groups and smoking cessation programs • Increased knowledge based programs for the community about free/low cost screenings
Healthy Lifestyles	• Increased public awareness about healthy eating • Culturally appropriate health messages on healthy lifestyles • Increased awareness on the importance of physical activity and exercise • More health promotion efforts focused on cancer prevention • More health education programs focused on obesity prevention
Support Services	• Full spectrum of support for caregivers • Support programs and services for caregivers in other languages • Increased availability system navigation services • Improved coordination of care services • More patient navigation services • Full spectrum comprehensive care for cancer patients

Education	• Increased educational programs on nutrition and smoking cessation • Full spectrum education about cancer disparities • More patient education on life after a bone marrow transplant • Increased culturally tailored education on cancer prevention • More health education programs to prevent cancer and other chronic diseases Increasing early detection education
Advocacy and Policy Changes	• Policy driven efforts to increase access to quality care for underserved populations • Empowering Hispanic community to become advocates for themselves • Utilizing policy change for advocacy measures
Access to Care	• Increased access to cancer treatment facilities • Increased health care services for low-income communities

Partnering with City of Hope

Ideas on Working with City of Hope

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

Table3. How Respondents Would Like to Partner with City of Hope	
Community Partnerships and Collaborations	• On-going collaboration to develop community events/programs related to cancer prevention • City of Hope to partner rather than lead community partnerships to increase visibility of community agencies • Increase coalitions- City of Hope to be the central agent to unite service providers • Develop partnerships to increase City of Hope presence at other health care organization • Develop partnerships to continue cancer survivorship programs • Increase continued medical education opportunities focused on caring for culturally diverse populations • Continue collaboration, reaching out to uninsured or underinsured • Partner in translation services of patient education materials • Partner to explore new types of media to enhance health-related communications

	• Continue collaboration with Patient, Community, and Family Education but expand community outreach efforts • Collaborate on train the trainer efforts to increase policy related efforts
Educational Needs and Awareness	• Expand health education programs open to the public • Get the word about City of Hope resources for the community (i.e. health education classes, seminars) • Expand programs like Ask the Experts to educate public on what causes cancer and how individuals can improve their eating and exercise habits
Other Ideas	• Implementation of community garden • More free, low-cost cancer screening held in community centers • Develop resources and programs for community librarians

Rating of Cancer Education and Support Issues

A. How Important is this Issue to You?

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

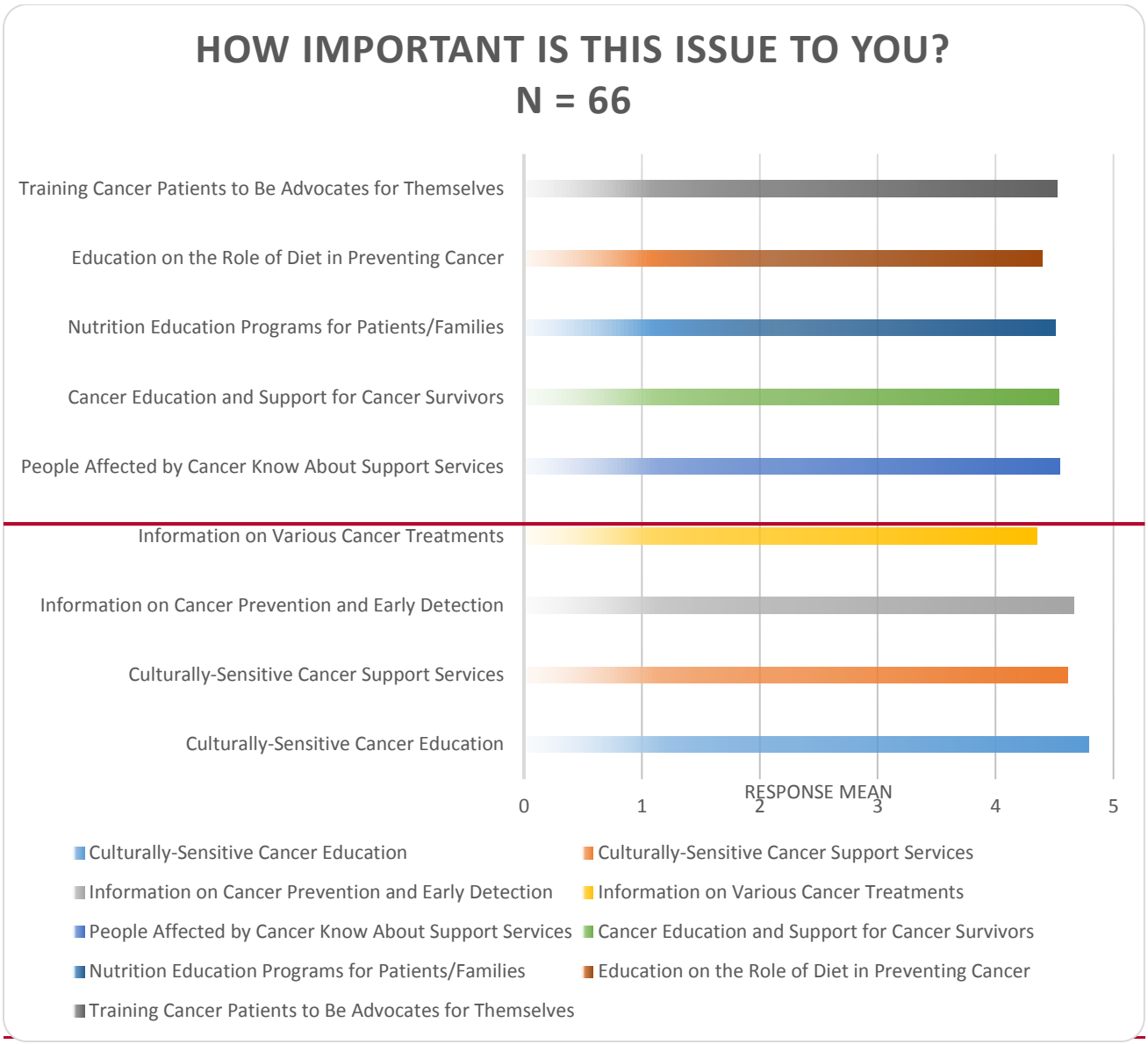
The highest scores were often assigned to two issues or topic categories:

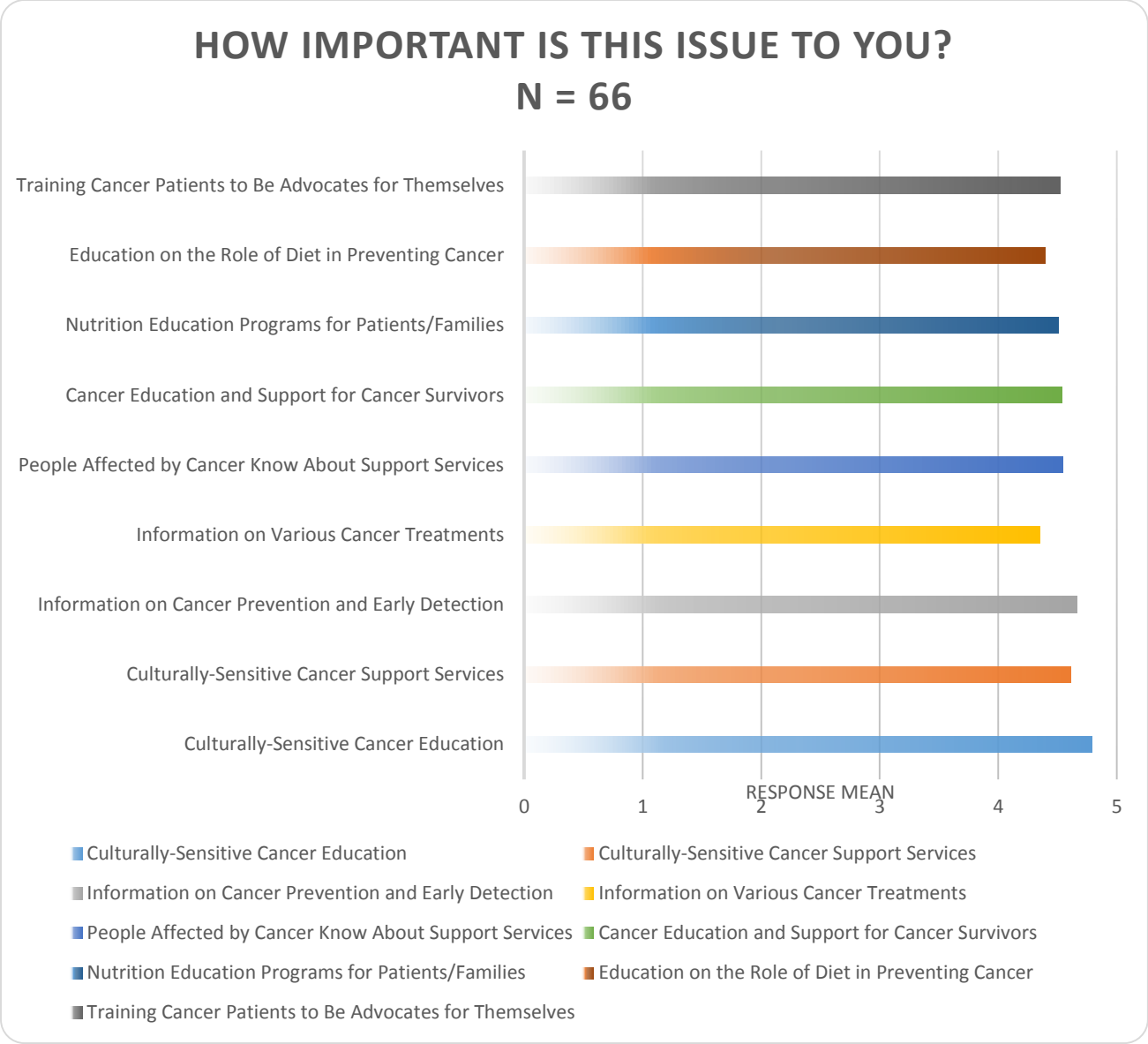
1. Culturally-sensitive cancer education *4.79*
2. Information on cancer prevention and early detection *4.66*

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

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

Figure 11. How Important is This Issues to You?


HOW IMPORTANT IS THIS ISSUE TO YOU?
N = 66
Training Cancer Patients to Be Advocates for Themselves
Education on the Role of Diet in Preventing Cancer
Nutrition Education Programs for Patients/Families
Cancer Education and Support for Cancer Survivors
People Affected by Cancer Know About Support Services
Information on Various Cancer Treatments
Information on Cancer Prevention and Early Detection
Culturally-Sensitive Cancer Support Services
Culturally-Sensitive Cancer Education
0
1
2
3
4
5
RESPONSE MEAN
Culturally-Sensitive Cancer Education
Culturally-Sensitive Cancer Support Services
Information on Cancer Prevention and Early Detection
Information on Various Cancer Treatments
People Affected by Cancer Know About Support Services
Cancer Education and Support for Cancer Survivors
Nutrition Education Programs for Patients/Families
Education on the Role of Diet in Preventing Cancer
Training Cancer Patients to Be Advocates for Themselves



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

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

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

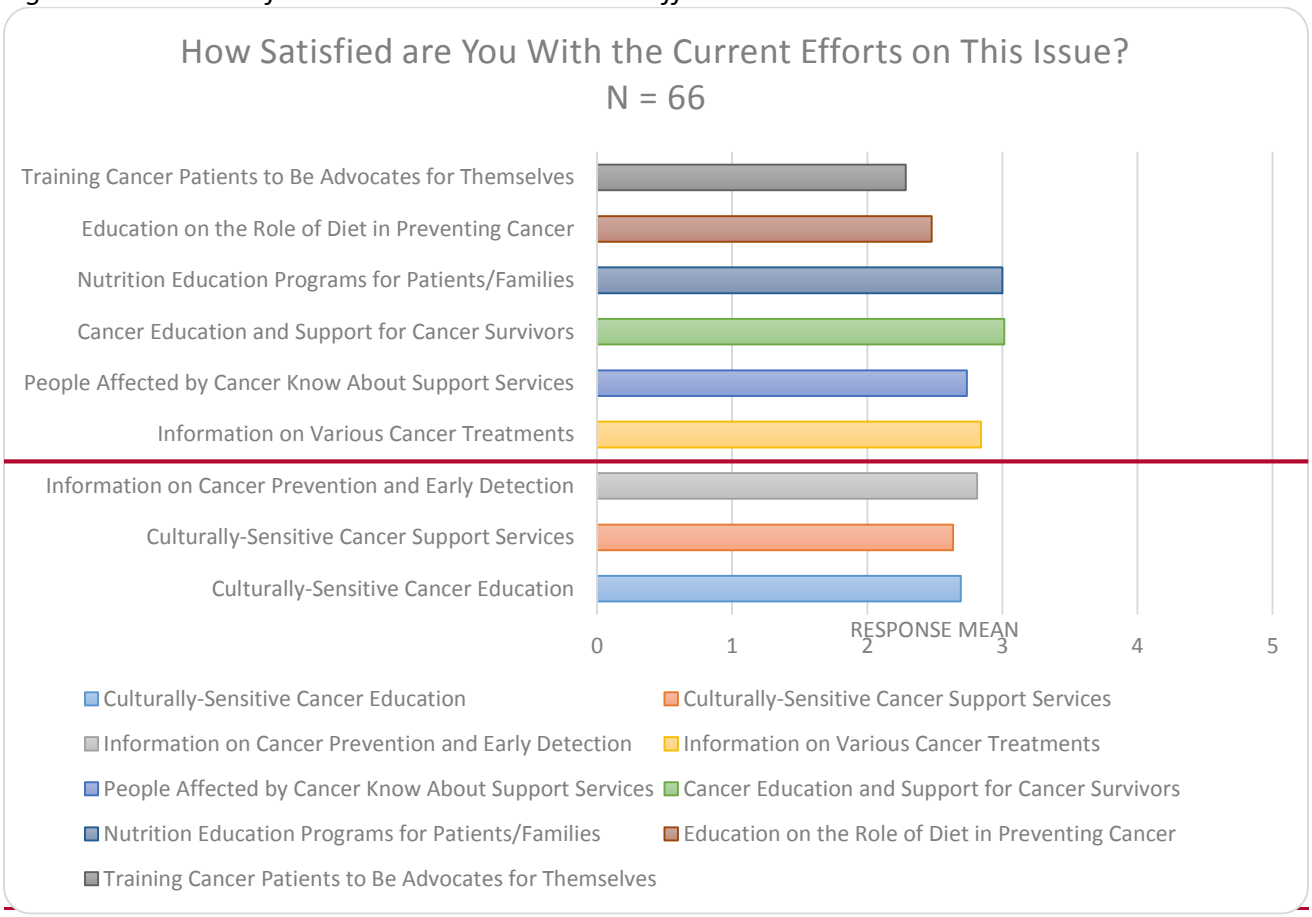
The highest scores were often assigned to two issues or topic categories:

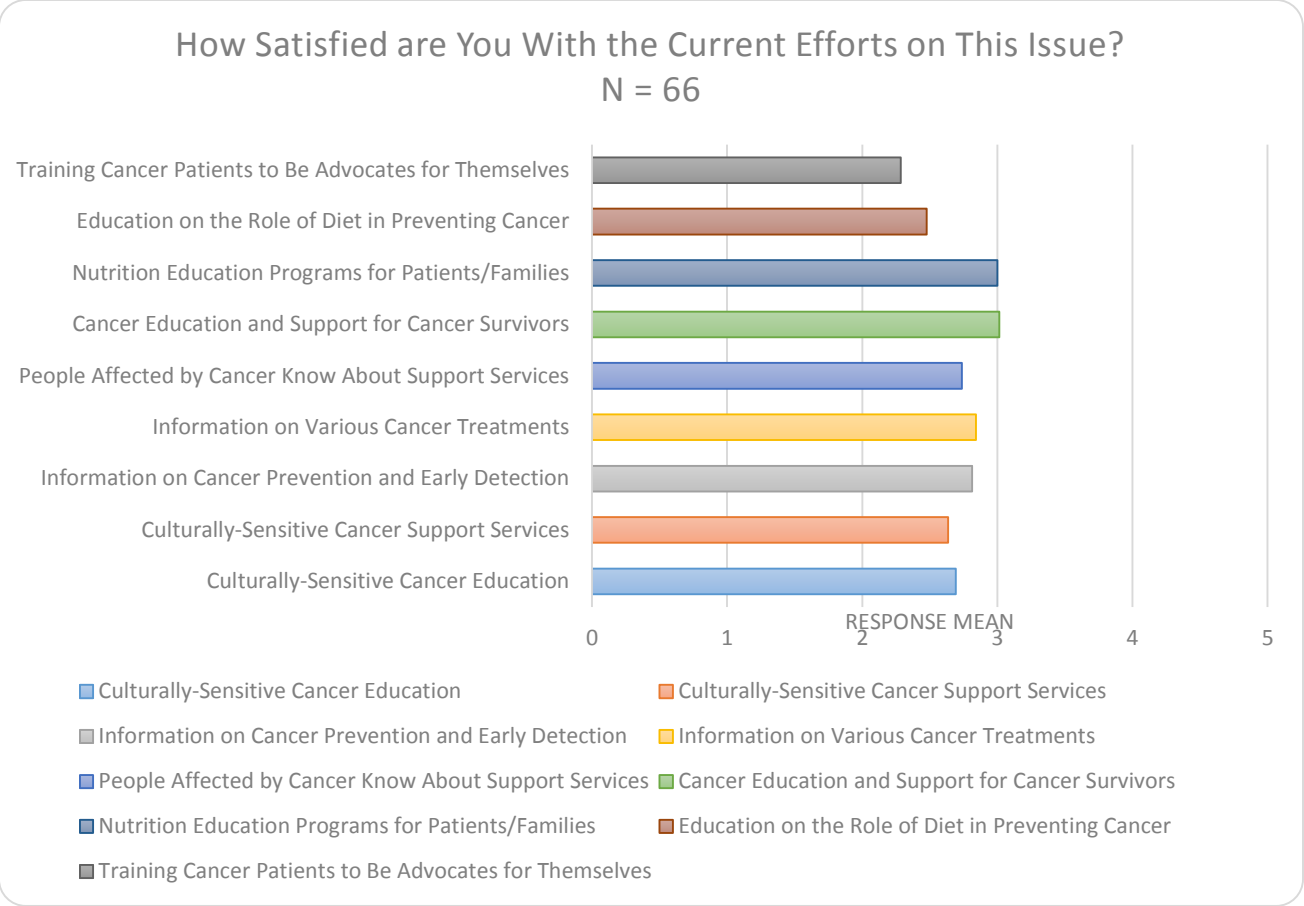
1. Cancer education and support for cancer survivors *3.02*
2. Nutrition education programs for patients/families *3.00*

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

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

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





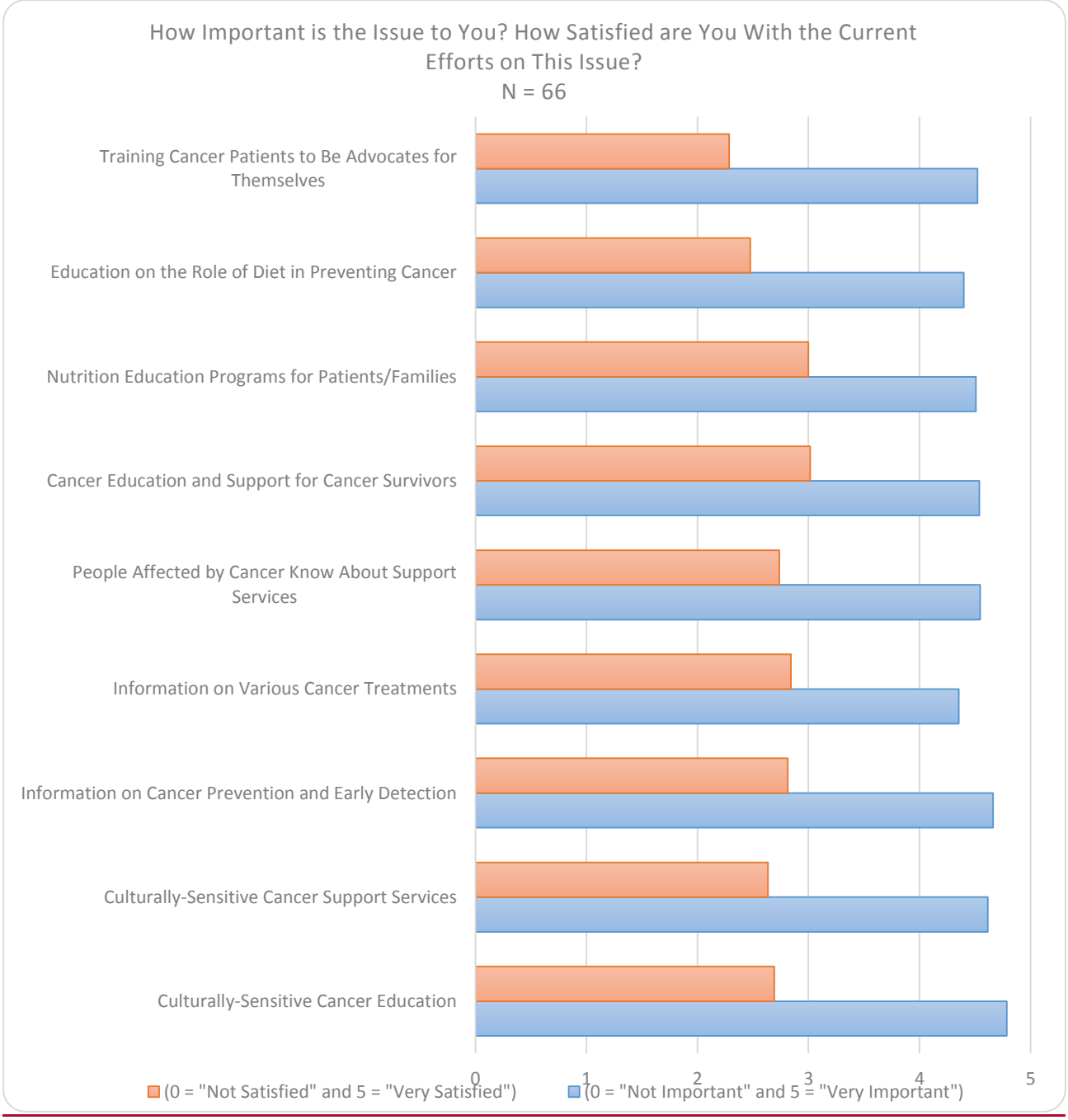
The response means ranged from 2.29 to 3.02, and the weighted grand mean was 2.72. This suggests that participants often rated each issue or topic category as 3 or a little satisfied.

C. Comparison of Importance Scores and Satisfaction Scores

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

Figure 13. Comparison of Importance Scores and Satisfaction Scores


How Important is the Issue to You? How Satisfied are You With the Current Efforts on This Issue?
N = 66
Training Cancer Patients to Be Advocates for Themselves
Education on the Role of Diet in Preventing Cancer
Nutrition Education Programs for Patients/Families
Cancer Education and Support for Cancer Survivors
People Affected by Cancer Know About Support Services
Information on Various Cancer Treatments
Information on Cancer Prevention and Early Detection
Culturally-Sensitive Cancer Support Services
Culturally-Sensitive Cancer Education
0
1
2
3
4
5
(0 = "Not Satisfied" and 5 = "Very Satisfied")
(0 = "Not Important" and 5 = "Very Important")


How Important is the Issue to You? How Satisfied are You With the Current Efforts on This Issue?
N = 66
Training Cancer Patients to Be Advocates for Themselves
Education on the Role of Diet in Preventing Cancer
Nutrition Education Programs for Patients/Families
Cancer Education and Support for Cancer Survivors
People Affected by Cancer Know About Support Services
Information on Various Cancer Treatments
Information on Cancer Prevention and Early Detection
Culturally-Sensitive Cancer Support Services
Culturally-Sensitive Cancer Education
0
1
2
3
4
5
(0 = "Not Satisfied" and 5 = "Very Satisfied")
(0 = "Not Important" and 5 = "Very Important")

Appendix C
Community Partners FY 2013
CHNA

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

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

Appendix D
Financial Assistance Policy

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

City of Hope

Written: 11/05
Reviewed: 10/07; 12/09; 09/12; 01/13; 02/14/13; 10/24/14; 02/27/15
Revised: 10/07; 12/09; 03/10; 03/25/13; 03/09/15
Page: 1 of 6
APPROVALS:
MEC: 03/02/15; SLT: 03/09/15; BOD: 1Q-15
Scope: _X_ Medical Center

Charity Care Policy

I. PURPOSE / BACKGROUND

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

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

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

To be an effective steward of COHNMC's resources, the Board of Directors ("the Board") strives to preserve the financial health of COHNMC. To this end, the Board promotes a high quality, patient friendly and effective billing and collection system, while continuing a commitment to support and subsidize the medically necessary care of patients who require financial assistance.

II. POLICY

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

B. **Duration of time for which charity care is approved:** A patient will be accepted for charity care for a period of one year. If a longer period of charity care is requested, the patient will be re-evaluated, using the same criteria as were initially applied and outlined within this policy.

C. **Charity Care Guidelines Table:** The *Charity Care Guidelines Table* takes into account income and family size, and is based on the federal poverty level (FPL) guidelines established and updated annually by the Department of Health and Human Services. The *Charity Care Guidelines Table* will be updated annually by the Chief Financial Officer (CFO) based on updates to the FPL.

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D. **Income Eligibility:**

1. **Income Below 400% of FPL:** An individual will be considered for charity care if his or her Income is less than 400% of FPL.

2. **Patient Assets:** In order to provide consistency with City of Hope's ("COH") mission and proper stewardship of COH charity dollars, all monetary assets of the patient or patient's legal guardian are taken into account in reviewing a charity care application, with the exception of the following assets: (a) amounts in patient retirement or deferred compensation plans qualified under the Internal Revenue code; (b) the primary residence where the patient or the patient's family resides; (c) automobile needed to transport working family members to and from work; and (d) savings accounts with less than two months of annual income.

E. **Services Covered:** Medically Necessary Services directly related to an eligible patient's treatment for a primary diagnosis of cancer, diabetes, HIV/AIDS, hematologic disease or for treatment with hematopoietic cell transplantation are covered by this policy. Only City of Hope National Medical Center and City of Hope Retail Pharmacy charges are covered under Charity Care. Other services provided by outside parties, including but not limited to Home Health Services that are excluded from Medicare Coverage Guidelines, and services rendered at City of Hope Medical Foundation Community Sites are not covered.

For purposes of this policy, questions or issues about medical necessity will be resolved by COHNMC's Chief Medical Officer, or his/her designee, in consultation with the Charity Care Committee.

F. **Nondiscrimination:** In making decisions regarding the provision of charity care pursuant to this policy, COHNMC does not discriminate on the basis of age, sex, race, religion, creed, disability, sexual orientation, or national origin. All determinations regarding patient financial obligation are based solely on financial need and patients may be considered for charity care at any time that the inability to pay becomes evident to the patient or COHNMC, regardless of any prior determinations under this policy.

G. **Access to Charity Care – Guiding Principles, Patient Application Process and City of Hope Review Procedures:**

1. **Guiding Principles:**

a. Patients are able to apply for charity care or are identified as potential charity care applicants by COHNMC staff at multiple institutional entry points, such as new patient services, inpatient and outpatient admitting and registration. All front line administrative and clinical staff, including COHNMC affiliated physicians, social service staff and Patient Advocates are encouraged to identify patients and refer them to Financial Support Services ("FSS"), a division of Patient Access. *Identification of patients who are eligible for charity care can take place at any time during the rendering of services or during the billing and collection process.*

b. If an initial determination is made that the patient has the ability to pay all or a portion of the bill, such a determination does not prevent a reassessment of the person's ability to pay based upon a change of status affecting the patient's ability to pay.

c. COHNMC provides written notice of its charity care program on all patient-friendly-bill statements, and upon request gives consideration to offering charity care, before outstanding accounts are sent to collection. COHNMC does not

advance outstanding accounts to collection while patient is attempting to qualify for charity care, or attempting in good faith to settle payment.

d. COHNMC renders charity care on a uniform and consistent basis according to this policy. The determination of full or partial payment is based solely on financial need.

e. COHNMC may reevaluate patients designated as eligible for charity care at any time and will reevaluate each patient's eligibility at least annually.

2. **Patient Application Process:**

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

a. Patient financial information is gathered through the *Financial Evaluation Form.*

i. Patients are required to submit various documents to substantiate financial circumstances and proof of income, including paycheck stubs, W-2 forms, income tax returns, unemployment or disability statements, and savings and bank account statements.

ii. FSS counselors assist patients in completing charity care applications to provide maximum consistency.

b. If it appears that the patient might be eligible for Medi-Cal or another state health program, FSS refers the patient to a vendor who assists COHNMC in assisting patients with Medi-Cal and Medicare Part B applications. It is the responsibility of the patient or his/her family to apply for such coverage with assistance from COHNMC's application vendor and proof of a completed application must be provided to COHNMC.

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

3. **City of Hope Review Process:**

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

a. Composition of the Charity Care Committee: The Committee is comprised of representatives from each clinical program at COH, including the Chair or designee from Hematology/Hematopoietic Cell Transplantation; Medical Oncology; Surgery; Pediatrics; and Supportive Care Medicine. In addition, membership will include representatives from the administration, including Financial Support Services (FSS); Chief Medical Officer; Case Management; and Patient Access. A representative from the COH Ethics Committee will be included, as well as a community/patient representative.

b. The Committee will meet bi-weekly, or as needed, to review patient applications.

c. The Committee will allocate charity care dollars by considering an eligible patient's medical condition, the ability of COHNMC to provide the type of care required, and the availability of COH charity care resources.

d. Other considerations for approval or denial by the Committee will include the following: Priority will be given to patients who live in the Southern California area as well as patients who have cancer, hematologic diseases, HIV/AIDS, or diabetes, and whose conditions are treatable or curable by methods available at COHNMC.

e. In circumstances of disagreement between Committee members concerning approval or denial of charity care, the Chief Medical Officer or his/her designee will make the final decision.

f. Applications for renewal of charity care will be reviewed by FSS counselors. Approvals may be granted incrementally by:

Up to $5,000 – Approved by Financial Counselor, Financial Support Services

$5,001 to $25,000 – Approved by Manager, Financial Support Services

$25,001 to $50,000 – Approved by Sr. Director, Patient Financial Services

$50,001 to $100,000 – Approved by Vice President, Revenue Cycle

$100,001 and greater – Approved by Charity Care Committee

g. Following receipt of completed application and financial qualifications verified by FSS, a "Charity Care Pending" insurance plan will be appended to the patient's demographic record. This will suppress any patient billing and collections efforts while awaiting decision on the application. Once a decision is made and communicated to the patient, the demographic record will be updated accordingly.

h. The Committee, at its discretion, may grant approvals on cases that do not meet all of the criteria specified in the policy for patients who remain in active primary treatment or those who have had a reoccurrence of disease. An approval may be granted if it is determined that an interruption in care will likely compromise the patient's clinical outcome. Interruptions in care include, but are not limited to the following:

- Expired Breast and Cervical Cancer Treatment Program Restricted coverage
- Conditions of participation requiring the patient to have a Primary Care Physician (PCP) in the community
- Treatment/services that are restricted in the community
- Existing COH patients converting to non-contracted Managed Care Plans (Medicare and Medi-Cal) –COH Physician reviews and determines that patient's safety and survival will be comprised from interruption of ongoing treatment at COH.

H. **Patient Notification:** Applicants for charity care are notified of decisions in writing. When possible, notification to new patients is included in the New Patient's Acceptance Letter.

I. **Patient Right to Appeal:** Each patient denied charity care will be given the right to appeal. If a patient is denied charity care, all reasons for denial are included in the notice provided and the patient is informed about how to appeal rights and procedures. Appeals will be reviewed and determined by the CFO and the President of COH's Medical Staff.

Should the CFO and the President of COH's Medical Staff not agree, the matter will be referred to the Chief Executive Officer, whose decision will be final.

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

J. **Respect of Confidentiality and Privacy:** All patients are treated with dignity and fairness in the financial application process and COHNMC respects the confidentiality and privacy of those who seek financial assistance.

1. FSS personnel receive training regarding requirements for confidentiality and privacy of all patient information, including patient financial information. No information obtained in a patient's application for financial assistance may be released except in compliance with applicable federal and state laws and COHNMC policy.

2. Conversations regarding financial assistance are conducted in private unless otherwise requested by a patient (e.g., outpatient waiting areas when patients choose not to leave the waiting area). In these cases, privacy is maximized to the extent possible.

K. **Patient Responsibility:** In order to receive charity care pursuant to this policy, patients are responsible for cooperating fully with application and financial assessment procedures, and to agree to financial screening of income and assets, as outlined in Section II.G.2. To be eligible for charity care, patients must cooperate by filling out forms for financial assistance and, if eligible, applications for government-sponsored insurance such as Medi-Cal. An applicant for charity care will be required to demonstrate compliance with this requirement.

L. **Communication of Charity Care Process to Patients and Community:**

1. **Public Awareness:**

a. COHNMC is committed to building awareness of the Charity Care Policy through a variety of mechanisms including: (i) visible signage within COHNMC (such as posters or notices in key admitting and registration areas, point of service brochures in waiting areas); (ii) COHNMC's website; (iii) in routine, written notification given at the time of admission to COHNMC, and (iv) in bill statements showing outstanding patient self-pay balances. All notices will include a toll-free number and how to access a FSS counselor. COHNMC will provide a copy of the "Charity Care Policy" upon request.

b. COHNMC is committed to using the primary languages of the major ethnic and cultural communities who utilize COHNMC in all materials used in connection with the "Charity Care Policy." Printed information will be available in English and Spanish language. Translators in COHNMC's Employee Translation Service will be used to support a variety of language needs.

2. **Staff Training:** Clinical staff, including physicians, front-line administrative and patient financial services staff are trained to be familiar with the "Charity Care Policy" and are updated periodically. Detailed materials for training are prepared and maintained by Patient Financial Services. Materials include information on how to access charity care, standards of cultural sensitivity and how to preserve confidentiality, including best practices and practices not tolerated by COHNMC. All

employees are made aware of the availability of charity care as part of employee orientation.

M. **Collections:**

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

N. **Oversight and Board Responsibilities:**

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

Owner: Senior Director, Patient Financial Services
Sponsor: Vice President, Revenue Cycle

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

Acronyms, Terms and Definitions Applicable to this Policy:
1. **Charity Care** - Free or partially subsidized health care services, including retail pharmacy services, provided by COHNMC to eligible individuals who meet the criteria set forth in Section II.A of this Policy.
2. **City of Hope ("COH")** – City of Hope National Medical Center ("COHNMC") referred to as City of Hope ("COH") for the purposes of this policy.
3. **Income** - Gross income from all sources.
4. **Medical Center** – Refers to all facilities covered by City of Hope National Medical Center's hospital license.
5. **Medically Necessary Services** - Inpatient or outpatient services deemed medically necessary by a COHNMC medical staff member.
6. **Self-Pay Balance** - The outstanding balance of a COHNMC bill deemed to be a patient's or guarantor's personal responsibility after public or private insurance payments (if any) or denials. A patient's self-pay balance may be further reduced pursuant to this Charity Care Policy. (Guarantor refers to the individual assuming financial responsibility for services received by the patient.)

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