



2017  
**COMMUNITY  
BENEFIT** REPORT

W E L C O M E T O H O P E

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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 2017 (October 1, 2016-September 30, 2017). 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, we will demonstrate an understanding of the diverse needs of the multicultural communities we serve, an extensive investment in the future of our health care workforce, and a commitment to the creation of the infrastructure necessary to carry out an extensive array of community projects. Our traditional community education efforts in cancer prevention and cancer risk reduction are also reflected.

The total value of our community benefit investments during the 2017 fiscal year is \$234,207,212 (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](mailto: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>

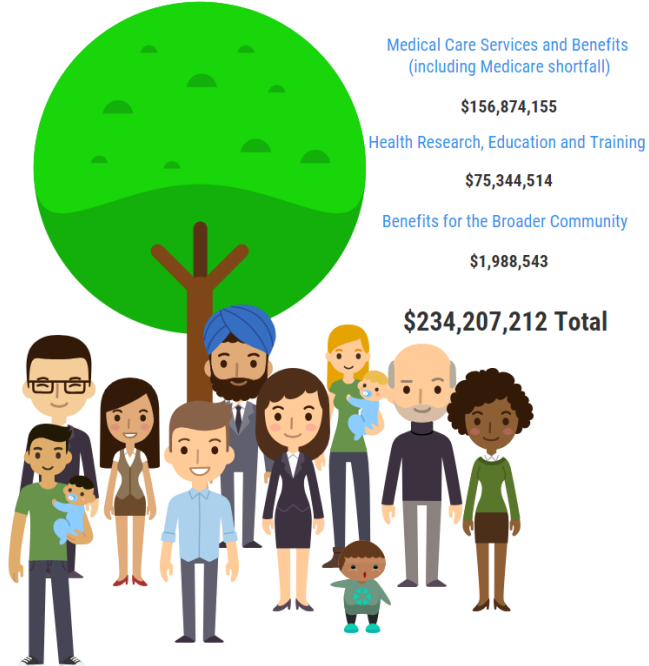


Figure 1. FY 2017 Investments in Community Benefit

# WHO WE ARE: CITY OF HOPE

Founded in 1913, City of Hope is one of only 49 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 the Beckman Research Institute of City of Hope has led to many groundbreaking discoveries:

- Numerous breakthrough cancer drugs, including Herceptin, Rituxan, Erbitux and Avastin, are based on technology pioneered at City of Hope and are saving lives worldwide.
- Millions of people with diabetes benefit from synthetic human insulin, developed through research conducted at City of Hope.
- As a leader in bone marrow transplantation, City of Hope has performed more than 14,000 bone marrow and stem cell transplants and operates one of the largest and most successful programs of its kind in the United States.

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

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



## **Mission Statement**

*City of Hope is transforming the future of health. Every day we turn science into practical benefit. We turn hope into reality. We accomplish this through exquisite care, innovative research, and vital education focused on eliminating cancer and diabetes. ©2012 City of Hope*

## **Statement of Social Responsibility**

At City of Hope, social responsibility is more than our duty — it is our calling. Our commitment to community benefit is shaped by our legacy of compassion. Our workforce reflects the diversity of our patients and their families. Our “green” campus features energy-efficient equipment and low-emission vehicles, and we operate an innovative water-use program. We express compassion through community outreach, addressing health education, disease prevention and more. We take pride in a social partnership that benefits the world today and will continue do so for future generations. To obtain a copy of our Social Responsibility Report, please visit [www.cityofhope.org/social-responsibility-report](http://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, Orange, Riverside, San Bernardino and Ventura counties — where City of Hope operates 13 clinical practice locations. Together, these five counties are home to the majority of California’s multicultural and ethnic residents (Figure 3, page 7). Among these counties, San Bernardino County has the highest percentage of Hispanics (49.9%) and blacks (8.3%), Ventura County has the highest percentage of whites (48.1%), and Orange County has the highest concentration of Asians (18.2%).



When language is examined by place in the San Gabriel Valley, Sierra Madre has the highest percentage of the population speaking only English in the home (82.8%). East Los Angeles has the lowest percentage of population speaking only English (11.3%) and the highest rate of speaking Spanish in the home (87.9%). The highest percentage speaking an Asian or Pacific Islander language at home is found in Rosemead (55.9%). Pasadena has the highest percentage of those who speak another Indo-European Language (7.1%). (Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates.

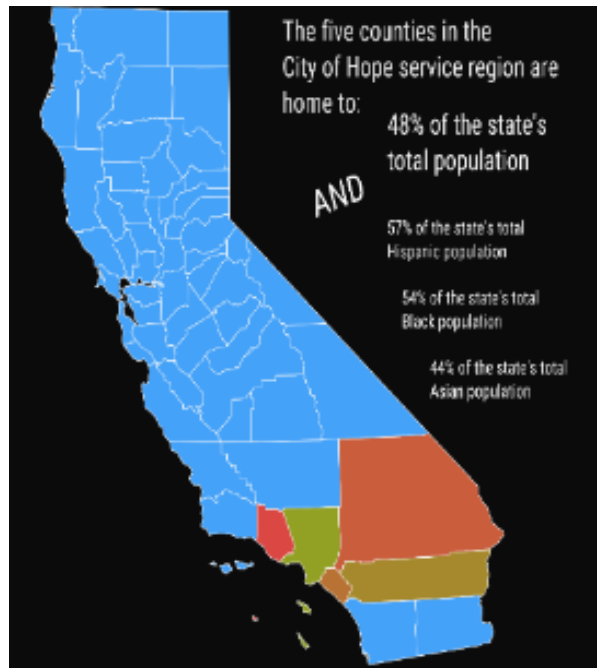


Figure 3. Ethnic populations in service area. Source: 2016 American Community Survey. Selected data for CA Counties and places of 65,000+ pop. Retrieved 12/28/17.

<https://factfinder.census.gov/> Retrieved on 01/10/18). 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 for our region (English, Chinese, and Spanish).

### Poverty

Poverty thresholds are used for calculating official poverty population statistics, which are updated yearly by the Census Bureau. For 2016, the Federal Poverty Level (FPL) was \$24,600 for a family of four and \$12,060 for an individual (U.S. Department of Health and Human Services. *2017 Federal Poverty Levels*. <https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines>. Retrieved on 01/10/18).

In the Service Planning Area 3 (SPA 3), the highest level of poverty can be found in El Monte, where almost one-quarter (23.8%) of the population is living below the FPL. Fifty percent of the residents of El Monte, Pomona and South El Monte are low-income (defined as < 200% of FPL). Diamond Bar has the lowest levels of poverty in the SPA, with only 5.9% of the population living below the FPL. (U.S. Census

Bureau, 2012-2016 American Community Survey 5-Year Estimates.

[http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml). Retrieved on 01/10/18).

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

### Social Determinants of Health

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

(<http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>).

For example, living in poverty and not having a high school diploma can have a major impact on health outcomes. The map of SPA 3 (Figure 4) shows where residents of these SPA 3 neighborhoods have not graduated from high school and live in poverty. Communities where 25% or more of the residents live in poverty are shown in orange. Communities where 25% or more of the residents do not have a high school education are shown in purple. The overlap of high poverty and low education attainment is shown in brown. The brown areas are where City of Hope is concentrating on identifying the root causes of health inequality.

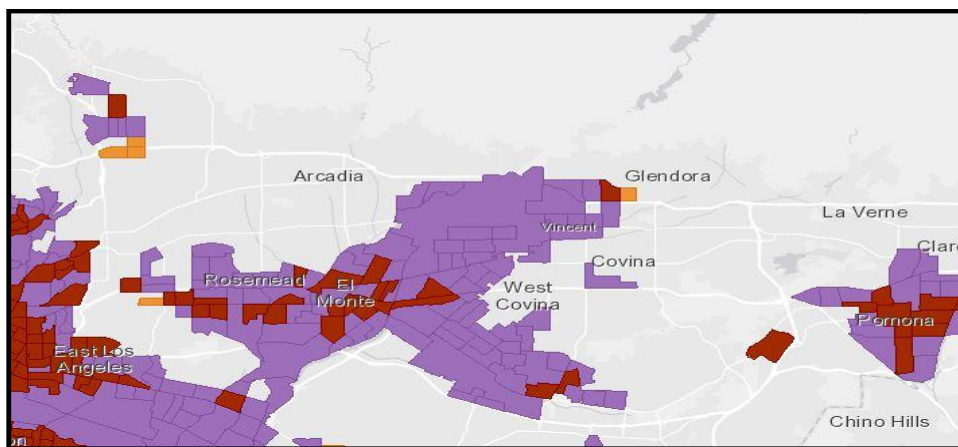


Figure 4. Most vulnerable residents in City Hope’s service area. (Source: Community Commons. Vulnerable Populations Footprint Tools.

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

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

It is no secret that poverty is linked to poor health and shortened life expectancy. Residents in certain ZIP codes experience higher incidences of poverty, crime and violence, which negatively impact health. Figure 5 illustrates the intersections of students eligible for free and reduced lunches with the number of supermarkets in the City of Hope primary service area. We are aware of the decreased number of supermarkets in our most vulnerable communities, El Monte for example, and have embarked on multiple community partnerships to decrease food deserts. 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

local data about what we know of our communities served into strategies that address other root causes of health disparity on a broader basis.

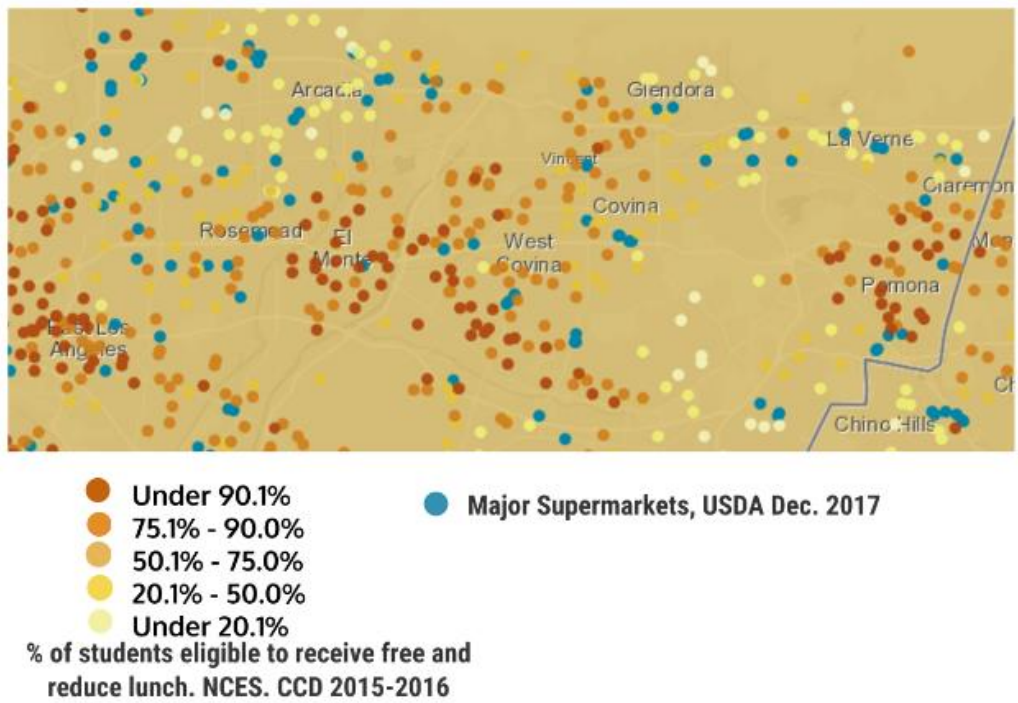


Figure 5. Intersection between food deserts and students eligible to received free and reduced lunch.



# 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.

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](mailto: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)
- Duarte Unified School District
- Set of Life
- Planned Parenthood Pasadena & San Gabriel Valley
- Arcadia 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
- City of Azusa – Recreation and Family Services

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 our programs address priorities outlined in the Implementation Strategy. Additionally, this group has an internal website that provides links and resources to community benefit best practices and internal tools for sharing and building collaborations that strengthen the quality of staff contributions.



Patricia Duff Tucker (Set for Life) and Viki Goto ( American Cancer Society) ended their three year term as co-chairs of the CBAC in August 2017.

During the 2017 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 a virtual meeting online platform. During the course of this year the CBAC worked to review and revise the Healthy Living Grant program, reviewed the charter and conducted site visits to the 2016 Healthy Living grantees they chose to fund. CBAC members who made site visits submitted written and verbal reports on their experiences. Additionally, they reviewed and chose the 2017 Healthy Living Grantees, and attended the conference and award luncheon where they personally spoke about the projects they visited. In a particularly busy year, the advisory council members also participated in the review of our Community Health Needs Assessment results. They prioritized the needs that helped to lay the framework for the 2018-2021 Implementation Strategy. The CBAC members take their tasks seriously and thoughtfully to ensure that City of Hope’s community benefit programming is aligned with our priorities and addresses the needs of our local residents.

Toward the end of the FY2017, the CBAC also elected new co-chairs: Mr. Christian Port representing Planned Parenthood of Pasadena/San Gabriel Valley and Ms. Tashera Taylor representing the Foothill Unity Center. We look forward to their leadership over the next three years.



2017-2020 Community Benefit Advisory Council – Co Chairs. L-R Christian Port – Planned Parenthood of Pasadena/SGV and Tashera Taylor – Foothill Unity Center



Community Benefit Advisory Council members join the Healthy Living Grantees in celebrating their awards. August 2017.

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



## 2018-2021 COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY



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

<https://www.cityofhope.org/about-city-of-hope/community/community-benefit>.



# Community Needs Assessment Process and Results

While we recently finalized our 2016 Community Health Needs Assessment (CHNA), 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. The reflections relevant to the 2018-2021 Implementation Strategy will be provided in the FY 2018 Community Benefit Report.

## 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 area by interviewing more than 200 community individuals and organizations about unmet health needs. Two health educators in City of Hope's Department of Supportive Care Medicine interviewed colleagues both inside and outside of 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 Chief Executive Officer asking community members to participate in the needs assessment (see Appendix A). Distributing 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 facilitate a convenient interview process, potential participants were invited to answer the interview questionnaire online, rather than over the phone. 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 an interview were contacted 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 and early detection, cancer 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 cancer education and support
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 and 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



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

identified as needing culturally and linguistically tailored services included Latinos and Asians/Pacific Islanders (See Appendix B for detailed responses).

### 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. Using these responses, 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 (ACA) 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 was dedicated to meeting needs identified before the ACA 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.



Andrew Jimenez, from the YWCA of San Gabriel Valley, gives his evaluation presentation at the 2017 Healthy Living Conference.

# 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 by a specific department. Figure 6 provides a quick overview of our 2017 programs and services.

Program Activity <small>* Beckman Research Center</small>	Core Principles				Strategic Priorities				
	Vulnerable Population	Primary Prevention	Seamless Continuum of Care	Community Capacity Building	Cancer Prevention	Early Healthy Living	Culturally Relevant Partnerships	Smoking Cessation	Research
<b>Workforce Development</b>									
<ul style="list-style-type: none"> <li>• Student Mentorship/Interns</li> <li>• Train, Educate and Accelerate Careers in Healthcare</li> <li>• Science Education Partnerships Award Program*</li> <li>• Job Shadowing</li> </ul>	x	x		x			x		
<b>Community Health Awareness/Healthy Living (Screening, Lectures/Classes, Support Groups)</b>									
<ul style="list-style-type: none"> <li>• Fall Move Live</li> <li>• Community Nutrition, Diabetes and Cancer Prevention Classes</li> <li>• Community Health Fairs</li> <li>• Healthy Living Grants</li> <li>• Prostate Cancer Awareness</li> <li>• Neopolitano Mental Health Consortium</li> <li>• Smoking Cessation</li> <li>• Community Neuroendocrine Tumor Patient Education Conference</li> </ul>	x	x	x	x	x	x	x	x	x
<b>Diversity Initiatives</b>									
<ul style="list-style-type: none"> <li>• Latino Outreach Strategy</li> <li>• Latino's Living Healthy (LULAC)</li> <li>• Healthy Hispanic Living</li> <li>• LA Diversity Council</li> <li>• Thought Leadership Conference for Diversity and Inclusion</li> </ul>	x	x				x	x		
<b>Health Care Support Services</b>									
<ul style="list-style-type: none"> <li>• Patient Resources Coordination</li> <li>• Community Food Drives</li> <li>• Village Stays</li> </ul>	x	x	x				x		
<b>Seamless Continuum of Care</b>									
<ul style="list-style-type: none"> <li>• Transition of Care Community Coalition</li> <li>• Discharge Support Group</li> </ul>	x	x	x	x		x	x		x
<b>Medical Professionals Education</b>									
<ul style="list-style-type: none"> <li>• Pharmacy</li> <li>• Rehabilitation</li> <li>• Nursing</li> <li>• Nutrition</li> <li>• Social Work</li> <li>• Continuing Medical Education</li> <li>• Child Life</li> <li>• Health Education</li> </ul>	x	x	x	x	x		x		

Figure 6. FY 2017 CB programs and services



# Key Community Benefit Initiatives

Many programs are created and provided to the community on an annual basis, while others are created to address needs or requests as they arise. As the City of Hope team continues its exploration into community benefit investments throughout the institution we may find that some programs no longer make sense or should be redesigned to ensure impacts are focused on the needs of our local community. Conversely, new programs may be created to address the emerging needs and integrate strategies that engage City of Hope teams in more community based collaborations. What follows is a status report on the main focus areas of our 2017 fiscal year community benefit programs and services: Workforce Development, Seamless Continuum of Care, Healthy Living Community Grant program and Prostate Cancer Prevention and Awareness in the African-American Community. The colorful boxes in each section are meant to provide a snapshot of the programs. At a glance, the reader will be able to identify what core principle and strategic priorities are addressed through each focus area.

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

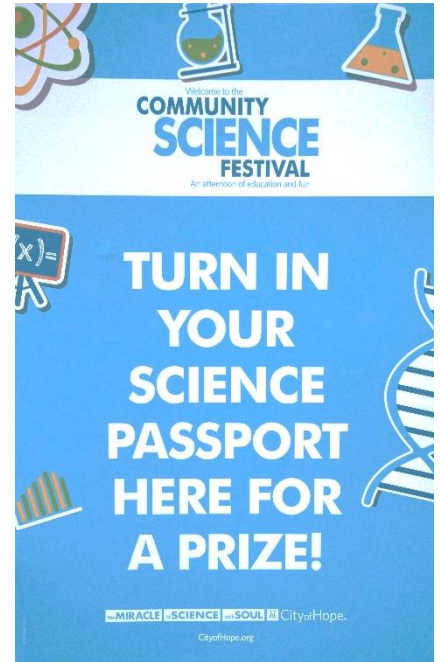
## Workforce Development

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 educational opportunities

that can lead to careers in health care for underrepresented ethnic/cultural groups. In addition to the Duarte High School Science Field Trip and the Summer Regional Occupational Program (ROP), City of Hope delivered an outstanding **Community Science Festival** which will be described in detail below.

## Community Science Festival

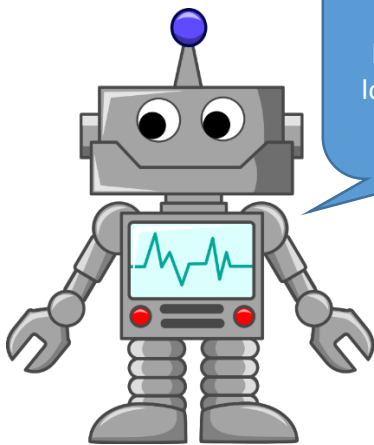
In September 2017, more than 50 volunteers, from across City of Hope delivered an incredible science festival focused on children aged grades fourth through eighth. The children were given an opportunity to explore science through a variety of hands-on activities including: extracting DNA from fruit, assessing clean water, and programming robots. Of the children who attended and responded to the survey, 85 percent said that the day did “spark their interest in science”. 36 percent of the respondents said that they would be interested in working in science or research. 23 percent said that they were interested in working in health care, science and research. 60



percent of the children who attended, were between the ages of 10-13 years old. While the children represented 52 cities from across the region, the most came from neighboring city of Arcadia (Figure 7).



Figure 7. Participants at the 2017 Community Science Festival came from 52 cities across the region.



“Programming was fun and I learned that a lot of things are robots.”

One participant exclaimed: “I learned how to make magnetic slime. Also how blueberries, and pomagranitz helps keep bad cancer away!”

Pictures of some of the children participating in the 2017 Community Science Festival. Direct feedback from some two students who filled out the evaluation survey.

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

SEPAC is a partnership between City of Hope and the Duarte Unified School District that is supported by a five-year grant from the National Institutes of Health. City of Hope faculty, scientists and predoctoral students donate their services to provide hands-on biomedical science education to second, fifth and eighth graders throughout the year. The goal of SEPAC is to increase understanding of the

connection between science and health through fun, interactive, hands-on activities and to increase 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 here: <http://www.cityofhope.org/students - and - youth/science - education - partnership - award#Media>

The SEPAC program has also been following students who participated in the program, longitudinally, over the past four years. Figure 8 shares some of the successes of the program.

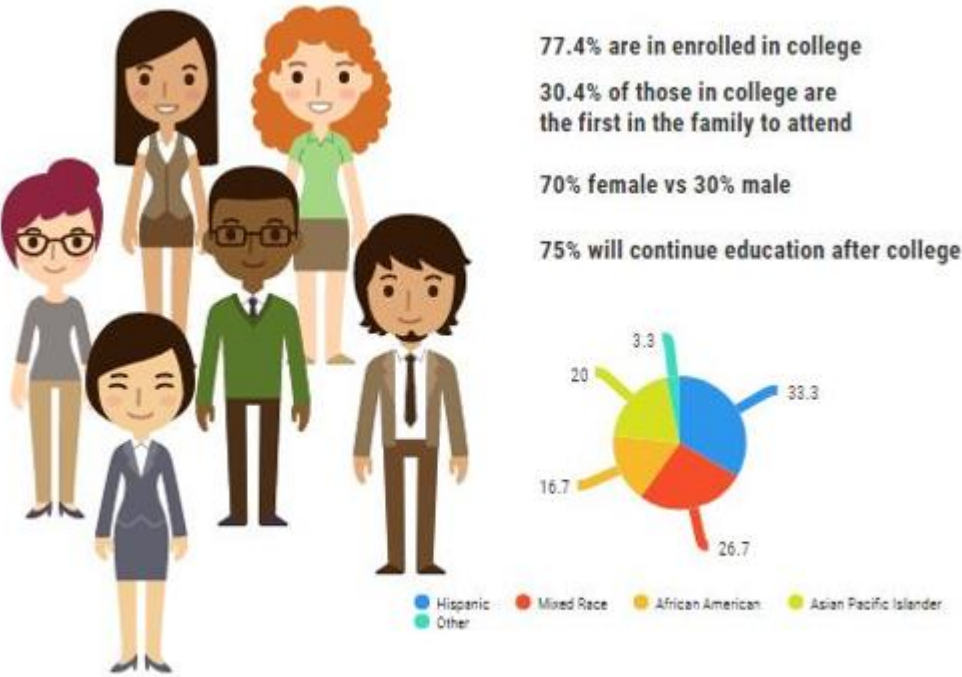


Figure 8. 2016 Longitudinal Cohort Demographics (covering participants from 2012-2016)

The SEPAC makes a concerted effort at outreach to recruit program participants from communities of disproportionate needs. One of the main participants, Duarte Unified School District is made up of students of primarily Latin heritage (75%). A main indicator of poverty is the total number of students on

free and reduced lunch program. Seventy-two percent of students in Duarte Unified School District are on the free and reduced lunch program.

City of Hope's health care career programs (like job shadowing, ROP, Duarte School Field Trips, SEPAC and the Community Science Festival) are vital for minority students. Pipeline programs have the potential to reduce health disparities and serve to improve health outcomes. City of Hope's efforts at early intervention are designed to eradicate barriers that limit access to care to those in our vulnerable communities.

## Diversity and Inclusion

According to Robert W. Stone, President and CEO of City of Hope:

*City of Hope is a community of people characterized by our diversity of thought, background and approach, but tied together by our commitment to care for and cure those with cancer and other life-threatening diseases. The innovation that our diversity produces in the areas of research, treatment, philanthropy and education has made us national leaders in this fight. Our unique and diverse workforce provides us the ability to understand our patients' needs, deliver compassionate care and continue the quest for a cure for life-threatening diseases.*

*At City of Hope, diversity and inclusion is a core value at the heart of our mission. We strive to create an inclusive workplace environment that engages all of our employees and provides them with opportunities to develop and grow, both personally and professionally. Each day brings an opportunity to strengthen our work, leverage our different perspectives and improve our patients' experiences by learning from others. Diversity and inclusion is about much more than policies and campaigns. It is an integral part of who we are as an institution, how we operate and how we see our future.*

In September 2017, City of Hope, convened a thought leadership forum called, "Diversity and Inclusions: A Growth Strategy Imperative." The 118 participants represented a variety of executives from across the health care spectrum — including drug stores, hospital systems, health plans and educational institutions. Roundtables, panel discussions and one-on-one interviews were designed to acquaint the health care industry with diversity initiatives, including everything from enterprise leadership, to workforce representation, to the patient and family experience. The event served to spark relationships among participants that will continue the conversation regarding how diversity and inclusion helps us be better to serve our communities. To learn more about this special initiative, please explore the event's website at <http://thoughtleaders.coh.org/>



# Seamless Continuum of Care - 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 that the process is often far from smooth – patients may experience barriers to other forms of care that they need when they return home. We have also learned that when one person dies from cancer, the need to support and care for their loved ones must continue long after the death. 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. Known as: Transitions of Care Community Coalition and City of Hope Bereavement Support Group, these programs are described below.

## 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.

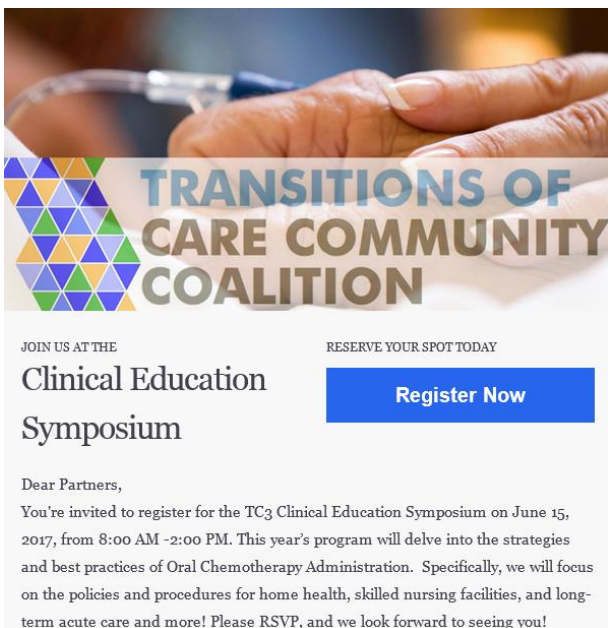
That was the situation that Brenda Thomson, City of Hope’s director of Case Management and Village Operations, observed about four years ago when she began looking at patient readmissions. She

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



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 or “TC3” and includes 90 individuals from 35 leading transitional health care organizations in Los Angeles, Orange, Riverside, and San Bernardino counties.



During the fiscal year 2017, TC3 met two times with the administrators and one time with the clinical teams for the coalition’s member organizations. During the administrator meetings, topics ranged from revisiting the vision, mission and goals created in the previous year to major educational programs that covered important issues including Oral Chemotherapy Agents Introduction, Diabetic Research and Islet Cell Transplants, Empowering

Clinicians on the Topic of Palliative/Hospice Services To Guide Appropriate Care, Recognizing, Treating and Preventing Caregiver Burden, and Complicated Wounds and the Use of Wound Vacs. The TC3 also continued to maintain an external webpage to help facilitate ongoing communication among the members and to share resources.

The membership of TC3 is unique because it is comprised of 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 first issue surrounds the buy-in of the vendors and service providers. There is no promise of vendor referrals from City of Hope to these TC3 member organizations. Because of this requirement to be altruistic and focused on

the development of a system of care that benefits the patient, some member organizations find a decreased sense in value that participation in the coalition can bring to their business. The leadership continues to address these issues and reminds members that their reasons for attending the coalition is not to increase the number of referrals they get from City of Hope, but finding ways to breakdown the barriers that patients often experience when leaving the hospital and transitioning to home.

### **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, in Duarte. Any member of the community can register to attend. The groups are meant to “witness,” rather than “fix,” someone’s grief. The child life specialists, social workers 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.

Between October 1, 2016 and September 30, 2017, the BSG saw 39 individuals. The groups focused on the loss of a child, a spouse or significant adult. All were tailored to cancer deaths, which have a unique 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 results from the program from the previous two years (Figure 9).

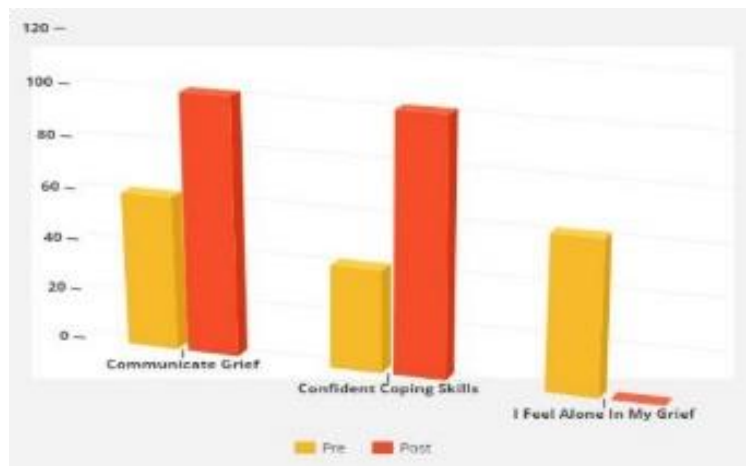


Figure 9. Pre/Post Survey Results from participants in the Bereavement Support Groups.

It is important to take note of the success of the program based on responses from participants. One hundred percent believe they can communicate their needs to others and are confident in their coping skills. Zero percent feel alone in their grief. This demonstrates the incredible impact that the professionals in the BSG have on those who attend the 12-week program. The BSG will continue to adapt and create new programming that best suits its participants in the year to come.

## Healthy Living – Building Community Capacity

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, and we believe they are best equipped to design programs and services that help their own communities. The Healthy Living Community Grant Program is the vehicle that we use to identify organizations that can deliver innovative programs designed to address one or more of our strategic priorities around cancer prevention, healthy living or smoking cessation. Our Community Benefit Advisory Council members review the applications and make the selections for the Healthy Living Community Grant Program. Not only is it rewarding to help local organizations, these groups provide City of Hope more insight into the needs of vulnerable local populations. They also teach City of Hope about ways to support community efforts that tackle health disparities in culturally appropriate and specific ways. Through out the funding period, City of Hope continues to support these organizations by providing technical assistance and networking opportunities. (<http://www.cityofhope.org/about-city-of->

[hope/community/community-benefit/healthy-living-grant-program](http://hope/community/community-benefit/healthy-living-grant-program)).

## Grantmaking

During fiscal year 2017, 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 2017 Healthy Living Cohort included:

- **Asian Youth Center.** The Accelerated Children’s Education program will consist of weekly classroom projects designed to teach youth healthy facts and habits. Lessons are correlated with the California Core standards for health education. Students ages 6 to 14

will also receive the SPARK physical education component for at least 30 minutes each day.

- **BREATHE California of LA County** will train 20 afterschool facilitators in the **No To Tobacco Program** for delivery to at least 500 youth. Ten teams of students will create anti-tobacco PSAs. Entries will be shown on the BREATHE LA YouTube channel and promoted through social media.

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



CBAC Member, Ashley Millouse, from the American Cancer Society, conducts a site visit at Triple Play program held at Jansen Elementary in Rosemead.

- **Boys & Girls Club of West SGV.** Utilizing the BGC’s evidenced based **Triple Play** program, they will partner with Mildred B. Janson Elementary School, in Rosemead, during school hours. This fitness program will run September 2017 thru May 2018 and be offered three times a week in two-hour blocks, for a total of six hours per week. Almost 300 youth K-6<sup>th</sup> grade will benefit from this program.



Tomatoes harvested from the Arroyo High School garden will be turned into a nutritious sauce by the students participating in the school’s culinary program.

- **Eco Urban Gardens.**  
The Arroyo High School Community Garden program will create a health hub for the city of El Monte through a collaboration with the school and local community

partners. The students and community members will engage in hands on gardening, cultivation of crops, healthy food prep, goal setting and physical activities.

- **Our Savior Center.** Taking place at the Doris Dann Kid’s Campus, the **Sustainable Garden** will address the importance of healthy lifestyle choices, the need for local food, the restoration of natural habitat, impacts of climate change and maintaining a sustainable lifestyle. This program will serve approximately 1,800 children and their families.



CBAC Member, Lisa Dowd, from the Duarte Unified School District, conducts her site visit at Our Savior Center’s Sustainable Garden program.

- **Antelope Valley Partners for Health.** The YOLO Wellness Challenge is a free, friendly community wellness competition which rewards participants for



developing and maintaining healthy habits. Each participant earns points for each item they complete. "Selfies" are submitted to verify task/activity completion. At the end of the challenge participants can win prizes.

- **The Learning Centers at Fairplex. Healthy Seniors at the Farm at Fairplex** is a one year program focused on teaching how volunteering and working on the five

acre farm impacts health. Seniors will be asked to volunteer 450 hours over the year and participate in an array of farming activities that include seeding, planting, harvesting and cooking. In addition they will participate in monthly health education sessions. They will wear Fitbits to monitor health and



Visiting with the Healthy Seniors at the Farm at the Fairplex project manager, Barbara Tuen (right) are CBAC members, Dr. Susan Nyzani (far left) and Peggy Diamond (near left).

nutrition data. There will be fitness, blood pressure, body measurements and glucose testing to measure changes in clinical health indicators too.

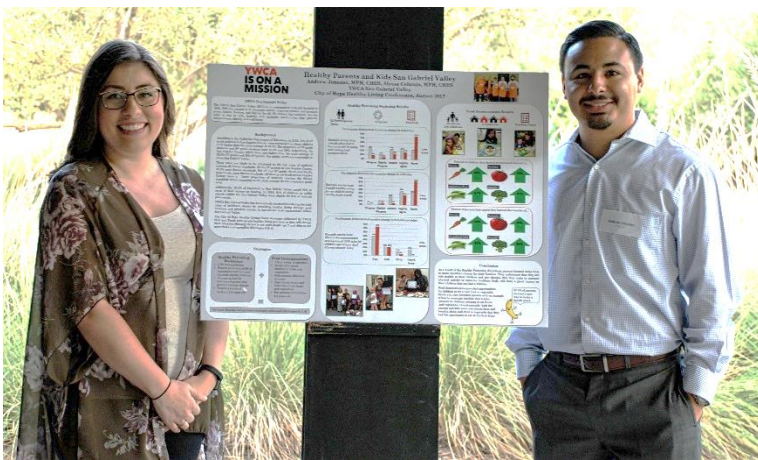
- **Pasadena Educational Foundation. These Pop Up Farmer's Markets** will address food insecurity and lack of access to healthy foods by opening up a farmer's market every Tuesday evening between 4 and 6 p.m. Located along busy Peoria Street, down the block from a closed Von's market, they will sell fruits and vegetables for \$1/bag. The fruits and vegetables will be sourced from the Pasadena Unified School District garden. They intend to reach 20 families per week.



## 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 CBAC members will conduct site visits later in the year for each grantee and provide feedback where necessary. Ultimately this grant program is about building community and capacity around efforts that support health and wellness in our service area.

At the end of the funding cycle when new grants are awarded, the 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. During August 2017, in a room filled with City of Hope staff, community members and the new cohort of healthy living grantees, the seven 2016 healthy living grantees shared their findings after a year of implementing programs that City of Hope funded. All 2016 grantees made 15-minute presentations and held a poster session. While the programs varied from cooking and health education classes to mammograms and health care careers for high school students, all shared a common theme: to improve the lives of the vulnerable living in the San Gabriel Valley.



YWCA's Alyssa Colunga and Andrew Jimenez, share the results of their program during the Healthy Living Conference poster session.

The Healthy Living Luncheon is a chance to catch up with old friends. Here is Pilar Diaz from the Boys and Girls Club of West San Gabriel Valley and Viki Goto from the CBAC.



Conference goers enjoying the conversation during the Healthy Living Conference poster session.

The important take-home message from the Healthy Living Grant program is that “small is beautiful.” Local organizations can benefit from smaller grants that increase their productivity, increase the scale of a previous effort or launch a pilot program without making a large investment.

## Community Capacity Building Grants

In addition to the Healthy Living Grants, in 2017 the CBAC decided to create a new funding category called, "Community Capacity Building Grants." City of Hope provided two \$5,000 grants to organizations that competed for the Healthy Living Grants. What CBAC members found was that these proposals did not fit in with the criteria for a one year project. However, they were worthy programs that met the needs of the local vulnerable community. The recipients of the first Healthy Living Community Capacity Building Grants are:

- **Kare Youth League.** Funds from the Healthy Living Community Grant Program will be used to remodel and create a Health Center in one of the modular buildings donated by the Los Angeles Unified School District located at the new Kare Park in Irwindale.



- **East San Gabriel Valley Coalition for the Homeless.** The Healthy Living Grant will allow the ESGVCH to address the critical needs for emergency shelter by providing motel vouchers for their most vulnerable clients.

## FAME Pasadena Prostate Cancer Partnership with City of Hope

Survival outcome disparities for prostate cancer — and cancer as a whole — in the black community are significant. From low screening rates, to late entrance into care, to low representation in clinical trials, it is critical to ramp up efforts to positively impact the health of African-Americans and leave a legacy for our community.

First African American Methodist Church - Pasadena (FAME) is a leader in changing the statistics for this community. FAME has started a conversation that could save the lives of many men in their community. In collaboration with City of Hope, they hosted a series of programs and sermons that tell the



Pastor Campbell from FAME Pasadena, Nancy Clifton-Hawkins, COH Community Benefit Manager share fun conversation with a participant of the health fair.

story of how prostate cancer impacts their congregations and community. City of Hope's own world renowned cancer researchers trained men from local black churches in the "Who, What, Where and Why's" of prostate cancer. They provided tools that helped church members understand why prostate cancer is so deadly and why it is critical that the men get screened on a regular basis. Pastor Larry Campbell also delivered

sermons that focused on "Getting Your House In Order," including getting prostate exams. This all culminated in a screening of the documentary "Silent Killer," prostate cancer screening tests, and a health fair focused on issues most prevalent in the black community. A video of the fair and screening event can be viewed at <https://vimeo.com/234905192>

FAME and City of Hope are partnering up again to continue informing men and their families that prostate cancer kills. The event will be promoted through local black churches in the Pasadena metro region, and is designed for both men and women.



Through the three events City of Hope co-hosted with FAME, we wanted to see if we could impact



Figure 10. Pre/Post test results from the FAME City of Hope Prostate Cancer Partnership between January 2017 and August 2017.

knowledge and awareness of the risk of prostate cancer. We know that prostate cancer is a highly stigmatized subject in the African-American community. We needed to know if our interventions shifted attitudes toward prostate cancer and getting screened. Figure 10 shows that the two community trainings and the prostate cancer film screening and health fair did make a difference in the way participants viewed their risk. More importantly, we changed attitudes enough that 14 men actually had PSA blood tests taken at the health fair and one man was given access to a local community where he could have his tests read and explained to him.

The June event will be led by FAME and

they are seeking to primarily fund the project

themselves. City of Hope funded all of the events this past year. Again, FAME demonstrates an ability to take ownership in the hope of moving the needle toward more positive outcomes in their community.

## Enterprisewide Collaborations



City of Hope is proud of the accomplishments of the programs across the enterprise. The Community Benefit Department has worked collaboratively and in partnership with the Conrad N. Hilton Foundation and the City of Hope Facilities Department to deliver cooking classes to the community as part of a larger five-year initiative to reduce the incidence of cancer and diabetes. These pop-up cooking classes are led by one of the executive chefs here at City of Hope. During the FY 2017, five classes were held on campus with an additional six more planned through the 2017 calendar year. Initial funding was provided by the Facilities. They purchased supplies for the pop up kitchen and provided the chef. During fiscal year 2018, the Community Benefit Department will be fiscal sponsors of this program.

There are other collaborations that are helping to integrate community benefit into the culture at City of Hope. We are looking forward to the implementation of an internal funding program called “Kindness Grants” as a way to encourage City of Hope employees to engage with the local vulnerable communities. Employees will be eligible to apply for grants as small as \$200 or as large as \$5,000. This program will launch during the 2018 fiscal year and will fund up to \$20,000 of internal grants per year.



# COMMUNITY BENEFIT INVESTMENTS

## How Benefits Were Defined

The quantifiable community benefit provided by City of Hope in fiscal year 2017 are listed in Table 1. Consistent with community benefit standards, only activities funded by the medical center (versus Beckman Research Institute of City of Hope, City of Hope Medical Foundation, or Philanthropy) are included.

The Catholic Health Association's publication, "A Guide for Planning and Reporting Community Benefit, 2015 Edition," was used to determine whether activities met criteria for inclusion as a quantified community benefit. The 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 2017 was \$234,207,212. This included:

- \$ 156,874,155 in medical care service benefits, which included Medicare shortfall
- \$ 1,988,543 in benefits provided to the broader community

- \$ 75,344,437 in health research, education and training programs

FY 2017 Value Community Benefit			
Category/Program Name	Total Expense	Offsetting Revenue	Net Community Benefit
<b>A. Medical Care Services for Vulnerable Populations</b>			
Medicare	338,493,054	231,042,498	107,450,556
Medi-Cal	176,761,581	120,008,584	56,752,997
Hospital Provider Fee Program	7,449,990	21,320,388	(13,870,398)
Charity Care	6,541,000		6,541,000
<b>TOTAL MEDICAL CARE SERVICES BENEFITS, INCLUDING MEDICARE SHORTFALL</b>	<b>529,245,625</b>	<b>372,371,470</b>	<b>156,874,155</b>
<b>TOTAL MEDICAL CARE SERVICES BENEFITS, EXCLUDING MEDICARE</b>	<b>183,302,581</b>	<b>120,008,584</b>	<b>63,293,997</b>
<b>B. Benefits for the Broader Community</b>			
<b>1. Community Health Improvement Services</b>			
<b>a. Community Health Education</b>			
Community Health Awareness (screenings, classes, support, web education)	221,365		221,365
Latinos Living Healthy (LULAC) and Healthy Hispanic Living	462,364		462,364
Smoking Cessation (Support Groups + Pharmacy Support)	71,902		71,902
Prostate Cancer Awareness Campaign	8,054		8,054
Thought Leadership Conference for Diversity and Inclusion	280,762		280,762
Community Neuroendocrine Tumor Patient Education Conference	32,800		32,800
Napolitano Mental Health Consortium	6,088		6,088
<b>b. Health Care Support Services</b>			
Village Slays	13,444		13,444
Community Blood Drives	161,042		161,042
Patient Resources Coordination	76,065		76,065
<b>Total Community Health Improvement Services</b>	<b>1,333,886</b>		<b>1,333,886</b>
<b>2. Community Benefit Operations</b>			
	<b>173,926</b>		<b>173,926</b>
<b>3. Cash and In-Kind Donations</b>			
Duarte Senior Center Food Distribution	134,503		134,503
Health Consortium of San Gabriel Valley	5,000		5,000
Education Foundations (Irwindale-Duarte)	9,874		9,874
Community Meeting Sponsorship	27,931		27,931
YWCA - Healthy SGV Initiative	3,123		3,123
Tzu Chi Medical Foundation (Cancer Screening Program)	5,000		5,000
CA Health Care Foundation Trust	154,106		154,106
<b>Total Cash and In-Kind Donations</b>	<b>339,537</b>		<b>339,537</b>
<b>4. Community-Building Activities</b>			
Workforce Development	80,345		80,345
Healthy Living Grants	55,864		55,864
Transitions of Care Community Coalition	4,985		4,985
<b>Total Community-Building Activities</b>	<b>141,194</b>		<b>141,194</b>
<b>TOTAL BENEFITS FOR BROADER COMMUNITY</b>	<b>1,988,543</b>		<b>1,988,543</b>
<b>C. Health Research, Education and Training Programs</b>			
Medical Center non-funded cancer research	96,011,604	22,447,527	73,564,077
Training Programs (CME, Pharmacy, Nursing, Rehabilitation and Nutrition)	2,058,953	278,516	1,780,437
<b>TOTAL HEALTH RESEARCH, EDUCATION and TRAINING PROGRAMS</b>	<b>98,070,557</b>	<b>22,726,043</b>	<b>75,344,514</b>
<b>TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, EXCLUDING MEDICARE</b>	<b>283,361,681</b>	<b>142,734,627</b>	<b>140,627,054</b>
<b>TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, INCLUDING MEDICARE SHORTFALL</b>	<b>\$629,304,725</b>	<b>\$395,097,513</b>	<b>\$234,207,212</b>

Table 1. Economic Value of Community Benefit Provided by City of Hope during Fiscal Year 2017

City of Hope also provided a wide range of benefits to our communities that is not reflected in Table 1 because they are included in the operational costs for community benefit. These include, but are not limited to, technical assistance provided to governmental agencies and community organizations, contributions to research literature and leadership on community boards.

# CONCLUSION

City of Hope strives to decrease health disparities in our service area by creating an institution-wide emphasis on community benefit to organize thoughtful collaborations that address root causes of barriers to good health. This document provided evidence of the total FY 2017 investment (\$234,207,212), identified 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 2017 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 Beckman Research Institute of City of Hope. Although they are critically important to City of Hope, and make substantial contributions toward 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](http://www.healthyhispanicliving.com), the Sheri & Les Biller Patient and Family Resource Center, Patient Resources Coordination, Medical Professionals Education, Adopt a Family, Duarte Senior Center Food Distribution, 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 close look at medical center initiatives that are aligned with community benefit standards and include those in our report. In 2017, we also completed our Implementation Strategy. 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 have shared how good it makes them feel to give back to the community where they work. During fiscal year 2017 alone, teams from across the institution volunteered at the Duarte Senior Center to help deliver food to older adults in the supplemental food program. Their time volunteering is valued at \$134,000 in-kind donated salaries. 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 as it transforms the institution and the people who work here. It makes us all better stewards for our 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 more collaboration among City of Hope employees. Prioritizing community benefit allows for a more strategic focus on things that are critical to our service area, while creating pathways for health and healing. As we begin the process of analyzing the data for our next Community Health Needs Assessment, we at City of Hope look forward to serving our community in ways that emphasize 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,

A handwritten signature in black ink that reads "Michael A. Friedman".

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

A handwritten signature in blue ink that reads "Robert Stone".

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

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

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

### Cancer-Related Needs in Our Community

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

- Cancer Prevention and Early Detection



- Cancer Treatment
- Support Services

## Unmet Needs: Cancer Prevention and Early Detection

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

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

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

### Lack of education and prevention efforts

- The general public does not understand the link between diet (particularly sugary nutritionally devoid foods), exercise, and cancer. They understand this causes obesity & diabetes, but less so

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

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

#### **Lack of programs for uninsured/ Access to Care**

- Linking the uninsured 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 or **ability to** pay for treatment
- Financial aspects - childcare - treatment medications - day to day needs - treatment vs. rent? This is what determines if **patient well be treated or not**
- In San Gabriel Valley, many of the Asian Pacific Islanders /Hispanics population do not have health insurance. County hospital is **their only option for treatment**
- Needs: lack of insurance causes people to not seek care. Population: Low social economic
- Not enough health coverage whether public or private. This affects low and middle income under-employed people most. **Too many people are making do without** full-time jobs. Pass

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

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

### Increase in Treatment Resources and Education

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

### Cultural/ Language Barriers

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

### Lack of Knowledge

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

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

### Unmet Needs: Support Services

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

Your Views on Cancer-related Needs in Our Community in the Area of Support for Cancer Patients and their Families	
Lack of Support Services and Awareness	<ul style="list-style-type: none"> <li>• Lack of resource information for psychological and psychiatric services</li> <li>• Support groups for caregivers and family members of cancer patients</li> <li>• Lack of support groups in other languages</li> <li>• Mental health resource information as part of coordination of care</li> <li>• Mental health resource information available in other languages</li> <li>• Support programs for siblings of pediatric cancer patients</li> <li>• Lack of psychosocial services in Spanish</li> <li>• Lack of bereavement support services</li> <li>• Full spectrum support services for cancer survivors</li> <li>• Lack of awareness of support groups available at various minority focused community organizations (i.e. African-Americans, Latino, Armenian, and Asian communities)</li> </ul>

	<ul style="list-style-type: none"> <li>• Language specific patient navigation services for cancer patients</li> <li>• Increased peer support programs for women with advanced breast cancer</li> </ul>
Resources and Financial Support	<ul style="list-style-type: none"> <li>• Lack of resource information for housing and transportation needs</li> <li>• Need of more financial support for basic needs (i.e. housing, transportation, food)</li> <li>• Increased availability of charity care for uninsured and low-income populations</li> <li>• Streamlined referral services for low income/ underinsured/uninsured populations</li> <li>• Lack of financial literacy programs in dealing with financial crisis</li> </ul>
Lack of Education	<ul style="list-style-type: none"> <li>• Lack of educational programs on participating in clinical trials</li> <li>• Need of more education and information on cancer treatment options</li> <li>• Lack of educational programs in other language about nutrition</li> <li>• Educational materials for children of cancer patients</li> <li>• Educational programs for young adults with cancer</li> </ul>
Access to Care	<ul style="list-style-type: none"> <li>• Educational programs for young adults with cancer</li> <li>• Low-income populations have little access to mental health services</li> <li>• Access to cancer treatment facilities due to lack of insurance</li> <li>• Access to clinical trial information</li> </ul>
Community Partnerships and Collaborations	<ul style="list-style-type: none"> <li>• Lack of community partnerships to provide support services for minority populations</li> </ul>

	<ul style="list-style-type: none"> <li>• Develop community partnerships to provide mental health services for minorities and low-income populations</li> </ul>
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## Other Unmet Needs in Our Community

### Unmet Needs: Other

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

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



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

## Changes for a Healthier Community

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

Table2. Changes Participants Would Like to See Over Next Five Years	
Community Partnerships and Collaborations	<ul style="list-style-type: none"> <li>• Develop community partners to share funding and resources for health education programs</li> <li>• Increased community, hospital, government coalitions</li> <li>• Increased partnerships for prevention education efforts (i.e. media, community networks)</li> <li>• Partnerships- to train medical community to work with diverse community organizations</li> <li>• Increased collaboration between cancer treatment facilities and community organizations</li> <li>• Develop partnerships to collect robust data for cancer-related research</li> <li>• Develop partnerships for volunteer outreach- increase cancer survivors volunteering in cancer focused organizations</li> <li>• Increased partnerships to develop outreach programs to promote cancer prevention</li> </ul>

in Table 2.

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

Education	<ul style="list-style-type: none"> <li>• Increased educational programs on nutrition and smoking cessation</li> <li>• Full spectrum education about cancer disparities</li> <li>• More patient education on life after a bone marrow transplant</li> <li>• Increased culturally tailored education on cancer prevention</li> <li>• More health education programs to prevent cancer and other chronic diseases</li> <li>• Increasing early detection education</li> </ul>
Advocacy and Policy Changes	<ul style="list-style-type: none"> <li>• Policy driven efforts to increase access to quality care for underserved populations</li> <li>• Empowering Hispanic community to become advocates for themselves</li> <li>• Utilizing policy change for advocacy measures</li> </ul>
Access to Care	<ul style="list-style-type: none"> <li>• Increased access to cancer treatment facilities</li> <li>• Increased health care services for low-income communities</li> </ul>

## Partnering with City of Hope

### Ideas on Working with City of Hope

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

<b>Table3. How Respondents Would Like to Partner with City of Hope</b>	
Community Partnerships and Collaborations	<ul style="list-style-type: none"> <li>• On-going collaboration to develop community events/programs related to cancer prevention</li> <li>• City of Hope to partner rather than lead community partnerships to increase visibility of community agencies</li> <li>• Increase coalitions- City of Hope to be the central agent to unite service providers</li> <li>• Develop partnerships to increase City of Hope presence at other health care organization</li> <li>• Develop partnerships to continue cancer survivorship programs</li> <li>• Increase continued medical education opportunities focused on caring for culturally diverse populations</li> <li>• Continue collaboration, reaching out to uninsured or underinsured</li> <li>• Partner in translation services of patient education materials</li> <li>• Partner to explore new types of media to enhance health-related communications</li> </ul>

	<ul style="list-style-type: none"> <li>• Continue collaboration with Patient, Community, and Family Education but expand community outreach efforts</li> <li>• Collaborate on train the trainer efforts to increase policy related efforts</li> </ul>
Educational Needs and Awareness	<ul style="list-style-type: none"> <li>• Expand health education programs open to the public</li> <li>• Get the word about City of Hope resources for the community (i.e. health education classes, seminars)</li> <li>• Expand programs like Ask the Experts to educate public on what causes cancer and how individuals can improve their eating and exercise habits</li> </ul>
Other Ideas	<ul style="list-style-type: none"> <li>• Implementation of community garden</li> <li>• More free, low-cost cancer screening held in community centers</li> <li>• Develop resources and programs for community librarians</li> </ul>

## Rating of Cancer Education and Support Issues

### A. How Important is this Issue to You?

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

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

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

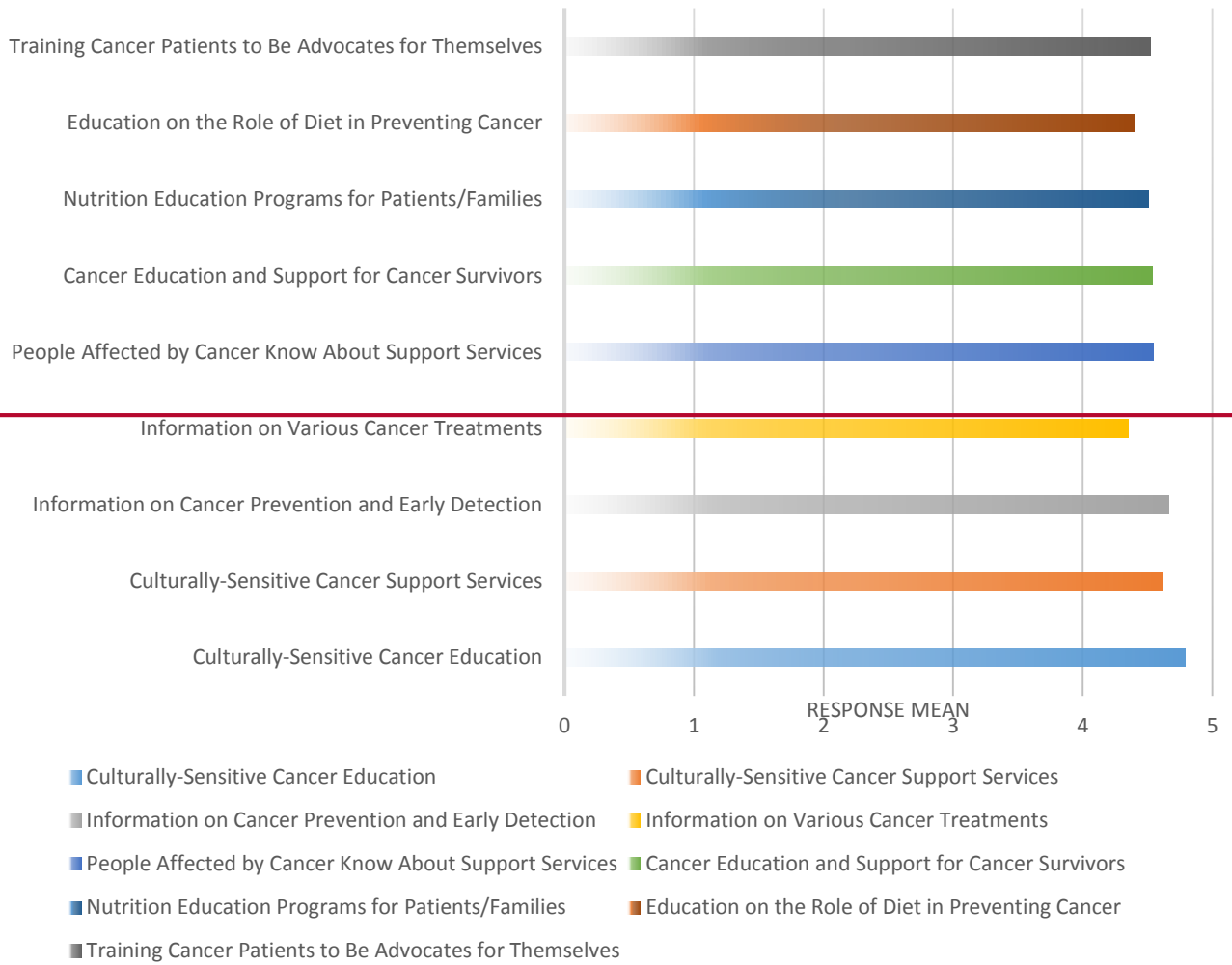
The lowest scores were often assigned to two issues or topic categories:

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

*Figure 11. How Important is This Issues to You?*

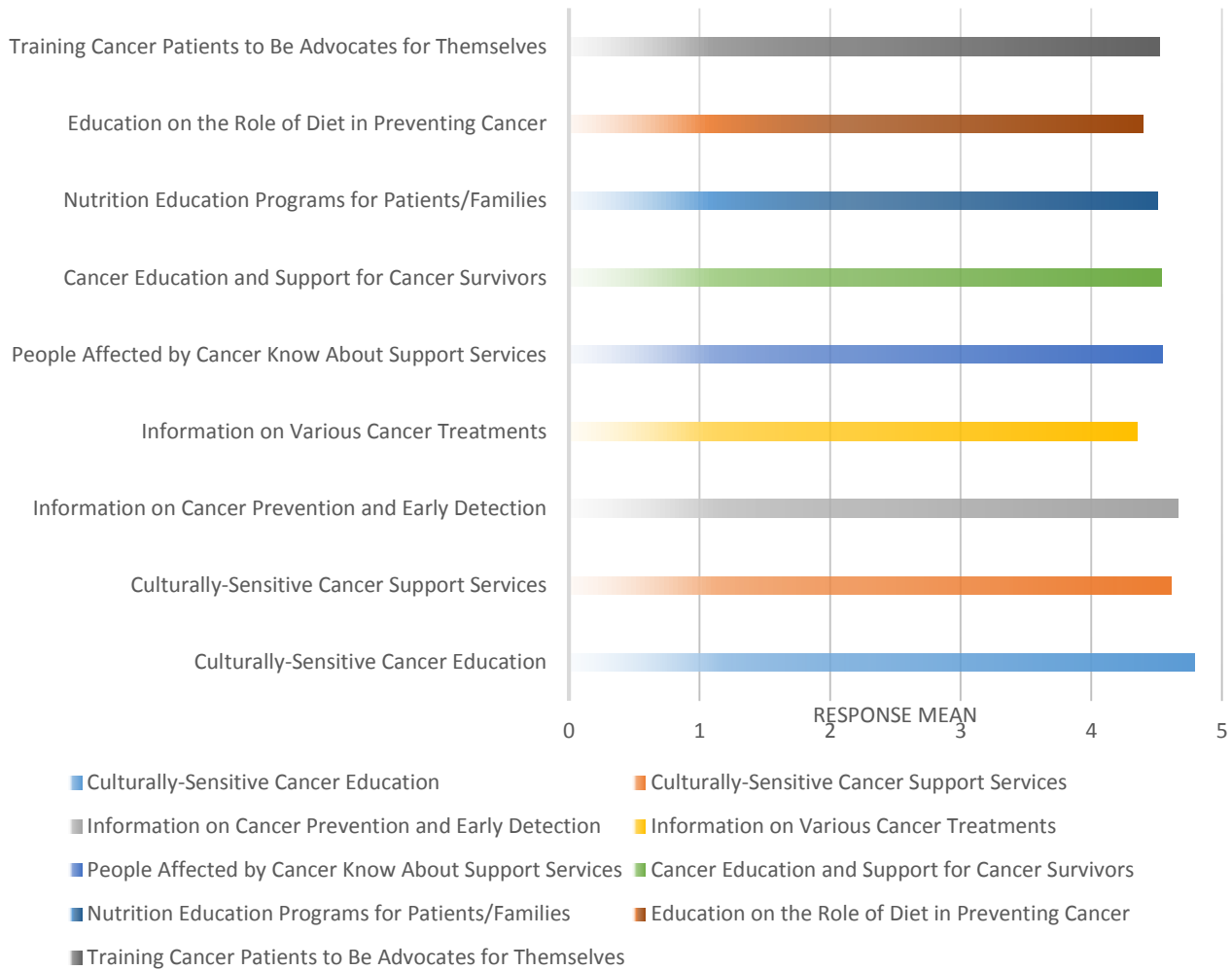
# HOW IMPORTANT IS THIS ISSUE TO YOU?

N = 66



## HOW IMPORTANT IS THIS ISSUE TO YOU?

N = 66



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:

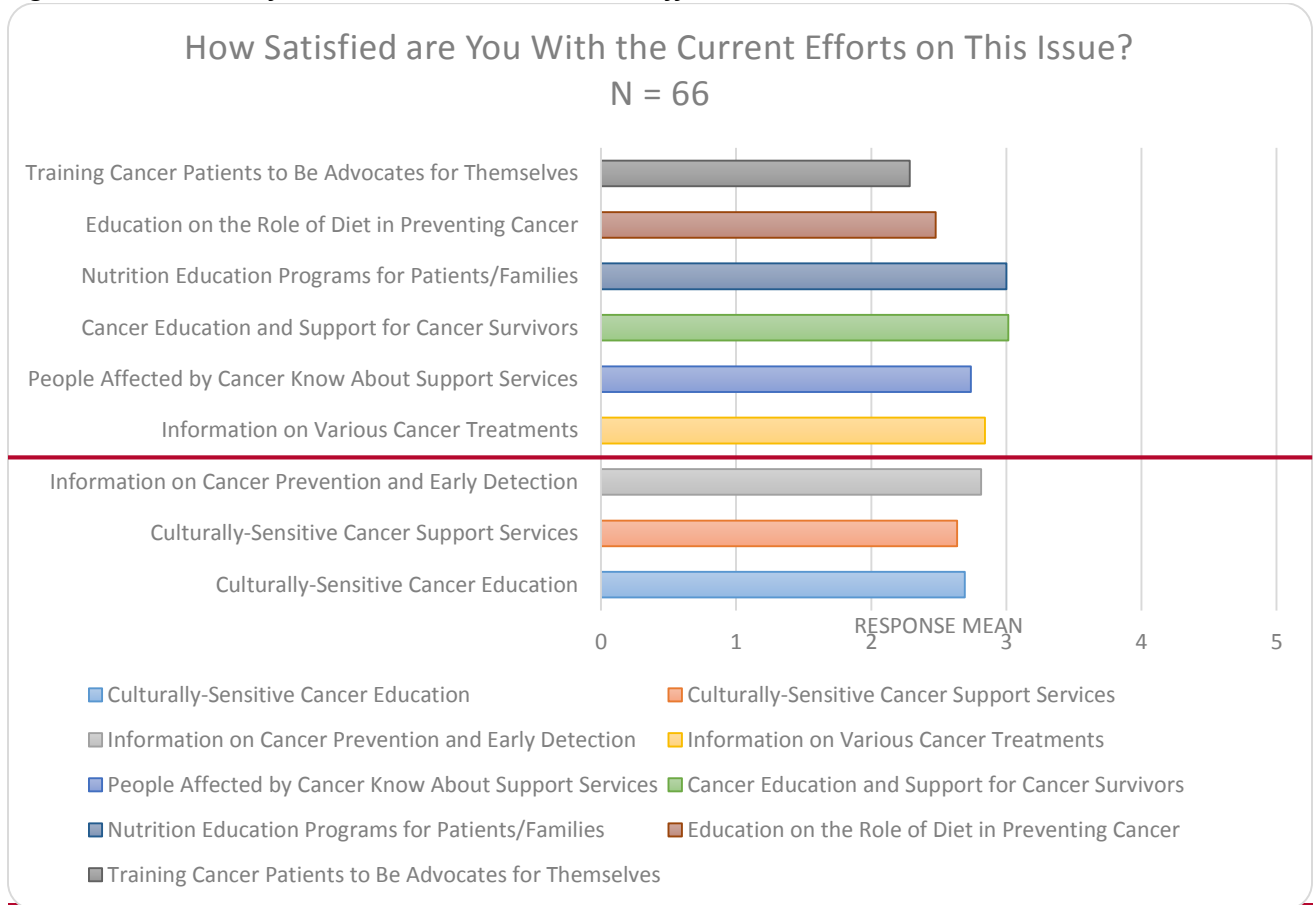
1. Cancer education and support for cancer survivors 3.02
2. Nutrition education programs for patients/families 3.00



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

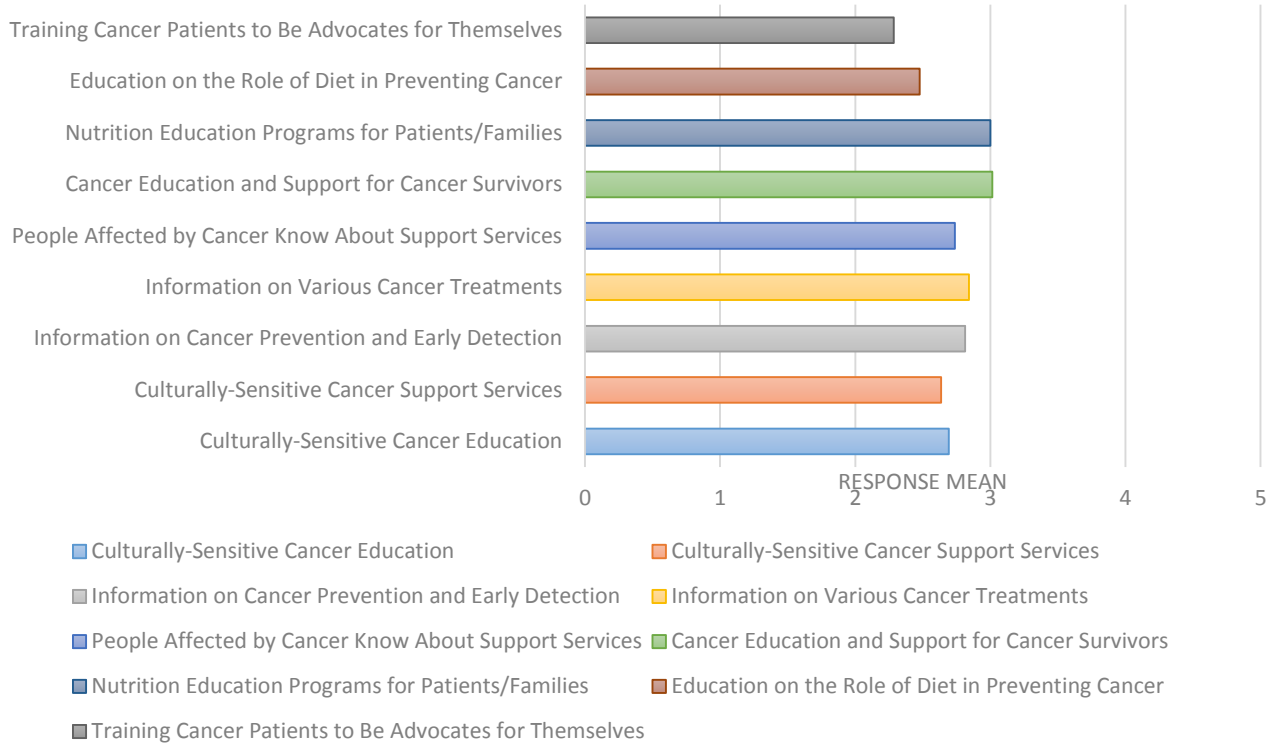
1. Training cancer patients to be advocates for themselves 2.29
2. Education on the role of diet in preventing cancer 2.48

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



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

N = 66



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*

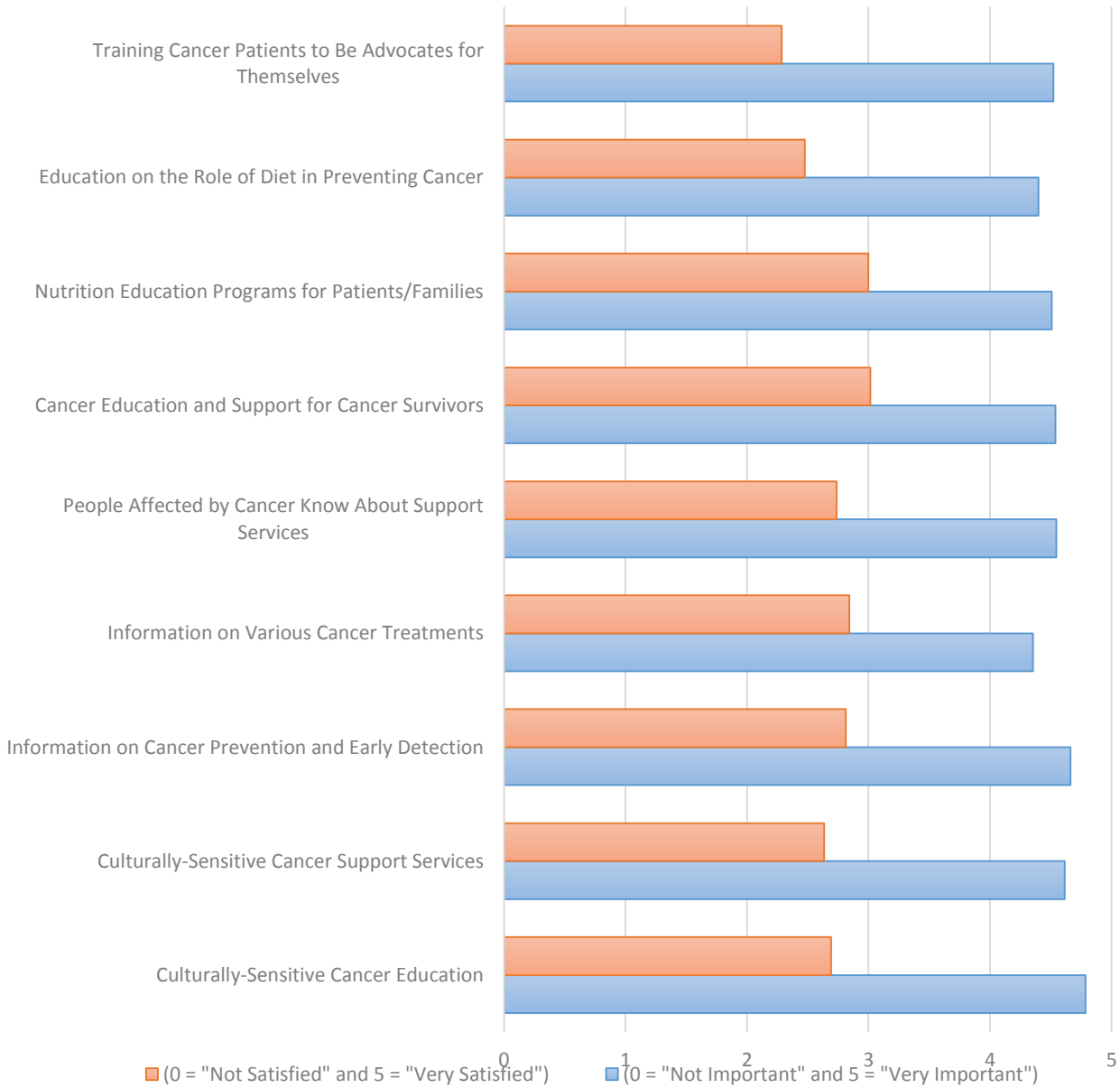
How Important is the Issue to You? How Satisfied are You With the Current Efforts on This Issue?

N = 66



How Important is the Issue to You? How Satisfied are You With the Current Efforts on This Issue?

N = 66



# Appendix C

## Community Partners FY 2013

### CHNA

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

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



# Appendix D

## Financial Assistance Policy

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



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