Introduction
Seattle Cancer Care Alliance (SCCA) unites the leading research teams and cancer specialists from Fred Hutch, Seattle Children’s and UW Medicine. At SCCA, our sole purpose is the pursuit of better, longer, richer lives for our patients. Our alliance partners had an ambitious vision two decades ago: to lead the world in translating scientific discovery into the prevention, treatment and cure of cancer. We provide state-of-the-art, patient- and family-centered care; run hundreds of clinical trials that advance the standard of care; support education; and enhance access to improved cancer interventions. Based in Seattle’s South Lake Union neighborhood, SCCA is the only National Cancer Institute (NCI)-designated cancer center in Washington state. SCCA has nine treatment centers in the greater Seattle region encompassing hematology/medical oncology, radiation oncology and infusion services, as well as Network affiliations with hospitals in five states.

As a nonprofit, mission-driven organization, SCCA takes seriously our commitment to serving our community. Our Community Benefit Program transcends the walls of our clinics, extending to the community that surrounds and supports our patients.

For more information about SCCA, visit seattlecca.org.

2020 Spotlight: həl̓il̓ program launch, supporting Indigenous cancer-related health needs
The 2019 Community Health Needs Assessment (CHNA) identified Indigenous populations in our community as experiencing a consistently high burden of cancer morbidity, cancer mortality and non-ceremonial tobacco use. Based on these findings, SCCA committed to earning trust, building relationships, and collaborating on services for Indigenous populations.

SCCA launched the həl̓il̓ Program in the fall of 2019 to support local Indigenous populations in cancer-related health needs. The name həl̓il̓ means “to become well/heal” and was generously gifted to the SCCA’s program from the Snoqualmie Tribe. The program focuses on:

• Promoting non-ceremonial tobacco cessation in tribal nations
• Identifying barriers to lung cancer screening in Indigenous populations
• Reaching out to tribal nations and Indigenous groups in our region to promote lung cancer screening

To educate on the importance of healthy behaviors and recommended screenings to reduce cancer risk, a həl̓il̓ Program Tribal Liaison and Community Health Worker attended eight in-person community health events with 75 to 100 people in attendance at each during the 2020 fiscal year.

As COVID-19 impacted in-person events, the həl̓il̓ Program staff shifted their focus to online outreach and participated in 20 online events related to cancer prevention, non-ceremonial tobacco cessation, and youth outreach. The audience for each ranged from 1,800 (American Indian Cancer Foundation Social Distance Pow-Wow) to eight people (Clear Sky Native Youth Council).
The həlil Program staff collaborated with the Urban Native Education Association: Seattle Clear Sky Native Youth Council to deliver non-ceremonial tobacco cessation education and conduct an art project, with students, related to health and healing. Clear Sky provides several resources, activities, educational and cultural opportunities not otherwise available or accessible to urban Native youth.

In addition, həlil program staff provide administrative support to SCCA’s Living Tobacco Free services, where on average 250 patients are served each year. As part of SCCA South Lake Union patient navigation and advocacy services, a dedicated Indigenous navigator was hired in 2019. The Indigenous patient navigator supports Indigenous patients from arrival through the course of their cancer treatment, all with the goal “to become well/heal”. The navigator guides patients, their families and caregivers through the medical system and helps them apply for assistance with finances, transportation, housing, and insurance. They also help connect patients with supportive care and community resources. Simultaneously, the navigator educates oncology care teams and other staff on culturally specific patient needs. Between July 2019 and June 2020, the navigator provided one-on-one consultation to 70 patients that self-identify as Indigenous.

Through həlil, SCCA and its partners continue to look for opportunities to engage with tribal and community leaders and provide services for Indigenous populations.
Community Benefit resource investment

During SCCA's 2020 fiscal year, we devoted $66.5 million — more than 9.03 percent of our operational costs — to community benefit activities. A significant portion of this funding extended our high-quality clinical services to those who could not otherwise afford them, providing subsidized care and offering needed services at a financial loss. We also invested in community health improvement activities aimed at reducing the burden of cancer among high needs populations through programs such as mobile mammography screenings, research, and education opportunities for health professionals at SCCA and in the community.

Here is an overview of our investment in the community

$45.1 million in subsidized care for individuals

$5.1 million in community health improvement services including:
- Mammography screenings for underserved populations
- Subsidized health care support services such as housing and transportation
- Educational offerings at community events on the latest developments in cancer treatment options
- Education on treatment and prevention for low-income populations
- Tobacco cessation counseling including nicotine replacement therapy
- Financial counseling
- Survivorship
- Cash and in-kind donations

$8.4 million to educate health professionals on the latest best practices in cancer care

$7.9 million on leading-edge research that improves treatment and prognosis for cancer patients
Community Benefit allocations

**Cash and in-kind contributions** for community benefit include funds, materials, and staff resources that are donated to individuals and community groups.

$2,138,858  3%

**Community health improvement services and community benefit operations** are services that are intended to improve the health of our communities and go above and beyond direct patient care services to individuals.

$2,963,351  4%

**Research** includes clinical and community-health research that SCCA undertakes, with results that are shared outside SCCA and used to improve the practice of health care.

$7,862,133  12%

**Health professions education** includes the work that SCCA does to train medical professionals in the community in the type of advanced care and support that SCCA provides, in order to share expertise and expand our reach beyond our immediate patient population.

$8,414,508  13%

**Uncompensated care** includes free or discounted health services provided to patients who can’t afford to pay and who meet SCCA or government criteria for assistance.

$45,118,932  68%

**Total**

$66,497,782