



Community Benefit Plan February 2013



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About City of Hope

Profile of City of Hope

City of Hope is recognized worldwide for its compassionate patient care, innovative science and translational research which rapidly turns laboratory breakthroughs into promising new therapies. An independent biomedical research, treatment and education institution, City of Hope is dedicated to the prevention, treatment and cure of cancer and other life-threatening diseases. Since its founding in 1913, City of Hope has achieved numerous scientific breakthroughs and pioneered many lifesaving procedures that have benefited people throughout the globe.

City of Hope has one of the largest cancer programs in California and is an international leader in cancer care, research and the translation of basic research into innovative clinical application. City of Hope is also recognized as one of America's top cancer hospitals by *U.S. News & World Report*.

In recognition of City of Hope's excellence in cancer treatment, research and community partnership, the National Cancer Institute (NCI) has designated City of Hope a comprehensive cancer center – the highest level of recognition bestowed by the NCI. City of Hope is one of only 41 institutions nationwide to have received that prestigious designation. Comprehensive cancer centers integrate basic, clinical, prevention, disease control and population research and serve a vital role in their communities.

City of Hope is a founding member of the National Comprehensive Cancer Network (NCCN), an alliance of the nation's 21 leading cancer centers that defines and sets standards for cancer care nationally. Established in 1995, the NCCN supports and strengthens the mission of member institutions in three key areas:

1. Providing state-of-the-art cancer care to the greatest number of patients in need;
2. Advancing the state-of-the-art in cancer prevention, screening, diagnosis and treatment through excellence in basic and clinical research; and
3. Enhancing the effectiveness and efficiency of cancer care delivery through the ongoing collection, synthesis and analysis of outcome data.

A pioneer in bone marrow transplantation, City of Hope operates one of the largest and most successful programs of its kind in the world. In Fiscal Year 2012, 549 transplants were performed at City of Hope. As of January 23, 2013, City of Hope has performed 11,356 transplants.

City of Hope is licensed for 217 beds. Of those, 84 are devoted to hematopoietic cell transplant (HCT) patients. There were 6,202 admissions to City of Hope in Fiscal Year 2012. Outpatient visits totaled 157,942. Last year, City of Hope conducted more than 350 clinical trials, enrolling almost 5,000 patients.

Underscoring the institution's focus on transforming health by translating scientific discovery into practical benefit, City of Hope's Board of Directors adopted a new mission statement on June 8, 2012:

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. ©City of Hope 2012

The board of directors is chaired by Sheri Biller, noted philanthropist and community leader. The president of City of Hope is Robert Stone and its chief executive officer is Michael A. Friedman, M.D.

City of Hope consists of four organizational units that are separate legal entities: the medical center, Beckman Research Institute of City of Hope, the medical foundation and the development group.

Our patient-centered philosophy guides everything we do. We value the whole person, and the family surrounding that person. We aim to assure that this philosophy is apparent in all aspects of the way we approach patient care.

Enhancing Community Well-being

City of Hope is located in the City of Duarte; a richly diverse community with a population of 21,474.¹ Duarte is situated at the base of the picturesque San Gabriel Mountains and is approximately 21 miles northeast of Los Angeles. The city of Duarte is recognized as a leader in community health improvement, as demonstrated by its charter membership in the California Healthy Cities initiative.

Community health improvement is integral to City of Hope's mission. A broad range of City of Hope departments and staff contribute to planning and implementation of community benefit activities. Annette Mercurio, M.P.H., M.C.H.E.S., director of programs in the Department of Supportive Care Medicine, is designated as City of Hope's community benefit manager. Lina Mayorga, M.P.H., C.H.E.S., health education program manager in the Department of Supportive Care Medicine, collaborates with Mercurio in community benefit reporting and coordinates community needs assessments.

¹ www.quickfacts.census.gov, City of Duarte. U.S. Census Bureau: State and County Quick Facts., 2011

As a framework for its community benefit activities, City of Hope employs the definition of health formulated by the Institute of Medicine’s Committee on Using Performance Monitoring to Improve Community Health:

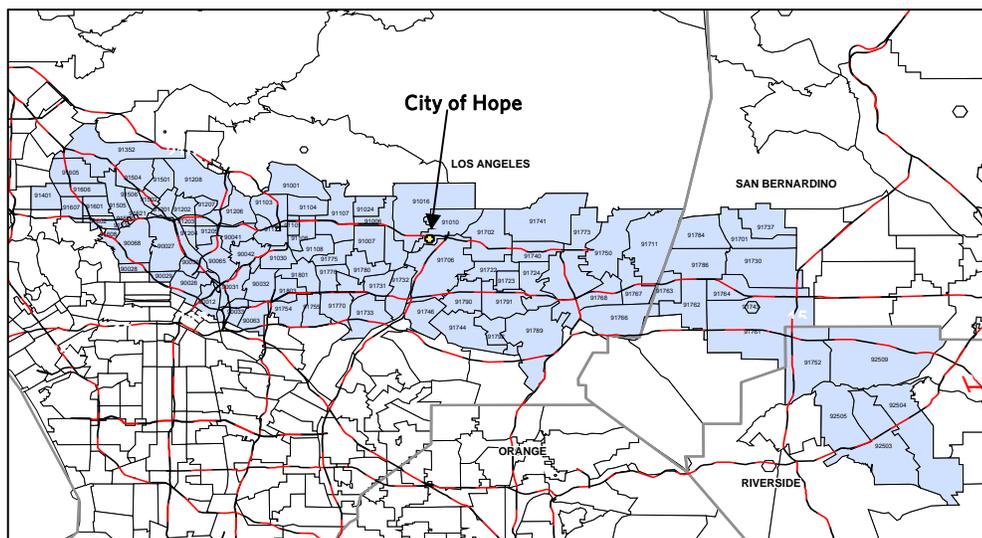
Health is a state of well-being and the capability to function in the face of changing circumstances. Health is, therefore, a positive concept emphasizing social and personal resources, as well as physical capabilities. Improving health is a shared responsibility of health care providers, public health officials, and a variety of other actors in the community who can contribute to the well-being of individuals and populations.²

Our Community

As an internationally renowned center of excellence, City of Hope serves the world community. For purposes of community benefit planning, however, City of Hope’s community is defined as its primary service area. As Figure 1 illustrates, City of Hope’s primary service area includes portions of Los Angeles, Orange, San Bernardino and Riverside counties. A list of zip codes in City of Hope’s primary service area is included as Appendix A. More than 4 million people reside in City of Hope’s primary service area.

To guide community benefit planning, City of Hope conducted a community needs assessment in 2010. The needs assessment included development of a demographic and health status profile of the community and consultation with community representatives regarding priorities for action. A profile of City of Hope’s community is presented as Appendix B.

Figure 1
City of Hope’s Primary Service Area





Community Consultation

Methodology

Primary data was collected through interviews with key informants who were knowledgeable about cancer-related needs in the community. A health educator and an intern in the Division of Patient, Family and Community Education identified potential participants in the community consultation. They obtained input from colleagues within and outside City of Hope and reviewed lists of participants in the 2007 community needs assessment. In developing a list of potential participants, a significant effort was made to include a cross-section of the community (as listed in Appendix C). Thus, the list included advocacy groups, cancer-related organizations, community hospitals, health departments, mental health agencies, culturally focused organizations, schools, libraries, local governments, food banks, senior centers, religious organizations and other community-based agencies.

A written interview tool and cover letter (both attached as Appendix D) were mailed to 75 organizations in September 2010. The cover letter from City of Hope's president and CEO welcomed community members to participate in the community needs assessment and also explained that a City of Hope representative would contact the recipient by telephone within two weeks in order to schedule an interview. Providing potential interviewees with the tool in advance enabled them to make an informed decision regarding participation. Many of those who agreed to participate in the needs assessment used their copy of the tool to make notes in preparation for the interview.

In order to increase the probability of completed community interviews, potential participants in the 2010 community consultation were offered alternatives to telephone interviews. An online version of the tool was programmed in Zip Survey, affording community representatives the convenience of responding to sections as time permitted. A self-addressed envelope was also included for those who wished to complete the survey on their own and mail it back. Respondents also had the option of returning the form via fax or email.

Follow-up phone calls were initiated approximately two weeks after the mailing for the purpose of scheduling interviews. Participants who scheduled appointments (and were available when called) were subsequently interviewed by the health educator or intern. Sixty-two interviews were completed, resulting in a response rate of 83%. Fifty participants (81%) were interviewed by phone while 12 individuals (19%) opted to complete the needs assessment tool online, return it by mail or fax, or were interviewed in person. Phone interviews were approximately 25 minutes in length. All interviews were completed between September and November 2010.

The community needs assessment tool focused on cancer-related needs. Questions regarding community assets and a quantitative component were added to enhance the quality of data obtained from the needs assessment.

Questions on the interview tool targeted the following nine areas:

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

Upon completion of each interview, 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. The health educator reviewed the spreadsheets and prepared a summary of interview themes for each of the major content sections (e.g., unmet needs, major barriers, suggestions for meeting needs and ideas on how to work with City of Hope). The qualitative software Nvivo8 was used to analyze thematic patterns. In preparing this report, the decision was made to include original comments in order to retain the richness of those responses.

Cancer-related Needs in Our Community

Participants in the community consultation were asked to identify needs in four areas: cancer prevention, early detection, treatment and support. The greatest number of comments received related to the need for linguistically and culturally appropriate education, support and resources. Specific populations that were identified as needing culturally and linguistically tailored services included Latinos, African-Americans and Asian/Pacific Islanders. Detailed responses are presented in Appendix E.

Cancer Prevention and Early Detection

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

1. Lack of education about cancer prevention among specific populations defined by culture or language;
2. Lack of resources available for prevention and screening;
3. Increased education about cancer prevention (e.g., diet and exercise);
4. Limited awareness of resources available in the community ;

5. Lack of programs for the uninsured/access to care;
6. Lack of funding; and
7. Other - Educating patients on how to advocate for themselves.

Cancer Treatment

When asked about unmet needs related to cancer treatment, many respondents cited lack of access to care/financial barriers, coordination of care, lack of knowledge regarding treatment options/services and cultural and language barriers.

Support Services

Respondents cited the need for support services and resources for families and caregivers as well as for patients. Respondents identified the need for programs that address the full continuum of care.

Major Barriers to Meeting Cancer Needs

Community consultants were asked to identify three major barriers to meeting cancer-related needs of the community. "Financial needs" were cited as a barrier by 92% of participants and also ranked as the highest priority. This barrier was interrelated with the other barriers identified by participants: language/cultural barriers, lack of resources, access to care and lack of knowledge/community awareness. Table 1 lists the most frequently cited barriers and examples provided by participants.

Table 1

Major Barriers to Meeting Cancer Needs of the Community as Identified by Respondents

<p>1. Financial Needs</p>	<ul style="list-style-type: none"> • Funding - if there is no money you cannot meet the needs of the community • Economy/ Budget cuts • Funding, because it impacts many other areas • Cost of care, medications, treatment • Economy affected preventive programs in community (closures/ cut-backs) • Lack of availability of low cost services • Financial- especially in this economy, people can't afford medications or treatment • Funding for programs that rely on donations or state/government funding • Economy/funding-affects cancer prevention and early detection programs available in the community and at state level
<p>2. Language and Cultural Barriers</p>	<ul style="list-style-type: none"> • Lack of translated educational materials • Culturally tailored information • Cultural challenges, communication and confusing messages • Lack of culturally competent educational and support programs • Limited number of bi-lingual staff • Language impacts all other areas of care, prevention and access to services • Language-specific programs and services for Asian Pacific Islanders and Hispanics • Language, culturally appropriate to get right message across
<p>3. Lack of Resources</p>	<ul style="list-style-type: none"> • Limited prevention resources-do not know where to go/where to get help • Manpower/staffing, not enough to reach everyone or meet needs • Lack of cancer prevention and early detection programs • Lack of educational programs in the community • Lack of community outreach • Transportation, transportation, transportation! • Need more staff to meet community needs • Lack of programs, education and services for caregivers • Lack of prevention efforts - in the long run we would save money to be invested in other services for prevention • Lack of resources for Asian Pacific Islander languages
<p>4. Access to Care</p>	<ul style="list-style-type: none"> • Lack of access to affordable care • Insurance, inability to pay for treatment necessary for quality of life • Screening programs for uninsured • Lack of insurance means you can't get treatment • Underinsured, services not covered by medical, medi-care • Rise/ increase in community members with lack of health insurance due to high unemployment rates
<p>5. Lack of Knowledge/ Community Awareness</p>	<ul style="list-style-type: none"> • Getting the word out about resources • Lack of awareness of screening and prevention services • Empower families and community to prevent cancer/detect it early • Encourage community members to make health a priority • Lack of knowledge of programs in community • Lack of knowledge of programs that are free in the community, don't know where to go for help so programs are underutilized • Lack of knowledge - how to access the services that exists and are available in community

Changes for a Healthier Community

Respondents were asked about the kinds of changes that they would like to see over the next five years in order for the community to truly become a healthy community. Participants answered by stating that changes in the community should focus on collaborative efforts and partnerships in the areas of education, prevention and empowering community members. Participants in the community consultation offered the responses categorized in Table 2.

Table 2
Changes Participants Would Like to See Over Next Five Years

Patients Taking a Proactive Role in Their Care	<ul style="list-style-type: none"> • Community members becoming proactive and better informed • Empowering patients • Taking charge of your own health • Speaking up and asking questions • Open and honest communication with health care team
Prevention and Early Detection	<ul style="list-style-type: none"> • Free/low cost screening clinics • Increasing preventive efforts • Early detection education
Community Partnerships	<ul style="list-style-type: none"> • Hospital, government and community coalitions • Network of resources (cross-sharing of resources) • Partnerships - to “get the word out” about programs/services • Collaborate on educational programs
Health Education	<ul style="list-style-type: none"> • Increased community education on health and wellness • Role of diet and exercise in prevention • Health education programs in schools for students and parents
Language/Culture	<ul style="list-style-type: none"> • Overcoming cultural barriers • Cultural competency • Support programs and materials available in other languages • Increasing education programs in Spanish and Chinese
Resources	<ul style="list-style-type: none"> • Transportation programs or resources • Low cost healthcare services • Educating community members on what resources are “out there”
Access to Care	<ul style="list-style-type: none"> • Increasing access to care • Preventative medicine
Psychosocial Support	<ul style="list-style-type: none"> • Full spectrum of support for patients, caregivers, families • From diagnosis, end of life to grief support • Spiritual care • Ongoing education and support for survivors

Ideas on Working with City of Hope

Participants offered a range of suggestions on how they would like to partner with City of Hope in order to meet cancer-related needs of the community. Those suggestions are presented in Table 3.

Table 3
How Respondents Wish to Partner with City of Hope

Ongoing Collaboration and Partnership
<ul style="list-style-type: none"> • To continue our partnership by introducing educational series for diabetes (8 classes- nutrition, physical activity, complications, oral health) • To partner in translation assistance, preparing materials in Asian languages as well • Partner to provide seniors with placement including hospice. Provide a level of care beyond home • Continue collaboration, culturally appropriate educational materials, help with translations • Partner with hospitals or other agencies to educate healthcare providers on disability and social security benefits for patients • Be available to us to send people for support (referrals) • Refer clients to us for any other unmet needs. Example: Home based care • By referring patients for financial assistance-establish a smooth relationship • Access our services. Educate patients and caregivers on what we can offer • Refer caregivers to our program. Access our resources and materials at our website • Would like to refer patients to City of Hope from my private practice and my support group • Continue collaboration, reaching out to uninsured or underinsured • Form a regional work group • Continue working together, provide transportation. Use media and more health fairs • Center of Community Alliance for Research & Education collaborations, continue referring and work together to provide more educational activities and grants • Work with Patient, Family and Community Education for development of culturally appropriate materials • Educate patients and staff on American Cancer Society programs and services • Write a grant to work with City of Hope for healthier communities • Organizing presentations to educate patients and staff on Medicare. Attend community fairs. • Provide a liaison of care to community agencies, especially since we have several City of Hope patients who use our services • Partner with Cancer Legal Resource Center for a workshop and educate community on resources
Education
<ul style="list-style-type: none"> • Offer classes for parents by City of Hope staff, provide education materials to schools for parents • More educational materials and programs for caregivers • Partnerships, providing educational seminars in our community • Educational material translated into other languages • Increase diabetes education focused on minority groups • Health education programs open to the public • More survivorship education and programs

- More educational resources for pediatrics
- Continue to create more programs for patients and families to provide education, information, and support also in Spanish
- Bring programs like Ask the Experts, lectures, classes to synagogue
- Expand nutrition programs in Spanish
- Expand nutrition programs because the City of Duarte has more direct access to the community
- Inform community and agencies of educational programs and services
- Provide information on what causes cancer and how individuals can improve their eating habits

Other Ideas

- Implementation of community garden
- More free, low cost cancer screening held in community centers
- To identify those pockets of disparity in surrounding areas. Extend to the east side. Help us look at data to develop a case for action
- Marketing campaign for us to know what resources City of Hope can offer
- Training “promotoras”, reaching out to the community, cultural health fairs, mobile units, “telenovelas” on cancer related issues
- More visibility from City of Hope in the community
- Gain information on programs that are open to the community

Importance of Cancer Education and Support Issues vs. Satisfaction with Current Efforts

Community participants were asked to rate the importance of 10 cancer education and support issues as well their satisfaction with current efforts in those areas. Figure 2 shows the response means for each of the 10 items when participants were asked "How important is this issue to you?" Participants agreed that all 10 issues were important to the community, with each item receiving a score of four or greater. Means ranged from 4.4 to 4.8 with the most highly rated item being "People affected by cancer know about cancer support services" and "Free/low-cost cancer screening programs" were rated highest in terms of importance to the community.

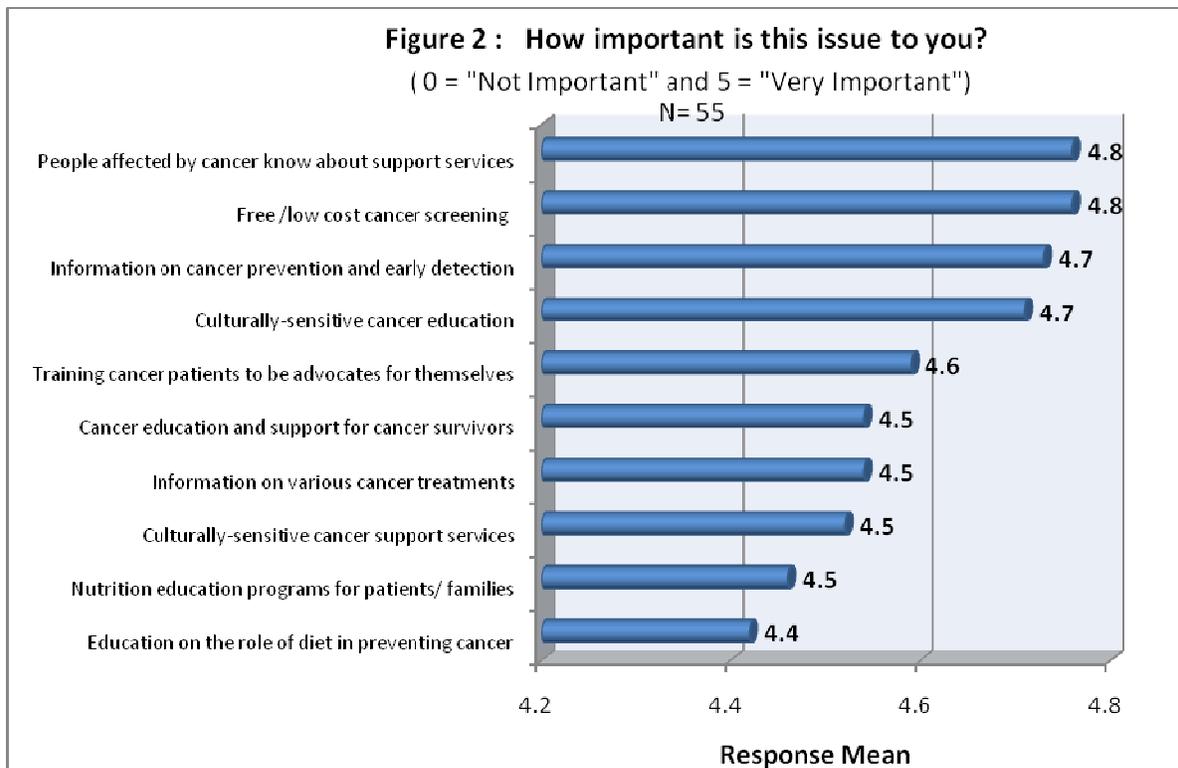
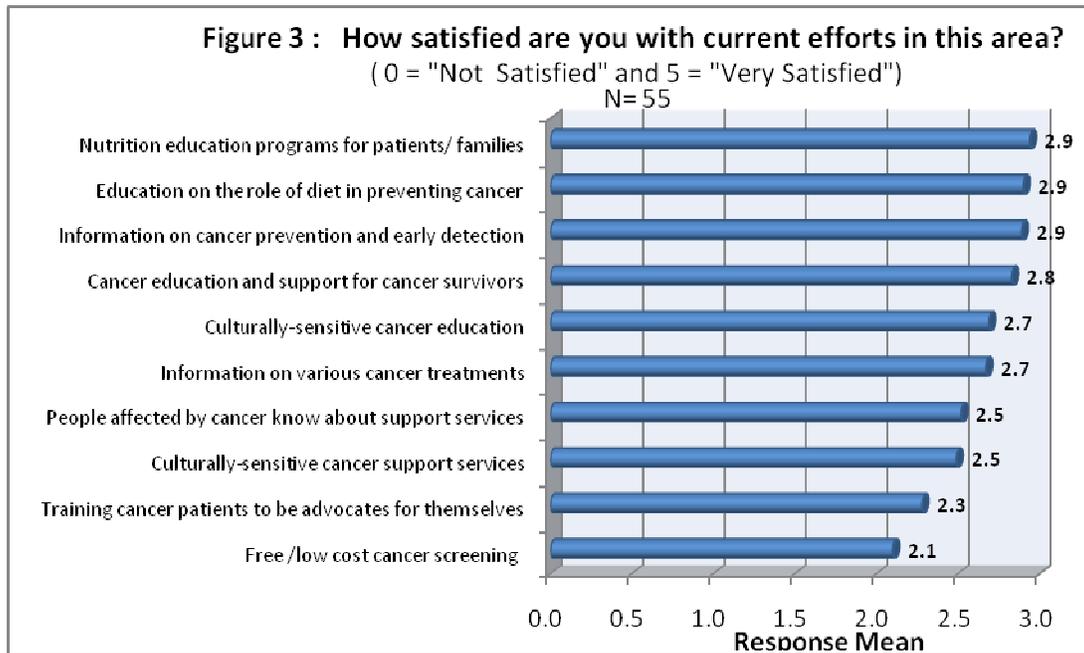


Figure 3 depicts community members' rating of their satisfaction with current efforts in those same 10 areas. Respondents were dissatisfied to less than satisfied with current efforts in all 10 areas, with response means ranging from 2.1 to 2.9. Participants were least satisfied (2.1) with current efforts to provide "Free/ low cost cancer screening" programs in the community. Thus, although community representatives perceived all 10 areas as being quite important, they were not satisfied with current efforts in any of those areas.





Progress in Meeting Community Needs

Achievement of 2012 Community Benefit Goals

City of Hope established the following community benefit goals for Fiscal Year 2012:

Goal 1	Identify and provide resources to assist patients and families in meeting financial needs, targeting the highest priority identified by participants in the community consultation.
Goal 2	Address one of the community's top priorities by providing educational programs that are linguistically and culturally appropriate.
Goal 3	Enhance advocacy skills of patients and their families.
Goal 4	Provide cancer information and education.
Goal 5	Collaborate with the city of Duarte, the Duarte Unified School District, local businesses and community-based organizations in building a "Community of Promise" for youth in Duarte and neighboring communities.

Goal 1: Progress in identifying and providing resources for patients, families and the community.

Strategy 1.1

Continue to partner with the Change A Life Foundation to provide financial assistance to low income patients to meet transportation, home care, dental and other emergency needs.

Measure of Success:

In Fiscal Year 2012, submit at least nine grant requests to the Change A Life Foundation in order to advocate for the needs of low income patients.

Outcomes:

In Fiscal Year 2012, City of Hope partnered with the Change A Life Foundation to meet the highest priority need identified by patients and caregivers – financial assistance. Through this partnership, the patient resources coordinator obtained four grants totaling \$29,900 from the Change A Life Foundation. The monies received were granted to 43 low income patients to provide home care services, transportation support, dental care and meet other basic needs. In Fiscal Year 2012, the patient resource coordinator assisted an additional 36 low income patients in obtaining mini-grants for nonclinical support and services from the Los Angeles Breast Cancer Alliance Foundation.

Strategy 1.2

Continue funding a Spanish-speaking patient resources coordinator to assist patients and their families in identifying and connecting with community resources.

Measure of Success:

The patient resources coordinator will assist an average of 50 patients and families per month.

Outcomes:

In Fiscal Year 2012, the patient resource coordinator assisted 706 patients, providing a broad range of local and national referral resources for patients and their families. The patient resources coordinator addressed the highest priority needs identified through the community needs assessment by assisting low income patients with transportation support, and obtaining medications, housing and other basic needs.

Strategy 1.3

Offer a workshop to provide patients and their families with practical tips and resources for managing personal finances.

Measure of Success:

At least two financial tips and tools workshop will be offered to patients and their families by August 2012, reaching a total of 20 or more participants. Program evaluations will demonstrate an increased knowledge of tools and resources for managing personal finances.

Outcomes:

In Fiscal Year 2012, three *“Financial Tips and Tools: Taking Charge of Money Matters When it Matters Most”* workshops were offered to over 30 patients, caregivers and community members. Attendees learned about practical tips and resources for managing personal finances. One hundred percent of participants reported that the class increased their awareness about financial and community resources available to them.

Goal 2: Progress in addressing one of the community's top priorities by providing educational programs that are linguistically and culturally appropriate.

Strategy 2.1

Offer a workshop in Spanish on nutrition for healthier living, *“Nutrición Para Una Vida Saludable,”* to cancer patients, their families and the community.

Measures of Success:

At least two classes will be offered by June 2012, reaching a total of 40 or more participants. Program evaluations will demonstrate participants' increased knowledge of nutritious choices for healthier living.

Outcomes:

Two Spanish nutrition workshops, *“Nutricion para una Vida Saludable”* were offered in January and May 2012 to over 30 patients, caregivers and community members. The program focused

on healthy eating utilizing the “My Plate” guidelines and provided helpful hints on how to reduce the risk of cancer. The program featured a demonstration by City of Hope’s executive chef on preparation of healthy recipes.

Strategy 2.2

Offer a workshop in Spanish on strategies for relieving cancer pain, “*Estrategias Para el Control del Dolor,*” to cancer patients and family caregivers.

Measure of Success:

At least two workshops will be offered by May 2012, reaching a total of 20 or more participants. Program evaluations will demonstrate participants’ increased knowledge of how to communicate their pain to the health care team.

Outcomes:

Three “*Estrategias para el control del dolor*” workshops were offered to nearly 40 patients and family members during Fiscal Year 2012. After attending the class, 99% of participants stated that they were able to take a more active role in their care and in managing pain. Ninety-six percent of participants stated that, as a result of attending the class, they were able to communicate, describe and rate their pain. The class developers/facilitators disseminated the class curriculum, methods and implementation process at two national and one international conference. The program is currently being pilot-tested in the clinic waiting areas.

Strategy 2.3

Offer a workshop in Spanish on cancer-related legal issues, “*Que es Legal Sobre el Cancer,*” to patients, their families and the community. Offered in collaboration with the Cancer Legal Resource Center, the workshop will provide participants with information on how to navigate through cancer-related legal issues.

Measure of Success:

A workshop will be offered in collaboration with the Cancer Legal Resource Center in February 2012, reaching a total of 20 or more participants. Program evaluations will demonstrate participants’ increased knowledge of how to identify cancer-related legal issues and legal barriers to health care.

Outcomes:

In collaboration with the Cancer Legal Resource Center, two workshops were offered in Spanish to over 20 patients, caregivers and community members during Fiscal Year 2012. The seminar touched on the many legal issues that may arise from cancer diagnosis through survivorship including health insurance, employment rights and reasonable accommodations in the workplace, taking time off work, and access to disability insurance and government benefits. One hundred percent of participants stated that the workshops assisted them in navigating through cancer-related issues.

Strategy 2.4

In collaboration with the American Cancer Society, offer a workshop in Spanish, “*Luzca Bien...Sientase Mejor,*” on how to manage appearance-related side effects of cancer treatment.

Measure of Success:

At least two workshops will be offered by July 2012, reaching a total of 20 participants. Program evaluations will demonstrate participants' increased knowledge of beauty techniques and resources to manage appearance-related side effects of cancer treatment.

Outcomes:

In collaboration with the American Cancer Society, three "*Luzca Bien...Sientase Mejor,*" workshops were offered to more than 20 Spanish speaking patients in Fiscal Year 2012. City of Hope took the lead in the translation and review of culturally and linguistically appropriate educational and instructional materials for Spanish-speaking participants. This collaboration addressed one of the highest priorities identified by the community and marked the first time that the local chapter of the American Cancer Society had collaborated with a hospital on development of culturally and linguistically appropriate educational materials.

Goal 3: Progress in enhancing advocacy and self advocacy skills of patients, their families and care professionals.

Strategy 3.1

Offer a three week educational series on coping, communication, and problem-solving for patients and family caregivers. As part of the series, the coping session will be offered in collaboration with the American Cancer Society. The program will focus on empowering patients during their cancer journey.

Measure of Success:

At least two programs will be offered by July 2012, reaching a total of 25 or more patients and family caregivers. Program evaluations will demonstrate participants' increased knowledge of communication and problem-solving strategies.

Outcomes:

Four workshops were offered from January through August 2012 to 25 patients. Those attending learned about the importance of ongoing and effective communication with their health care team, family and caregivers throughout the treatment process. Participants learned how to express their values and goals and discussed advance directives. Ninety-seven percent of attendees reported that the class increased their knowledge of how to complete an advance directive.

Strategy 3.2

Offer a workshop on cancer-related legal issues to patients, families and the community. Offered in collaboration with the Cancer Legal Resource Center, the workshop will provide participants with information on how to navigate through cancer-related legal issues.

Measure of Success:

In collaboration with the Cancer Legal Resource Center, a workshop will be offered in February 2012 to 20 or more participants. Program evaluations will demonstrate participants' increased knowledge of how to identify cancer-related legal issues and legal barriers to health care.

Outcomes:

In collaboration with the Cancer Legal Resource Center, two workshops, "*What is Legal About Cancer,*" were offered to over 30 patients, family caregivers and the community in Fiscal Year 2012. The seminar touched on the many legal issues that may arise from cancer diagnosis through survivorship, including health insurance, employment rights and reasonable accommodations in the workplace, taking time off work, and access to disability insurance and government benefits. One hundred percent of participants stated that the workshops assisted them in navigating through cancer-related legal issues.

Strategy 3.3

Offer a six-week series, "*Cancer Transitions: Moving Beyond Treatment,*" in collaboration with the LIVESTRONG Foundation and the Cancer Support Community. The series will focus on empowering adolescents and young adults during their cancer journey. "*Cancer Transitions*" will provide support and education on psychosocial and quality-of-life issues, nutrition, physical exercise and medical management.

Measures of Success:

At least two programs will be offered by April 2012 to a total of 20 or more participants. Program evaluations will demonstrate participants' increased knowledge of tools to deal with the daily challenges that may arise during the cancer journey. Additional measures of success will be assessed through the evaluation form provided after each series.

Outcomes:

In collaboration with the LIVESTRONG Foundation and the Cancer Support Community, two programs "*Cancer Transitions: Education, Support*" and "*Empowerment for Life After Treatment*" were offered to nearly 30 participants in Fiscal Year 2012. The interactive six week course provided valuable skills concerning nutrition, physical exercise and emotional health for moving beyond treatment. Ninety-six percent of participants reported that they learned a specific health-enhancing practice that they could incorporate into their day-to-day routine.

Goal 4: Progress on providing cancer information and education.**Strategy 4.1**

Provide *Ask the Experts* community education programs focusing on cancer prevention, early detection, treatment, support and research.

Measure of Success:

Seven *Ask the Experts* sessions will be offered to a total of 400 or more participants.

Outcomes:

In Fiscal Year 2012, eight *Ask the Experts* sessions were offered to over 1,000 community members. Topics ranged from “*Women’s Cancers and Sexual Health: Issues and Answers for Women*” to “*Is the War on Cancer Winnable?*”

Strategy 4.2

Offer an *Ask the Experts* session, “*Myeloma Today*,” in collaboration with the Leukemia & Lymphoma Society. The program will focus on diagnosis, treatment and side effects management.

Measure of Success:

An *Ask the Experts* session will be offered in February 2012 to a total of 50 or more participants.

Outcomes:

In collaboration with the Leukemia & Lymphoma Society, nearly 100 community members participated in “*Myeloma Today: Diagnosis, Treatment and Side Effects Management*,” in February 2012.

Strategy 4.3

Offer a cancer prevention class on “*How to Reduce Your Risk of Cancer Through Nutrition and Physical Activity*” to patients, their families, and the community.

Measure of Success:

At least two classes will be offered by September 2012, reaching a total of 20 or more participants. Program evaluations will demonstrate participants’ increased knowledge of how to incorporate healthy eating and physical activity into their daily lives.

Outcomes:

Two “*For Your Health: How to Reduce your Risk of Cancer with Nutrition and Physical Activity*” workshops were offered to nearly 40 patients, caregivers and community members over the months of January and May 2012. Participants learned how to incorporate healthy eating and physical activity into their lives by using the American Cancer Society’s cancer prevention guidelines. A cooking demonstration taught participants how to make healthy, easy to prepare dishes that meet cancer prevention guidelines. After completing the class, participants received a recipe booklet that was developed for the class and a pedometer. Ninety-five percent of attendees reported that the class increased their knowledge of how to make better food choices and their level of physical activity.

Strategy 4.4

Offer a class on healthy cooking and eating during the holidays for patients, their families and the community.

Measure of Success:

The healthy cooking and eating class will be offered in December 2012 to 20 or more patients, their families and the community. Program evaluations will demonstrate participants' increased knowledge of how to make healthy changes in eating and cooking during the holidays.

Outcomes:

In collaboration with the American Cancer Society, City of Hope offered the "I Can Cope" nutritional well-being program in December 2012 to nearly 80 patients, family caregivers and community members. Participants learned nutrition tips to manage side effects during and after cancer treatment using the American Cancer Society's cancer prevention guidelines.

In Fiscal Year 2012, City of Hope developed a booklet "*To Your Health: Recipes which May Help Lower Cancer Risk*" in both English and Spanish. The booklet is available to patients, family caregivers and the community at the Sheri & Les Biller Patient and Family Resource Center, clinic waiting areas and City of Hope's Internet website.

Strategy 4.5

Offer a class on "*Healthy Cooking and Eating During the Spring Holidays*" to patients, their families and the community.

Measure of Success:

A class will be offered in April 2012 to 20 or more patients, their families and the community. Program evaluations will demonstrate participants' increased knowledge of safe and healthy eating practices and how to prepare nutritious spring holiday meals and snacks.

Outcomes:

In collaboration with the American Cancer Society, City of Hope offered "*Healthy Cooking and Eating During the Spring Holidays*" to more than 20 patients, families and community members in April 2012. The program covered healthy eating tips and food safety during the spring holiday. In addition, City of Hope's chef demonstrated preparation of a healthy dish. Ninety-nine percent of participants reported that their knowledge of how to make healthy changes in eating and cooking increased by attending the program.

Strategy 4.6

Develop and launch a cancer support group for kidney cancer patients.

Measure of Success:

The Kidney Cancer Support Group will be offered in January 2012 to City of Hope patients and community members.

Outcomes:

In January 2012, a Kidney Cancer Support Group was launched and offered to City of Hope patients and community members.

Goal 5: Progress on collaborating with the city of Duarte, the Duarte Unified School District, local businesses and community-based organizations in building a “community of promise” for youth in Duarte and neighboring communities.

Strategy 5.1

Sponsor Groundhog Job Shadow Day at City of Hope in February 2012.

Measure of Success:

At least 15 Duarte High School students will be matched with mentors at City of Hope.

Outcomes:

Twenty-one students participated in Groundhog Job Shadow Day in February 2012. The program enabled Duarte High School students to explore career options and gain practical insights into the workplace by experiencing a day in the life of a City of Hope employee. Each student was matched with a mentor that he or she can contact for encouragement and support while in high school.

Strategy 5.2

Join with the Duarte Unified School District in offering an annual Science Field Day at City of Hope in February 2012, providing participants with an interactive learning experience focused on basic science research.

Measure of Success:

At least 30 students will participate in Science Field Day.

Outcomes:

Forty-five advanced placement biology students participated in the annual Duarte High School Science Field Day in February 2012 that enabled them to learn about a range of scientific career paths. The interactive learning experience included a full day of laboratory tours, hands-on experiments in a lab and talks. Students also attended a luncheon that enabled them to network with City of Hope post-doctoral students and researchers, school board members, city council members and Duarte science teachers.

Strategy 5.3

Provide a mentored learning experience at City of Hope by sponsoring the Summer High School Mentorship Program in June 2012.

Measure of Success:

Fifteen students or more will participate in the Summer High School Mentorship Program.

Outcomes:

Twenty five students participated in the Summer High School Mentorship Program in July 2012. Each student was matched with a City of Hope staff mentor in his or her area of interest. Three times a week for six weeks, students met with their mentors and engaged in service learning. Students earned a total of five academic credits for mentored learning. The

mentorship component was hosted by 15 departments that offered diverse learning experiences.

Strategy 5.4

Offer the *Eat, Move, Live* program to Duarte community members. The program will be offered by City of Hope's Center of Community Alliance for Research & Education (CCARE) in collaboration with the Department of Patient, Family and Community Education and the Duarte Unified School District.

Measure of Success:

At least 20 community members will participate in the *Eat, Move, Live* health promotion and disease prevention program in March 2012. Evaluation by CCARE will demonstrate an increase in participants' intent to follow nutrition and exercise guidelines as a result of participation in the program.

Outcomes:

In Fiscal Year 2012, City of Hope's *Eat, Move, Live* program was offered to nearly 165 community members to promote healthy eating and cooking as well as physical activity. The program was designed to achieve the following outcomes:

1. Enhance knowledge and attitudes about the relationship between nutrition, obesity, health, physical activity and chronic diseases;
2. Expand healthy preparation skills to reduce caloric intake;
3. Increase fruit and vegetable consumption to 5 or more servings per day;
4. Reduce fat consumption; and
5. Increase daily physical activity and energy expenditure.

The program consisted of a series of five, two-hour participatory workshops that promoted health, nutrition and physical activity. Each session was presented in English and Spanish and included discussion, a food demonstration and physical activity. The discussions focused on promoting health and preventing disease through healthy eating and increased physical activity. The food demonstrations featured experienced chefs and traditional recipes. The sessions taught participants to prepare low-cost, nutritious meals by replacing high caloric, low nutritive ingredients with low caloric, high nutritive ingredients. Physical activity exercises were led by community fitness instructors and featured fun and practical movements that could be incorporated into daily life (e.g., dance).

Advancing Community Engagement

The *Eat, Move, Live* program is only one among scores of initiatives that the Center of Community Alliance for Research & Education has organized in order to advance community engagement and minority inclusion. Since CCARE is funded through Beckman Research Institute of City of Hope, a separate corporate entity, the program's myriad contributions to community well-being are not detailed in this discussion of community benefits provided by the medical center.

CCARE's collaborators include the American Cancer Society, county and municipal health and recreation departments, community hospitals, school districts, health clinics, survivor-advocacy organizations and the Cancer Support Community.

CCARE's initiatives are concentrated in three areas:

1. Prevention - education, screening/early detection and follow-up;
2. Research - therapeutic, nontherapeutic and observational; and
3. Training - education and mentoring of students, researchers, clinicians and community advocates.

Enhancing Education and Support for Patients and Caregivers

Throughout the year, City of Hope provided innovative programs that fulfilled the community's vision of comprehensive support services being readily available to those affected by cancer. Expanding education and support services for cancer patients and their families and enabling them to easily access those services have consistently been cited as priority needs in community consultations conducted over the past 15 years. Major progress in addressing those community-identified needs was achieved in Fiscal Year 2012 through new programs offered by the Sheri & Les Biller Patient and Family Resource Center.

The Biller Patient and Family Resource Center embodies the heart and soul of City of Hope's mission of caring for the whole person. The center integrates and expands a wide array of services in order to anticipate and meet the psychological, social and spiritual needs of patients and their families. Through supportive care research and professional education, the Biller Patient and Family Resource Center improves care for patients not only at City of Hope, but across the country as well.

City of Hope opened the facility in summer 2008. Each month, an estimated 1,000 visitors are served in the center. Its caring staff and volunteers work as a team, welcoming patients and family members into a warm environment that includes these features:

- Tailored assistance specific to each patient and family;
- Private space for patients to meet with patient navigators, physicians, psychologists, social workers, spiritual care providers, other staff and volunteers;

- An extensive library of educational books, CDs and DVDs on cancer-related topics on all aspects of care; and
- An activity room for workshops, support group meetings and classes;
- Computers for viewing educational software, accessing health-related websites and obtaining information on community resources; and
- The Spungin Tranquility Courtyard, a comfortable outdoor space for reflection.

Education, Problem-solving and Support Groups

Participants in the 2010 community consultation identified the need for caregiver support groups, diagnosis-specific groups and peer support groups. The Biller Patient and Family Resource Center has addressed this community-identified need by offering an ever-expanding number of education, problem-solving and support groups to the community. The center currently offers the following:

- Lung Cancer Support Group
- Leukemia, Lymphoma and Multiple Myeloma Support Group
- Kidney Cancer Support Group
- GCHD Educational and Support Program
- Diabetes Support Group
- CLIMB - Children's Lives Include Moments of Bravery
- Gynecologic Cancer Support Group
- Head and Neck Cancer Support Group
- Hope Network Peer Support Program
- Advanced Cancer Support Group
- Cancer Transitions: Moving Beyond Treatment & Survivorship

In Fiscal Year 2012, the Biller Patient and Family Resource Center significantly expanded programs that enhance the physical, mental and emotional well-being of patients, caregivers and families. In addition to the new programs described as outcomes for Fiscal Year 2012, the center initiated the offerings highlighted below.

- **Diabetes Support Group** - Launched in September 2012, the program "*Living with Diabetes*" was developed in collaboration with the Department of Supportive Care Medicine and Department of Clinical Diabetes, Endocrinology & Metabolism. The focus of the group is to educate participants on how to manage their diabetes and provide lifelong coping strategies. The group is open to all individuals with diabetes, whether they are newly diagnosed or have lived with diabetes for years.
- **First Steps to a Healthy Body Mass Index Program** - In collaboration with Clinical Nutrition and Patient Education, "*First Steps to a Healthy Body Mass Index Program*" was launched in August 2012 for patients with elevated body mass index scores that are in need of ongoing weight management education and counseling. The program includes

an overview of the body mass index, the health consequences of an elevated BMI, suggested interventions and healthy eating tips.

- **Kidney Cancer 101** - In January 2012, "*Kidney Cancer 101*" was launched by the Department of Supportive Care Medicine in partnership with the Department of Medical Oncology & Therapeutics Research. The support group provides education, support and the opportunity to connect with other patients with a kidney cancer diagnosis. Educational topics have included education on navigating clinical trials, treatment options and understanding the legal aspects of cancer.
- **GVHD Educational and Support Program** - Launched in August 2012, the four week educational and support program focuses on patients with graft-versus-host disease (GVHD) post transplant. The program was developed in collaboration with the divisions of Clinical Social Work, Patient, Family and Community Education and Clinical Nutrition Services, and the physical therapy and hematology medical teams. The program provides education on current treatment options for GVHD, techniques to help patients overcome appearance-related side effects of treatment, physical activity and nutrition as well as pain and symptom management.
- **Spanish Patient and Family Orientation Class** - City of Hope launched its first Patient and Family Orientation class in Spanish in September 2012. The class is offered to new and existing Spanish-speaking patients and their families and to community members seeking to learn more about becoming a patient at City of Hope. Attendees learn about City of Hope's support programs and services, tips and tools to maximize communication with their health care team, and more.
- **Sexuality & Cancer: A Workshop for Women with Cancer** - In July 2012, City of Hope offered its first sexuality workshop in partnership with the Southern California Center for Sexual Health/Survivorship Medicine. The workshop provided education on how cancer and treatment can impact sexuality and intimacy, exploring new forms of intimacy, communication strategies and regaining confidence.
- **Spanish Patient and Family Advisory Council** - "El Concilio" was launched in February 2012, with nine council members who are patients or caregivers. The advisory council provides a voice to, and empowers, Spanish-speaking patients and caregivers to enhance educational and supportive programs for patients and caregivers at City of Hope. The council bridges language and cultural gaps between Spanish-speaking patients and caregivers and the health care team and institution.

Patient Navigation Program

Launched in 2007, the Patient Navigator program provides personalized guidance, support and assistance to patients and their families, orienting them to City of Hope services and

resources. In Fiscal 2012, approximately 2,719 patients and caregivers were assisted by a patient navigator.

Positive Image CenterSM

City of Hope's Positive Image CenterSM is staffed by licensed cosmetologists who facilitate the *Look Good...Feel Better* program. As described in an earlier section that presented progress in addressing community-identified priorities, *Look Good...Feel Better* programs in Spanish and English were offered in collaboration with the American Cancer Society in Fiscal Year 2012. The center offers an assortment of accessories and specialty products for patients. In Fiscal Year 2012, over 5,000 patients and families were assisted in the Positive Image Center.

Patient and Family Support Services Calendar

Throughout the year, City of Hope published a monthly calendar listing educational classes, support groups and additional offerings. The calendar was provided to organizations in the San Gabriel Valley serving those affected by cancer and to cancer patients and their family members.

Health Information Materials

City of Hope offers numerous brochures on cancer prevention, early detection and screening and on various types of cancers to educate the community about cancer. These brochures are offered in the medical center and are distributed at health fairs and other community events.

City of Hope Internet Site

The City of Hope Internet website (<http://www.cityofhope.org>) is an important resource for both the public and health care professionals. Over 1.1 million visits were made to the website between October 1, 2011, and September 2012. In addition, the newly launched Spanish website experienced more than 7,000 visits in Fiscal Year 2012 (www.espanol.cityofhope.org).

City of Hope's Internet site provides current information on these and other topics:

- General cancer education, screening and prevention for professionals and the public – a general description of cancer and cancer prevention, along with links to a glossary, statistics and additional resources;
- Cancer treatments and services;
- Research and clinical trials - Clinical Trials On-line provides a searchable database of clinical trials underway at City of Hope, as well as general information about clinical trials and their vital role in advancing treatment; and
- Community education programs, other community events and support services.

Education and Training of Biomedical Researchers and Health Care Professionals

City of Hope offers an extensive array of programs and services that serve students, postdoctoral trainees, physicians, nurses and other health care professionals. Support from the medical center is integral to virtually all of these programs. Hospital staff contribute their expertise as mentors and presenters. Hospital facilities serve as vital sites for clinical training and as venues for conferences. Due to the fact that many education and training programs are housed in departments within Beckman Research Institute of City of Hope, quantifying the medical center's portion of costs presents challenges. City of Hope is endeavoring to fairly quantify those expenses. The following sections illustrate City of Hope's monumental contributions to education and training of biomedical researchers and health-care professionals.

Fellowships, Residencies and Internships

Clinical Fellowships and Residencies

City of Hope serves as a resource for young physicians seeking to develop expertise in cancer, diabetes and other diseases. Recognized worldwide for its innovative approaches to advancing science, City of Hope offers a number of hands-on fellowships and residencies in an array of areas, from cancer genetics and bone marrow transplantation to surgical oncology and molecular epidemiology. City of Hope offers the following clinical fellowship and residency programs:

- Cancer Genetics Fellowship Program
- Department of Hematology/Bone Marrow Transplantation HCT (Hematopoietic Stem Cell Transplant) Clerkship
- Department of Hematology/Bone Marrow Transplantation HCT Fellowship
- Hematology/Oncology Fellowship Program
- Hematopathology Fellowship Program
- Endocrine Fellowship Program with Harbor-UCLA
- Fellowship in Molecular Epidemiology
- Radiation Oncology Residency Program
- Surgical Oncology Fellowship Program
- Urology Oncology Fellowship Program
- Neurosurgical Oncology Fellowship
- Pharmacy Residency Program
- Dietetic Internship Program

Administrative Fellowship

Designed for those interested in administrative careers at mission-based medical centers and research facilities, this specialized program cultivates executive leaders in the field of health care through exposure to a wide range of operational activities and by fostering close working relationships between the fellow and City of Hope senior management.

Medical Education

The Department of Continuing Medical Education (CME), in collaboration with many of the divisions at City of Hope offers extramural, local, regional and national outreach programs. On February 24, 2011, our City of Hope CME program underwent Accreditation Council for Continuing Medical Education (ACCME) reaccreditation review. On July 22, 2011, the ACCME apprised us of their decision to award our program its second consecutive Accreditation with Commendation citing compliance in all 22 Criteria and Accreditation Policies and characterizing our CME Program as having "... demonstrated an engagement with your environment in support of physician learning and change that is part of a system of quality improvement."

Local conferences are offered to fulfill the needs of physicians at City of Hope and in surrounding communities. These programs include a monthly dinner program sponsored jointly with Santa Teresita Medical Center in Duarte. The event is aimed at health-care professionals who treat underserved populations in the San Gabriel Valley. Another series of monthly dinner seminars on advances in cancer medicine attracts physicians from throughout the San Gabriel Valley as well as Orange, Los Angeles and San Bernardino counties. On an ongoing basis, the CME Department collaborates with the American Cancer Society to offer professional education programs that support enrollment of underserved minorities in clinical studies.

Clinical Research Training Office

The Clinical Research Training Office (CRTO) provides comprehensive training in clinical research and human subject education. Didactic instruction and mentoring in fundamental skills, methodology, good clinical practice and theory of clinical research all combine to develop a well-trained, independent clinical investigator. The CRTO also houses City of Hope's Clinical Investigation Training Program that provides scholars with clinical research fundamentals and the comprehensive skill set required for today's comprehensive clinical investigator.

Education of Nurses and Other Health Professionals

City of Hope is an important training site for nursing students from all over the United States, including: Azusa Pacific University, Biola University, Pasadena City College, Cal State Los Angeles, Cal State Fullerton, UCLA, Western University of Health Sciences, Brandman University, Mt. Saint Mary's University, Walden University and Yale. Experienced City of Hope nurses serve as preceptors for students who are completing clinical rotations. One hundred nursing students completed clinical rotations at City of Hope in Fiscal Year 2012. Nursing directors and professional practice leaders also mentored master's level students engaged in clinical, administrative or research projects at City of Hope. Faculty in the Division of Nursing Research and Education supervised both master's and doctoral level nursing students. In addition, City of Hope faculty and staff served as guest lecturers at numerous colleges and universities in the region.

Local and national conferences, in-depth educational training and a certification program provide both current and aspiring health professionals with opportunities to further their knowledge in their fields of interest. City of Hope offers an innovative series of educational

programs for nurses, social workers, chaplains, radiation therapists, pharmacists and cancer researchers. Health professionals who enroll in City of Hope's educational programs gain access to the full array of interdisciplinary resources on the City of Hope campus.

The Department of Supportive Care Medicine and the Department of Continuing Medical Education offer the monthly "Science of Caring Symposium" for City of Hope faculty, staff and community professionals. Recent topics have included *"Getting Comfortable with Advance Directives," "Sexuality and Cancer"* and *"Integrating Supportive Care Medicine into the Care of a Patient: Perspectives from a Hematologist, Oncologist & Surgeon."* Department faculty and staff conduct innovative research that benefits patients and professionals across the nation and around the world. In addition, the Mark J. Schaffner Memorial Lecture is offered on an annual basis. In November 2012, Joseph V. Simone, M.D., presented findings from childhood leukemia.

City of Hope's Division of Nursing Research and Education conducts interdisciplinary research organized around the quality of life and symptom management of oncology patients. Studies conducted in the department extend across the trajectory of disease, from diagnosis and treatment to survivorship and end-of-life care. Findings from this research are disseminated through multiple courses offered throughout the year to health professionals from across the country. The Division of Nursing Research and Education offers the following courses:

- Advocating for Clinical Excellence
- End of Life Nursing Education
- Pain Resource Nurse Training Course
- Survivorship Training Course for Nurses
- Excellence in Cancer Education and Leadership

The following programs are additional examples of City of Hope's contributions to education of health professionals:

- Clinical Investigation Training Program
- Clinical Oncology Career Development Program
- Intensive Course in Cancer Risk Assessment
- Cancer Genetics Career Development Program
- Continuing Pharmacy Education
- Oncology Internship Program
- School of Radiation Therapy
- Clinical Practice and Education
- Cancer Center Seminar Series
- Neuropsychology Clerks
- Division of Information Sciences Training Program



Community Benefit Objectives For Fiscal Year 2013

Goal 1: Identify and provide resources to assist patients and families in meeting financial needs, targeting the highest priority identified by participants in the community consultation.

Strategy 1.1

Continue to partner with the “Change A Life Foundation” to provide financial assistance to low income patients to meet transportation, home care, dental and other emergency needs.

Measure of Success:

In Fiscal Year 2013, submit at least three grant requests to the “Change A Life Foundation” in order to advocate for the needs of low income patients.

Strategy 1.2

Continue funding a Spanish-speaking patient resources coordinator to assist patients and their families in identifying and connecting with community resources.

Measure of Success:

The patient resources coordinator will assist an average of 40 patients and families per month during Fiscal Year 2013.

Strategy 1.3

Launch a searchable resources database to allow staff to link patients to financial resources and support.

Measure of Success:

By April 2013, develop an internal communication system to disseminate information and share community resources through the Sheri & Les Biller Patient and Family Resource Center Community Resources Database. The database will allow users to connect patients and families with resources based on their needs and geographic location. The database will include resources on financial assistance, transportation, mental health and many more.

Goal 2: Address one of the community’s top priorities by providing educational programs that are linguistically and culturally appropriate.

Strategy 2.1

Offer a workshop in Spanish on knowing your resources, “Conozca Sus Recursos,” for cancer patients, their families and the community to increase participants’ knowledge of financial programs and resources.

Measure of Success:

By April 2013, offer “Conozca Sus Recursos” to a total of 10 or more participants. Program evaluations will demonstrate participants’ increased knowledge of financial resources and community programs.

Strategy 2.2

Offer a culturally appropriate workshop in Spanish on strategies for relieving cancer pain, “Estrategias Para el Control del Dolor,” to cancer patients and family caregivers.

Measure of Success:

At least three workshops will be offered by June 2013, reaching a total of 40 or more participants. Program evaluations will demonstrate participants’ increased knowledge on how to communicate their pain to the health care team.

Strategy 2.3

Offer a workshop in Spanish on cancer-related legal issues, “Que es Legal Sobre el Cancer,” to patients, their families and the community. Offered in collaboration with the Cancer Legal Resource Center, the workshop will provide participants with information on how to navigate through cancer-related legal issues.

Measure of Success:

A workshop will be offered in collaboration with the Cancer Legal Resource Center in February 2013, reaching a total of 20 or more participants. Program evaluations will demonstrate participants’ increased knowledge of how to identify cancer-related legal issues and legal barriers to health care.

Strategy 2.4

In collaboration with the American Cancer Society, offer a workshop in Spanish, “Luzca Bien...Sientase Mejor,” on how to manage appearance-related side effects of cancer treatment.

Measure of Success:

At least two workshops will be offered by July 2013, reaching a total of 20 participants. Program evaluations will demonstrate participants’ increased knowledge of beauty techniques and resources to manage appearance-related side effects of cancer treatment.

Goal 3: Enhance advocacy skills of patients and their families.**Strategy 3.1**

Offer a workshop on cancer-related legal issues to patients, families and the community. Offered in collaboration with the Cancer Legal Resource Center, the workshop will provide participants with information on how to navigate through cancer-related legal issues.

Measure of Success:

In collaboration with the Cancer Legal Resource Center, two workshops will be offered by March 2013 to 20 or more participants. Program evaluations will demonstrate participants' increased knowledge of how to identify cancer-related legal issues and legal barriers to health care.

Strategy 3.2

Offer a six-week series, "Cancer Transitions: Moving Beyond Treatment," in collaboration with the LIVESTRONG Foundation and the Cancer Support Community. "Cancer Transitions" will provide support and education on psychosocial and quality-of-life issues, nutrition, physical exercise and medical management.

Measure of Success:

By April 2013, offer at least one "Cancer Transitions" series to a total of 20 or more participants. Program evaluations will demonstrate participants' increased knowledge on how to move beyond cancer and transition into the next steps of survivorship. Additional measures of success will be assessed through an evaluation form provided after each session.

Strategy 3.3

Offer a diabetes action summit to raise awareness and advocacy on prevention, education and treatment of diabetes in the community.

Measure of Success:

On October 25, 2013, offer an inaugural "Diabetes Action Summit" at City of Hope. The summit will bring community leaders, health advocates and educators together to learn about programs that help develop healthy communities to start to curb the diabetes epidemic. In addition, the summit will include panels on new diabetes treatments, local/nonprofit/school sponsored health education programs, and city planning "recreation" space success stories.

Goal 4: Provide cancer information and education.**Strategy 4.1**

Provide "Ask the Experts" community education programs focusing on cancer prevention, early detection, treatment, support and research.

Measure of Success:

During fiscal year 2013, six "Ask the Experts" sessions will be offered to a total of 400 or more participants.

Strategy 4.2

Offer a cancer prevention class on "How to Reduce Your Risk of Cancer through Nutrition and Physical Activity" to patients, families and the community.

Measures of Success:

At least two classes will be offered by September 2013, reaching a total of 30 or more individuals. Program evaluations will demonstrate participants' increased knowledge of how to incorporate healthy eating and physical activity into their daily lives.

Strategy 4.3

Offer the "Eat, Move, Live" program to city of Duarte community members. The program will be offered by City of Hope's Center of Community Alliance for Research & Education (CCARE) in collaboration with the Division of Patient, Family and Community Education, the Department of Clinical Nutrition Services and the Duarte Unified School District.

Measure of Success:

At least 20 community members will participate in the "Eat, Move, Live" health promotion and disease prevention program in March 2013. Evaluation by CCARE will show an increase in participants' intent to follow nutrition and exercise guidelines as a result of participation in the program.

Strategy 4.4

Collaborate with the city of Duarte, Duarte Chamber of Commerce and the League of United American Citizens to host a community health fair at City of Hope in October 2013. Offer mini-health lectures and health information in both English and Spanish. Provide bilingual staff at each exhibit and booth.

Measure of Success:

Total attendance will reach 1,000. Additional outcome measures will be identified and assessed through an evaluation form provided to fair participants and available in English and Spanish.

Goal 5: Collaborate with the city of Duarte, the Duarte Unified School District, local businesses and community-based organizations in building a "Community of Promise" for youth in Duarte and neighboring communities.

Strategy 5.1

Sponsor Groundhog Job Shadow Day at City of Hope in February 2013.

Measure of Success:

At least 15 Duarte High School students will be matched with mentors at City of Hope.

Strategy 5.2

Join with the Duarte Unified School District in offering an annual Science Field Day at City of Hope in February 2013, providing participants with an interactive learning experience focused on basic science research.

Measure of Success:

At least 20 students will participate in Science Field Day.

Strategy 5.3

Provide a mentored learning experience at City of Hope by sponsoring the Summer High School Mentorship program in June 2013.

Measure of Success:

At least 10 students will participate in the Summer High School Mentorship program.



Economic Value of Community Benefits

How Benefits Were Defined

The quantifiable community benefits provided by the medical center in Fiscal Year 2012 are listed in Table 4. Consistent with community benefit standards, only activities funded by the medical center (versus Beckman Research Institute of City of Hope or the development group) were included as quantifiable benefits.

The Catholic Health Association's publication, *"A Guide for Planning and Reporting Community Benefit, 2008 Edition"* was used to determine whether activities met criteria for inclusion as a quantified community benefit. Those activities meet IRS reporting and accounting requirements. Activities are grouped under the broad categories defined in SB 697 and further divided into classifications consistent with IRS 990 Schedule H.

Methods Used to Collect Data and Derive Values

Financial data on medical care services and health research was 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 less 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 personnel hours devoted to an activity were multiplied by actual salary. Departments generally reported actual non-labor costs.

Value of Quantifiable Benefits

Including the Medicare shortfall, City of Hope provided a total of \$104,972,857 in medical care services benefits in Fiscal Year 2012. Without the Medicare shortfall, City of Hope provided a total of \$56,598,742 in medical care services benefits.

The economic value of benefits provided to the broader community was estimated at \$342,870. The value of health research, education and training programs that were quantified was \$50,884,224.

Total quantifiable community benefits provided, including the Medicare shortfall, was \$156,199,951. Total quantifiable community benefits provided by City of Hope in Fiscal Year 2012, without the Medicare shortfall, was \$107,825,836.

Countless Community Benefits

City of Hope offers countless benefits to our community that is not reflected in Table 4. As explained in narrative sections of this report, the medical center's support is integral to the research and education programs offered by Beckman Research Institute of City of Hope. The comprehensive array of professional education and training programs offered by City of Hope is highlighted in this report. Technical assistance provided to government agencies and community organizations, contributions to the research literature, and leadership of community boards are a few examples of myriad non-quantified benefits contributed by the medical center.

Table 4
Economic Value of Community Benefits Provided by City of Hope Medical Center
Fiscal Year 2012

Category/Program Name	Total Expense	Offsetting Revenue	Net Community Benefit
A. Medical Care Services for Vulnerable Populations			
Medicare	161,790,459	113,416,344	48,374,115
Medi-Cal	106,509,465	52,112,723	54,396,742
Charity Care	2,202,000		2,202,000
Total Medical Care Services Benefits, Without Medicare	270,501,924	165,519,067	56,598,742
Total Medical Care Services Benefits, With Medicare	270,501,924	165,529,067	104,972,857
B. Benefits for the Broader Community			
1. Community Health Improvement Services			
a. Community Health Education			
"Ask the Experts"	102,112		102,112
Community Forum	26,280		26,280
Community Health Fairs	68,614		68,614
Diabetes Summit	333		333
Eat, Move, Live	4,100		4,100
Get Healthy Pasadena	3,100		3,100
HIV/AIDS Summit	2,630		2,630
Minority Cancer Awareness Week	3,000		3,000
Patient and Family Education Workshops	9,426		9,426
Schaffner Lecture	3,200		3,200
Spanish Website Information	600		600
Women's Health Conference	1,345		1,345
Total Community Health Education	224,740		224,740
b. Health Care Support Services			
Adopt-A-Family Program	766		766
Change A Life Patient Assistance Grants	29,900	29,900	0
L.A. County Breast Cancer Alliance Patient Mini-Grants	4,150	4,150	0
Patient Resources Coordinator	67,570		67,570
Patient Transportation Program/Patient Aid	31,722	15,492	16,230
Total Health Care Support Services	134,108	49,542	84,566
Total Community Health Improvement Services	358,848		309,306
2. Community Benefit Operations			
	13,830		13,830
3. Cash and In-Kind Donations			
American Cancer Society Relay for Life	3,000		3,000
Education Foundations	1,830		1,830
Environmental Awards Luncheon	790		790
Young Citizens of the Year Awards	300		300
Total Cash and In-Kind Donations	5,920		5,920
4. Community-Building Activities			
Duarte Healthy Cities Steering Committee	100		100
Groundhog Job Shadow Day and Career Day	1,295		1,295
Regional Occupational Program - Summer High School	10,717		10,717
Science Field Day	1,702		1,702
Total Community-Building Activities	13,814		13,814
TOTAL BENEFITS FOR BROADER COMMUNITY	392,412		\$342,870
C. Health Research, Education and Training Programs			
Medical Center non-funded cancer research	58,588,659	8,297,115	50,291,544
Training Programs	592,680		592,680
TOTAL HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS	59,181,339		\$50,884,224
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, WITHOUT MEDICARE SHORTFALL			\$107,825,836
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, WITH MEDICARE SHORTFALL			\$156,199,951

Appendix A

Zip Codes in City of Hope's Primary Service Area

Zip Codes in City of Hope's Primary Service Area

90026	Silver Lake, Hollywood & vicinity	91203	Glendale
90027	Los Feliz/Hollywood	91204	Glendale
90031	Los Angeles (between So. Pas & Alhambra)	91205	Glendale
90032	Los Angeles (between So. Pas & Alhambra)	91206	Glendale
90033	Los Angeles (between So. Pas & Alhambra)	91207	Glendale
90039	Los Angeles (between So. Pas & Alhambra)	91208	Glendale
90041	Eagle Rock	91501	Burbank
90042	Eagle Rock/Highland Park	91502	Burbank
90063	Los Angeles (between So. Pas & Alhambra)	91504	Burbank
90065	Mt. Washington ,Eagle Rock, Glassell Park	91505	Burbank
90068	Hollywood and vicinity	91506	Burbank
90601	Whittier	91521	Burbank
90602	Whittier	91522	Burbank
90603	Whittier	91523	Burbank
90604	Whittier	91601	N. Hollywood
90605	Whittier	91602	N Hollywood/Toluca Lake, Studio City
90606	Whittier	91604	Studio City
90607	Whittier	91605	N Hollywood
90608	Whittier	91606	N Hollywood
90609	Whittier	91607	N Hollywood/Sherman Oaks, Studio City
90610	Whittier	91608	N Hollywood
89612	Whittier	91701	Rancho Cucamonga/Alta Loma
90631	La Habra Heights	91702	Azusa
90640	Montebello	91706	Baldwin Park/Irwindale
90670	Santa Fe Springs	91709	Chino Hills
90671	Santa Fe Springs	91711	Claremont
90701	Cerritos	91722	Covina
90703	Cerritos	91723	Covina
91001	Altadena	91724	Covina
91006	Arcadia	91730	Rancho Cucamonga/Alta Loma
91007	Arcadia	91731	El Monte
91010	Duarte/Bradbury	91732	El Monte
91011	La Canada Flintridge	91733	El Monte
91016	Monrovia	91737	Rancho Cucamonga/Alta Loma
91024	Sierra Madre	91740	Glendora
91030	So. Pasadena	91741	Glendora
91101	Pasadena	91743	Guasti
91103	Pasadena	91744	La Puente
91104	Pasadena	91746	La Puente
91105	Pasadena	91748	Rowland Heights
91106	Pasadena	91750	La Verne
91107	Pasadena	91752	Mira Loma
91108	Pasadena	91754	Monterey Park

Zip Codes in City of Hope's Primary Service Area (Cont'd)

91123	Pasadena	91755	Monterey Park
91201	Glendale	91761	Ontario
91202	Glendale	91762	Ontario
91763	Montclair		
91764	Ontario		
91765	Diamond Bar		
91766	Phillips Ranch/Pomona		
91767	Pomona		
91768	Pomona		
91770	Rosemead		
91773	San Dimas		
91775	Las Tunas		
91776	San Gabriel		
91780	Temple City		
91784	Upland		
91786	Upland		
91789	Walnut		
91790	West Covina		
91791	West Covina		
91792	West Covina		
91801	Alhambra		
91803	Alhambra		
92313	Grand Terrace		
92316	Bloomington		
92324	Colton/Grand Terrace		
92334	Fontana		
92335	Fontana		
92336	Fontana		
92337	Fontana		
92350	Loma Linda		
92354	Loma Linda		
92357	Loma Linda		
92373	Redlands		
92374	Redlands		
92375	Redlands		
92376	Rialto		
92503	Riverside		
92504	Riverside		
92505	Riverside		
92509	Rubidoux		
92551	Moreno Valley		
92552	Moreno Valley		
92886	Yorba Linda		
92887	Yorba Linda		
92887	Yorba Linda		

Appendix B

2012 Community Needs Assessment Profile of the Community

Demographic and Health Status Profile of City of Hope’s Community

Data Sources

As part of the hospital’s 2012 community needs assessment, a demographic and health status profile of City of Hope’s primary service areas was developed using multiple data sources. Types and sources of secondary data used to develop the community profile are described in Table 5.

**Table 5
Sources of Secondary Data Reported
2012 Community Needs Assessment**

Demographic Data	
For zip codes in COH's primary service area: Total population Age distribution and median age Racial/ethnic distribution	2010 U.S. Census data, analyses performed by City of Hope Division of Information Sciences
For Los Angeles County: Foreign-born residents Language other than English at home	U.S. Census Bureau Website
Health Care Access (For LA County and San Gabriel SPA)	
Uninsured adults and children Adults and children with no regular source of health care Use of Preventive Health Services Mammography Pap smears Colorectal cancer screening (Sigmoidoscopy or Colonoscopy)	Los Angeles County Department of Health Services. Key Indicators of Health by Service Planning Area June 2009. University of California, Los Angeles. Center for Health Policy Research, 2009. National Center for Health Statistics. Centers for Disease Control and Prevention, 2010. United States Department of Health and Human Services. Healthy People 2020. November, 2010.
Health Outcomes	
Leading causes of death in LA County	California Department of Public Health. Los Angeles County's Health Status Profile, 2012.
Statewide trends in cancer mortality Incidence, mortality and prevalence of common cancers in California Five most common cancers by sex and detailed race/ethnicity, CA	American Cancer Society, California Division and Public Health Institute, California Cancer Registry. <i>California Cancer Facts and Figures 2012</i> .
Health Risk Behaviors	
Smoking by adults - LA County, San Gabriel SPA Adults who consume five or more servings of fruits and vegetables a day - LA County and San Gabriel SPA Adults who are physically active - LA County and San Gabriel SPA Obese and overweight adults - LA County and San Gabriel SPA Overweight children- Grades 5, 7 and 9 -LAC, San Gabriel SPA	Los Angeles County Department of Health Services. Key Indicators of Health by Service Planning Area June 2009. National Center for Health Statistics State of California Center for Health Statistics.2009.CDC.
Smoking by adults - CA, US Adults who consume five or more servings of fruits and vegetables a day - CA US Adults who are physically active - CA and US	Los Angeles County Department of Health. Cigarette Smoking in Los Angeles County: Local Data to Inform Tobacco Policy 2010 United States Department of Health and Human Services. Los Angeles County Department of Health Services. Key Indicators of Health by Service Planning Area June 2009. National Center for Health Statistics. Centers for Disease Control and Prevention.2009.CDC.

Demographic data were provided by City of Hope’s Division of Research Information Sciences. A biostatistician in Information Sciences obtained 2010 U.S. Census data tapes and performed analyses for zip codes in City of Hope’s primary service area. These analyses yielded essential data on population distribution by age, gender, race/ethnicity, education and income.

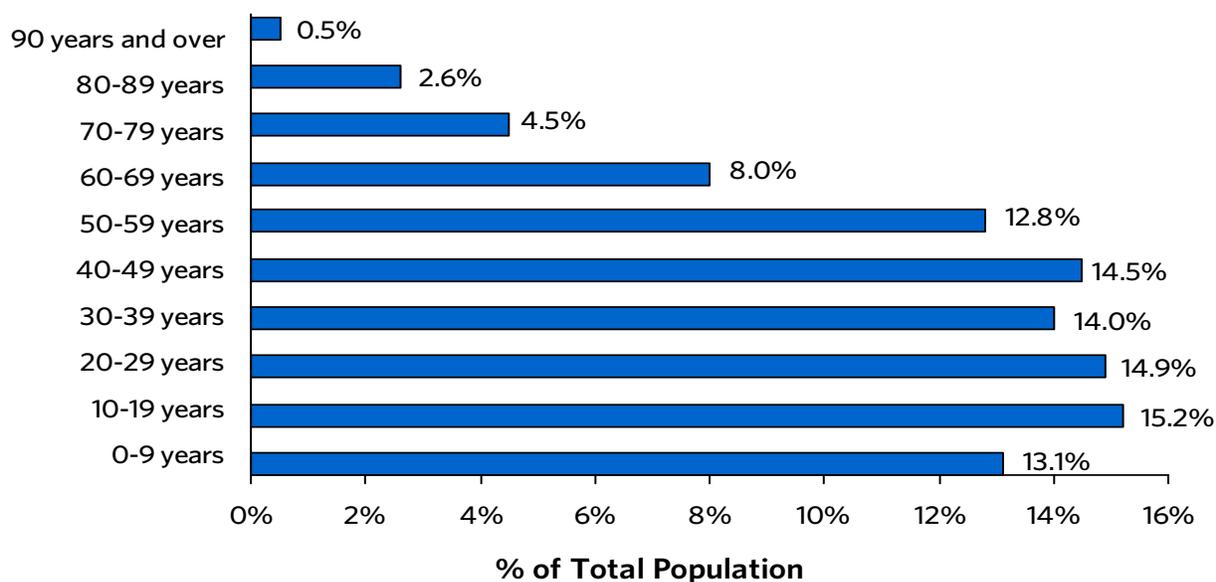
Data on access to health care and perceived health were obtained from the Los Angeles County Department of Health Services’ report, *Key Indicators of Health by Service Planning Area 2009*. Health outcome data were obtained from the American Cancer Society, California Division and the California Department of Health Services’ Center for Health Statistics and California Cancer Registry. Data regarding health risk behaviors were gathered from the Los Angeles County Department of Health Services and the Centers for Disease Control and Prevention.

Demographic Profile

Gender and Age

Of the 4,464,488 residents in City of Hope’s primary service area, about 38.2% are female and 35.7% are male. The median age is 36 years. The age distribution of the population in City of Hope’s primary service area is shown in Figure 1.

Figure 1. Age Distribution, City of Hope's Primary Service Area
(Total Population= 4,464,488)



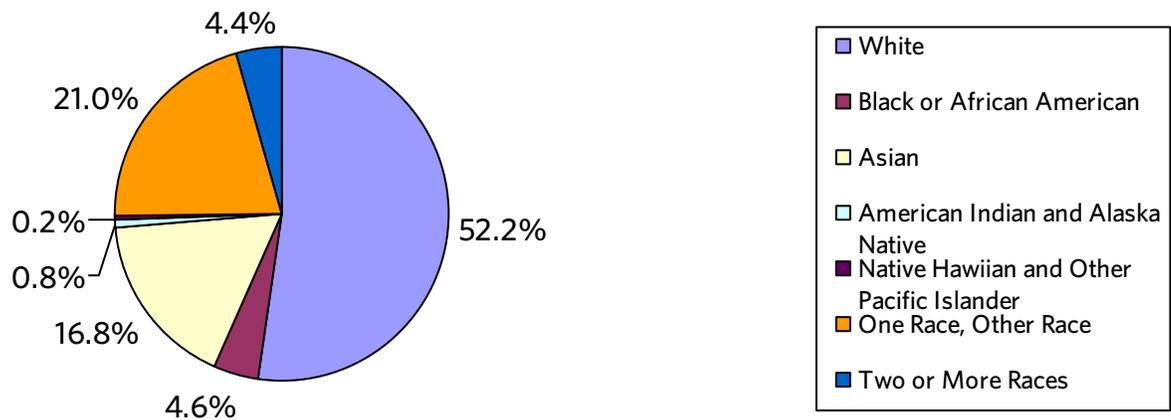
³ Data for the following zip codes was not available from the U.S. Census Bureau: 90607, 90608, 90609, 90610, 90612.

Race and Ethnicity⁴

The racial distribution of the population in City of Hope's primary service area is presented in Figure 2. Half of the population in the service area is White, 16.8%) are Asian, 4.6%) are African-American, 0.8 %) are American Indian/ Alaskan Native and 0.2%) are Native Hawaiian/Other Pacific Islander. Twenty-one percent of the population had identified themselves as "Other Race" and 4.4%) are "Two or more races".

Hispanics and Latinos represent 49.8%) of the population in City of Hope's primary service area.

Figure 2. Racial Distribution
City of Hope's Primary Service Area



Household Size⁴

The average household size in the service area is 3.07.

Health Status Profile

Vulnerable Populations and Health Disparities

"Vulnerable populations" are defined as groups that have an increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems, experience higher mortality rates, lower life expectancy, reduced access to care or a diminished quality of life.⁵ These populations exist in certain areas of Los Angeles County and face difficult health disparities.

⁴ U.S. Census Bureau website: <http://quickfacts.census.gov>

⁵ Los Angeles County Department of Public Health, LA Health, May 2007.

Table 6 illustrates the prevalence of vulnerable populations within Los Angeles County and San Gabriel Valley. Over 45% of the population in Los Angeles County and the San Gabriel Valley has been diagnosed with a chronic disease.

Table 6
Vulnerable Populations⁶

Prevalence of Vulnerable Populations By Service Planning Areas, 2		
	LA County (%)	San Gabriel Valley (%)
Disabled Adults (LACHS 2007)	19.6	17.8
Elderly (≥65 years)	10.1	11.1
Children (<18) in the Household)	39.4	41.3
Incomes < 100% FPL	16.0	12.4

Access to Care and Insurance Status

Access to quality health care is a key determinant of health, as emphasized in the following passage from *Key Indicators of Health*:

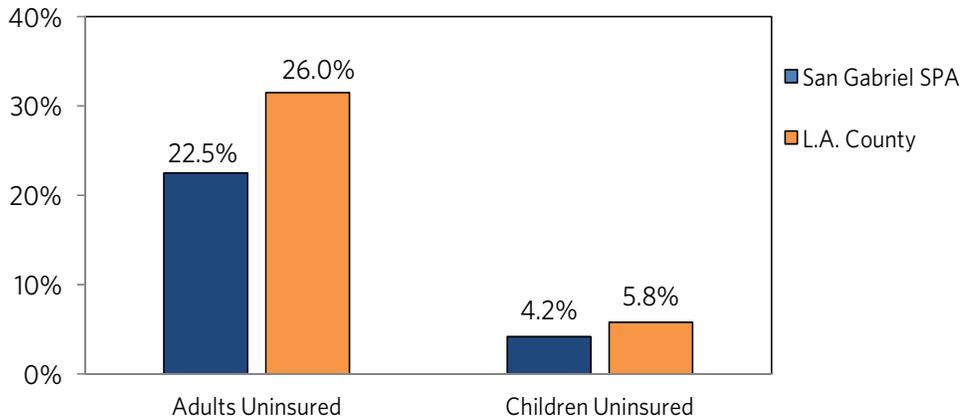
“Access to high-quality health care services helps to ensure that critical health needs are met in a timely manner and that the many benefits of preventive services are realized. Lack of health insurance and a regular source of care are two of the most important barriers to health care.”

Figure 3, shows over one in five adults (18-64 years) in Los Angeles County (26.0%) and in San Gabriel SPA (22.5%) are uninsured⁶. About one in every 15 children (0- 17 years) in Los Angeles County (5.8%) and in San Gabriel SPA (4.2%) are uninsured⁷.

⁶ National Center for Health Statistics. Health Care Access/Coverage: Adults aged 18-64 who have any kind of health coverage- Los Angeles County, CA 2010. Behavioral Risk Factor Surveillance.CDC.

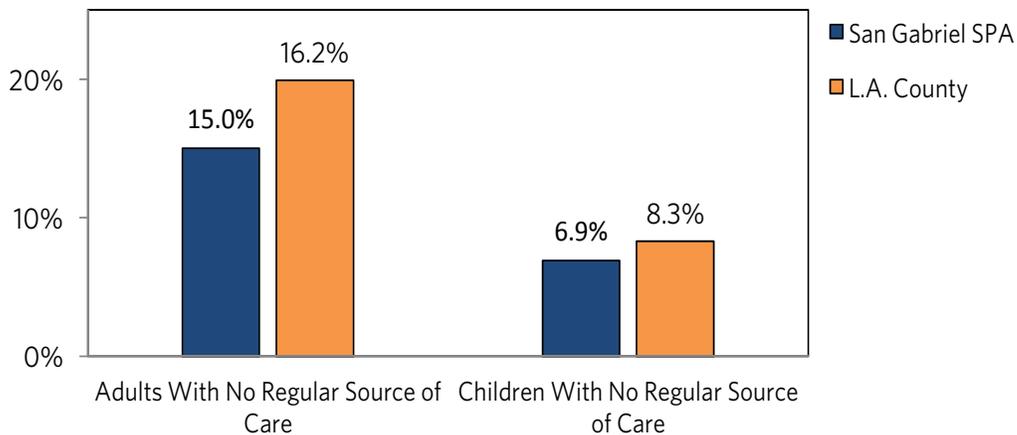
⁷ University of California, Los Angeles. Current Coverage. California Health Survey, 2009.

Figure 3: Percent Adults 18-64 years old and Children 0-17 years old who are Uninsured



As shown in Figure 4, over one in six adults in Los Angeles County (15.0%) and in San Gabriel SPA (16.2%) have no regular source of health care⁸. About one in 12 children in Los Angeles County (8.3%) and over one in 14 in San Gabriel SPA (6.9%) have no regular source of health care⁹.

Figure 4: Percent Adults and Children with No Regular Source of Care

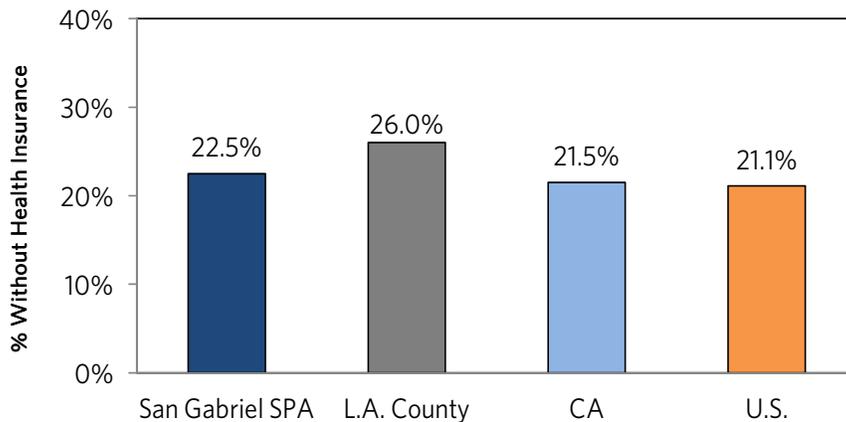


⁸ University of California, Los Angeles. Center for Health Policy Research. Type of Usual Source of Care. California Health Survey, 2009.

⁹ Ibid.

Figure 5 illustrates the percentage of uninsured adults is higher in Los Angeles County (26.0%)¹⁰ than in the United States (21.1%)¹¹ and the state of California (21.1%)¹¹. The percentage of uninsured adults in the San Gabriel SPA (22.5%)¹² is lower than Los Angeles County and California as a whole.

Figure 5: Percent of Adults 18-64 years old who are Uninsured



Use of Clinical Preventative Services

Mammography

Figure 6 illustrates the percentage of women residing in Los Angeles County aged 50 or older who have had a mammogram within the past two years (82.7%)¹³. At the state level, more than three-fourths of women have obtained mammograms (81.4%) and national rates (77.9%) are slightly higher than local percentages¹³. Overall, Los Angeles County and the state as a whole are meeting the recommendations of Healthy People 2020 (81.1%)¹⁴.

¹⁰ National Center for Health Statistics. Health Care Access/Coverage: Adults aged 18-64 who have any kind of health coverage- Los Angeles County, CA 2010. Behavioral Risk Factor Surveillance. CDC.

¹¹ National Center for Health Statistics. Health Care Access/Coverage: Adults aged 18-64 who have any kind of health coverage- CA 2011. Behavioral Risk Factor Surveillance. CDC.

¹² Los Angeles County Department of Health, Key Indicators of Health By Service Planning Area 2009.

¹³ National Center for Health Statistics. Women's Health: Women aged 50+ who have had a mammogram within the past two years-Los Angeles County, CA 2010. CDC.

¹⁴ United States Department of Health and Human Services. Healthy People 2020. November 2010.

Figure 6: Mammography Status Women 50 years or older who have had a Mammogram within the past two years

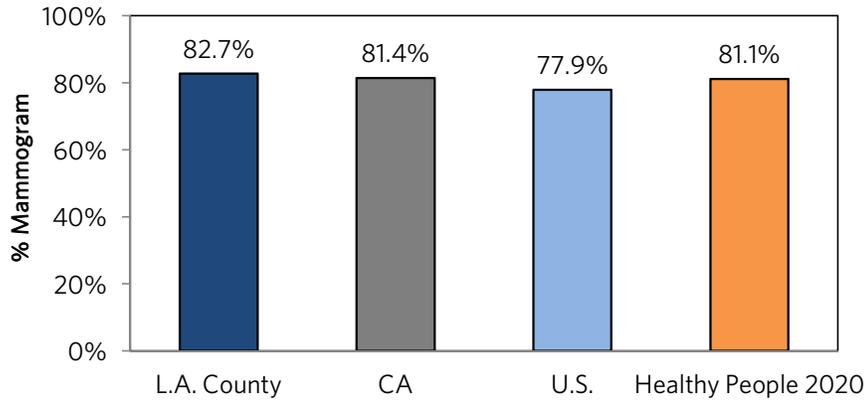
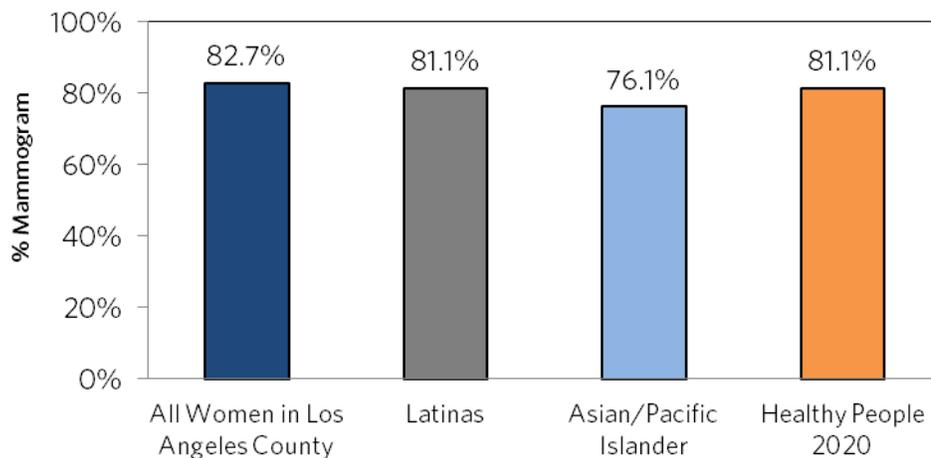


Figure 7 compares mammography rates for all women in Los Angeles County with rates among Latinas and Asian/Pacific Islanders. According to the National Center for Health Statistics on women’s health, Los Angeles County women overall (82.7%)¹⁵ and Latina women (81.1%)¹⁵ meet the Healthy People 2020 goal (81.1%)¹⁶. A substantially smaller percentage (76.1%)¹⁵ of Asian/Pacific Islanders is obtaining mammograms.

Figure 7: By-Race Percent of Women Ages 50 years or older who had a Mammogram within the past two years



¹⁵ National Center for Health Statistics. Women’s Health: Women aged 50+ who have had a mammogram within the past two years-Los Angeles County, CA 2010. CDC.

¹⁶ United States department of Health and Human Services. Healthy People 2020. November 2010.

Cervical Cancer Screening

Figure 8 shows the percentage of women age 18 or older who have had a Pap smear within the past three years. Percentages of women having Pap smears are slightly lower in the San Gabriel SPA (81.3%) than in Los Angeles County (82.4%).¹⁷ Los Angeles County and San Gabriel SPA rates are slightly higher than both the state (80.8%) and national rates (81%).¹⁸

Figure 8: Percent of Women 18 years or older who have had a Pap Smear within the past three years

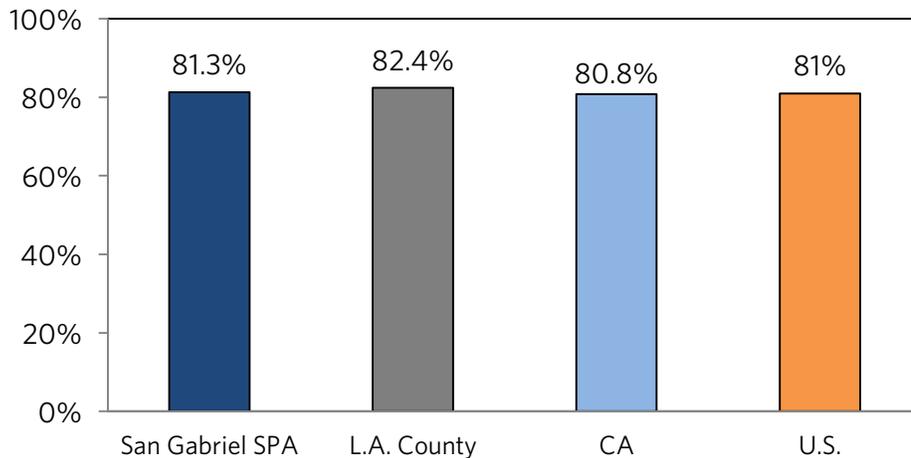
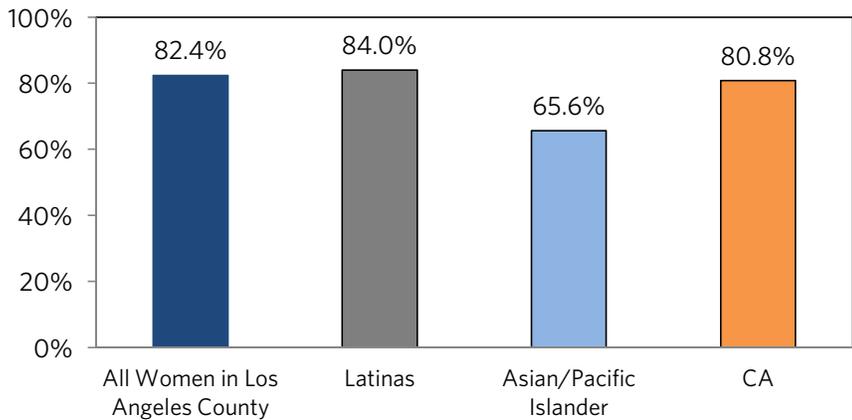


Figure 9 compares Pap smear rates of all women in Los Angeles County with those of Latina and Asian/Pacific Islander populations. The percentage of Latina women being screened for cervical cancer (84.0%) is slightly higher than the overall rate for women in Los Angeles County (82.4%) and the state as a whole (80.8%), while a smaller percentage (65.6%) of Asian/Pacific Islanders are obtaining Pap smear.¹⁷

¹⁷ Los Angeles County Department of Health, Key Indicators of Health By Service Planning Area 2009.

¹⁸ National Center for Health Statistics. Women's Health: Women aged 18+ who have had a pap test within the past three years-Los Angeles County, CA 2010. CDC

Figure 9: Percent of Women 18 years or older who have a had Pap Smear within the past three years



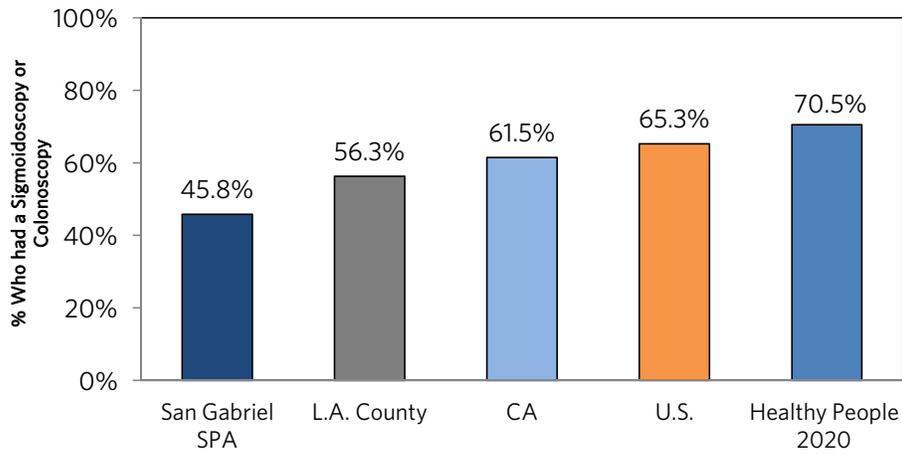
Colorectal Cancer Screening

As shown in Figure 10, in San Gabriel SPA (45.8%)¹⁹ and Los Angeles County (56.3%)²⁰ adults age 50 or older have had a sigmoidoscopy or colonoscopy within the past five years. Los Angeles county and San Gabriel SPA rates considerably lower than the state as a whole (61.5%) and national rate (65.3%).²⁰

¹⁹ Los Angeles County Department of Health, Key Indicators of Health By Service Planning Area 2009.

²⁰ National Center for Health Statistics. Colorectal Cancer Screening: Adults aged 50+ who have ever had a sigmoidoscopy or Colonoscopy - Los Angeles County, CA 2010. CDC.

Figure 10: Colorectal Cancer Screening Adults 50 years or older who had a Sigmoidoscopy or Colonoscopy within the past five years



Health Outcomes Data

Leading Causes of Death in Los Angeles County

As shown in Table 7, cancer (all cancers combined) is the second leading cause of death in Los Angeles County. Lung cancer is the fourth leading cause of death and female breast cancer as the ninth leading cause of death.

Table 7
Leading Causes of Death in Los Angeles County in California, 2011²¹

HEALTH STATUS INDICATOR	DEATHS (AVERAGE)	CRUDE DEATH RATE	AGE- ADJUSTED DEATH RATE	NATIONAL OBJECTIVE
ALL CAUSES (2008-2010 Avg.)	57,400.0	549.3	587.5	
ALL CANCERS	13,733.3	131.4	141.5	158.6
CORONARY HEART DISEASE	12,931.0	123.8	132.8	162.0
CEREBROVASCULAR DISEASE (STROKE)	3,285.7	31.4	34.2	50.0
CHRONIC LOWER RESPIRATORY DISEASE	2,953.7	28.3	31.3	N/A
LUNG CANCER	2,938.3	28.1	30.9	43.3
ALZHEIMER'S DISEASE	2,164.0	20.7	22.4	N/A
INFLUENZA/PNEUMONIA	2,074.3	19.9	21.7	N/A
ACCIDENTS (UNINTENTIONAL INJURIES)	2,043.7	19.6	19.8	17.1
DIABETES	2,014.7	19.3	20.8	N/A
COLORECTAL CANCER	1,346.0	12.9	30.9	43.3
CHRONIC LIVER DISEASE AND CIRRHOSIS	1,182.7	11.3	11.3	17.1
FEMALE BREAST CANCER	1,115.3	21.2	20.2	21.3
FIREARM-RELATED DEATHS	866.7	8.3	8.2	1.2
SUIIDE	790.3	7.6	7.6	4.8
PROSTATE CANCER	764.0	14.7	20.3	28.2
HOMICIDE	737.0	7.1	6.9	2.8
DRUG-INDUCED DEATH	732.7	7.0	6.9	1.2
MOTOR VEHICLE TRAFFIC CRASHES	680.0	6.5	6.5	8.0

²¹ California Department of Public Health. County Health Status Profiles.2011.

Table 8 shows the expected incidence, mortality and prevalence of common cancers in California for 2012.

**Table 8.
Expected Incidence, Mortality and Prevalence of Common Cancers in California, 2012**

	New Cases		Deaths		Prevalence	
Males						
Prostate	20,195	28%	3,085	11%	240,200	42%
Lung	8,450	12%	6,975	25%	17,300	3%
Colon & Rectum	7,530	10%	2,615	9%	57,200	10%
Leukemia & Lymphoma	6,265	9%	2,520	9%	49,500	9%
Urinary Bladder	4,685	6%	935	3%	39,200	7%
All Cancers Combined	73,060	100%	28,260	100%	577,600	100%
Females						
Breast	23,280	32%	4,335	16%	292,400	42%
Lung	8,090	11%	6,070	22%	20,700	3%
Colon & Rectum	7,000	10%	2,505	9%	58,500	8%
Uterus & Cervix	6,155	9%	1,225	5%	91,400	13%
Leukemia & Lymphoma	5,010	7%	2,005	7%	43,200	6%
All Cancers Combined	71,740	100%	27,150	100%	699,600	100%

²² American Cancer Society. California Division and Public Health Institute, California Cancer Registry. Cancer Facts and Figures. 2012.

Health Risk Behaviors²³

Tobacco use, poor diet, obesity and lack of physical activity may be responsible for one out of every three cancer deaths in the United States. Social, economic and legislative factors profoundly influence individual health behaviors. The American Cancer Society provides a good example of health behaviors as “the price and availability of healthy foods, the incentives and opportunities for regular physical activity in schools and communities, the content of advertising aimed at children, and the availability of insurance coverage for screening tests and treatment for tobacco addiction all influence these individual choices.”

Tobacco Use²³

Tobacco use remains the single largest preventable cause of disease and premature death in the United States. About 85% of lung cancer is caused by cigarette smoking. The American Cancer Society estimates about 13,000 cancer deaths were caused by tobacco use alone in California. Exposure to secondhand smoke for nonsmokers may result in or worsen adverse health effects, including, cancer, respiratory infections and asthma. Yearly, smoking results in nearly half a million premature deaths of which about 46,000 deaths are in nonsmokers as a result of secondhand smoke.

In Los Angeles County, approximately one out of every seven deaths and \$4.3 billion are lost due to smoking and smoking related diseases yearly.²⁴ The leading causes of smoking related deaths are lung cancer, coronary heart disease and chronic airway obstruction.²⁴ In 2011, the prevalence of smoking in Los Angeles County was higher among males than females (16.4% vs. 10%). Among males, prevalence was lower among Latinos and Whites than among African-Americans. Among females, prevalence was lower among Latinas, Asian/Pacific Islanders and Whites than among African-Americans. Adults over 65 were less likely to smoke than adults in other age groups.²⁴ There is a disproportionately high rate of smoking in the 25 to 29 age group.²⁴

As shown in Figure 11, the prevalence of cigarette smoking among adults in Los Angeles County (13.1%) is higher than the San Gabriel SPA (10.9%), and the state (13.7%)²⁴. The national prevalence of smoking (20.1%) is significantly higher as whole.²⁴

²³ Los Angeles County Department of Health. Cigarette Smoking in Los Angeles County: Local Data to Inform Tobacco Policy 2010.

²⁴ Los Angeles County Department of Public Health. LA Health, Adult Smoking on the Decline, but Disparities Remain, 2011.

Figure 11: Smoking by Adults

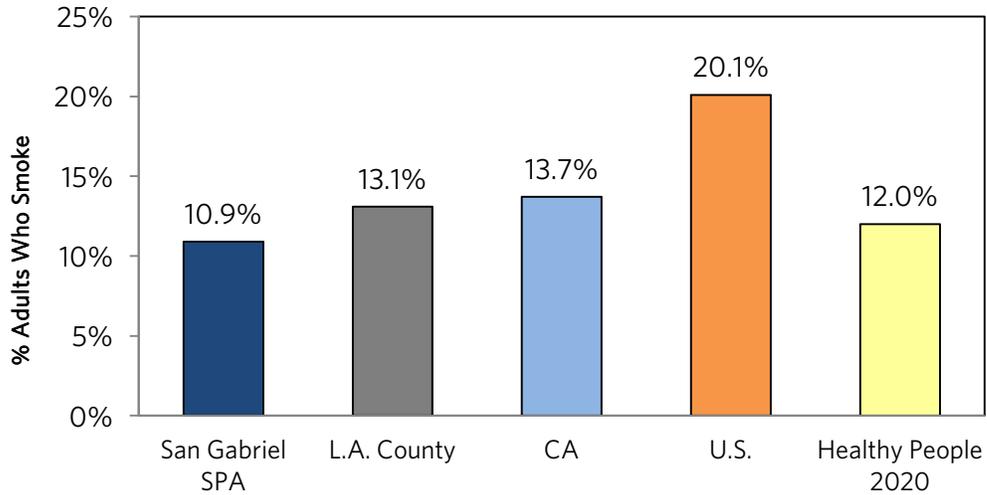
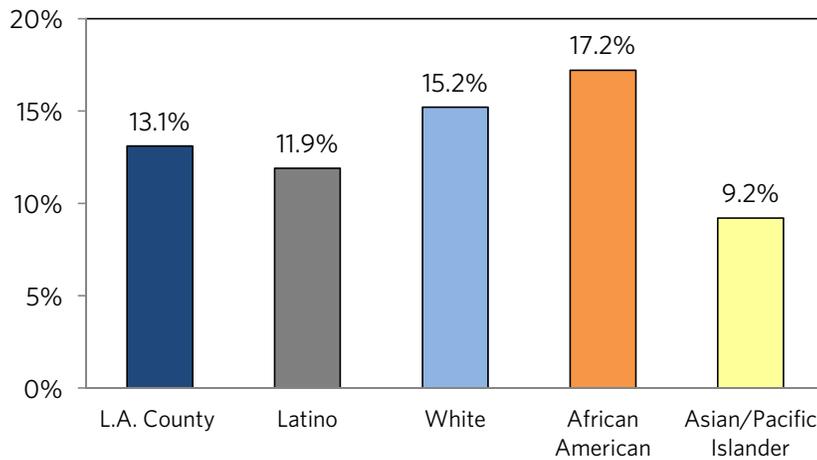


Figure 12 illustrates the prevalence of cigarette smoking among all adults in Los Angeles County (13.1%) by race²⁵. As a whole, the rate of smoking among African-Americans (17.2%) is higher than Whites (15.2%) and Latinos (11.9%).²⁵The prevalence of smoking among Asian/Pacific Islander (9.2%) is significantly lower.²⁵

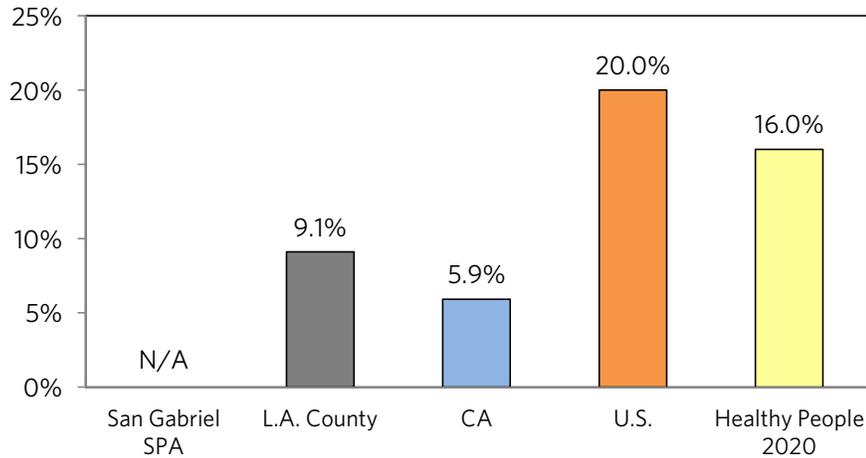
Figure 12: By Race-Percent of Smoking by Adults



²⁵Los Angeles County Department of Public Health. LA Health, Adult Smoking on the Decline, but Disparities Remain, 2011.

As illustrated in Figure 13, smoking rates by teens ages 14-17 is significantly lower in Los Angeles County (9.1%), than at the state (5.9%) and national level (20.0%).²⁵

Figure 13: Smoking By Teens 14-17 Years of Age



Smoking Cessation²⁶

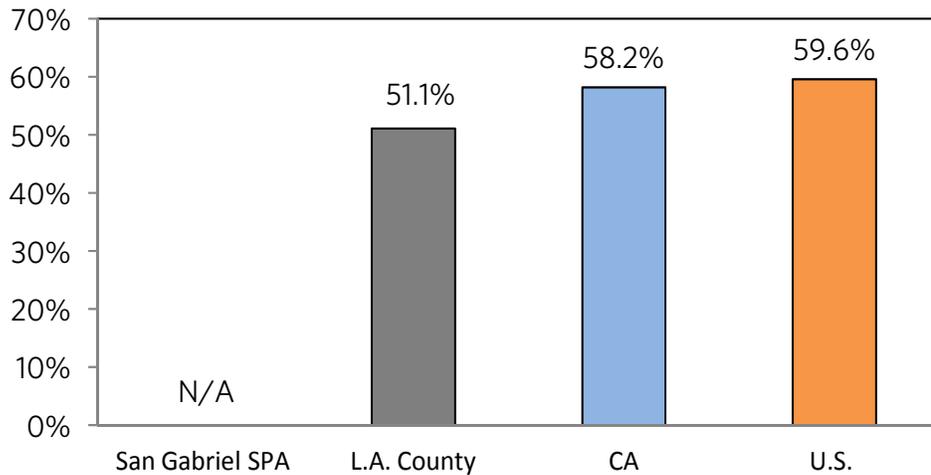
The intention to quit smoking has been shown to be a strong predictor of actual quit attempts. A “quit attempt” is defined as a smoker having stopped smoking for at least one day in an effort to attempt to quit smoking. Research studies have found that when a person does quit, their risk of lung significantly decreases over time.

There have been significant efforts in the state of California to help people quit smoking. Among California state smokers, 58.2% reported to have attempted quitting smoking. In Los Angeles County, 51% of smokers attempted to quit smoking.

As shown in Figure 14 adult smokers who attempt to quit smoking is lower in Los Angeles County (51.1%), than at the state (58.2%) and national level (59.6%).²⁶

²⁶ Los Angeles County Department of Health. LA Health, Smoking Cessation Efforts Among Adult Smokers, 2006.

Figure 14: Percent of Smokers who Attempt to Quit Smoking



Obesity ²⁷

Obesity is amongst the single most preventable risk factor of type 2 diabetes, heart disease, stroke, and many forms of cancer. An estimated 78 million adults and nearly 12.5 million children and adolescents are obese in the United States.

In Los Angeles County, the prevalence of obesity has significantly increased among children and adults. In 2011, prevalence of obesity was higher among younger adults aged 18-39 years older than adults 40 years and older. Among all age groups, prevalence was higher among Latinos than whites, African-Americans and Asians/Pacific Islanders. The prevalence of obesity in LA County was slightly higher among males (23.0%) than women (24.2%).

Figure 15 illustrates that, in both the San Gabriel Valley SPA and Los Angeles County, over 20% of adults are obese. Both counties as whole have slightly lower rates compared to the state (22.7%) and national (35.7%) rates.²⁹

²⁷ Los Angeles County Department of Health. LA Health, Trends in Obesity: Adult Obesity Continues to Rise, 2011.

²⁸ Ibid

²⁹ Ibid

Figure 15: Adults who are obese

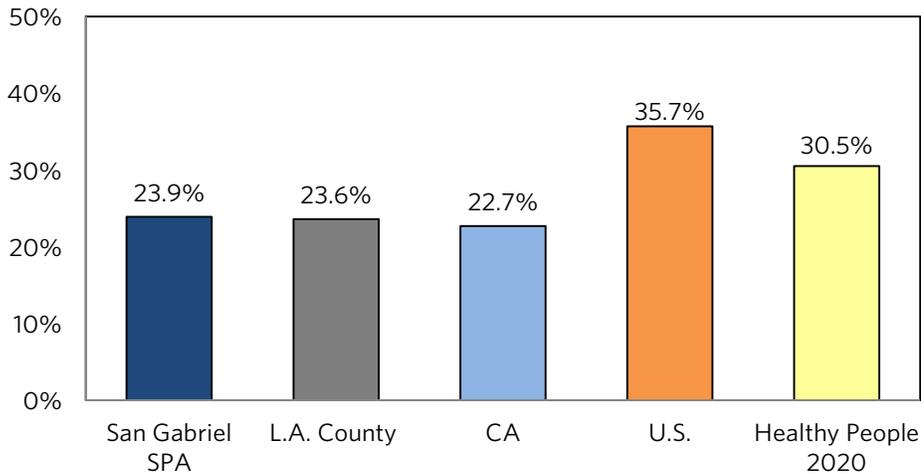
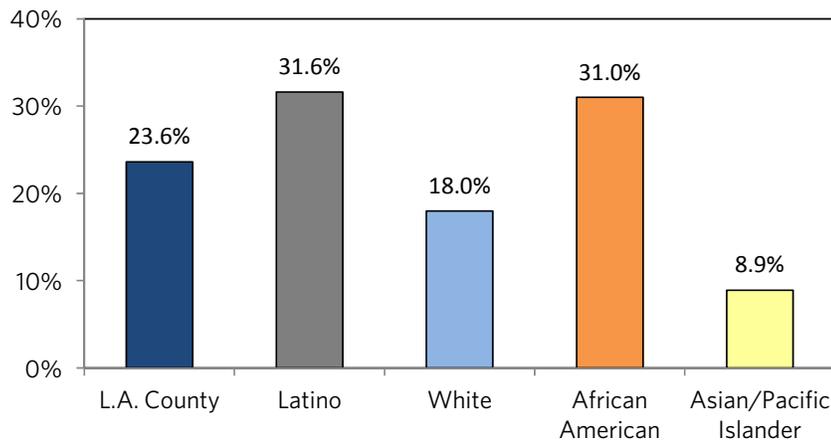


Figure 16 shows that obesity is most prevalent among Latinos (31.6%) and African-Americans (31.0%) in Los Angeles County. Asian/Pacific Islanders (8.9%) are significantly less obese as compared to Latino, White, African-American and Los Angeles County as a whole.

Figure 16: By-Race Percent of Obese Adults

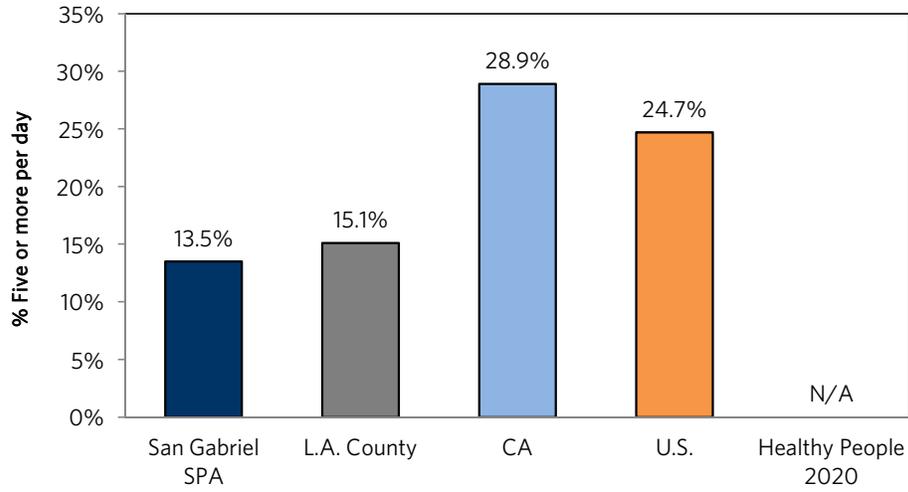


³⁰ Los Angeles County Department of Health. LA Health, Trends in Obesity: Adult Obesity Continues to Rise, 2011.

Nutrition

Healthy eating for children and adults means consuming at least five servings of fruit and vegetables each day. Figure 17 shows that about one in seven residents (13.5%) of San Gabriel SPA and Los Angeles County (15.1%) consume five or more servings of fruits and vegetables a day.³¹ This compares to over one in four (28.9%) Californians and one in five (24.7%) Americans.³²

Figure 17: Adults who consume five or more servings of fruits and vegetables a day



As illustrated in Figure 18, the percentage of teens 14-17 years of age who consume five or more servings of fruit and vegetables a day is significantly higher in Los Angeles County (27.4%) and at the state level (30%) versus the national level (21.4%).³¹

³¹ Los Angeles County Department of Health, Key Indicators of Healthy By Service Planning Area, June 2009.

³² National Center for Health Statistics. Adults who consumed fruits and vegetables five or more times per day- Los Angeles County, CA, 2010. CDC.

Figure 18: Teens ages 14-17 years old who consume five or more servings of fruits and vegetables a day

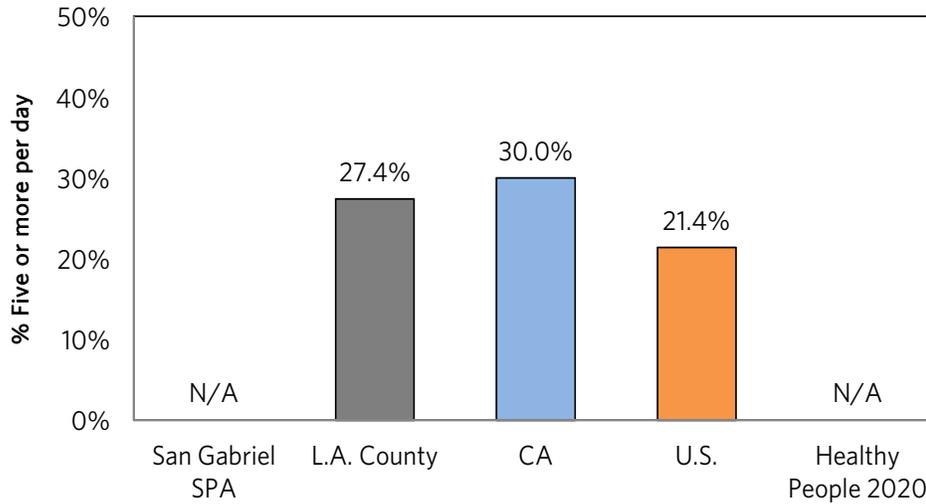
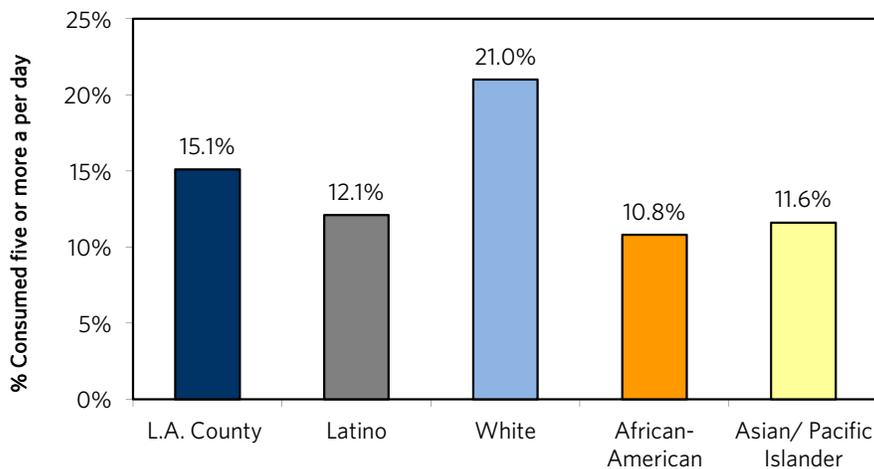


Figure 19 compares fruit and vegetable consumption among Whites, Latinos, African-Americans, and Asian/Pacific Islanders in Los Angeles County.³³ In general, race by percent rates of adults who consume five or more fruits or vegetables a day are significantly low.

Figure 19: By Race-Percent of Adults who consume five or more servings of fruits or vegetables a day



³³ Los Angeles County Department of Health, Key Indicators of Healthy By Service Planning Area, June 2009.

Physical Activity

Healthy eating, along with regular physical activity are one of the best ways to prevent the onset of chronic disease. The American Cancer Society recommends that adults participate in moderate physical activity for 30 minutes or more on five or more days of the week.

As illustrated in Figure 20, the percentage of adults in Los Angeles County (53.2%) who meet the physical activity guidelines is slightly higher than San Gabriel Valley SPA (50.4%)³³ and the state as a whole.

Figure 20: Adults who meet Physical Activity Guidelines

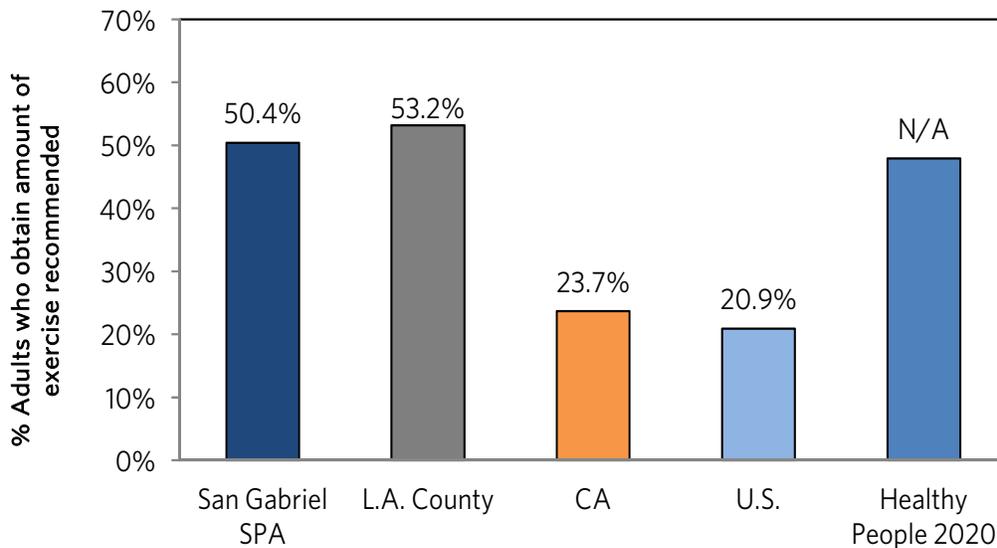
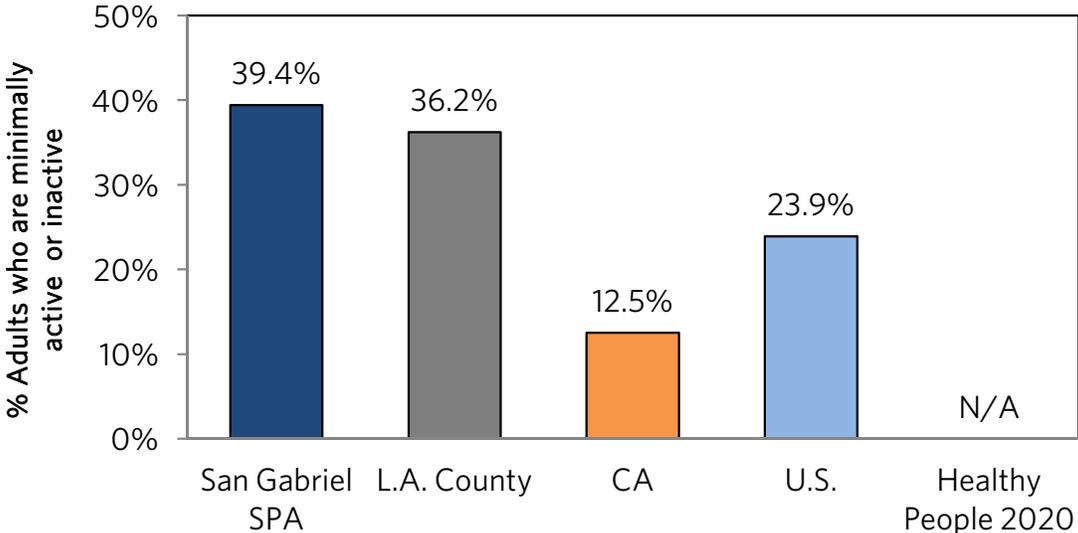


Figure 21 illustrates both the San Gabriel Valley SPA (39.4%) and Los Angeles County (36.2%) adults are inactive or sedentary³². Both counties as a whole have slightly lower rates compared to the state (12.5%) and national (23.9%) rates.³³

³² Los Angeles County Department of Health, Key Indicators of Healthy By Service Planning Area, June 2009.

³³ National Center for Health Statistics. California: Summary of Physical Activity 2009. Behavioral Risk Factor Surveillance.CDC.

Figure 21: Adults who are Inactive or Sedentary



³² National Center for Health Statistics. California: Summary of Physical Activity 2009. Behavioral Risk Factor Surveillance. CDC.

Appendix C

List of Participants In 2010 Community Consultation

Participants in 2010 Community Consultation

All Saint Episcopal Church

American Cancer Society

American Diabetes Association

Arcadia Public Library

Arroyo Vista Family Health Center

Azusa Health Center

Cancer Legal Resource Center

Center for Health Care Rights

Citrus Valley Medical Center

City of Duarte

City of Irwindale

City of Hope-Cancer Aging and Research Program

City of Hope-Cancer Survivorship

City of Hope-Child Life

City of Hope-Clinical Social Work

City of Hope-Department of Supportive Care Medicine

City of Hope-Diabetes Research

City of Hope-Government and Community Relations

City of Hope-Marketing

City of Hope-Nursing Research

City of Hope-Pastoral Care

City of Hope-Public Affairs

Participants in 2010 Community Consultation (Cont'd)

City of Hope-Radiation Oncology

City of Hope-Research-Population Sciences

City of Hope-Sheri & Les Biller Patient and Family Resource Center

City of Hope-The Center of Community Alliance for Research & Education

City of Hope-Volunteer Services

City of Irwindale

Community Assistance Program for Seniors

Community Health Alliance Pasadena

Compassion in Action-USA

Duarte School District

Elizabeth House

Foothill Family Service

Foothill Unity Center

Foothill Wellness Center

Hacienda La Puente Unified School District

Huntington Hospital

Irwindale Chamber of Commerce

John Wesley Community Health Inc.

Kaiser Permanente

Kommah Serray Inflammatory Breast Cancer Foundation

Little Tokyo Services Center

Los Angeles Caregiver Resource Center

Los Angeles Public Health Department

Participants in 2010 Community Consultation (Cont'd)

Los Robles Hospital & Medical Center

Methodist Hospital

Mission Hospital

Pals for Health

Pasadena Department of Public Health

Pasadena Jewish Temple and Center

Pomona Health Clinic

San Gabriel Mission Parish Christian Service Center

Santa Anita Family Services

Southern California Senior Resources

United States Department of Labor

USC Norris Comprehensive Cancer Center

USC School of Pharmacy

We Spark Cancer Support Center

Appendix D

Letter Inviting Participation in Community Consultation and Interview Tool



Dear Community Member:

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. We will send a summary of results to all participants. City of Hope will protect the respondents' confidentiality and will not associate specific comments with individual respondents or their agencies.

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 Evaluator in Patient, Family, and Community Education, at (626) 256-4673, ext. 64053.

We appreciate and value your participation and look forward to hearing your thoughts on how we 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.
President, Chief Executive Officer
Director, Comprehensive Cancer Center



City of Hope

Interview Regarding Community Health Assets and Needs
September-October 2010

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?

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		
	0	1	2	3	4	5	0	1	2	3	4	5
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

Appendix E

Community Consultation Findings: Unmet Cancer Prevention, Early Detection, Treatment, Support and Other Cancer-related Needs

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

- More information on prevention for higher incidence cancers in Asian-Pacific Islander populations
- Lack of education and materials on the risk of breast cancer in Asian women
- Lack of education for Asian, Latin American, Armenian communities
- Culturally appropriate early detection programs
- Increased education and overcoming cultural barriers to care for Vietnamese
- Identifying and educating Jewish community on genetic links found for predisposition of cancers
- Hispanic population does not have enough information on how to prevent or address health needs
- Insufficient cancer education for immigrant community
- Moving Asian community into a positive direction in feeling comfortable to talk about cancer
- More education to Latino population about breast cancer screening
- In LA County, the target for educational programs or advertising is mostly for English speaking community
- Lack of knowledge about what is available for prevention and this usually affects non-English speaking members of the community
- Not enough resources such as bilingual educators that can reach out to the community to have preventative screening for cancer
- There is a lack of education for minority groups such as access to free screenings
- Educational materials geared towards minority groups

Lack of resources available for prevention and screening

- The economy affecting reaching out to the community and providing screening programs
- Lack of programs available to provide cancer prevention and early detection
- Lack of resources available for free or low cost cancer screening
- Low cost mammography
- Organizations no longer incorporating free health screenings into health fairs
- Early detection program for medically underserved populations
- Smoking cessation programs
- Increase community collaboration in order to increase resources in the community
- Lack of mobile services
- Lack of programs for breast and prostate screening
- Every Woman Counts program not widely available
- Resources on free testing in community. Rarely offered now. People do not want to get tested if they can't pay for treatment if not insured
- Increase education on genetic testing
- Lack of clinics that offer cancer screening at low cost or no cost

Increase education about prevention

- There needs to be a greater effort on finding ways on how to prevent cancer
- Still lack of education on prevention and early detection and how cancer really is preventable
- Lack of education on screening guidelines
- Continuous prevention messages for everyone in regards to nutrition and physical activity
- Role of diet and exercise
- Obesity prevention
- More information for parents of K-12 students on nutrition, physical activity, sun exposure
- Collaborate with schools to provide cancer education and screenings for parents
- Provide more education on cancer prevention
- Lecture series and written materials available in the community
- Smoking cessation programs
- Healthy lifestyle programs targeted for Asians
- Targeted screening and education programs in areas of most need
- Young adult cancer prevention awareness
- Encourage population ages 40-50 to keep up with their annual physical exam
- Collaborate with churches to provide education
- Prevention programs targeted for males and prostate cancer
- "Ask the Experts" on prevention or in other languages
- Less of a push on educating community or public
- Educational events on testicular cancer
- Reaching out to male community for screening

Lack of awareness on the availability of resources in community

- Lack of information in terms of free/low cost screening services
- Lack of knowledge on programs available
- Identify where there are resources for those who do not have access to care
- Resources for the new mammogram guidelines, women 45+ (where do we send them)
- Places to provide free care, low-income preventive units for screening
- More promotion of services
- Getting the word out about programs and services in the community
- Educate the community on how to access prevention programs
- Unavailability/unaware of cancer prevention programs or education classes that are free in the community

Lack of programs for uninsured/Access to care

- Healthcare access for routine check-ups
- Financial assistance programs or help with medical bills
- Programs for low-income families
- Programs or services for immigrants (high risk populations)
- Minority population is often on a fixed income and early detection scans are expensive
- Once diagnosed at a free clinic , patients who are uninsured have nowhere to go for care and are unable to pay out of pocket
- Lack of health programs and screenings for children without insurance
- Low cost or no cost services for uninsured

Lack of funding/Financial

- Lack of funding for early detection programs
- For those that are uninsured, lack of programs for early detection due to budget cuts and economy
- Funding is a big issue. Cut off due to funding for community programs that members can access for screening, such as the Every Woman Counts Program that was cut
- Lack of free health education events in the community due to economy
- Lack of free screenings
- Downgrades in staffing at community hospitals causing delay in service and inability to meet everyone's needs
- Lack of free pap screening exams in community clinics due to economy

Other unmet needs

- More classes for women with infants
- Being your own advocate
- Educating people on finding a second or third opinion
- Educate patients on how to advocate for themselves
- Challenges establishing trust amongst certain cultures
- Using social media for advertising and education of programs to community
- Those with medi-care are sometimes unaware/not sure if their plan includes cancer screening
- Lack of awareness of personal risks and prevention
- Broadening definition of screening also about life-style choices

Unmet Needs: Cancer Treatment

When asked about unmet needs related to cancer treatment, many respondents cited the lack of access to care/financial barriers, coordination of care 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

- Low-income populations have little access to proper treatment
- Low-income, provide affordable care or access
- Uninsured most affected can't get treatment if diagnosed and can't pay for it out of pocket
- Difficult for patients to get treatment when they have no access to medical care or insurance
- Lack of insurance creates delay in getting treatment
- Uninsured, Medicare and medi-cal only cover certain cancers, need information and resources on where can we seek treatments or support from public agencies
- Those who have no access need follow-up care beyond any treatment if any
- Financial cost of treatment
- Uninsured that get diagnosed but have no money to get treatment
- Access to treatment due to lack of insurance or immigration status
- Suggest policy movements, expand charity care
- Low-cost programs for treatment do not exist
- No coverage for uninsured if they need treatment
- Access to free treatment and information on clinical trials
- Financial burden, assistance needed for co-pay or treatment. Primarily affects Latinos'-but problems

with patients who are undocumented

- People who can't afford treatment or medications-poor mostly affected
- Obtain grants or collaborate with other community organizations
- Do more for other languages for cancer treatment
- Need reach out to low-income, jobless, lost of insurance, programs for males (20-44 years old)
- Non-profit hospitals need to be clear on charity care policies and what exactly they can do for people

Coordination of care

- Improvement of provide/patient relationships
- Counseling patients before treatment need more promotion in the main-stream to provide more of these services
- Some agencies can only help by providing resources and connecting them-but lack of follow-up
- Delay in diagnosis of cancer
- Delay in County hospital services
- Lack of psychiatry care for patients who are no longer in treatment
- Improve standard of care, more training of physicians
- Increase enrollment in clinical trials (minorities)
- Huge gap between primary care getting into secondary care
- Availability of secondary care consults
- Referral all new diagnosis or patients to a social worker prior to the start of treatment
- Appropriate outreach and healthcare and social services, navigation services for all cancer diagnosis so that they can get proper treatment

Lack of knowledge

- Patient not knowing their treatment options
- Lack of knowledge on cancer treatment. Most affected are the uninsured, undocumented and the illiterate population
- Lack of education on treatment options
- Patients/family do not understand what is going on
- Lack of education and resources on treatment and side effects of treatment for all populations and languages
- Lack knowledge of where to go, transportation needs, nearest public hospitals to Pomona are far
- Lack of awareness of what hospitals such as City of Hope can provide that can be better than other cancer treatment facilities in the area
- Lack of information given to patient at time of diagnosis about treatment process
- Bone Marrow transplant and HEMS were not initially aware of what treatment was going to be like

Increase resources and education

- Education and Information on cancer treatment to the public, especially the low income and monolingual population
- Education on healthy eating during treatment
- Educate the community on treatment options, provide educational materials or sessions
- Providing recreational activities for families of cancer patients. They are not aware of what they can access. Suggestions-Referral Services
- More support seen towards Breast Cancer patients and meeting their needs vs. other diagnosis
- Talking about fertility amongst patient going treatment
- Communication and education is needed
- Community outreach programs on cancer education
- Increase resources for Latinos during treatment, population is less likely to access
- Not utilizing resources available, suggestions- teach people how to navigate the system
- More education for Bone Marrow and Hematology transplant patients, about the transplantation

- process, what to expect, look out for and common questions
- Assistance with childcare during appointments

Cultural/Language barriers

- Culturally-sensitive care for Asian-pacific islander communities. Treatment that takes into account foods, lifestyles, etc.
- A lack of education specifically for Asian, Latin American communities-- A need for more education
- Conflict with religious healing and medical treatment. Providing people treatment with more support
- Reaching out to Asian pacific islander programs, African American community and there are need in providing information about complementary medicine
- Language barriers during treatment process
- English patients know of treatment options for care but not in API or Latino community
- Lack of linguistically and culturally appropriate care and education materials

Unmet Needs: Support Services

When asked about unmet needs related to cancer treatment, many respondents cited the lack of support services and resources for patients, families and caregivers from diagnosis to end of life. Respondents identified the need for programs that address the full spectrum and continuum of care from treatment to survivorship (and bereavement for caregivers/family members).

Lack of support services/Resources

- Lack of support for rare cancers, there is a needs for increased visibility of rare cancers
- Need for more support groups, use of testimonials
- Support for children of parents with cancer
- Caregiver support group for both emotional psychological needs
- Major shortage of clinical psychologist, especially neuro-cognitive specialists for pediatrics
- Support programs and education for caregivers
- Expand support groups to patients with advanced cancer
- Need low cost/free psychological counseling and financial assistance
- Care and support for both the patient and caregiver
- More support in caring for the elderly patients
- Mental health services for caregivers
- Support for young adult males
- Peer support programs
- Psychosocial needs are critical to treatment process
- ACS, COH, Kaiser collaborating to offer access for community
- Access to a psychologist throughout the course of treatment and survivorship
- Meeting psychosocial needs on an outpatient basis and not just in-patient
- Need psychosocial care/assessments
- Coping with the idea of dying from cancer. There is a need for preparing people who are facing a possible death
- Physicians need to be more transparent in the area of death and dying creating more awareness and understanding
- Address emotional needs

- Support groups for cancer survivors
- Use of social media to provide support services
- Bereavement support groups --More support and education for families and bereavement
- When children become caregivers to both parents, this cause a change in family dynamic and can be overwhelming to a child
- Counseling for loss family (grieving) there are not many places to refer for counseling
- Assistance for patients who have advanced cancer, inoperable cancer, metastatic cancer
- Spiritual support
- Support groups mostly for breast, prostate-support needs met but not other diagnosis general, lung, brain
- The needs of a caregiver are usually not considered they are the forgotten population

Lack of education/Awareness

- Advocacy finding resources
- Do not know where to go or who to ask for resources
- Lack of knowledge on the health care provider's ad on understanding patient limitations and needs once they are survivors
- There is not enough information letting the community know these resources are even available
- Lack of awareness of resource available where to go
- "How do you make informative decisions?"
- Find ways to understand clinical trials
- Lack of education on end of life
- Difficulty navigating health care system
- Social workers to become the voice of having patients learn of resources
- There are tons of online resources for adolescents and young adults but need education about it
- Promoting support groups offered in the community

Financial support

- Financial assistance for diagnosis and treatment
- Financial programs to help out with the cost of treatment
- Lack of funding for psychosocial support
- Need more financial support
- Lack of information available on financial assistance programs or free/low cost programs
- Private donations, health care reform to assist uninsured
- Do more for charity care
- Assistance with long term care
- Closer lodging facilities for families or temporary housing assistance while in treatment
- Financial, providing support in other languages and resources
- Psychological factors are not met for patients with medi-cal as psychosocial services are not covered. Even with sliding scale, they have no money so they don't go
- Financial assistance for caregivers
- Transportation assistance programs
- Referral services for low income/Spanish speaking
- For patients whose insurance is running out, finding new ways for financial assistance
- Community support centers for low-income patients
- Financial assistance for patients that do not qualify for Medicare or med-cal. People that are uninsured or under insured don't have access to the quality of care and doctors that they need
- Financial assistance-some programs have strict guidelines in order to qualify, some don't qualify
- There is a grey area in retired patients who are not of age yet to use Medicare. They are 62 and not eligible for Medicare and unable to pay for treatment or get treatment. Lack of assistance and resources for this group

Linguistic, cultural and other barriers to obtaining support

- Support groups for Asian communities
- Chinese do not have a support system, desperately need outside support
- Hispanic community support groups are not readily available
- In Asian culture people are ashamed to attend support groups prefer phone calls only suggestions to provide phone conferences to serve as support groups
- Lack of support groups in other languages(Spanish and Chinese)
- Lack of educational materials in Spanish and Chinese
- Culturally appropriate support programs-ie. Hispanic Latino, Asian and Pacific Islander
- Lack of multilingual support groups/mental health education. Monolingual population is mostly affected
- Support groups only available in English but not in other languages
- Need comprehensive support programs for language specific needs
- Financial and psychological and often huge factors in the minority group, more importantly on Asians and Hispanics population. Their cultures tend to support a cancer diagnosis very differently and it has a huge impact on their families
- Difficult to find education and support program in various languages especially in Armenian & Farsi

Unmet Needs: Other

Respondents were asked to identify any other unmet needs in our community. Participants described educational, language/culture and post-treatment/survivorship needs.

Educational needs

- Education, especially for male population
- Cancer education in general (lack of it). Some are afraid of the word "Cancer"
- Lack of educational materials for pediatrics
- More education for patient on communication with their primary physician if any to get more early detection tests done
- Caregiver education series
- More programs and services and education seen targeted towards breast cancer patients and not meeting the educational needs of other cancer diagnosis
- Education to utilize resources and practical support
- Lack of education of different types of cancer treatment
- Lack of Diabetic education
- Focus efforts on education for prevention
- Information and education on navigating the healthcare system
- The new HPV vaccine given to girls to help prevent cancer. This was a big announcement with little explanation and education
- Dispelling the myths about cancer(fertility)
- Symptom management. What to look out for. How things are after treatment
- Lack of education about screening. Convincing people it is important get screened. If you do, where can they go and cost
- A resource binder for cancer patients, family and educators might be useful
- Education on genetic testing

Language/Culture specific needs

- Language barriers-availability and clarity of cancer information and understanding
- Lack of language specific programs
- In-language cancer information for various Asian groups
- There are no educational breast self exam materials available in Spanish
- Spanish patient orientation class
- Asian cultures have a strong connection with their religious leaders and doctors. Continue to utilize these two professions to connect with their community
- Continued education which is culturally sensitive
- Lack of education and support programs in Spanish
- Undocumented patients have the most unmet needs due to language and being unable to access care
- Working with ethnic media for health education
- Language needs-for Spanish community members. Lack of outreach to educate them on services available
- Lack of educational materials for non-English speaking patients
- Accessible bilingual staff
- Lack of signage
- Automated messages in other languages
- Navigation for underserved and non-English speaking patients and families
- For patients(non-English languages)-how to communicate their needs to their health care team

Survivorship needs

- Survivorship educational/support programs are key
- Lack of focus on needs and education for survivors
- Life after cancer, post care(survivorship)
- Access to psychological services for survivors
- What survivors should expect, look for
- Continued education on prevention and early detection for cancer survivors