Community Benefit Plan
March 2014

City of Hope™

MED-13142.sl.1212

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About City of Hope

ABOUT CITY OF HOPE

City of Hope is dedicated to making a difference in the lives of people with cancer and diabetes. Our mission is to transform the future of health care by turning science into practical benefit, hope into reality. We accomplish this by providing outstanding care, conducting innovative research and offering vital education programs focused on eliminating cancer and diabetes.

Founded in 1913, City of Hope is one of only 41 comprehensive cancer centers in the nation, as designated by the National Cancer Institute. Our role as leaders in cancer care, basic and clinical research, and the translation of research into practical benefit is widely acknowledged.

City of Hope is a pioneer of patient-and family centered care and remains committed to its tradition of exceptional compassionate care for patients, caregivers and its community. Each day, we live out our credo:

"There is no profit in curing the body if, in the process, we destroy the soul."

Our robust research program centered in Beckman Research Institute of City of Hope has led to many groundbreaking discoveries.

- Numerous breakthrough cancer drugs, including Herceptin, Rituxan and Avastin, are based on technology pioneered at City of Hope and are saving lives worldwide.
- Millions of people with diabetes benefit from synthetic human insulin, developed through research conducted at City of Hope.
- A leader in bone marrow transplantation, City of Hope has performed more than 12,000 bone marrow and stem cell transplants, operating one of the largest, most successful programs of its kind in the world.

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

Although City of Hope is a destination for patients from around the world, we also serve our community, and we believe we serve it well. We have a healthy history of rich programs with community partners; programs that continue to thrive and grow. Because cancer and diabetes

are complex, multifaceted and all-too-common in our catchment area, partnerships for community benefit are an integral part of our mission.

Mission Statement

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

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. Management of community benefit planning and reporting is housed within the Department of Supportive Care Medicine.

Currently, the function of community benefit implementation at City of Hope relies on an internal group of stakeholders. This group meets yearly to review most recent Community Health Needs Assessment (CHNA) results and to determine programs/services to be delivered during the fiscal year. After planning is conducted and resources dedicated to proposed programs and services, the various departments and divisions are deployed to implement strategies in the local community.

It is important to note that in the roll-out of the 2014-2017 Implementation Strategy, City of Hope will create a community benefit oversight infrastructure. It will include the provision of a Community Benefit Oversight Committee. This committee will be made up of internal and community stakeholders who can provide expertise, as related to the Five Core Principles, as well as leadership in prioritizing strategies meant to meet the needs of the vulnerable in City of Hope's service area.

Primary Service Area

City of Hope is located in the city of Duarte, Calif., a richly diverse community of 21,500 which is situated at the base of the picturesque San Gabriel Mountains, approximately 21 miles northeast of Los Angeles (Figure 1).

Duarte is recognized as a leader in community health improvement, as demonstrated by its charter membership in the California Healthy Cities initiative. Additionally, Duarte is a leader in community health improvement and a willing partner with City of Hope in multiple initiatives.

Our primary service area extends far beyond Duarte to include Los Angeles, San Bernardino, Riverside and Orange counties. Patients from these counties comprise 87 percent of our

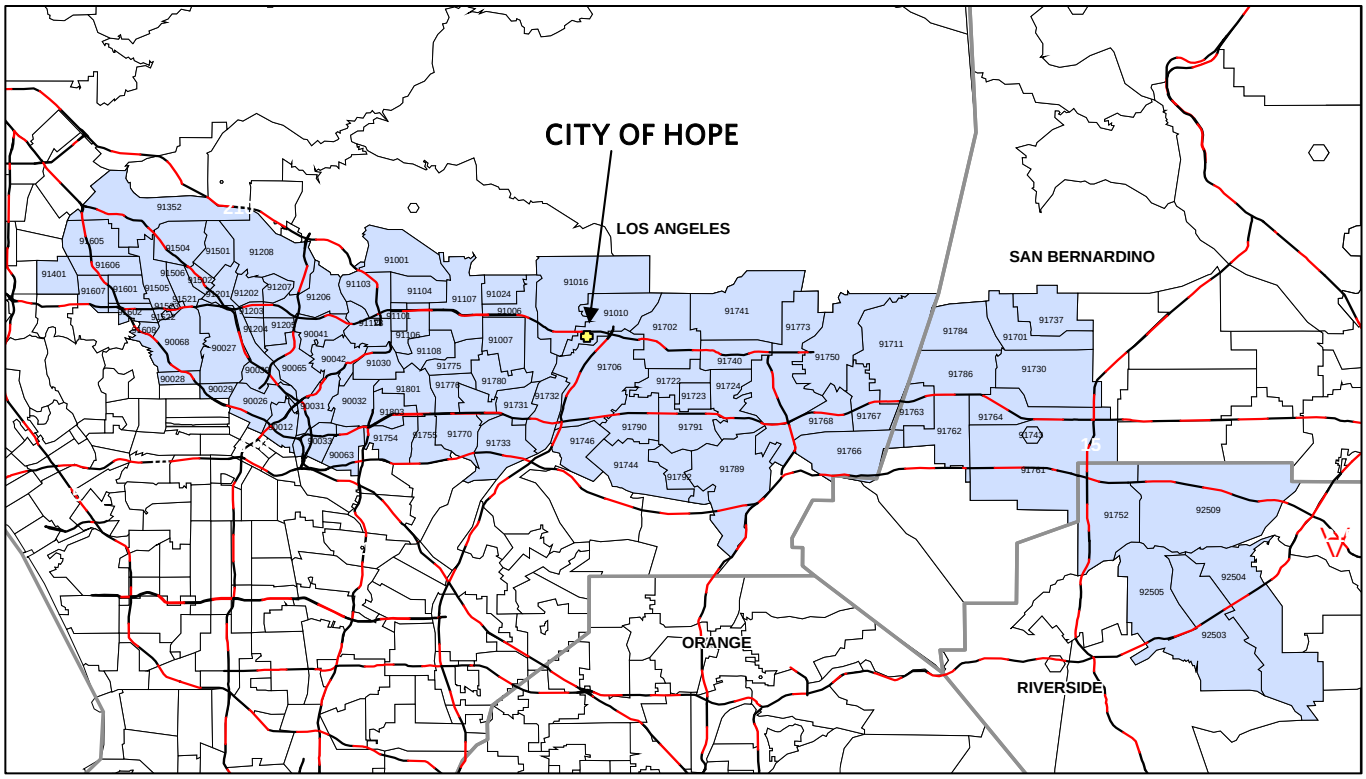
discharges.

The most recent demographic and health status profile of our primary service area was developed in 2013 using multiple data sources (see Table 3 in Appendix B).

The findings were enlightening. Together, these four counties are home to:

- 46% of California's total population
- 56% of California's Hispanic population (predominantly Mexican)
- 54% of the state's black population, and
- 44% of the state's Asian population (primarily Chinese and Filipino, but also Korean and Vietnamese)

Figure 1
City of Hope's Primary Service Area



Community Consultation

Identification of Potential Participants

Primary data was collected through interviews with key individuals who were knowledgeable about cancer-related needs in the community. Two health educators in the Department of Supportive Care Medicine identified potential participants in the community consultation. They obtained input from colleagues within and outside City of Hope and reviewed the lists of participants in the 2010 community needs assessment. In developing a list of potential participants, a significant effort was made to include a cross-section of organizations that address cancer-related needs of the community. Particular emphasis was placed on identifying organizations that could represent the needs of medically underserved, low-income and/or minority populations. The list included local health departments, advocacy groups, cancer-related organizations, community hospitals, mental health agencies, culturally focused organizations, schools, libraries, local governments, religious organizations and other community-based agencies.

Interview Process, Participants and Tool

A written interview tool and cover letter were mailed to 80 organizations in February 2013. 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. The cover letter and interview tool are attached as Appendix C. 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 2013 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 a health educator or intern. Phone interviews were approximately 20 minutes in length. Sixty-six interviews were completed,

resulting in a response rate of eighty-three percent (83 percent). All interviews were completed between February and April 2013.

A complete list of organizations participating in the community health needs assessment is included as Appendix D.

To further collaboration with public health agencies in identifying and addressing community health needs, representatives from the Los Angeles County and Pasadena health departments were included in the interviews conducted between February and April 2013. In addition, the 66 completed interviews included representatives from the following organizations who were knowledgeable about the needs of medically underserved, low-income and/or minority populations.

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

The community needs assessment tool focused on cancer-related needs and was based on the instrument used in City of Hope's 2010 community consultation. Questions regarding community assets and a quantitative component were added to enhance the quality of data as the foundation for planning implementation strategies.

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 nine cancer education and support issues
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 were analyzed using the statistical software SPSS.

Our Community's View of Health Needs

How "Significant Health Needs" Were Determined

All participants in the community needs assessment process were asked to identify unmet needs in four areas:

1. Cancer prevention and early detection
2. Cancer treatment
3. Support for cancer patients and their families/caregivers
4. Other cancer-related needs

Through qualitative analysis of interview responses, major themes representing the highest frequency responses were identified for each of the four areas. Those themes were used to designate "significant health needs." Data from community representatives' ranking of health issues resulted in identification of additional "significant health needs."

Cancer Prevention and Early Detection Needs

When asked to identify unmet needs in the area of cancer prevention and early detection, respondents most frequently identified the following needs:

1. Lack of education about cancer prevention among specific populations defined by culture or language
2. Increased education about cancer prevention and healthy lifestyles (e.g., diet and exercise) for adults and children
3. Lack of funding/resources available for prevention and screening programs for low income, uninsured and underinsured
4. Limited awareness of resources available in the community

Cancer Treatment Needs

When asked about unmet needs related to cancer treatment, respondents most often cited the following needs:

1. Access to care by low income, uninsured or underinsured individuals
2. Financial assistance with practical needs such as transportation, medication, childcare, etc.
3. Language/cultural barriers that impede patients' ability to navigate the care system and communicate with members of their care team

Patient and Family Support Needs

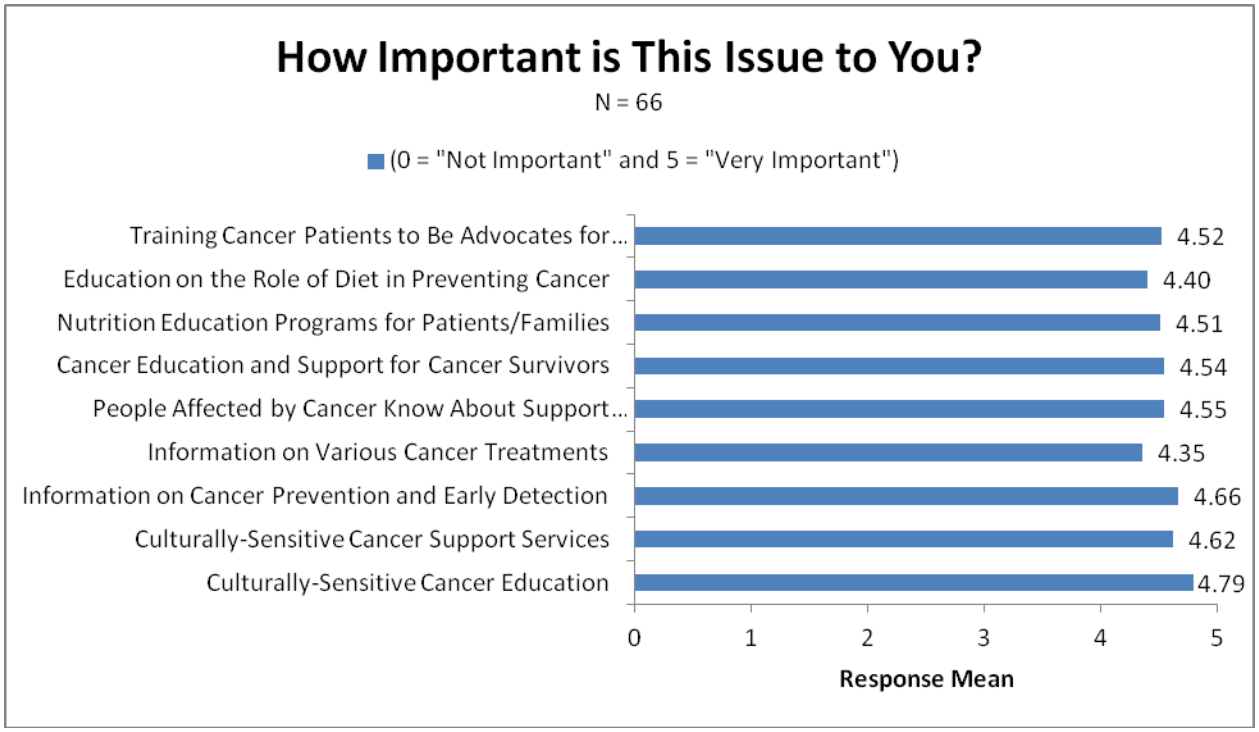
Participants in the community consultation cited the following needs related to support for cancer patients and their families:

1. More support groups/programs, including cultural and language-specific offerings and services for family members
2. Financial support for uninsured and low income individuals to meet basic needs (e.g., housing, transportation, food, medical care)
3. Community partnerships to provide support services for minorities and low income populations

Rating of Cancer Education and Support Issues
How Important is This Issue to You?

Participants were asked to rate the importance of nine cancer education and support issues on a scale from 0– 5, where "0" = "Not important" and "5" = "Very important." Ratings for the nine issues are shown in Figure 2. The response means ranged from 4.35 to 4.79. The weighted grand mean was 4.55, suggesting that participants often rated each issue as "5" or "Very Important." The two issues that respondents rated as most important were culturally-sensitive cancer education and information on cancer prevention and early detection.

Figure 2: Rating of Importance of Nine Cancer Education and Support Issues

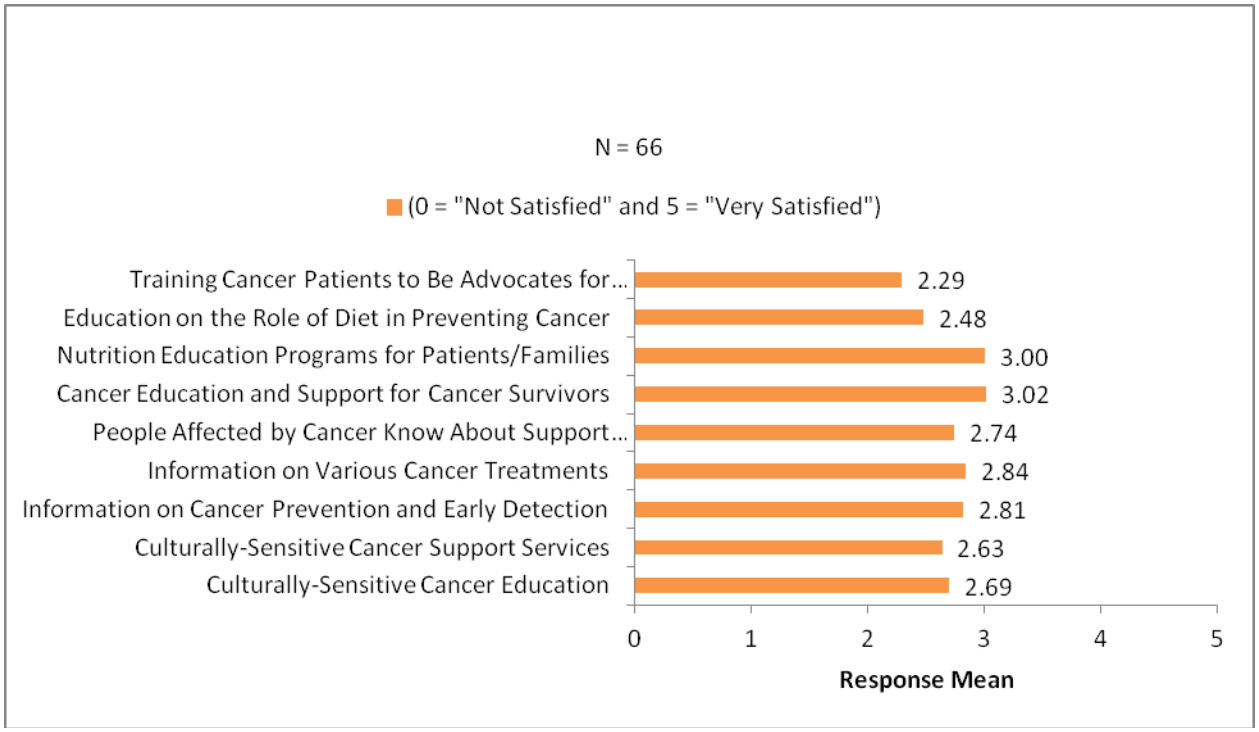


How Satisfied Are You With the Current Efforts on This Issue?

Participants were asked to rate the importance of cancer education and support issues in nine topic categories. As shown in Figure 3, average ratings ranged from 2.29 to 3.02. The weighted grand mean was 2.72, suggesting that participants often rated each issue or topic category as "3" or "a little satisfied."

Respondents were most satisfied with education and support programs for cancer survivors, followed by nutrition education programs for cancer patients and their families. Respondents were least satisfied with current efforts to train cancer patients to be advocates for themselves and with education on the role of diet in preventing cancer.

Figure 3: Rating of Satisfaction With Current Efforts



Significant Health Needs Identified Through Issue Rating

Based on data demonstrating that these two identified needs are most important to respondents, the following issues have been designated as "significant health needs."

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

Based on ratings showing that respondents are least satisfied with current efforts in these two areas, the following issues have been also designated as "significant health needs."

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

Additional Unmet Needs and Barriers

Other cancer-related needs identified by respondents were: education and increased awareness about clinical trials, greater community partnership to increase community engagement activities, and research-based programs for minorities.

Participants in the community consultation were asked to identify major barriers to meeting cancer-related needs in our community. The two barriers most frequently identified by respondents were lack of funding/resources and lack of community awareness of available resources.

Changes for a Healthier Community

Community respondents identified key changes they would like to see over the next five years in order to foster a healthier community. Interagency partnerships and collaborative efforts in offering education, resources and support services were often cited by respondents. Many respondents underscored the need to increase the number of educational programs available in other languages as well as have more educational programs that are culturally appropriate. Increased education on healthy lifestyles was also identified as a change that would promote community well-being.

A majority of community participants emphasized the need for increased partnerships and collaborations in order to have a greater impact on community health. Community participants identified a range of ideas for partnering with City of Hope to meet community health needs.

A more detailed description of needs, and plans to meet those needs, can be found in the Strategies for Addressing Future Needs.

Progress in Meeting Community Needs

Achievement of Fiscal Year 2013 Community Benefit Goals

City of Hope established the following community benefit goals 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.
Goal 2	Address one of the community's top priorities by providing educational programs that are linguistically and culturally appropriate.
Goal 3	Enhance advocacy and self advocacy skills of patients, their families and care professionals.
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: 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.

Outcome:
Vulnerable families were assisted with a variety of resources and referrals during Fiscal Year 2013. The types of services provided and number of referrals/individuals served are listed below:

- Referrals to community doctors - 100
- Financial grants for wigs, food, gas, mileage reimbursement and care giving - 270

- Food bank referrals - 70
- Housing referrals - 20
- Care giving agency referrals - 40
- General Information/SupportScreen support - 269
- Prescription assistance - 30
- Psychiatry referrals - 230
- Psychology referrals - 233
- Support group referrals - 47
- Transportation assistance - 201

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.

Outcome:
The patient resources coordinator managed 1,510 referrals during Fiscal Year 2013. Encounters averaged 125 per month.

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.

Outcome:
The database was created for internal use. Patients and families in need are now able to receive referrals to appropriate community agencies/organizations for support.

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.

Outcome:
A total of five participants attended the class held on March 20, 2013. While no outcomes regarding knowledge were collected, 100 percent of the participants indicated that their confidence in their ability to find resources, support and information was either good or very good.

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.

Outcome:
Decision was made during the year to focus limited resources on other programmatic priorities for Spanish-speaking patients and their families.

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.

Outcome:
Workshop was held on February 13, 2013. A total of eight patients/caregivers attended. While the Cancer Legal Resource Center provided their own satisfaction survey, data on outcomes related to the knowledge gains was not collected.

Strategy 2.4
In collaboration with the American Cancer Society, offer a workshop in Spanish, "Luzca

Bien…Sientase Mejor" (Look Good Feel Better), 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.

Outcome:
The "Luzca Bien…Sientase Mejor" workshop was held a total of four times during Fiscal Year 2013. Twenty-three patients attended the class and 21 complimentary beauty kits were distributed. Changes in knowledge were not assessed.

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.

Outcome:
Workshop was held on February 13, 2013. A total of eight patients/caregivers attended. While the Cancer Legal Resource Center conducted a satisfaction survey, knowledge gains were not assessed.

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 of 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.
Outcome:

- 23 attendees, ages 40 to 72

- Three3 male patients
- Five caregivers

I plan to begin incorporating physical activity into my lifestyle.	94%
I plan on incorporating at least one of the recipes at home.	100%
I understand the roles and responsibilities of my primary care physician and my oncologist based on the survivorship care plan.	100%
I understand the components of the treatment summary and the survivorship care plan.	100%

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:
By October 2012, 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 and 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.

Outcome:
Two hundred members of the local community attended the Diabetes Action Summit.

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.

Outcome:
A total of 662 participants representing 89 different zip codes attended the events during Fiscal Year 2013.

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.

Measure 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.

Outcome:
A total of 30 patients/caregivers attended the classes held in October 2012 and January 2013.

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.

Outcome:
Eat, Move Live, the healthy lifestyle and chronic disease risk reduction intervention was conducted with 55 adults and 25 children with documented positive effect on eating and physical activity knowledge, awareness and behaviors.

For Adults:
At post-test there was an increase in knowledge of daily servings of fruit and vegetables (34 to 43 percent) as well as knowledge of the amount of daily recommended physical activity (71 to 83 percent). Our self-report measure indicates that participants reported an increase in fruit/vegetable consumption (44 to 65 percent). At the end of the class series, most participants (73 percent) reported that they increased cooking of healthier meals at home to three or more times a week.

Overall, participants reported that the class series increased their knowledge about healthy eating (94 percent) and their ability to cook healthy at home (96 percent), and 96 percent reported the classes increased their enjoyment of healthy foods. Most participants reported the series increased their ability to be physically active (98 percent), their enjoyment of physical activity (96 percent), and their knowledge of different ways to be physically active (96 percent).

For Children:
A total of 25 school age children participated in the 2012 program. The majority of children were Latino and their ages ranged from 7 to 11 years old. Children demonstrated an increase in knowledge of food groups and health behaviors.

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.

Outcome:
A strategic decision was made during the fiscal year to transition from one-time health fairs to ongoing collaboration with community partners on the Foothill Fitness Challenge. Emphasis in Fiscal Year 2013 was on planning the Foothill Fitness Challenge, which has significant potential to improve community health status. The Foothill Fitness Challenge was launched in October 2013.

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.

Outcome:
Three hundred students were paired up and matched with City of Hope staff.

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.

Outcome:
45 students were engaged in interactive science research activities.

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.

Outcome:
25 students received mentorship through the City of Hope Summer High School Mentorship program.

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 2013 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. The center's 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
- 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
- The Spungin Tranquility Courtyard, a comfortable outdoor space for reflection

Education and Support for Patients and Caregivers

The Biller Patient and Family Resource Center offers programs that enhance the physical, mental and emotional well-being of patients and caregivers. In addition to the programs discussed under "Achievement of Fiscal 2013 Community Benefit Goals," the center offered the programs highlighted below.

- **Breathing and Meditation Workshop –** This weekly workshop was launched in June 2011 in response to data from City of Hope SupportScreen program which demonstrated that patients consistently rate problems with fatigue and sleeping as top concerns. The workshop equips patients and caregivers with simple breathing and meditation techniques to relieve stress and anxiety, enhance health and well-being, and promote a good night's sleep**. A total of 230 individuals attended 52 classes during Fiscal Year 2013.**

- **CLIMB - Children's Lives Include Moments of Bravery -** The CLIMB program provides education and support both to the parents and children. Parents are taught healthy ways to help their children cope while their children learn about cancer, coping strategies and how to communicate their feelings. **Between March 2013 and June 2013, 52 parents and children attended the program.**

- **Head and Neck Support Group -** Throughout the year, City of Hope offered this support group for head and neck cancer patients and caregivers. The support group focused on topics of interests to participants, ranging from education regarding their types of cancers, panels of survivors and resources. **Between October 2012 and September 2013, 106 patients and their caregivers attended this group.**

- **Writing for Wellness –** Two classes were held in December 2012, **with 17 participants in total.** This workshop invites patients and caregivers to tap into the healing power of words and learn how focused writing and journaling can provide relief, comfort, strength and hope.

- **Music Therapy -** Music therapy classes were provided to patients and caregivers two times per month throughout the year. **A total of 53 individuals attended eight classes during Fiscal Year 2013.**

- **Restorative Relaxation -** The workshop, *"Release, Refresh, Renew - Experience Restorative Relaxation,"* uses yoga, meditation and guided imagery to help patients and caregivers reduce fatigue, restore energy and relax. **A total of 428 individuals attended 91 classes in Fiscal Year 2013.**

Spanish Restorative Gentle Yoga Class:

City of Hope offered yoga classes to more than 100 Spanish-speaking patients and caregivers in Fiscal Year 2013. The six-week workshops enabled participants to learn various hatha yoga postures and daily home practice and relaxation techniques such as meditation and deep breathing. **During Fiscal Year 2013, 187 individuals attended 87 classes.**

Patient Navigation Program:

Patient navigators provide personalized guidance, support and assistance to patients and their families, orienting them to City of Hope services and resources. **Navigators assisted an estimated 3,500 patients and caregivers during Fiscal Year 2013.**

The Positive Image Center℠

City of Hope's Positive Image Center℠ is staffed by licensed cosmetologists who facilitate the *Look Good...Feel Better* program. The center offers an assortment of accessories and specialty products for patients and also provides other support programs such as: The Beauty Pop Up Salon, Jose Eber Day of Pampering and the Josie Maran Day of Beauty. **Between October 1, 2012, and September 30, 2013, 157 patients participated in these programs and had an opportunity to receive wigs and other beauty products.**

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 is sent out electronically to organizations in the San Gabriel Valley and Greater LA area, serving those affected by cancer, as well as 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 (www.cityofhope.org) is an important resource for both the public and health care professionals.

The 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
- Community education programs, other community events and support services

Advancing Community Engagement

City of Hope's Center of Community Alliance for Research & Education (CCARE) focuses on community collaboration. 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;
3. Training – education and mentoring of students, researchers, clinicians and community advocates

The *Eat, Move Live* program is only one among many initiatives that CCARE 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.

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 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.

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, which provides scholars with clinical research fundamentals and the comprehensive skill set required for today's clinical investigator.

Education of Nurses and Other Health Professionals:

City of Hope is an important training site for nursing students from Azusa Pacific University, Biola University, Pasadena City College, Rio Hondo College, Cal State Los Angeles, Cal State Fullerton, Cal State Long Beach, Western University of Health Sciences, La Verne University, Cal State Dominguez-Hills, Cal State Northridge and UCLA. Experienced City of Hope nurses serve as preceptors for students who are completing clinical rotations. Ninety nursing students completed clinical rotations at City of Hope in Fiscal Year 2013. 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 masters 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 Sheri & Les Biller Patient and Family Resource Center and the Department of Supportive Care Medicine offer continuing education programs for City of Hope faculty, staff and community professionals. Recent topics addressed innovative approaches to distressed screening and advanced care planning. Department faculty and staff conduct innovative research that benefits patients and professionals across the nation and around the world.

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 the 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
- School of Radiation Therapy
- Clinical Practice and Education
- Cancer Center Seminar Series
- Neuropsychology Clerks
- Division of Information Sciences Training Program

Clinical Research

Clinical research at City of Hope has helped fundamentally advance the world's understanding of cancer, diabetes, HIV/AIDS and other life-threatening diseases. This research has, in turn,

helped improve the lives of men, women and children around the world. City of Hope's success in clinical research is due in great part to its foundation of scientific knowledge that supports an integrated, multidisciplinary approach that allows City of Hope researchers to successfully bring genetic and immunological, stem cell and imaging techniques into the treatment arena.

Hematologic Malignancy Institute:

City of Hope is conducting research to develop an improved understanding of regulation of malignant stem cells in hematologic malignancies and to develop effective approaches to eliminate these cells. Studies are underway on the molecular mechanisms that drive development of secondary leukemia in patients receiving cancer treatments, to allow prediction of which patients are at highest risk of the disease, and design interventions that can prevent or treat it.

John Chan, M.D., was recently recruited to City of Hope in December 2013 and has continued his research into the molecular mechanisms of lymphomagenesis. Chan's work is critical to building a translational program for the better diagnosis and treatment of patients with lymphoma at City of Hope.

Diabetes Research Center:

City of Hope is conducting research to improve the understanding of type 1 diabetes mellitus, with a focus on developing new strategies for achieving a cure for this devastating disease. Studies are underway to explore a multifaceted approach to advancing islet transplantation through the development of gene signature for assessing islet quality so the best islets can be transplanted into patients, developing new imaging technology for real-time assessment of transplanted islet cells in patients, protecting native and transplanted islet cells using immune modulation, and identifying ways to create an unlimited source of insulin-producing cells for transplantation.

Genetic Screening of Latinas at High Risk for Breast Cancer

Jeffrey Weitzel, M.D., founder and director of the Division of Clinical Cancer Genetics and director of the Cancer Screening & Prevention Program℠ at City of Hope, is passionate about the potential of genetic screening to identify healthy women at increased risk for breast cancer. Distressed by the number of young patients with advanced breast cancer seen at regional safety net clinics and the lack of Medicaid coverage for genetic predisposition testing, 10 years ago Weitzel established a clinical and research program to develop culturally tailored genetic counseling and genetic testing for high-risk, uninsured Latina women and their relatives.

The program partners with Olive View Medical Center to provide on-site bilingual genetic counselors who map the patient's family tree, help patients contact their relatives and encourage the women to undergo screening, arranging free genetic testing for patients at high risk for, or diagnosed with, breast cancer. When a patient is found to be positive for BRCA1 or

BRCA2, high risk care is provided at Olive View, including screening breast examinations for at risk relatives living in the area. Women who test positive for BRCA1 and BRCA2 are counseled about the value of oophorectomy in reducing the risk of breast cancer by 50 percent and eliminating the risk of ovarian cancer associated with the gene.

Underserved/uninsured women in the community with a breast abnormality can qualify for emergency MediCal or state sponsored breast cancer treatment funds if a biopsy identifies breast cancer. High risk patients are provided state of the art genetic cancer risk assessment at City of Hope, and subsequent breast cancer treatment and oophorectomy can be performed there.

Full sequencing of the most common breast cancer genes (BRCA1 and BRCA2) for mutations can cost up to $4,000 — a cost that puts the test out of the reach of underserved populations. In order to make BRCA testing more affordable, Weitzel created a $25 test for BRCA mutations that are common in the Latino population. These studies are paving the way to more access in Latino communities, even extending into Mexico and South America.

Weitzel offers lay lectures about breast health in the community and has conducted 150 lectures at community hospitals over the past few years. Along with his senior genetic counselor, who has a doctorate in education, Kathleen Blazer, he also created a 90-hour continuing medical education course in breast cancer used to train clinicians locally, regionally and nationally. The course is designed to create practitioner-level competence in cancer genetics. Participants are taught how to obtain and draw comprehensive high quality genetic pedigrees and to provide cancer risk counseling. Many participants choose to collaborate with Weitzel's group and enter the pedigrees into a database at City of Hope. This database, which is used to conduct research in the genetics of cancer, now contains information from 10,000 patients, with 1,500 being added every year. The database has already played a key role in research that led to fundamental changes in breast cancer care.

For medical professionals, Weitzel organizes an annual conference on cancer genetics that alternates between City of Hope and other locations and attracts more than 200+ participants. Further, Weitzel's team serves as a resource for community physicians treating patients with breast cancer or at risk for the disease.

In 2012, City of Hope held the first hereditary cancer patient reunion conferences in English and Spanish. The forum was used to provide patients with information about new developments in the diagnosis and treatment of cancer, and to obtain their thoughts about the treatment they received.

From high risk patient focus groups and experience with underserved patients referred for cancer risk counseling, Weitzel learned that after being screened 50 percent of Latina patients failed to follow up with their genetics appointment. As a result, analysis of a pre-consult phone call using adapted motivational interviewing techniques was instituted with American Cancer Society grant support. This has increased compliance with appointments, as compared with conventional scheduling practices.

Foothill Fitness Challenge

The Foothill Fitness Challenge was developed to improve on the health fair concept by enticing community members to make an investment in their own health, while making City of Hope's campus a destination for health and wellness information and education for the community.

The challenge capitalizes on the competitive nature of elected officials. City mayors are invited to organize teams to compete against each other in healthy lifestyle categories: nutrition, exercise, weight loss, blood pressure improvement and overall healthy living. A kickoff event was planned for October 2013, with free health screenings, healthy cooking demonstrations, fitness classes and a one-mile walk. Community businesses and organizations and the Duarte Unified School District were invited to partner in the event and provide resources in the community to achieve participants' self-defined fitness goals.

Student Mentoring Partnerships

City of Hope offers multiple educational partnerships with Duarte Unified School District. Each project is currently overseen by its department of origin.

Regional Occupational Program (ROP):

ROP is designed to expose high school students to the variety of professions — medical and nonmedical — found in a medical center. Students from Duarte High School and surrounding communities are matched with City of Hope professionals in areas of interest that may include human resources, finance, information technology, marketing, fundraising, public health, clinical medicine, research and other professions. The students are mentored two days a week and participate in a third day of classes for six weeks, for which they receive five academic credits. The goal is to help the students identify areas of interest and build a future workforce that includes students from underserved populations.

Summer Research Internships:

City of Hope offers a paid 10-week research summer internship to 50 to 70 high school students from all over the United States, with 21 internships reserved for students from Los Angeles County. Each year, an average of 1,500 applications are received. The program pays most students a stipend of $4,000 each for 10 weeks. Select students, who are part of the National Cancer Institute CURE program, are paid $4,800 for 12 weeks.

Community Science Festival:

Yearly, advanced placement biology students are invited to participate in a Community Science Festival, in which they tour the laboratories at Beckman Research Institute of City of Hope, meet with scientists and learn about the science behind disease prevention. Hands-on science projects are designed to increase interest in scientific research. Popular offerings include extracting DNA from strawberries, learning about the spread of disease through the use of germ-glow soap and understanding the process of digestion with digestion-in-a-bag experiments.

Seeds of Hope

Obesity in City of Hope's primary service area is a serious concern because it is a major risk factor for diabetes. Food deserts — urban areas where fresh fruits and vegetables are scarce — are often cited as partially responsible for obesity. To help combat diabetes and improve nutrition, City of Hope has partnered with the Episcopal Church of Los Angeles and local food distribution groups to make fresh produce more accessible to vulnerable populations in a program called "Seeds of Hope."

The diocese of about 85,000 parishioners is in the process of identifying open spaces in its 140 parishes with potential for farming and is responsible for mobilizing community members to create urban gardens. One garden, established through St. Luke's in Monrovia, is being farmed and Foothill Unity Group is managing distribution of food.

San Gabriel Valley Science Education Partnerships Award Collaborative (SEPAC)

SEPAC is a partnership between City of Hope and the Duarte Unified School District. A five year National Institutes of Health grant underwrites the salary of a Ph.D. in science education, who develops the curriculum for the program and implements all program activities. Under the direction of researcher Susan Kane, Ph.D., City of Hope faculty, scientists and predoctoral students donate their services to provide hands-on biomedical science education to second, fifth, eighth graders throughout the year. Additionally, SEPAC conducts an in-depth summer research program for interested high school students. The goal of the SEPAC program is to increase understanding of the connection between science and health through fun, interactive, hands-on activities and to grow the pipeline of underrepresented minority students pursuing college majors and careers in the sciences and technology. Multiple interactions provided over the course of K-12 schooling help build and maintain interest, while preparing students to enter college with real-world research capability. The program enables students to learn about the latest advances in cancer, diabetes and stem cell research from world-class scientists and educators.

- City of Hope scientists visit every second grade classroom in the district to teach genetics, using age-appropriate illustrations of inherited traits. Second graders visit City of Hope at the end of the school year to tour the grounds and engage in fun activities such as completing a scavenger hunt, solving a lab mystery, building a genetic traits bracelet and taking their pictures at the "I'm a Scientist" photo board.

- Every fifth grade student visits City of Hope to tour the grounds and participate in hands-on science activities with useful messages. Through the activities, students learn about: the properties of blood, which reinforces disease awareness; how to design effective protections against skull fracture, enabling them to better understand the need for injury prevention measures such as helmets; and the spread of germs, helping them understand the need to practice infection control.

- Every eighth grade student visits City of Hope to conduct real laboratory experiments and is challenged to use blood, chemical and DNA evidence to solve a mock crime. The capstone of SEPAC is an eight-week summer research program in which 24 rising high school juniors and seniors are selected to conduct real cancer research in the collaborative, nurturing setting of City of Hope's Community Teaching Laboratory. The students are taught how to give oral presentations about their work and hear about college and career opportunities in the sciences. Students end the summer by presenting their work to family and friends. Interested students can continue doing research in City of Hope labs during the school year.

- The program also sponsors a number of professional development workshops for elementary, middle and high school teachers in the district.

Emerging Programs for Specific Populations

Chinese Outreach:

Health disparities among our local Chinese community often increase barriers to seeking timely prevention, diagnosis and treatment options. City of Hope's Chinese Outreach program seeks to open culturally appropriate pathways that breakdown socio-cultural barriers that limit access to cancer care.

Latino Strategy:

Recognizing that Hispanics represent 46 percent of our catchment area, City of Hope is committed to advancing clinical care, research, prevention, education and outreach to the Hispanic community in culturally relevant ways by building partnerships, improving relationships and creating active conversations to amplify awareness of Hispanic health care needs. Several programs have been created, and or continued, to support this strategy in conjunction with Latinos4Hope. Some examples include: El Concilio, the first Latino patient and family advisory group in the United States, which works to improve the overall patient-family experience for Spanish-speaking Hispanics at City of Hope through education, translation, information and easy navigation of resources and services to foster high-trust relationships and save lives. Additional initiatives include workforce development efforts with the National Hispanic College Leadership Tour and partnership with the League of United Latina American Citizens in the Latinos Living Healthy fair – Feria de Salud!, where screening materials and health education resources are shared. In addition, City of Hope, in partnership with the Center for Hispanic Leadership, launched and is the original sponsor of Healthy Hispanic Living, an online digital health and prevention magazine.

Connecting People of African-American Descent:

This new program was established by black City of Hope employees to help the organization expand its Diversity and Inclusion initiatives to meet the needs of the African-American community.

Pinoys4Hope:

One goal of this initiative established by Filipino City of Hope employees is to promote and support outreach efforts, working in partnership with other diversity initiative groups, when possible, for greater impact.

Programs Targeting Adolescents and Young Adults

Adolescents and young adults (ages 15 to 39), as defined by the National Cancer Institute, are a special population that has seen little improvement in five year cancer survival. The nature of this population in terms of risk-taking behaviors may put them at an increased risk of certain cancers, or interfere with treatment or with life after cancer is diagnosed. City of Hope professor Jonathan Espenschied, M.D., has a specialty interest in these issues. He is spearheading physician discussions nationwide about the psychosocial, medical problems and ethical dilemmas associated with multiple factors in this age group before, during and after cancer treatment.

Continuing Medical Education for Community Providers

Although City of Hope provides specialty care for large numbers of patients from underserved populations, community providers are the first line of care for disease prevention and early detection. Family practitioners, nurse practitioners and registered nurses are challenged by the extent of knowledge they must have to treat all diseases in patients of all ages.
City of Hope assists these community care providers by providing the information they need to remain current on the diagnosis, treatment and prevention of cancer and diabetes. This is accomplished through a multipronged approach that includes:

- Addressing vulnerable populations in every continuing medical education (CME) lecture, either by presenting research or providing references for follow-up reading
- Holding a monthly CME dinner on valued topics for family practitioners residing within a 30-mile radius
- Providing the latest information on screening guidelines and clinical trials free of charge on City of Hope's website
- Inviting area practitioners to attend free Ask the Experts talks held at City of Hope
- Giving lectures at community practice sites with a large underserved population, including Antelope Valley and South Pasadena
- Providing accredited talks on such topics as supportive care, palliative care and how to talk with patients in a culturally sensitive manner for M.D.s and R.N.s at major medical meetings

Pharmacy Initiatives

With lung cancer a major focus area at City of Hope, smoking cessation efforts are given high priority. Thanks to Public Health Service Law 340B, we are able to provide medically underserved and indigent patients with smoking-cessation medications and products free of charge.

City of Hope pharmacists take an active role in health literacy education as it relates to medication use by presenting talks. Currently these talks are primarily focused on the needs of City of Hope patients or presented to community members coming to City of Hope.

Nutrition Education

City of Hope has five clinical dietitians on staff and offers a nine- to 10-month internship for clinical nutrition students from CalPoly Pomona. An attempt is being made to choose at least one intern who speaks Spanish.

Epidemiological Research in Minority Populations

Long-term epidemiological studies conducted by the American Cancer Society have played a major role in furthering knowledge about cancer prevention. ACS' Cancer Prevention Study-3 will follow 300,000 adults from various ethnic and racial backgrounds for 20 years to determine whether risk factors for cancer differ among various racial and ethnic groups. City of Hope was an active participant in recruiting healthy individuals in the Asian community to participate in this important longitudinal study.

Economic Value of Community Benefits

How Benefits Were Defined

The quantifiable community benefits provided by the medical center in Fiscal Year 2013 are listed in Table 1. Consistent with community benefit standards, only activities funded by the Medical Center (versus Beckman Research Institute of City of Hope or the development group) were included as quantifiable benefits.

The Catholic Health Association's publication, "*A Guide for Planning and Reporting Community Benefit, 2012 Edition*" was used to determine whether activities met criteria for inclusion as a quantified community benefit. Those criteria 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 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 nonlabor costs. Dollars were rounded to the nearest hundred.

Value of Quantifiable Benefits

In Fiscal Year 2013, City of Hope provided a total of $69,947,636 in medical care services benefits (including Medicare shortfall). The economic value of benefits provided to the broader community was estimated at $4,342,713. The value of health research, education and training programs that were quantified was $56,927,004.

The total value of quantifiable community benefits provided by the medical center in Fiscal Year 2013 was $131,217,353.

Countless Community Benefits

City of Hope offers countless benefits to our community that are not reflected in Table 1
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 the myriad nonqualified benefits contributed by the Medical Center.

Table 1 Economic Value of Community Benefits Provided by City of Hope Medical Center Fiscal Year 2013			
Category/Program Name	**Total Expense**	**Offsetting Revenue**	**Net Community Benefit**
A. Medical Care Services for Vulnerable Populations			
Medicare	168,602,193	122,749,318	**45,852,875**
Medi-Cal	119,988,727	102,602,966	**17,385,761**
Charity Care	6,709,000		**6,709,000**
TOTAL MEDICAL CARE SERVICES BENEFITS, INCLUDING MEDICARE SHORTFALL	295,299,920	225,352,284	**69,947,636**
TOTAL MEDICAL CARE SERVICES BENEFITS, EXCLUDING MEDICARE	126,697,727	102,602,966	**24,094,761**
B. Benefits for the Broader Community			
1. Community Health Improvement Services			
a. Community Health Education			
Affordable Care Act Health Forum	1,842		1,842
AIDS Summit	2,299		2,299
Chinese Website and Educational Events	62,292		**62,292**
Diabetes Summit	3,476		**3,476**
Educational Program Coordination, Sheri & Les Biller Patient and Family Resource Center	58,112		**58,112**
Foothill Fitness Challenge	1,872		**1,872**
HeLa Educational Forum	6,722		**6,722**
Latinos Living Healthy (LULAC) and Healthy Hispanic Living	18,669		**18,669**
Translation of Materials for Hispanic Outreach	24,850		**24,850**
Women's Health Conference	1,766		**1,766**
b. Health Care Support Services			
Adopt-A-Family Program	566		**566**
Patient Resources Coordination	69,446		**69,446**
Total Community Health Improvement Services	251,912		**251,912**
2. Community Benefit Operations	28,600		**28,600**
3. Cash and In-Kind Donations			
CA Health Foundation and Trust	3,992,984		**3,992,984**
Education Foundations	1,800		**1,800**
Young Citizen of the Year Award	300		**300**
Total Cash and In-Kind Donations	3,995,084		**3,995,084**
4. Community-Building Activities			
Groundhog Job Shadow Day and Career Day	1,267		**1,267**
Hispanic Leadership Development and Training	56,420		**56,420**
Hispanic Biomedical and Scientific Pipeline Forum	3,016		**3,016**
Regional Occupational Program - Summer High School	4,774		**4,774**
Science Field Day	1,640		**1,640**
Total Community-Building Activities	67,117		**67,117**
TOTAL BENEFITS FOR BROADER COMMUNITY	4,342,713		**$4,342,713**
C. Health Research, Education and Training Programs			
Medical Center non-funded cancer research	64,887,800	8,568,500	**56,319,300**
Training Programs	732,704	125,000	**607,704**
TOTAL HEALTH RESEARCH, EDUCATION and TRAINING PROGRAMS	65,620,504	8,693,500	**$56,927,004**
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, EXCLUDING MEDICARE	196,660,944	111,296,466	**$85,364,478**
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, WITH MEDICARE SHORTFALL	365,263,137	234,045,784	**$131,217,353**

Strategies for Addressing Future Needs

The 2013 Community Health Needs Assessment enabled City of Hope to identify five areas of community concern related to cancer and diabetes. Members of the local community were asked to prioritize those needs by taking into account the size and seriousness of the issue, economic feasibility, potential for impact, availability of community assets, need due to limited community assets, probability of success and value to the community.

Strategic Priorities: The five focus areas were prioritized as follows:

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

Within these focus areas; the community stakeholders identified specific issues as important to pursue over the next three years. These include:

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

To add more focus and commitment to addressing the needs of the local community, all community benefit programs at City of Hope, both existing and to come, are now being filtered through the lens of five core principles, established by the Public Health Institute:

1. Emphasis on populations with disproportionate unmet health needs within City of Hope's primary service area ("vulnerable populations"), as measured by culture, race or language disparities, age, poverty and lack of education
2. Emphasis on primary prevention: health education, disease prevention and health protection

3. Building community capacity by mobilizing community stakeholders as full partners and engaging them in sustainable strategies that address both symptoms and underlying causes
4. Building a seamless continuum of care to optimize the ability of community resources to manage cancer and diabetes, prevent patients from falling through the cracks and minimize the need for future medical care
5. Collaborative governance to ensure the community has a voice in, and partners in, projects initiated with City of Hope

Because the focus areas identified by community stakeholders are interrelated, many existing City of Hope programs touch on more than one core principle and meet more than one strategic priority.

We believe this is indicative of a robust program with increased chance of meeting a greater number of needs. We are actively seeking to enhance existing programs to include additional principles and priorities. Details are included under each program on the pages that follow.

Table 2. 2014 to 2017 Community Benefit Plan Implementation Strategies

Cancer prevention and early detection (lung, women's cancers, colorectal, prostate)	Healthy living (nutrition/ physical activity/diabetes)	Culturally relevant community partnerships	Smoking cessation	Research alliances
Increase access to cancer screenings among vulnerable populations	Increase the proportion of adults living in City of Hope's service area who engage in leisure-time physical activity (HP 2020. PA-1)	Increase the proportion of adults counseled about cancer screening consistent with current guidelines (HP 2020. C-18)	Reduce cigarette smoking among adults (HP2020. TU-1)	Increase understanding of the barriers to cancer care among vulnerable populations.
Reduce late-stage cancers (lung, colorectal prostate and women's cancers) among vulnerable populations	Increase the proportion of adolescents living in the City of Hope service area who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity (HP 2020. PA-3) Increase mental and physical quality of life in cancer survivors (HP 2020. C-14)	Improve health literacy in the population (HP 2020. HC/HIT-1) Increase the percentage of individuals who say their health care provider always gives them easy-to-understand instructions about what to do to take care of their illness or health condition (HP 2020. HC/HIT 1.1)	Reduce tobacco use by adolescents (HP2020. TU-2) Reduce the number of children, adolescents and young adults who start using tobacco. (HP 2020. TU-3)	Develop strategies to decrease barriers to cancer care among vulnerable populations.
Support and promote policies and environmental changes that promote healthy eating and active living, placing emphasis on making the healthy choice the easy choice among vulnerable populations living in the City of Hope service area	Increase fruit and vegetable consumption of fruits among people aged 2 years and older living in City of Hope's service area (HP 2020. NWS-14) Enhance health-related knowledge and behavior in vulnerable populations living in the City of Hope service area	Increase the number of organizations and individuals in the vulnerable community that participate in City of Hope community benefit activities and services.	Reduce the number of nonsmokers exposed to secondhand smoke (HP 2020. TU-11)	Share results from evidence-based research on cancer care issues among vulnerable populations at the local, regional and national levels
Increase preventive behaviors in persons at high risk for diabetes (HP 2020. D-16)	Increase the proportion of individuals with diabetes whose condition has been diagnosed. (HP 2020. D-15)	Decrease proportion of vulnerable community that identify cultural/ language barriers as cause for not accessing appropriate cancer care.		

City of Hope is dedicated to making significant contributions that lead to measureable outcomes on a national level. From this point forward, projects will be broken down into measureable components and shared among the collaborative partners in City of Hope's service area, who will evaluate the project for its ability to impact at least one of the identified outcomes in the five priority areas for 2014 to 2017. Most of these priority areas dovetail with Healthy People 2020 outcome indicators (HP 2020), as shown in Table 2 and explained in detail on www.HealthyPeople.gov.

Moving forward, City of Hope will convene a meeting of internal and external stakeholders to discuss how programming will be designed to reflect a focus on the Community Health Needs Assessment prioritized needs. Some programs may continue on and some may plan new directions. For those that are continuing on, they have identified the following strategies to complete through 2017:

Program	2014 to 2017 Projected Strategy
Clinical Research	Clinical research will continue to pursue answers to the most perplexing questions (surrounding cancer, diabetes, HIV/AIDS and other life-threatening disease) that impact our communities.
BRCA1 and BRCA 2*	In order to help patients become advocates for breast cancer screening, City of Hope will seek community partners who will invest in patient advocacy programs. The database will continue to be mined for patient outcomes with the hopes of refining the population that may benefit from genetic testing for BRCA.
Foothill Fitness Challenge	The first Foothill Fitness Challenge event was held October 5, 2013. That event will be followed by additional free events, held regularly, to encourage ongoing involvement in healthy lifestyle choices. Participants will be surveyed to determine what types of activities are most likely to keep them engaged, and to assess whether knowledge and practices learned through the Foothill Fitness Challenge changes their exercise, eating and preventive medical care habits. Based on survey results, partners will continue to be recruited and new events added. City of Hope has pledged the funding and resources necessary to sustain a program with lasting community benefit.
Student Mentoring Programs (ROP, Interns) with Duarte Schools	To ensure vulnerable students are specifically targeted for participation, these programs will be centralized, simplified and coordinated to the development of new educational initiatives.
Latino Outreach Strategy	City of Hope will continue to build its enterprise-wide Latino Strategy. We will continue to focus on patient and caregiver programs and evaluate the awareness in the community of cancer and diabetes screenings and prevention. We will continue to build community partnerships to engage the community in shared efforts to promote well-being. We also will continue to work to translate our research and educational materials into Spanish to post on our Spanish language website and to share through Healthy Hispanic Living and in the community.
Diabetes	City of Hope endocrinologist and diabetologist Raynald Samoa, M.D., will conduct outcomes research aimed at evaluating whether access to fresh food reduces the incidence of obesity and diabetes. Samoa suspects that obesity has more complex root causes, and he plans to expand the study to determine how these individuals make decisions.
Seeds of Hope	City of Hope provided a small parcel of land to be used as a community garden on the Duarte campus. As a project of Seeds of Hope, local churches and the

City of Duarte, a small garden will be planted and the fresh vegetables distributed to at-risk families. Samoa's team will evaluate the impact of increased access to fresh vegetables in an urban setting on various health drivers that lead to diabetes.
City of Hope will also explore partnerships with UC Riverside, CalPoly Pomona and other schools with farm grants to provide ongoing technical assistance to other locations and organizations that participate in the expansion and replication of this project.

Science Education Partnership Award Program

City of Hope plans to follow up with past participants in the program and the school district to determine how many students have chosen careers in the biomedical sciences, and how many of these come from underserved populations. The feasibility of expanding the summer program to 48 students and replicating our efforts with Duarte into other school districts also will be explored. The long-term sustainability of the program, beyond National Institutes of Health funding, also will be studied.

Center of Community Alliance for Research & Education (CCARE)

CCARE will focus on enhancing programmatic efforts in line with the five core principles. These efforts will include:

- Providing a community liaison/patient navigator to assist patients and families in overcoming language and system barriers
- Expanding current programs to other content areas
- Increasing the availability of resources and information in Spanish and Chinese
- Leveraging interdepartmental and community partnerships to share resources and collaborate on programs and services
- Growing multicultural community partnerships to ensure sustainability and community ownership of programs and services
- Expanding community council (for example, by including other community hospitals, providers serving targeted communities, monolingual cancer survivors and families) to ensure that program efforts meet the needs of the vulnerable population

Sheri & Les Biller Patient and Family Resource Center

During the next three years the Biller Patient and Family Resource Center will strive to strengthen its capacity to provide healing services by:

- Exploring the barriers that prevent people from coming to the classes
- Encouraging community members to attend the courses and classes
- Tailoring programs to the needs of culturally specific groups
- Providing language-specific educational materials to targeted vulnerable populations
- Partnering with departments across City of Hope to create and deliver programs and services to vulnerable populations
- Partnering with community groups that can help create and deliver programs and services to vulnerable populations

Diversity Initiatives

Connecting People of African Decent is working closely with CCARE and community-based organizations to identify projects and programs that would benefit from City of Hope's involvement.

One goal is to increase the number of black students from Duarte High School who participate in the summer student internships.

Pinoys4Hope plans to extend its efforts beyond City of Hope to the community and increase community Filipino participation in blood drives, the Foothill Fitness Challenge, and other health and wellness events.

Programs Targeting Adolescents and Young Adults

A formal program is being developed for adolescent and young adults before, during and after their care. Jonathan Espenschied, M.D., assistant professor of

	population sciences, will ask community physicians who serve minority populations to participate in discussions about multiple co-morbidities and their impact on health and cancer treatments.
Patient Coordination	To better serve our patients' needs, City of Hope plans to build relationships with outside agencies that provide services unavailable at City of Hope. Such relationships would enable the patient coordinator to transition patients smoothly to mental health clinics, community health clinics, dentists, childcare providers and other needed services.
Continuing Medical Education for Community Providers Pharmacy Initiatives	City of Hope will continue to expand educational efforts that meet the needs of our community providers. City of Hope plans to expand these initiatives in the following ways: • Expanding the topics that are presented and presenting more talks in a non-City of Hope community setting • Recruiting qualified Spanish-speaking individuals to present these talks
Clinical Nutrition (Interns)	Due to their indispensible role in providing support to City of Hope patients, the dietitians' ability to offer nutritional advice to the community is limited. Through collaborative internal and external partnerships, plans are being developed to use interns in the presentation of community-based nutrition education classes (in English and Spanish) that make healthy eating the easy choice in vulnerable populations and at Duarte High School. Social marketing efforts will be strengthened to incorporate strategies that encourage the community to attend nutrition-related educational programs held on the City of Hope campus.
Chinese Outreach	City of Hope's Chinese Outreach Initiative is translating patient instructions, patient education materials and City of Hope's website into Chinese. The initiative plans to expand the use of these health education materials in the community to help overcome cultural barriers to care. Initial efforts will focus on providing lung cancer screenings, partnering with community resources to provide medical care when needed, and on educating Chinese women about the need to pursue timely follow-up medical care when mammography results are positive.
Epidemiological Research in Minority Populations	City of Hope will continue to recruit research participants from vulnerable populations for appropriate trials in the hopes of gaining a better understanding of how to prevent disease in those with disproportionate unmet health needs.

Other Health Needs

City of Hope is a comprehensive cancer center, and the provision of services to address other emerging health needs of the community may be outside the scope of our mission. Nevertheless, we will continue to collaborate with local organizations to streamline resources and referrals to connect vulnerable individuals to the right care they need at the right time.

Monitoring and Evaluation

City of Hope is dedicated to being a responsible steward of community benefit initiatives. We believe that taking a business approach to the planning and evaluation of identified initiatives will ensure their long-term sustainability. We realize that measurement and evaluation are necessary to distinguish success, as well as to highlight areas for improvement or growth, which can result in more

effective initiatives. City of Hope is in the process of identifying methods of monitoring and evaluating the impact of the initiatives identified in this document. In order to efficiently deploy resources and maximize results, City of Hope's annual budget will include the operating funds required to manage, track and report outcomes of all community benefit programs and initiatives.

Conclusion

The designation of community benefit programs as an institutional priority increases the sense of urgency in creating strong, useful programs that meet the needs of the vulnerable population in our service area. The 2014 to 2017 implementation strategy will begin by viewing existing and future programs through a new lens that places vulnerable populations in the forefront of the planning process. An institutional commitment will foster more fluid collaboration and reporting among internal stakeholders. As a result, the prioritized implementation plan will allow for a more strategic focus on areas critical to our service area, while creating pathways for health and healing. We at City of Hope look forward to serving our community in ways that recognize the specialized needs of cancer prevention and detection, healthy living, culturally relevant community partnerships that address barriers to care, smoking cessation and research alliances.

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 and vicinity	91203	Glendale
90027	Los Feliz/Hollywood	91204	Glendale
90031	Los Angeles (between S. Pas./Alhambra)	91205	Glendale
90032	Los Angeles (between S. Pas./Alhambra)	91206	Glendale
90033	Los Angeles (between S. Pas./Alhambra)	91207	Glendale
90039	Los Angeles (between S. Pas./Alhambra)	91208	Glendale
90041	Eagle Rock	91501	Burbank
90042	Eagle Rock/Highland Park	91502	Burbank
90063	Los Angeles (between S. 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	S. 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

2013 Community Health Needs Assessment
Profile of the Community

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

As part of the hospital's 2013 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 3.

Table 3
Sources of Secondary Data Reported
2013 Community Needs Assessment

Demographic Data	
For zip codes in COH's primary service area: Total population Age distribution and median age Racial/ethnic distribution Household Size	2010 U.S. Census data, analyses performed by City of Hope Division of Information Sciences
Health Care Access (For LA County and San Gabriel SPA)	
Prevalence of Vulnerable Populations Uninsured adults and children Adults and children with no regular source of health care	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.
Use of Preventive Health Services Mammography Pap smears Colorectal cancer screening (Sigmoidoscopy or Colonoscopy)	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. *California Cancer Facts and Figures 2012*.
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. Centers for Disease Control and Prevention, 2010. State of California Center for Health Statistics, 2009.
Smoking by adults - CA, US	Los Angeles County Department of Health. Cigarette Smoking in Los Angeles County: Local Data to Inform Tobacco Policy 2010
Adults who consume five or more servings of fruits and vegetables a day – CA US	United States Department of Health and Human Services.
Adults who are physically active – CA and US	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.

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.[1] These analyses yielded essential data on population distribution by age, gender, race/ethnicity, education and income.

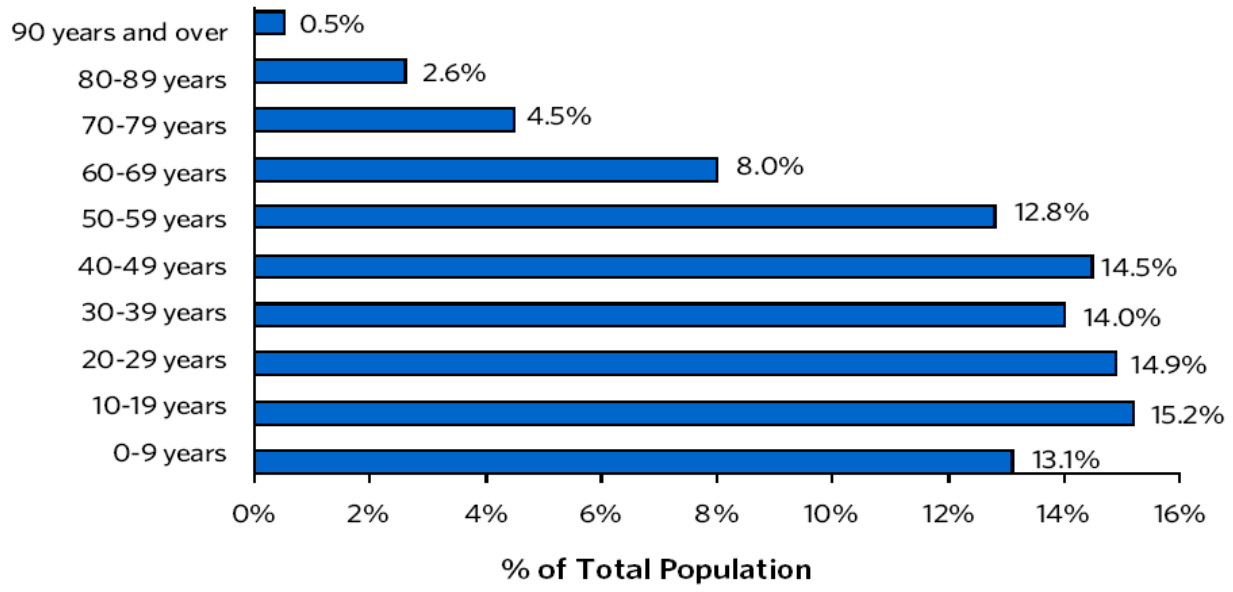
Data on access to health care and perceived health were obtained from the Los Angeles County Department of Health Services' report, *Key Indicators of Health by Service Planning Area 2009.* Health outcome data were obtained from the American Cancer Society, California Division and the California Department 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 4.

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

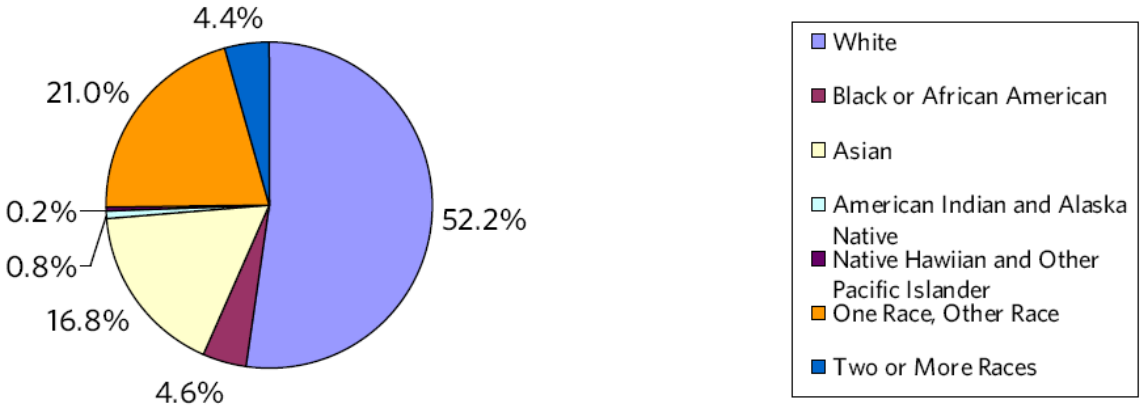


[1] Data for the following zip codes was not available from the U.S. Census Bureau: 90607, 90608, 90609, 90610, and 90612. Therefore, the demographic data presented for City of Hope's primary service area excludes those zip codes.

Race and Ethnicity

The racial distribution of the population in City of Hope's primary service area is presented in Figure 5. Half of the population in the service area is White, 16.8% are Asian, 4.6% are African-American, 0.8 % is 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 5. Racial Distribution
City of Hope's Primary Service Area



Household Size

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.[1] These populations exist in certain areas of Los Angeles County and face difficult health disparities.

Table 4 illustrates the prevalence of vulnerable populations within Los Angeles County and the San Gabriel Valley. Over 45% of the population in Los Angeles County and the San Gabriel Valley has been diagnosed with a chronic disease.

[1] Los Angeles County Department of Public Health, LA Health, May 2007.

Table 4
Vulnerable Populations[2]

Prevalence of Vulnerable Populations By Service Planning Areas, 2010	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

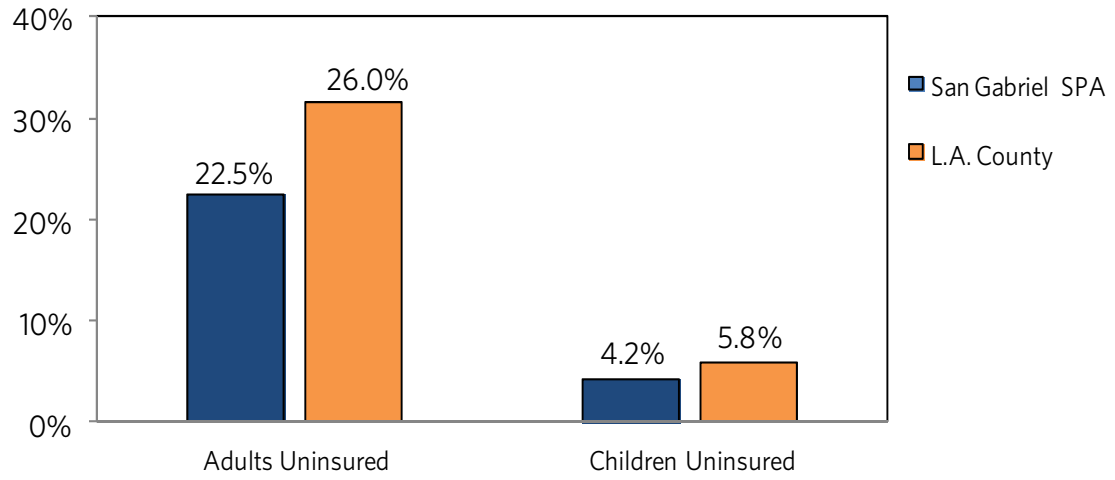
Access to quality health care is a key determinant of health, as emphasized in the following passage from *Key Indicators of Health:*

"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." [3]

Figure 6 shows over one in five adults (18-64 years) in Los Angeles County (26.0%) and in San Gabriel SPA (22.5%) are uninsured.[4] About one in every 15 children (0- 17 years) in Los Angeles County (5.8%) and in San Gabriel SPA (4.2%) are uninsured.[5]

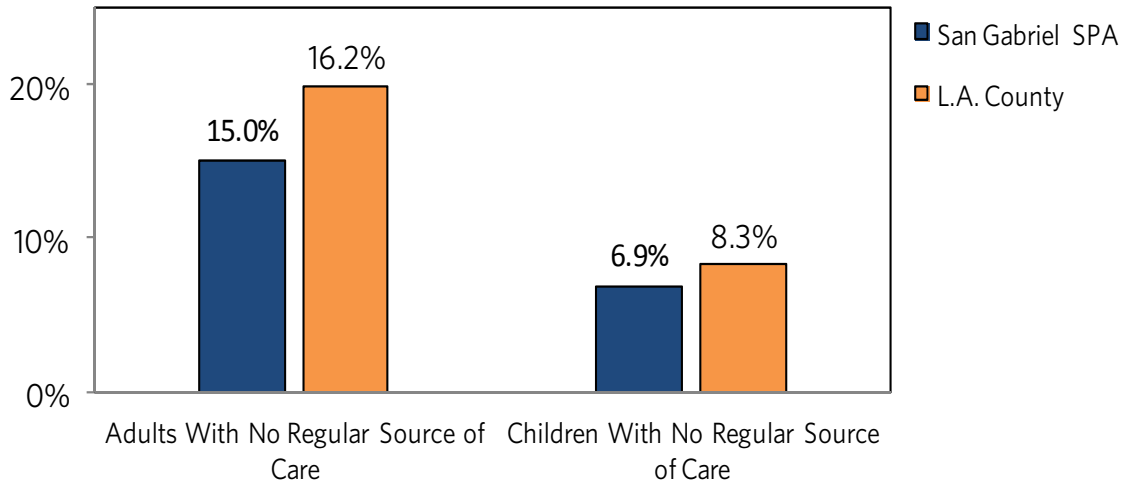
[2] Los Angeles County Department of Health Services, *Key Indicators of Health by Service Planning Area*, June 2010.
[3] Ibid.
[4] Ibid.
[5] Ibid.

Figure 6: Percent Adults 18-64 years old and Children 0-17 years old who are Uninsured



As shown in Figure 7, over one in six adults in Los Angeles County (15.0%) and in San Gabriel SPA (16.2%) have no regular source of health care.[6] 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 care.[7]

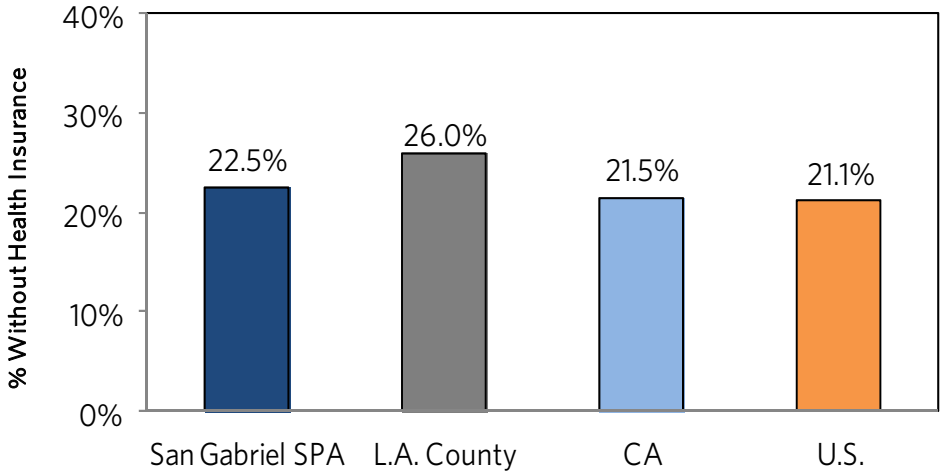
Figure 7: Percent Adults and Children with No Regular Source of Care



[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 8 illustrates that the percentage of uninsured adults is higher in Los Angeles County (26.0%) than in the United States (21.1%) and the state of California (21.1%).[8] The percentage of uninsured adults in the San Gabriel SPA (22.5%)[9] is lower than Los Angeles County and California as a whole.

Figure 8: Percent of Adults 18-64 years old who are Uninsured



Use of Clinical Preventative Services

Mammography

Figure 9 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%).[10] 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 percentages.[11] Los Angeles County and California are meeting the f Healthy People 2020 goal, which is 81.1% of women aged 50 older having a mammogram within the past two years).[12]

[8] 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.
[9] Los Angeles County Department of Health Services, *Key Indicators of Health by Service Planning Area*, June 2010
[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] Ibid.
[12] United States Department of Health and Human Services. *Healthy People 2020*. November 2010.

Figure 9: Mammography Status Women 50 years or older who have had a Mammogram within the past two years

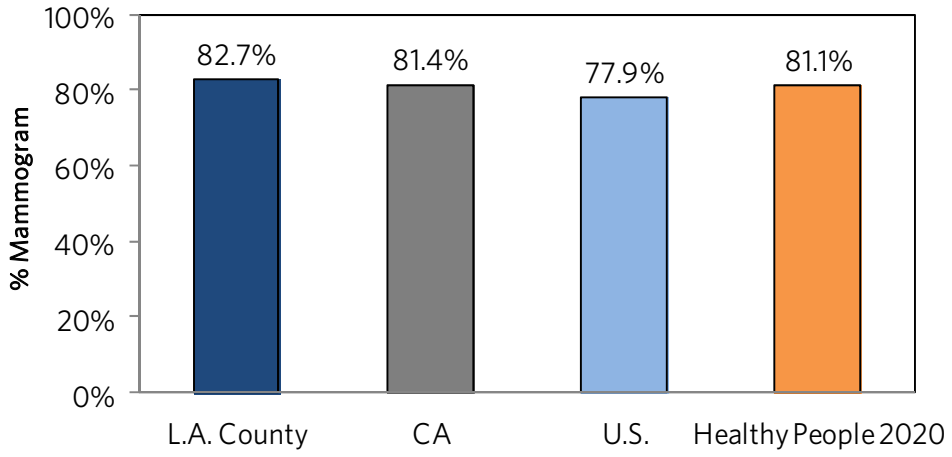


Figure 10 compares mammography rates for all women in Los Angeles County with rates among Latinas and Asian/Pacific Islanders. According to the National Center for Health Statistics, Women in Los Angeles County (82.7%)[13] and Latina women (81.1 %)[14] meet the Healthy People 2020 goal (81.1%).[15] A substantially smaller percentage (76.1%)[12] of Asian/Pacific Islanders is btaining mammograms.

Figure 10: By-Race Percent of Women Ages 50 years or older who had a Mammogram within the past two years

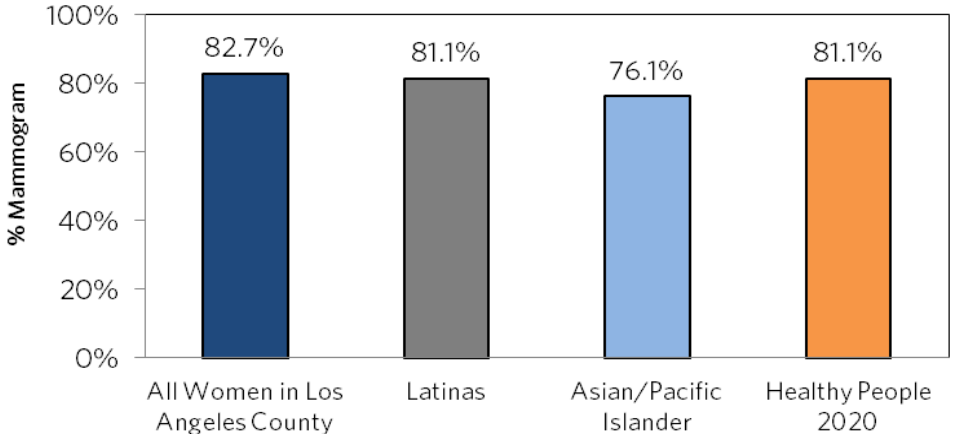


Figure 11 shows the percentage of women age 18 or older who have had a Pap smear within the past three years. Percentages of women having Pap smears are slightly lower in the San Gabriel SPA

[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] Ibid.
[15] United States Department of Health and Human Services. *Healthy People 2020*. November 2010.

(81.3%)[16] 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 11: Percent of Women 18 years or older who have had a Pap Smear within the past three years

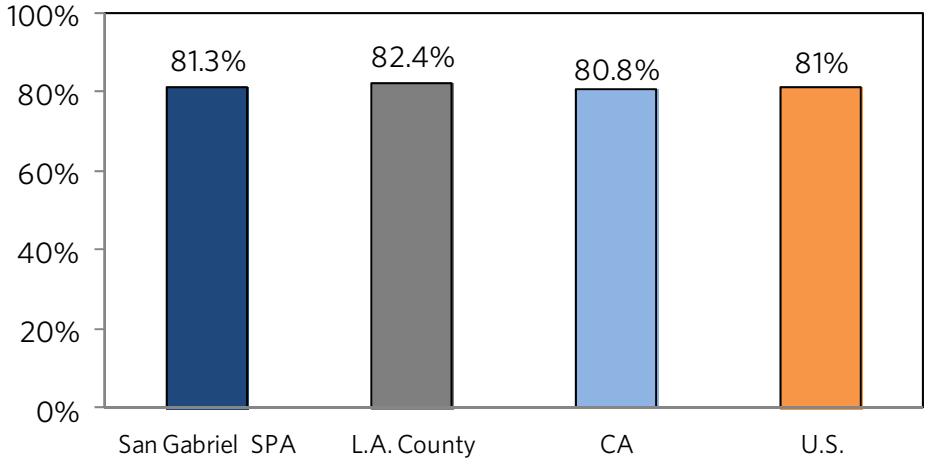
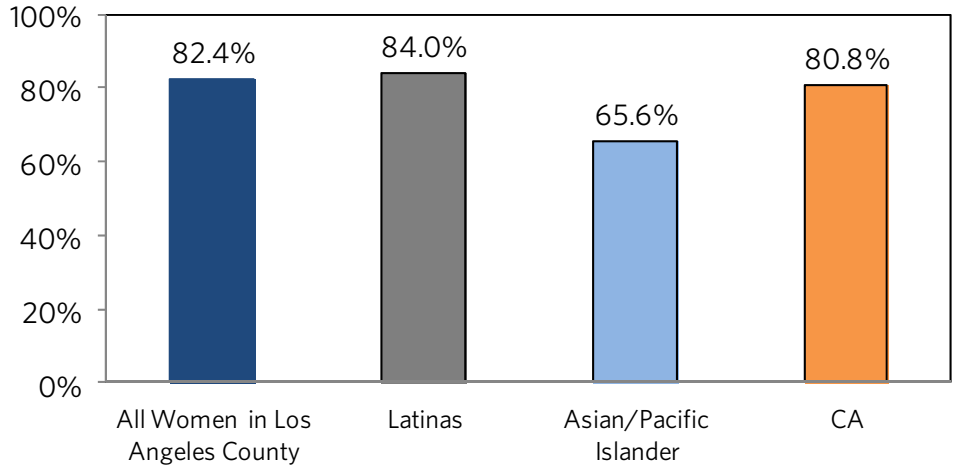


Figure 12 compares Pap smear rates of all women in Los Angeles County with those of Latina and Asian/Pacific Islander populations. The percentage of Latina women being screened for cervical cancer (84.0%) is slightly higher than the overall rate for women in Los Angeles County (82.4%) and the state as a whole (80.8%), while a smaller percentage (65.6%) of Asian/Pacific Islanders are obtaining Pap smears. [19]

[16] Los Angeles County Department of Health Services, *Key Indicators of Health by Service Planning Area*, June 2010
[17] 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.
[18] Ibid.
[19] 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.

Figure 12: Percent of Women 18 years or older who have a had Pap Smear within the past three years

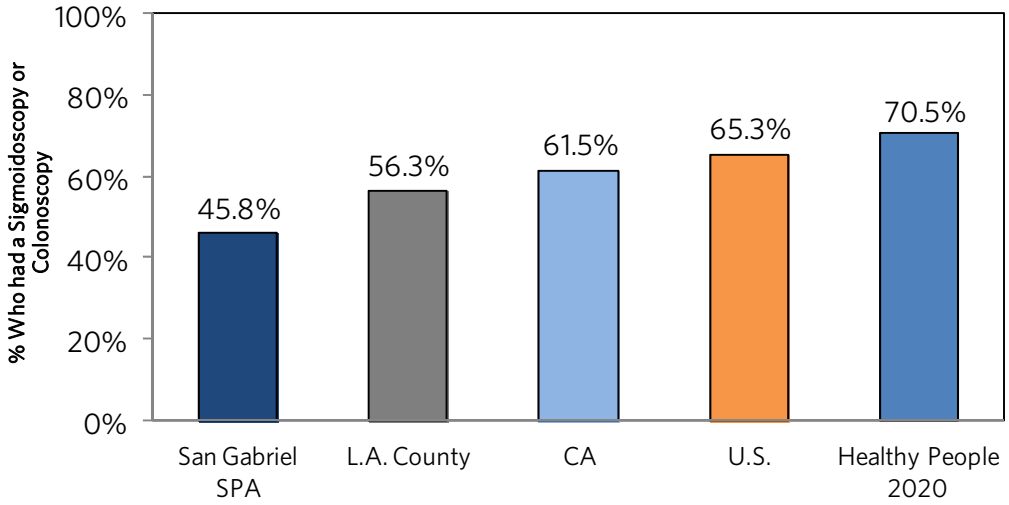


Colorectal Cancer Screening

As shown in Figure 13, 45.8%[20] of adults age 50 or older in the San Gabriel SPA and 56.3%[21] in Los Angeles County have had a sigmoidoscopy or colonoscopy within the past five years. Los Angeles County and San Gabriel SPA rates are considerably lower than the state (61.5%) and national (65.3%)[22] rates.

[20] Los Angeles County Department of Health, *Key Indicators of Health By Service Planning Area* 2009.
[21] 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.
[22] Ibid.

Figure 13: Colorectal Cancer Screening Adults 50 years or older who had a Sigmoidoscopy or Colonscopy within the past five years



Health Outcomes Data

Leading Causes of Death in Los Angeles County

As shown in Table 4, 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 is the ninth leading cause of death.

Table 5
Leading Causes of Death in Los Angeles County in California, 2011[23]

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Table 5 shows the expected incidence, mortality and prevalence of common cancers in California for 2012.

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
CORONOARY 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
ALZEIMER'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

[23] California Department of Public Health. *Loa Angeles County's Health Status Profile,* 2012.

Table 6
Expected Incidence, Mortality and Prevalence of Common Cancers in California, 2012[24]

	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%

Health Risk Behaviors

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 describes those influences on health behavior as follows: "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."[25]

[24] American Cancer Society. California Division and Public Health Institute, California Cancer Registry. *Cancer Facts and Figures. 2012*

[25] Los Angeles County Department of Health. *Cigarette Smoking in Los Angeles County: Local Data to Inform Tobacco Policy* 2010.

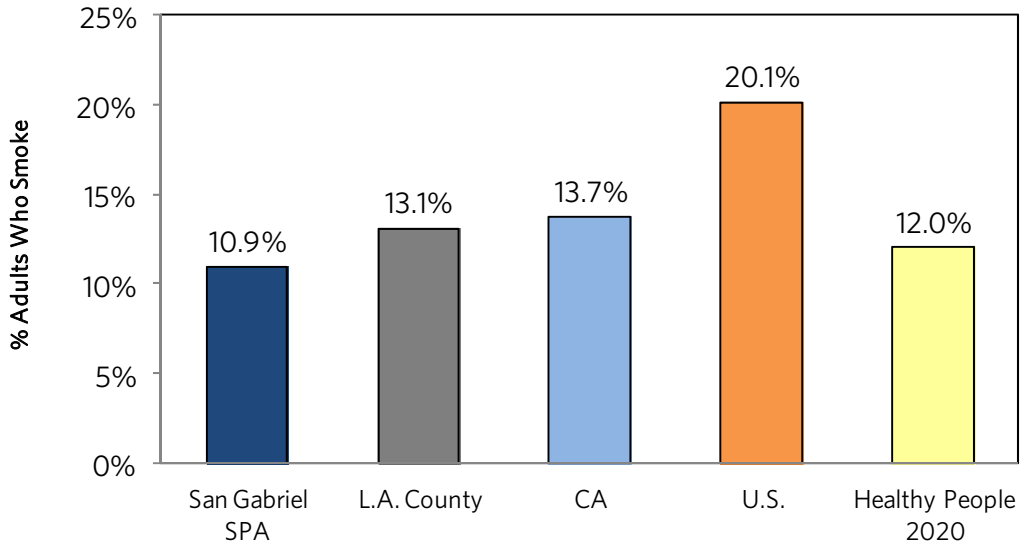
Tobacco Use

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 in California alone. Exposure to secondhand smoke for nonsmokers may result in or worsen adverse health conditions such as 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. [26]

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. The leading causes of smoking related deaths are lung cancer, coronary heart disease and chronic airway obstruction.[27] In 2011, the prevalence of smoking in Los Angeles County was higher among males than females (16.4% vs. 10%).[28] Among males, prevalence was lower among Latinos and Whites than among African-Americans.[29] Among females, prevalence was lower among Latinas, Asian/Pacific Islanders and Whites than among African-Americans.[30] Adults over 65 were less likely to smoke than adults in other age groups. [31] There is a disproportionately high rate of smoking in the 25 to 29 age group.[32]

As shown in Figure 14, 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%).[33] The national prevalence of smoking (20.1%) is significantly higher as whole.[34]

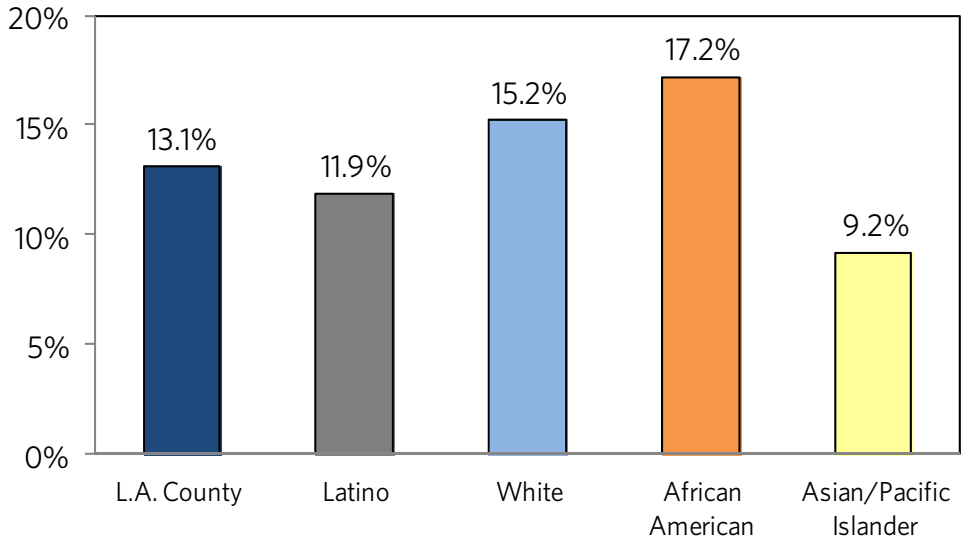
Figure 14: Smoking by Adults



[26] American Cancer Society. California Division and Public Health Institute, California Cancer Registry. *Cancer Facts and Figures. 2012*
[27] Ibid.
[28] Ibid.
[29] Ibid.
[30] Ibid.
[31] Ibid.
[32] Ibid.
[33] Los Angeles County Department of Public Health. LA Health, *Adult Smoking on the Decline, but Disparities Remain*, 2011.
[34] Ibid.

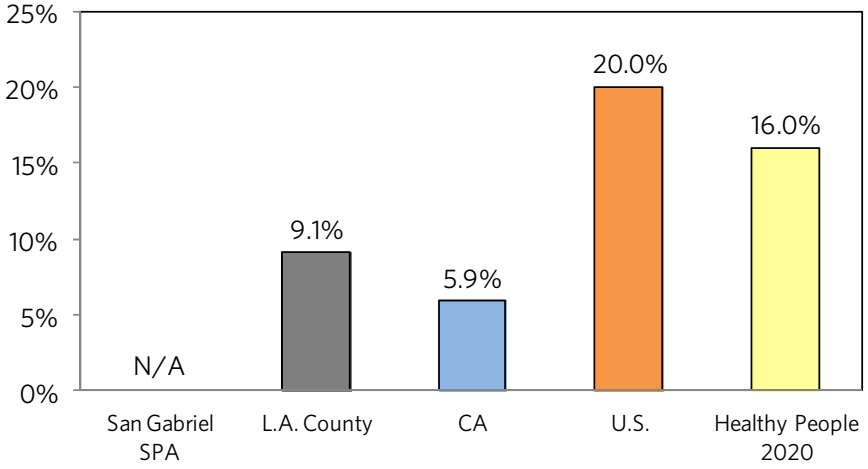
Figure 15 illustrates the prevalence of cigarette smoking (13.1%)[35] among all adults in Los Angeles County by race. The rate of smoking among African-Americans (17.2%) is higher than Whites (15.2%) and Latinos (11.9%),[36] while smoking among Asian/Pacific Islanders (9.2%) is significantly lower.[37]

Figure 15: By Race-Percent of Smoking by Adults



As illustrated in Figure 16, 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%).[38]

Figure 16: Smoking By Teens 14-17 Years of Age



[35] Ibid.
[36] Ibid.
[37] Ibid.
[38] Los Angeles County Department of Public Health. LA Health, *Adult Smoking on the Decline, but Disparities Remain*, 2011

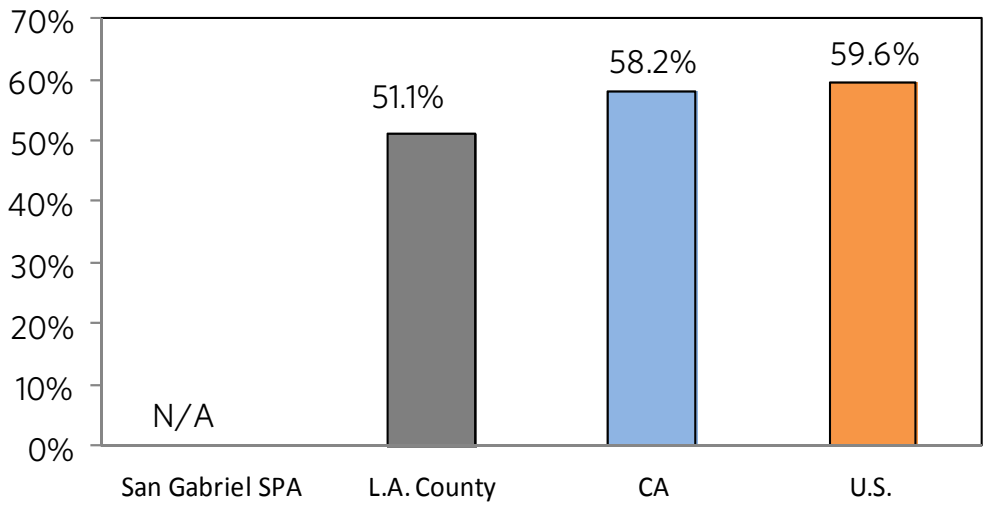
Smoking Cessation[39]

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 cancer significantly decreases over time.

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

As shown in Figure 17, the percentage of adult smokers who attempt to quit smoking (51.1%) is lower in Los Angeles County than at the state (58.2%) and national (59.6%) levels.

Figure 17: Percent of Smokers who Attempt to Quit Smoking



Obesity[40]

Obesity is amongst the single most preventable risk factor for 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%).

[39] Los Angeles County Department of Health. LA Health, *Smoking Cessation Efforts Among Adult Smokers*, 2006
[40] Los Angeles County Department of Health. *LA Health, Trends in Obesity: Adult Obesity Continues to Rise*, 2011

Figure 18 illustrates that, in both the San Gabriel Valley SPA and Los Angeles County, over 20% of adults are obese. Both counties have slightly lower rates compared to the state (22.7%) and national (35.7%) rates.

Figure 18: Adults who are obese

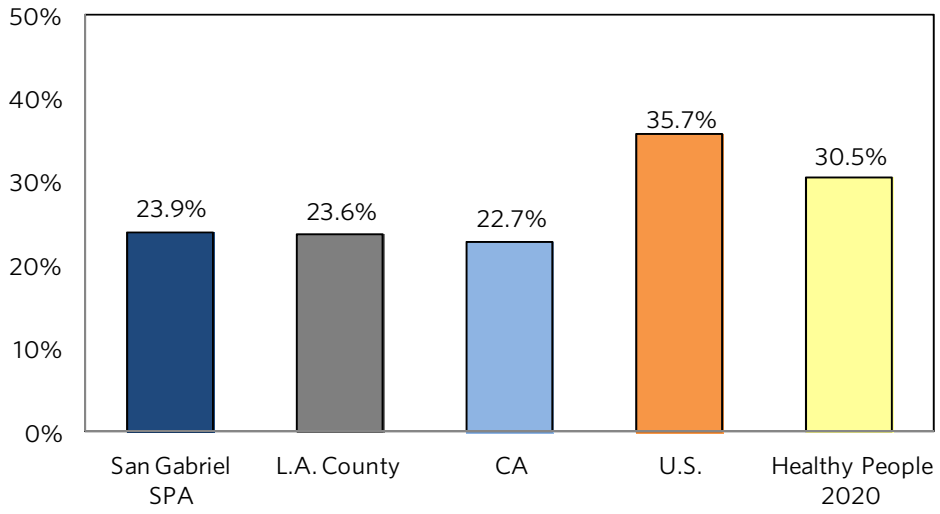
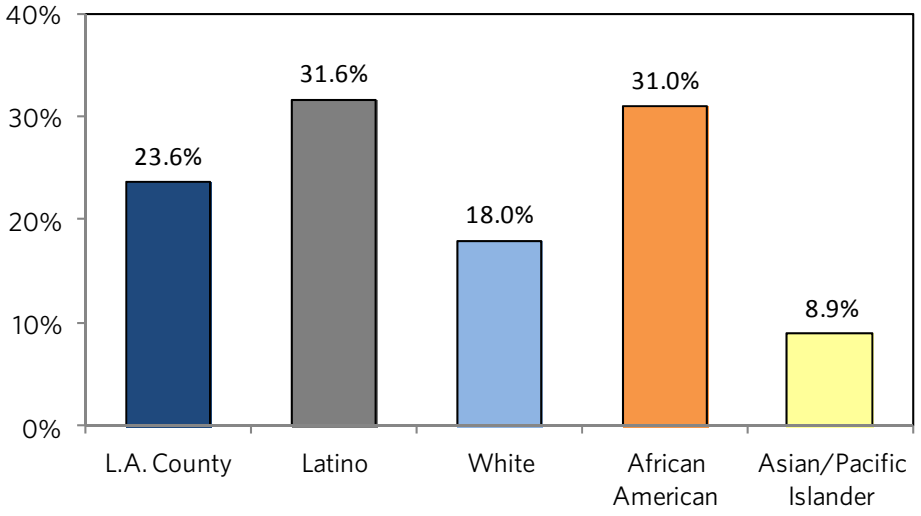


Figure 19 shows that obesity is most prevalent among Latinos (31.6%) and African-Americans (31.0%) in Los Angeles County. Asian/Pacific Islanders (8.9%) are significantly less obese as compared to Latino, White, African-American and Los Angeles County as a whole.

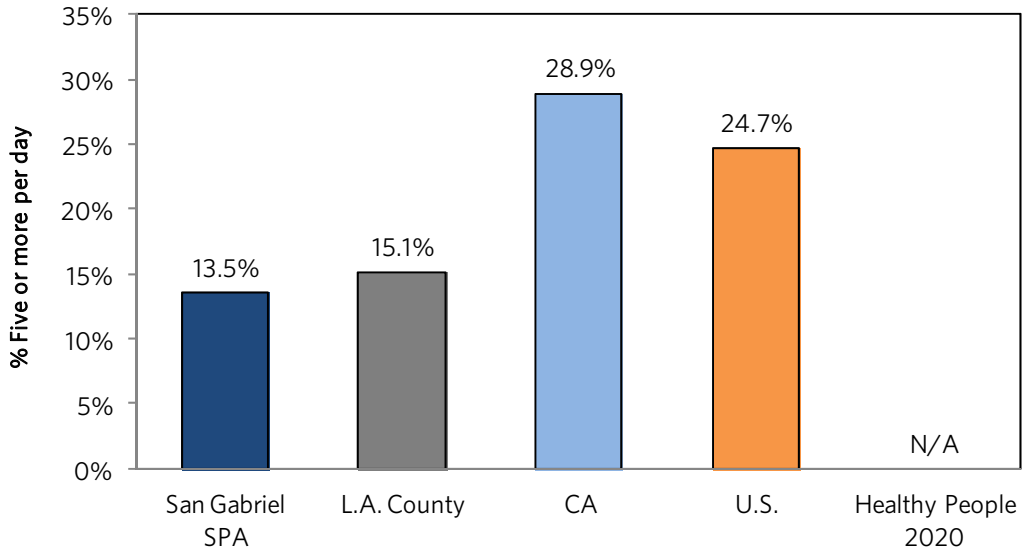
Figure 19: By-Race Percent of Obese Adults



Nutrition

Healthy eating for children and adults means consuming at least five servings of fruit and vegetables each day. Figure 20 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.[41] This compares to over one in four (28.9%) Californians and one in five (24.7%) Americans.[42]

Figure 20: Adults who consume five or more servings of fruits and vegetables a day



As illustrated in Figure 21, 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%).[27]

[41] Los Angeles County Department of Health, *Key Indicators of Healthy By Service Planning Area*, June 2009.
[42] National Center for Health Statistics. *Adults who consumed fruits and vegetables five or more times per day–Los Angeles County, CA*, 2010. CDC

Figure 21: Teens ages 14-17 years old who consume five or more servings of fruits and vegetables a day

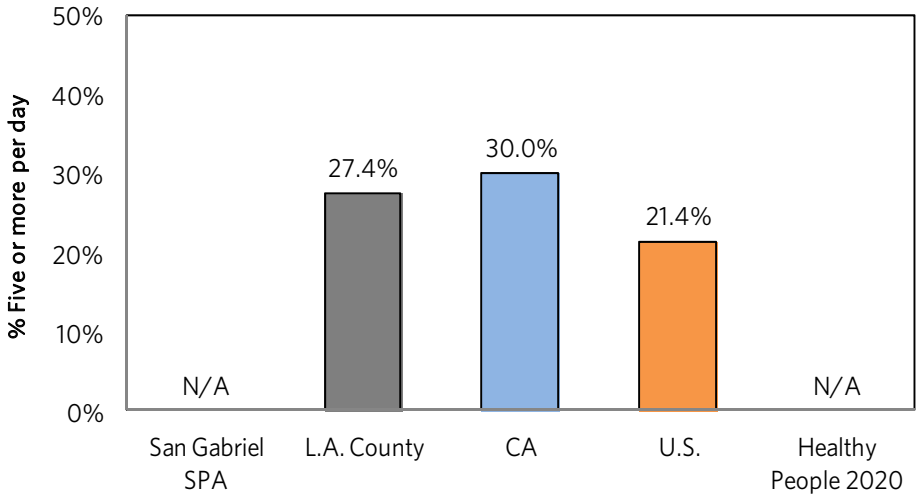
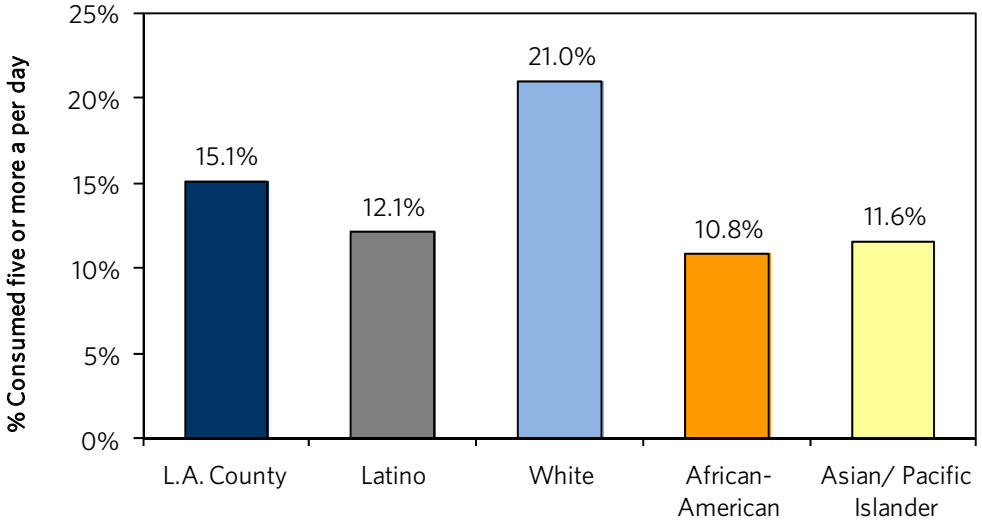


Figure 22 compares fruit and vegetable consumption among Whites, Latinos, African-Americans, and Asian/Pacific Islanders in Los Angeles County.[43] Rates of Latinos, African-Americans, and Asian/Pacific Islanders who consume five or more fruits or vegetables a day are significantly lower than Whites.

Figure 22: By Race-Percent of Adults who consume five or more servings of fruits or vegetables a day



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[43] Los Angeles County Department of Health, *Key Indicators of Healthy By Service Planning Area*, June 2009

Physical Activity

Together with healthy eating, physical activity is 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 23, the percentage of adults in Los Angeles County (53.2%)[44] who meet the physical activity guidelines is slightly higher than San Gabriel Valley SPA (50.4%) and the state as a whole.[45]

Figure 23: Adults who meet Physical Activity Guidelines

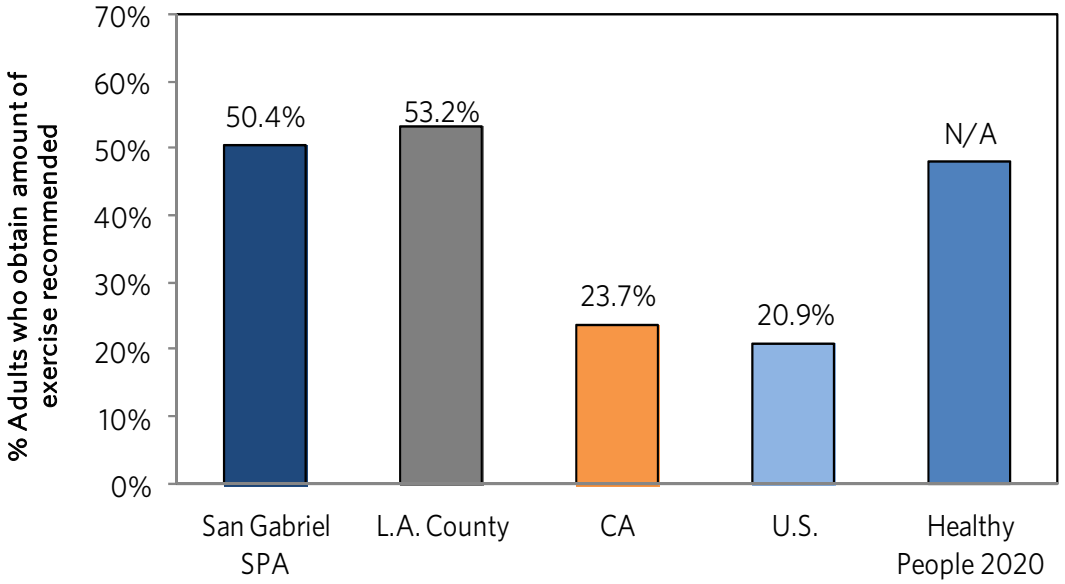


Figure 24 illustrates that 39.4 of adults in the San Gabriel Valley SPA and 36.2% of adults in Los Angeles County are inactive or sedentary.[46] Both counties have slightly lower rates compared to the state (12.5%) and national (23.9%) rates.[47]

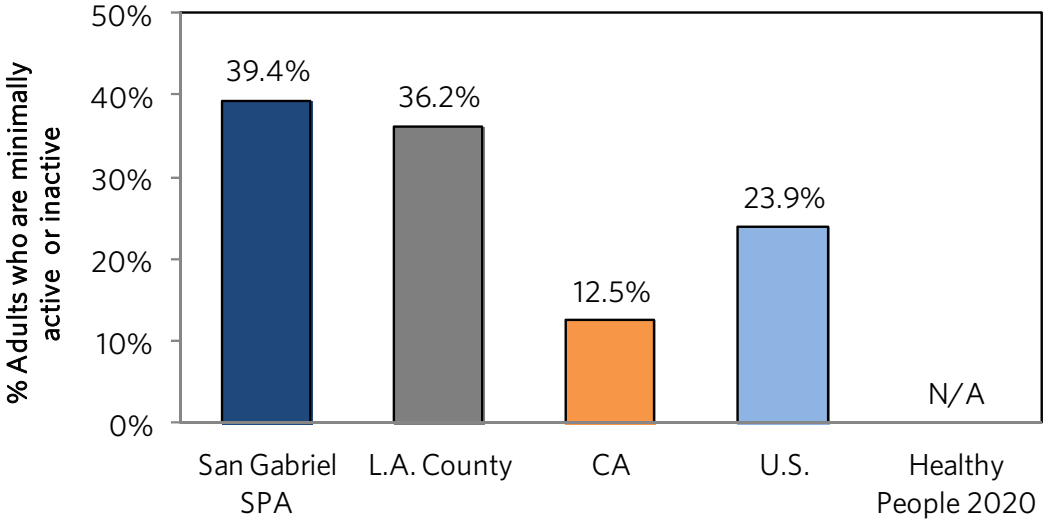
[44] Los Angeles County Department of Health, *Key Indicators of Health By Service Planning Area* 2009

[45] National Center for Health Statistics. *California: Summary of Physical Activity* 2009. Behavioral Risk Factor Surveillance. CDC.

[46] Los Angeles County Department of Health, *Key Indicators of Health By Service Planning Area* 2009.

[47] National Center for Health Statistics. *California: Summary of Physical Activity 2009.* Behavioral Risk Factor Surveillance.CDC.

Figure 24: Adults who are Inactive or Sedentary



Appendix C

Letter Inviting Participation in Community Consultation and Interview Tool

City of Hope

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

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

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

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

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

Sincerely,

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

Robert Stone
President
City of Hope

City of Hope

City of Hope

Interview Regarding Community Health Assets and Needs
February-March 2013

Date of Interview:	
Interviewee:	
Agency:	
Contact Information:	

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

Part 1: Learning About Your Agency

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

    a. What services does your agency offer?

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

    c. What geographic area does your agency serve?

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

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

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

If you would prefer to mail or fax your completed Needs Assessment, please send to:
Lina Mayorga, Patient, Family & Community Education (NW Y-8)
1500 E. Duarte Road, Duarte CA 91010
Fax: 626-301-8868

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

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

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

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

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

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

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

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

    b.

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

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

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

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

Part 4: Your Rating of Cancer Education and Support Issues

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

10. Training is provided to people in our community with cancer so that they can be advocates for themselves.	0 1 2 3 4 5	0 1 2 3 4 5

Part 5: Closing Comments

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

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

   a.

   b.

   c.

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

Appendix D

List of Participants
In 2013 Community Consultation

Participants in 2013 Community Consultation

American Cancer Society

American Diabetes Association

Asian Pacific Healthcare Venture

Azusa Health Center

Azusa Pacific University-School of Nursing

Buddhist Tzu-Chi Foundation

California Cancer Collaborative Initiative

California Center for Public Advocacy

California Health & Longevity Institute

California State University, Fullerton- Health Promotion Research Institute

Cancer Support Community

Center for Health Care Rights

Claremont Graduate University- Weaving an Islander Network for Cancer Awareness, Research and Training (WINCART) Center

Citrus Valley Health Partners

City of Duarte-Parks and Recreation

City of Pasadena-Public Health Dept.

City of Pomona- Recreation Programs and Services: Pomona Youth and Family

Caner Legal Resource Center

City of Hope-Center of Community Alliance for Research and Education (CCARE)

City of Hope-Case Management

City of Hope-Clinical Social Work

City of Hope-Communications

City of Hope-Diabetes and Genetic Research Center

City of Hope-New Patient Services

City of Hope-Patient Special Services

City of Hope-Physical Therapy

City of Hope-Population Sciences

City of Hope-Supportive Care Medicine

Duarte City Council

Duarte Unified School District

Glendale Memorial Hospital

Greater El Monte Community Hospital

Herald Cancer Association

Huntington Memorial Hospital

Kaiser Permanente Baldwin Park Medical Center

Kommah Seray Inflammatory Breast Cancer Foundation

Los Angeles County Public Health Department

Latino Health Access

Leukemia & Lymphoma Society

Little Tokyo Service Center

Los Angeles County Public Library

Methodist Hospital-The Cancer Resource Center

Office of California State Senator, Senate District 24

Our Savior Center

PADRES Contra el Cancer

PALS for Health

Pasadena Public Health Department

Pomona Health Center

Presbyterian Intercommunity Hospital- The Hospice House

Providence Center for Community Health Improvement

Providence St. Joseph Medical Center

San Gabriel Mission

St. Anthony Parish

St. Luke's Catholic Church

St. Vincent Medical Center- Multicultural Health Awareness and Prevention Center

The G.R.E.E.N. Foundation

United Cambodian Community

University of Southern California- Communications

University of Southern California- Norris Comprehensive Cancer Center

University of Southern California- School of Pharmacy

Women Helping Women Services-National Council of Jewish Women

Young Women Christian Association-San Gabriel Valley

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

well

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

Lack of programs for uninsured/ Access to Care

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

- Young uninsured individuals without access to health insurance

Lack of resources available for prevention and screening
• Lack of resources and support for young adults • Need for greater education efforts for blood cancers, and bring forth awareness. • Little to no colonoscopy and prostate cancer screening available • Limited resources for follow-up, focus on collaboration between agencies • More resources about early detection strategies • Women under the age of 40 - Lack of prevention programs for them • Screening for cancer at earlier stages versus advanced • Lack of screening programs available in the community • Lack of low cost or no cost screening and prevention programs • Lack of preventive programs for male cancers, prostate
Lack of Funding/Financial
• Financial assistance after diagnosis • lack of funding for prevention efforts • More likely to obtain funding for women's preventative initiatives than for males • Economy and finances always affects prevention and early detection programs, programs are usually first to be cut • Lack of funding for mobile screenings • Lack of funding for follow-up care once someone has been screen or been diagnosed with cancer

Unmet Needs: Cancer Treatment

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

Access to Care/ Financial Barriers
• Access to care and treatment after diagnosis. Lack of financial resources to obtain treatment or a second options. • Need: low income communities do no have access to treatment because of cost. • Lack of access to regular medical care due to low income, unemployment, under-insured or no health insurance

- Lack of primary care use, indigent patients harder to access.
- Access to medical care, especially women. Uninsured have limited access. Suggestion: More BCCCP programs
- Access to medical care, especially women. Uninsured have limited access.
- Financial aspects - childcare - treatment medications - day to day needs - treatment vs. rent? This is what determines if patient well be treated or not.
- Cancer care for insured, underinsured and uninsured AAPIs.
- Early detection/primary care
- Patients struggle with home/social/ transportation needs also financial. Suggestion: connect with other services
- Lack o health insurance or ability to pay for treatment
- Financial aspects - childcare - treatment medications - day to day needs - treatment vs. rent? This is what determines if patient well be treated or not
- In San Gabriel Valley, many of the Asian Pacific Islanders /Hispanics population do not have health insurance. County hospital is their only option for treatment
- Needs: lack of insurance causes people to not seek care. Population: Low social economic
- Not enough health coverage whether public or private. This affects low and middle income under-employed people most. Too many people are making do without full-time jobs. Pass universal health care. Alternatively a way for mass donations that go directly to a patient's care would be helpful.
- Adults who are undocumented do not have access to government insurance
- Anyone who doesn't have health insurance, because of lack of screening for cancer due to lack of health insurance. They can't go for treatment. Suggestion.: CoH Providing more charity care.

Increase in Treatment Resources and Education

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

Cultural/ Language Barriers

- Cultural understandings that prevent or delay detection or care
- Language barrier- unable to communicate with the Health Care Professionals

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

Lack of Knowledge

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

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

Unmet Needs: Support Services

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

Your Views on Cancer-related Needs in Our Community in the Area of Support for Cancer Patients and their Families	
Lack of Support Services and Awareness	• Lack of resource information for psychological and psychiatric services • Support groups for caregivers and family members of cancer patients • Lack of support groups in other languages • Mental health resource information as part of coordination of care • Mental health resource information available in other languages • Support programs for siblings of pediatric cancer patients • Lack of psychosocial services in Spanish • Lack of bereavement support services • Full spectrum support services for cancer survivors • Lack of awareness of support groups available at various minority focused community organizations (i.e. African-Americans, Latino, Armenian, and Asian communities) • Language specific patient navigation services for cancer patients • Increased peer support programs for women with advanced breast cancer
Resources and Financial Support	• Lack of resource information for housing and transportation needs • Need of more financial support for basic needs (i.e. housing, transportation, food) • Increased availability of charity care for uninsured and low-income populations • Streamlined referral services for low income/ underinsured/uninsured populations • Lack of financial literacy programs in dealing with financial crisis
Lack of Education	• Lack of educational programs on participating in clinical trials • Need of more education and information on cancer treatment options • Lack of educational programs in other language about nutrition • Educational materials for children of cancer patients • Educational programs for young adults with cancer
Access to Care	• Educational programs for young adults with cancer • Low-income populations have little access to mental health services • Access to cancer treatment facilities due to lack of insurance • Access to clinical trial information
Community Partnerships and Collaborations	• Lack of community partnerships to provide support services for minority populations • Develop community partnerships to provide mental health services for minorities and low-income populations

Other Unmet Needs in Our Community

Unmet Needs: Other

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

Other Unmet Cancer-related Needs in Our Community	
Educational Needs and Awareness	• Educational programs on clinical trials • Getting the word out about clinical trials as an option for treatment • More educational and empowerment programs • Full spectrum education for bone-marrow transplant patients (i.e. side effects, caregiver needs) • Lack of culturally tailored educational programs on cancer prevention • Health education programs in Spanish on nutrition • Increase educational programs in other languages • Lack of exercise programs for cancer patients and survivors • Education on communication strategies with healthcare team • Increase nutrition education programs for cancer patient and caregivers • Lack of educational programs on advocacy and communication to take an active role in their care • Increased education for cancer patients on employment rights, using health insurance, and appealing adverse treatment-related decisions • Lack of cancer-related educational programs for seniors • Need more education on cancer prevention for Latino and Asian populations • Lack of educational programs on advocacy and communication
Community partnerships and Collaborations	• Lack of collaborative efforts to get the "word out" about community resources • Collaboration to implement research based programs for minorities • Increased partnerships to increase community outreach • Increased partnerships to on-going updates and training for health care providers about programs available for cancer patients and families

Resources and Financial Support	• Financial support programs for cancer treatment • Lack of financial assistance information for medication costs