



Community Benefit Plan February 2012

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About City of Hope

Profile of City of Hope

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

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

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

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

A pioneer in bone marrow transplantation, City of Hope operates one of the largest and most successful programs of its kind in the world. In Fiscal Year 2011, 484 transplants were performed at City of Hope. In January 2011, City of Hope celebrated a remarkable milestone: completion of its 10,000th transplant.

City of Hope is licensed for 217 beds. Of those, eighty-four are devoted to hematopoietic cell transplant (HCT) patients. There were 6,014 admissions to City of Hope in Fiscal Year 2011. Outpatient visits totaled 150,279. Last year, City of Hope conducted more than 300 studies enrolling more than 5,000 patients.

The charitable mission of City of Hope is reaffirmed in the Governance Principles approved by the board of directors on November 3, 2006:

City of Hope, an innovative biomedical research, treatment and educational institution, is dedicated to the prevention and cure of cancer and other life-threatening diseases, guided by a compassionate patient centered philosophy and supported by extraordinary philanthropy.

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

City of Hope consists of three organizational units: the medical center, Beckman Research Institute of City of Hope and the development group. This report focuses on community benefits provided by the medical center.

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

Enhancing Community Well-Being

City of Hope is located in the City of Duarte, a richly diverse community with a population of 21,742.¹ Duarte is situated at the base of the picturesque San Gabriel Mountains and is approximately twenty-one miles northeast of Los Angeles. The City of Duarte is recognized as a leader in community health improvement, as demonstrated by its charter membership in the California Healthy Cities initiative.

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

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

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

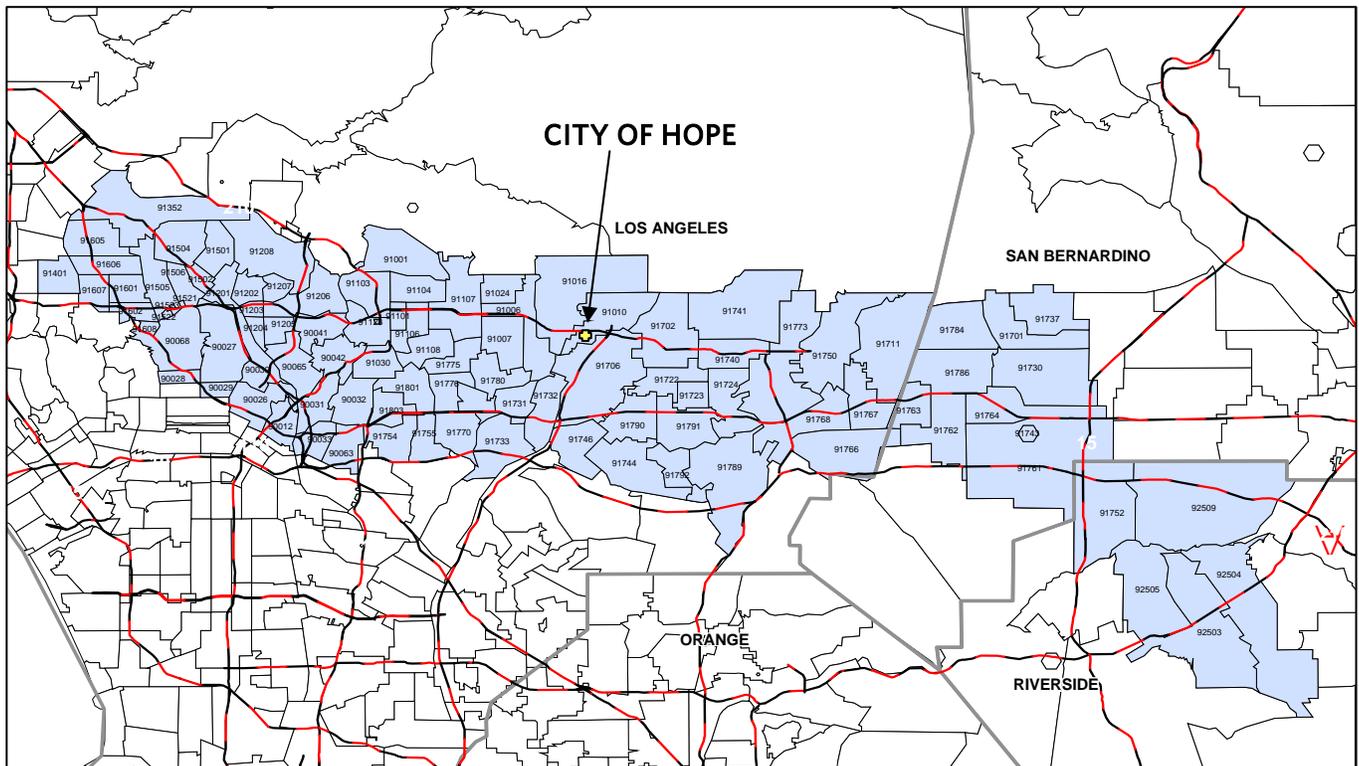
¹ www.quickfacts.census.gov, City of Duarte. U.S. Census Bureau: State and County QuickFacts., 2011, National Academy Press, 1997. Cited in the Los Angeles County Department of Health Services' report, *The Health of Angelenos*, 2000, p. 4

Our Community

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

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

Figure 1
City of Hope's Primary Service Area





Community Consultation

Methodology

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

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

In order to increase the probability of completed community interviews, potential participants in the 2010 community consultation were offered alternatives to telephone interviews. An on-line 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 e-mail.

Follow-up phone calls were initiated approximately two weeks after the mailing for the purpose of scheduling interviews. Participants who scheduled appointments (and were available when called) were subsequently interviewed by the health educator or intern. Sixty-two interviews were completed, resulting in a response rate of eighty-three percent (83%). Fifty participants (81%) were interviewed by phone while twelve individuals (19%) completed the needs assessment tool on-line, returned it in the mail, faxed it back or were interviewed in person. Phone interviews were approximately twenty-five minutes in length. All interviews were completed between September and November 2010.

The community needs assessment tool focused on cancer-related needs and was based on the instrument used in City of Hope's 2007 community consultation. Questions regarding

community assets and a quantitative component were added to enhance the quality of data obtained from the needs assessment.

Questions on the interview tool targeted the following nine areas:

1. Services provided by the respondent's agency, including language-specific and culturally appropriate services;
2. Unmet needs in the areas of cancer prevention, early detection, treatment, support for cancer patients and their families and other cancer-related needs;
3. Major barriers to meeting cancer-related needs;
4. Suggestions for meeting cancer-related needs;
5. Ideas on how to work with City of Hope to improve community health;
6. Qualities of a healthy community;
7. How the respondent would like to see the community change over the next five years in order to become healthier;
8. The importance of ten 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 was analyzed using the statistical software SPSS. The health educator reviewed the spreadsheets and prepared a summary of interview themes for each of the major content sections (i.e., unmet needs, major barriers, suggestions for meeting needs and ideas on how to work with City of Hope). The qualitative software Nvivo8 was used to analyze thematic patterns. In preparing this report, the decision was made to include original comments in order to retain the richness of those responses.

Cancer-Related Needs in Our Community

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

Cancer Prevention and Early Detection

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

1. Lack of education about cancer prevention among specific populations defined by culture or language
2. Lack of resources available for prevention and screening

3. Increased education about cancer prevention (e.g., diet and exercise)
4. Limited awareness of resources available in the community
5. Lack of programs for the uninsured/access to care
6. Lack of funding
7. Other - Educating patients on how to advocate for themselves

Cancer Treatment

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

Support Services

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

Major Barriers to Meeting Cancer Needs

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

Table 1
Major Barriers to Meeting Cancer Needs of the Community
As Identified by Respondents

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

Changes for a Healthier Community

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

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

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

Ideas on Working with City of Hope

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

Table 3
How Respondents Wish to Partner with City of Hope

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

Other Ideas

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

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

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

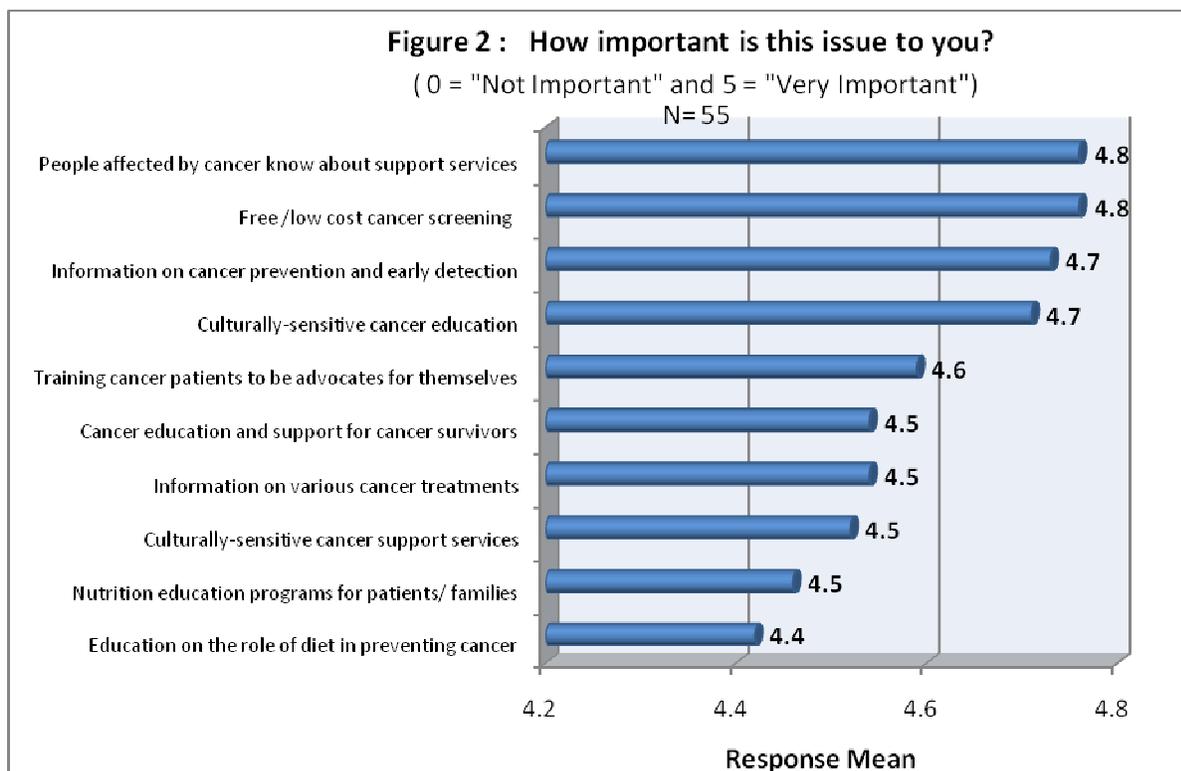
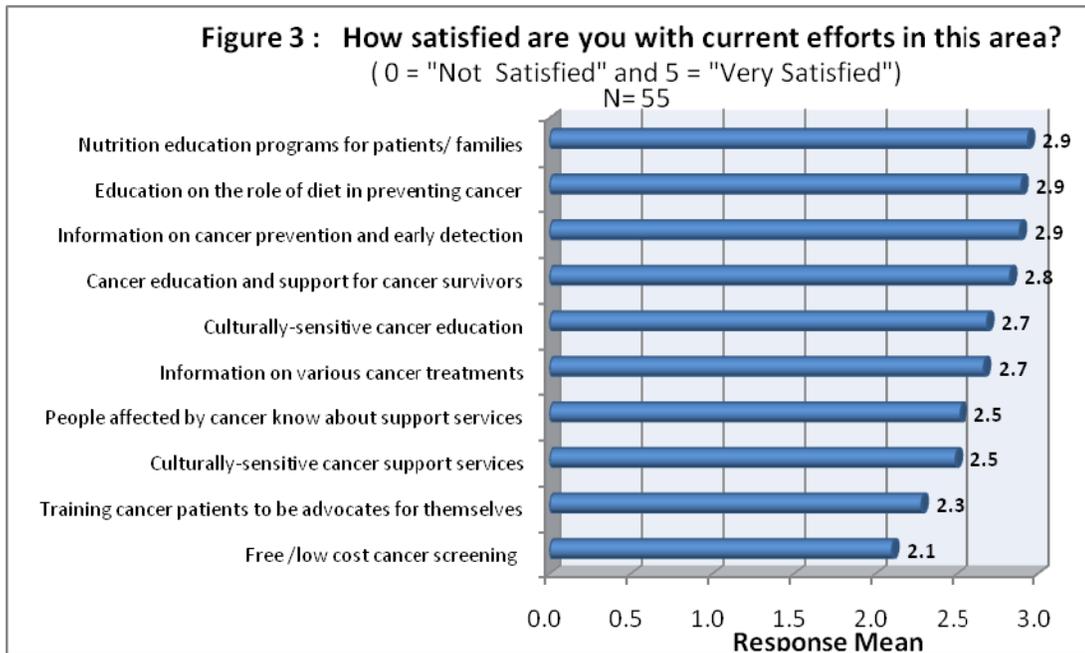


Figure 3 depicts community members' rating of their satisfaction with current efforts in those same ten areas. Respondents were dissatisfied to less than satisfied with current efforts in all ten areas, with response means ranging from 2.1 to 2.9. Participants were least satisfied (2.1) with current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





Progress in Meeting Community Needs

Achievement of 2011 Community Benefit Goals

City of Hope established the following community benefits goals for Fiscal Year 2011:

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.

Progress in Identifying and Providing Resources for Patients, Families and the Community (Goal 1)

Strategy 1

Partner with the Change A Life Foundation to provide funds to low income patients to meet transportation, home care, dental and other emergency needs.

Measure of Success:

In Fiscal Year 2011, secure at least four grants from the Change A Life Foundation in order to support emergency needs of low income patients.

Outcomes:

Throughout Fiscal Year 2011, City of Hope partnered with the Change A Life Foundation to assist patients with financial needs. Through this partnership, the patient resources coordinator was able to obtain nine grants totaling \$44,819 from the Change A Life Foundation.

Strategy 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 250 individuals per month.

Outcomes:

During fiscal year 2011, the patient resource coordinator assisted 679 patients. To expand the number of individuals served and address the highest priority needs identified by patients and caregivers, the patient resources coordinator collaborated with a colleague in Supportive Care Medicine to develop a workshop, *"Financial Tips and Tools: Taking Charge of Money Matters When it Matters Most."* The workshop provides patients and their families with practical tips and resources for managing personal finances. One hundred percent of participants in the initial offering of the workshop reported that the class increased their awareness about financial and community resources available to them.

Strategy 3

Develop a comprehensive and searchable community resource information database.

Measure of Success:

Database is available to patients, their families, and staff by September 30, 2011

Outcomes:

The patient resources coordinator collaborated with City of Hope's web marketing team continues to develop a comprehensive and searchable community resource and information database. Community resource information was provided to patients and families throughout fiscal year 2011. A volunteer trained in data entry was recruited to populate the database.

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

Strategy 1

Offer nutrition education class, *"Nutricion Para Una Vida Saludable,"* to cancer patients, their families, and the community.

Measures of Success:

At least three classes will be offered between January and March, reaching a total of forty or more participants. Pre and post tests will demonstrate an increase in participants' knowledge of nutritious choices.

Outcomes:

In January 2011, City of Hope offered its first Spanish educational class focused on cancer prevention, "*Nutricion para una Vida Saludable*". The program focused on healthy eating utilizing the "My Plate" guidelines and provided helpful hints on how to reduce the risk of cancer. Three workshops were offered during fiscal year 2011 to over sixty patients, their family members, and friends. The program featured a demonstration by City of Hope's executive chef of preparation of healthy recipes.

Strategy 2

Offer a class on relieving cancer pain, *Estrategias para el control del dolor*, to cancer patients and caregivers.

Measures of Success:

At least two classes will be offered in January and March, reaching a total of forty or more participants. Program evaluations will demonstrate participants' increased knowledge of strategies for relieving cancer pain during and after treatment.

Outcomes:

Three "*Estrategias para el control del dolor*" workshops were offered to seventy-five patients and family members during Fiscal Year 2010. After attending the class, ninety-nine percent of participants stated that they were able to take a more active role in their care and in managing pain. Ninety-eight percent of participants stated that, as a result of attending the class, they were able to communicate, describe and rate their pain. The class developers/facilitators disseminated the class curriculum, methods and implementation process at three national conferences.

Progress in enhancing advocacy and self advocacy skills of patients, their families and care professionals (Goal 3)**Strategy 1**

Develop and launch a three week educational series on coping, communication, and problem-solving for patients and family caregivers. The series will focus on empowering patients during their cancer journey and provide communication and problem-solving strategies.

Measure of Success:

A class will be offered in May 2011, reaching a total of twenty or more patients and family caregivers. Program evaluations will demonstrate an increased knowledge in communication and problem-solving strategies.

Outcomes:

The three- part, interactive educational series, "*Empowering Your Cancer Journey: Communication, Problem-Solving and Coping*" was developed in April 2011 by a health educator and a social worker at City of Hope. Patients, families and caregivers were invited to attend the free series of workshops. The coping workshop in the series was offered in collaboration with the American Cancer Society.

Over fifty patients, caregivers and community members participated in the series that was offered from April through August. Those attending learned about the importance of ongoing and effective communication with their health-care team, family and caregivers throughout the treatment process. Participants learned how to express their values and goals and discussed advance directives. Ninety-seven percent of attendees reported that the class increased their knowledge of how to complete an advance directive.

Strategy 2

Offer an *Ask the Experts* session focusing on diabetes self-management and self-advocacy.

Measure of Success:

One *Ask the Experts* session will be offered in February 2011 to a total of fifty or more participants.

Outcomes:

In February 2011, City of Hope offered an *Ask the Experts* educational program titled, "*Diabetes: Optimize your Care-Become your own Advocate*," to 141 community members.

Strategy 3

Offer a class in collaboration with the Cancer Legal Resource Center on cancer-related legal issues for health care professionals.

Measure of Success:

In collaboration with the Cancer Legal Resource Center, a class will be offered in March 2011 to forty or more health care professionals to identify cancer-related legal issues and barriers. Program evaluations will demonstrate participants' increased knowledge of how to identify cancer-related legal issues and of ways to assist patients in navigating through cancer-related legal issues.

Outcomes:

In March 2011, City of Hope collaborated with the Cancer Legal Resource Center to provide three workshops to over sixty participants. The workshops provided an overview of the Cancer Legal Resource Center's services for patients, family caregivers, and the community. The seminar touched on the many legal issues that may arise from cancer diagnosis through survivorship including health insurance options, employment rights and reasonable accommodations in the workplace, taking time off work, and access to disability insurance and government benefits. One hundred percent of participants stated that the workshops assisted them in navigating through cancer-related legal issues.

Progress on providing cancer information and education (Goal 4)

Strategy 1

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

Measures of Success:

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

Outcomes:

In Fiscal Year 2011, eight *Ask the Experts* sessions were offered to approximately 727 community members. Topics ranged from “*Enhance your Quality of Life during Treatment*” to “*New Advances in Head and Neck Cancers*.” For each session, ninety-six percent of participants agreed or strongly agreed with the statement, “The presentation as a whole was excellent.”

Strategy 2

Offer a cancer prevention class on “How to reduce your risk of cancer through nutrition and physical activity” to English-speaking patients, their families, and the community.

Measures of Success:

At least two classes will be offered, reaching a total of forty or more participants. Program evaluations will demonstrate an increase in participants’ knowledge of how to incorporate healthy eating and physical activity into their daily lives.

Outcomes:

Over forty patients, caregivers and community members participated in the class, “*For Your Health: How to Reduce your Risk of Cancer with Nutrition and Physical Activity*” over the months of February and August. Participants learned how to incorporate healthy eating choices and physical activity into their lives by using the American Cancer Society’s cancer prevention guidelines. A cooking demonstration taught participants how to make a healthy, easy to prepare dish that meets cancer prevention guidelines. Participants went home with a recipe booklet that was developed for the class. Ninety-five percent of attendees reported that the class increased their knowledge of how to make better food choices and their level of physical activity.

Strategy 3

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

Measures of Success:

A class will be offered in December to twenty or more patients, families, and the community to learn how to incorporate healthy eating and cooking during the holidays. Participants will sample healthy and easy to prepare recipes for holiday dishes. Program evaluations will demonstrate participants’ increased knowledge in how to make healthy changes in eating and cooking during the holidays.

Outcomes:

In December 2010, City of Hope partnered with the American Cancer Society to offer its first holiday nutrition class, "Healthy Cooking and Eating during the Holidays" to twenty-five patients, families and caregivers. The program covered healthy eating tips and safety for the holidays with fun and easy recipes as well as a cooking demo with City of Hope's chef to sample healthy holiday dishes. Ninety-eight percent of participants reported that their knowledge on how to make healthy changes in eating and cooking during the holidays increased by attending the program.

Strategy 4

Develop and launch a cancer prevention class on "*Healthy Cooking and Eating during the Spring Holidays*" for patients, families, the community, and City of Hope employees.

Measure of Success:

In collaboration with American Cancer Society, a class will be offered in April 2011 to forty or more patients, families, community members, and City of Hope employees. Attendants will learn about safe and healthy eating practices and how to include good nutrition when preparing spring holiday meals and snacks. Program evaluations will demonstrate an increased knowledge on how to make healthy changes in eating,

Outcomes:

In April 2011, City of Hope collaborated with the American Cancer Society to offer the first spring-focused nutrition class, "*Healthy Cooking and Eating during the Spring*" to more than forty patients, families and community members. The program covered healthy eating tips and food safety during the spring and summer. Dietitians offered healthy food recipes for parties and barbeques and City of Hope's chef demonstrated preparation of healthy dishes. Ninety-nine percent of participants reported that their knowledge of how to make healthy changes in eating and cooking increased by attending the program.

Strategy 5

In collaboration with community partners, offer the *Eat, Move, Live* program to Duarte elementary schools parents and students.

Measures of Success:

At least twenty students and twenty parents will participate in the *Eat, Move, Live* health promotion and disease prevention program in October 2011. Evaluation by the Center of Community Alliance for Research & Education will show an increase in parents' intent to follow recommended nutrition and exercise guidelines as a result of participation in *Eat, Move, Live*.

Outcomes:

City of Hope's Center of Community Alliance for Research & Education (CCARE) and the Department of Patient, Family & Community Education jointed with the City of Duarte and the Duarte Unified School District to offer *Eat, Move, Live* to Latino parents in January and February

20011. The program featured interactive workshops designed to inform parents about proper nutrition, disease prevention, physical activity, and safe food preparation. A total of two hundred ten students and parents participated in the *Eat, Move, Live* health promotion and disease prevention program between February and September 2011. Data showed an increase in knowledge of cancer prevention, educational resources, proper nutrition and benefits of physical activity.

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

Strategy 1

Sponsor Groundhog Job Shadow Day at City of Hope in February 2011.

Measure of Success:

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

Outcomes:

Though internal marketing of the program was delayed due to other priorities at Duarte High School, thirteen students participated in Groundhog Job Shadow Day in February 2011. The program enabled Duarte High School students to explore career options and gain practical insights into the workplace. Each student was matched with a mentor from one of the departments participating in this “walk in my shoes” day.

Strategy 2

Join with the Duarte Unified School District in offering the fourth annual Science Field Day at City of Hope in February 2011, providing participants with an interactive learning experience focused on basic science research.

Measure of Success:

At least thirty students will participate in Science Field Day.

Outcomes:

Forty-five advanced placement biology students participated in the fourth Annual Duarte High School Science Field Day on February 2011. The interactive learning experience included a full day of laboratory tours and talks as well as a luncheon that enabled the students to network with City of Hope post-doctoral students and researchers, Duarte school members, city council members and Duarte science teachers.

Strategy 3

Provide a mentored learning experience at City of Hope by sponsoring the Summer High School Mentorship program in June 2011.

Measure of Success:

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

Outcomes:

Despite the unexpected absence of the program coordinator for an extended period of time, eight students participated in the Summer High School Mentorship Program in July 2011. Each student was matched with a City of Hope staff mentor in his or her area of interest. Once a week for four weeks, students met with their mentors and engaged in service learning. Students completed a total of twenty hours of mentored learning. The mentorship component was hosted by fifteen departments that offered diverse learning experiences.

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 fifteen years. Major progress in addressing those community-identified needs was achieved in Fiscal Year 2011 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 Sheri & Les Biller Patient and Family Resource Center 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, Problem-Solving and Support Groups

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

- Lung Cancer Support Group
- Leukemia, Lymphoma and Multiple Myeloma Support Group
- Kidney Cancer Support Group
- Breast Cancer Support Group
- CLIMB- Children's Lives Include Moments of Bravery
- Gynecologic Cancer Support Group
- Head and Neck Cancer Support Group
- Hope Network Peer Support Program
- Advanced Cancer Support Group
- Cancer Transitions: Moving Beyond Treatment for Adolescents and Young Adults

In Fiscal Year 2011, The Biller Patient and Family Resource Center significantly expanded programs that enhance the physical, mental and emotional well-being of patients, caregivers and families. In addition to the new programs described as outcomes for Fiscal Year 2011, the Biller Resource Center initiated the offerings highlighted below.

- **Advanced Care Planning Workshop** - In February 2011, City of Hope offered a workshop "*Advanced Care Planning: An Important Conversation for Every Patient and Family,*" focused on empowering patients to complete an advance directive. Participants learned about advance care planning and how to communicate their values and goals.
- **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.
- **CLIMB- Children's Lives Include Moments of Bravery** - In March 2011, an educational and support program for children whose parents have cancer was launched. The program

- **Head and Neck Support Group** - In March 2011, City of Hope offered its first support group for head and neck cancer patients and caregivers.
- **Hope Network Peer Support Program** - The Hope Network peer support program was launched in April 2011 among breast cancer patients and caregivers. Hope Network connects a person touched by cancer with a patient or caregiver with similar experiences, diagnosis or treatment. During fiscal year 2011, Hope Network matched seventeen peer volunteers with patients and caregivers.
- **Journaling for Hope** - Launched in November 2010, 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.
- **Gynecological Cancer Women's Support Group** - City of Hope launched this support group in March 2011 in order to provide education, resources, support and coping mechanisms to women with gynecologic cancers and their caregivers.
- **Music Therapy** - City of Hope continued to offer music therapy classes to patients, families and caregivers twice a month. More than one hundred patients, families and caregivers participated in music therapy classes during fiscal 2011.
- **Restorative Relaxation** - The workshop, *"Release, Refresh, Renew - Experience Restorative Relaxation,"* was launched in November 2010. Using techniques from yoga, meditation and guided imagery, the workshop provided patients, families and caregivers with the tools to reduce fatigue, restore their energy and relax.
- **Spanish Restorative Gentle Yoga Class** - City of Hope offered Spanish-speaking patients, families and caregivers yoga classes as an on-going six week series. More than one hundred Spanish-speaking patients, families and caregivers attended yoga classes during Fiscal 2011. Participants learned various hatha yoga postures, integration of daily home practice, relaxation techniques, meditation and deep breathing.
- **Using the Internet for Cancer Information and Support Workshop** - In July 2011, City of Hope's Graff Medical and Scientific Library offered *"Using the Internet for Cancer Information and Support"* for patients, families, and the community. The program focused on tips for identifying credible online health information, how to communicate online health information to the health care team, and ways to maximize findings of credible online cancer information and support.

Patient Navigation Program

Launched in 2007, the Patient Navigator program provides personalized guidance, support and assistance to patients and their families, orienting them to City of Hope services and resources. In Fiscal 2011, approximately 2,815 patients and caregivers were assisted by a patient navigator.

***Look Good...Feel Better* Program and the Positive Image CenterSM**

In partnership with the American Cancer Society, City of Hope's Positive Image CenterSM offered five sessions of the *Look Good...Feel Better* program to nearly forty women in Fiscal Year 2011. The program teaches beauty techniques to cancer patients in active treatment to help them combat side effects of cancer treatment that their impact appearance. In June 2011, the first Spanish speaking *Look Good...Feel Better* program, *Luzca Bien...Sientase Mejor*, was offered to eleven patients.

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. During Fiscal 2011, over five thousand patients and families were assisted in the Positive Image Center.

Patient and Family Support Services Calendar

Throughout the year, City of Hope published a monthly calendar listing educational classes, support groups and additional offerings. The calendar was provided to organizations in the San Gabriel Valley serving those affected by cancer and to cancer patients and their family members. An online calendar of Spanish speaking educational classes and additional offerings was launched in September 2011.

Health Information Materials

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

City of Hope Internet Site

The City of Hope Internet website (<http://www.cityofhope.org>) is an important resource for both the public and healthcare professionals. Over 5 million visits were made to the website between October 1, 2010 and September 2011.

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 under way 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, non-therapeutic and observational; and
3. Training - education and mentoring of students, researchers, clinicians and community advocates.

The *Eat, Move Live* program is only one among scores of 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, post-doctoral trainees, physicians, nurses and other healthcare professionals. Support from the medical center is integral to virtually all of these programs. Hospital staff contributes 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.

Medical Education

The Department of Continuing Medical Education, in collaboration with many of the divisions at City of Hope offers extramural, local, regional and national outreach programs.

On February 24, 2011, our City of Hope CME Program underwent ACCME re-accreditation review. On July 22, 2011 the ACCME apprised us of their decision to award our program its second consecutive Accreditation with Commendation citing compliance in all 22 Criteria and Accreditation Policies and characterizing our CME Program as having "...demonstrated an engagement with your environment in support of physician learning and change that is part of a system of quality improvement."

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

Clinical Research Training Office

The Clinical Research Training Office (CRTO) provides comprehensive training in clinical research and human subject education. Didactic instruction and mentoring in fundamental skills, methodology, good clinical practice, and theory of clinical research all combine to develop a well-trained, independent, clinical investigator.

The CRTO also houses City of Hope's Clinical Investigation Training Program that provides scholars with clinical research fundamentals and the comprehensive skill set required for today's comprehensive clinical investigator.

Education of Nurses and Other Health Professionals

City of Hope is an important training site for nursing students from 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. One hundred and two nursing students completed clinical rotations at City of Hope in Fiscal Year 2011. 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 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 the monthly "Science of Caring Symposium" for City of Hope faculty, staff and community professionals. Recent topics have included innovative approaches to advanced care planning, sexuality and intimacy and meaning-centered therapy. The department offers an

annual Sarnat Symposium, which features internationally renowned experts in palliative care. Department faculty and staff conduct innovative research that benefits patients and professionals across the nation and around the world. In addition, the Mark J. Schaffner Memorial Lecture is offered on an annual basis, past speakers have presented on the evolution of care, supportive care services and spiritual care.

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. Nursing Research and Education offers the following courses:

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

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

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



Community Benefit Objectives For Fiscal Year 2012

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

Strategy 1

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

Measure of Success:

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

Strategy 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 fifty patients and families per month.

Strategy 3

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

Measure of Success:

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

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

Strategy 1

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

Measures of Success:

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

Strategy 2

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

Measures of Success:

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

Strategy 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.

Measures of Success:

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

Strategy 4

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

Measures of Success:

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

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

Strategy 1

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

Measure of Success:

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

Strategy 2

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

Measure of Success:

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

Strategy 3

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

Measures of Success:

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

Goal 4: Provide cancer information and education.

Strategy 1

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

Measures of Success:

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

Strategy 2

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

Measure of Success:

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

Strategy 3

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

Measures of Success:

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

Strategy 4

Offer the "*Healthy Cooking and Eating during the Holidays*" class to patients, their families, and the community.

Measures of Success:

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

Strategy 5

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

Measure of Success:

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

Strategy 6

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

Measure of Success:

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

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

Strategy 1

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

Measure of Success:

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

Strategy 2

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

Measure of Success:

At least thirty students will participate in Science Field Day.

Strategy 3

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

Measure of Success:

Ten students or more students will participate in the Summer High School Mentorship program.

Strategy 4

Offer the “*Eat, Move, Live*” program to city of Duarte community members. Program will be offered by City of Hope’s Center of Community Alliance for Research & Education in collaboration with the department of Patient, Family, and Community education, and Duarte Unified School district.

Measure of Success:

At least twenty community members will participate in the “*Eat, Move, Live*” health promotion and disease prevention program in March 2012. Evaluation by the Center of Community Alliance for Research & Education will show an increase in participants’ intent to follow nutrition and exercise guidelines as a result of participation in the program.



Economic Value of Community Benefits

How Benefits Were Defined

The quantifiable community benefits provided by the medical center in Fiscal Year 2011 are listed in Table 4. Consistent with community benefit standards, only activities funded by the Medical Center (versus Beckman Research Institute of City of Hope or the development group) were included as quantifiable benefits.

The Catholic Health Association's publication, *"A Guide for Planning and Reporting Community Benefit, 2008 Edition"* was used to determine whether activities met criteria for inclusion as a quantified community benefit. Those 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 non-labor costs. Dollars were rounded to the nearest hundred.

Value of Quantifiable Benefits

In Fiscal Year 2011, City of Hope provided a total of \$103,325,180 in medical care services benefits. The economic value of benefits provided to the broader community was estimated at \$385,183.

The value of health research, education and training programs that were quantified was \$41,990,609.

The total value of quantifiable community benefits provided by the medical center in Fiscal Year 2011 was \$145,702,106.

Countless Community Benefits

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

Table 4
Economic Value of Community Benefits Provided by City of Hope Medical Center
Fiscal Year 2011

Category/Program Name	Total Expense	Offsetting Revenue	Net Community Benefit
A. Medical Care Services for Vulnerable Populations			
Medicare	147,808,710	98,649,227	49,159,483
Medi-Cal	96,073,612	48,824,915	47,248,697
Charity Care	6,917,000		6,917,000
Total Medical Care Services Benefits	250,799,322	147,474,142	103,325,180
B. Other Benefits for Vulnerable Populations			
Adopt-A-Family Program	1,134	0	1,134
TOTAL BENEFITS FOR VULNERABLE POPULATIONS	250,800,456	138,995,000	103,326,314
C. Benefits for the Broader Community			
1. Community Health Improvement Services			
Ask the Experts	122,243	0	122,243
Community Health Fairs	62,003	0	62,003
Eat, Move, Live	337	0	337
HIV/AIDS Summit	2,424	0	2,424
Minority Cancer Awareness Week	2,500	0	2,500
Patient and Family Education Workshops	9,426	0	9,426
Patient Resources Coordinator	64,222	0	64,222
Patient Transportation Program/Patient Aid	8,190	0	8,190
Prostate Screening	14,600	0	14,600
Schaffner Lecture	2,903	0	2,903
Spanish Website	66,158	0	66,158
Women's Health Conference	3,579	0	3,579
Total Community Health Improvement Services	358,585	0	358,585
2. Cash and In-Kind Donations			
Adopt-A-Family Program	1,134	0	1,134
Community-At-Large Meeting	1,800	0	1,800
Duarte Teen Center	600	0	600
Education Foundations	2,100	0	2,100
L.A. Works Clothing Drive	2,250	0	2,250
Young Citizen of the Year	300	0	300
Total Cash and In-Kind Donations	8,184	0	8,184
3. Community Building Activities			
Groundhog Job Shadow Day and Career day	946	0	946
Regional Occupational Program	6,454	0	6,454
Science Field Day	1,524	0	1,524
West San Gabriel and Duarte Healthy Cities Consortia	422	0	422
Total Community-Building Activities	9,346	0	9,346
4. Community Benefit Operations			
	9,068	0	9,068
TOTAL BENEFITS FOR BROADER COMMUNITY	385,183	0	385,183
D. Health Research, Education and Training Programs			
Medical Center non-funded cancer research	51,776,046	10,578,877	41,197,169
Training Programs (Nursing, Pharmacy, OT, PT, Clinical Nutrition and other health professions students, interns and residents)	406,375	0	406,375
Continuing Medical Education	449,620	62,555	387,065
TOTAL HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS	52,632,041	10,641,432	41,990,609
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, WITHOUT MEDICARE SHORTFALL			\$96,542,623
TOTAL QUANTIFIABLE COMMUNITY BENEFIT PROVIDED, WITH MEDICARE SHORTFALL			\$145,702,106

Appendix A

Zip Codes in City of Hope's Primary Service Area

Zip Codes in City of Hope's Primary Service Area

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

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

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

Appendix B

2011 Community Needs Assessment Profile of the Community

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

Data Sources

As part of the hospital's 2011 community needs assessment, a demographic and health status profile of City of Hope's primary service areas was developed using multiple data sources. Types and sources of secondary data used to develop the community profile are described in Table 5.

Table 5
Sources of Secondary Data Reported
2011 Community Needs Assessment

Demographic Data	
For zip codes in COH's primary service area: Total population Gender distribution Age distribution and median age Racial/ethnic distribution Average household size Household income Level of educational attainment	2010 U.S. Census data, analyses performed by City of Hope Division of Information Sciences
For Los Angeles County: Foreign-born residents Language other than English at home	U.S. Census Bureau Website
Health Care Access (For LA County and San Gabriel SPA)	
Uninsured adults and children Adults and children with no regular source of health care Use of Preventive Health Services Mammography Pap smears Colorectal cancer screening (blood stool test)	Los Angeles County Department of Health Services. Key Indicators of Health by Service Planning Area June 2009. National Cancer for Health Statistics. Centers for Disease Control and Prevention. 2010 United States Department of Health and Human Services. Healthy People 2020. November, 2010.
Perceived Health	
Percent of adults who view their health/their children's health as fair or poor Association between income and perceived health Activity limitation among adults	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.
Health Outcomes	
Leading causes of death in LA County	California Department of Public Health. Los Angeles County's Health Status Profile, 2011.
Statewide trends in cancer mortality Incidence, mortality and prevalence of common cancers in California Five most common cancers by sex and detailed race/ethnicity, CA	American Cancer Society, California Division and Public Health Institute, California Cancer Registry. <i>California Cancer Facts and Figures 2011</i> .
Health Risk Behaviors	
Smoking by adults - LA County, San Gabriel SPA Adults who consume five or more servings of fruits and vegetables a day - LA County and San Gabriel SPA Adults who are physically active - LA County and San Gabriel SPA Obese and overweight adults - LA County and San Gabriel SPA Overweight children- Grades 5, 7 and 9 -LAC, San Gabriel SPA	Los Angeles County Department of Health Services. Key Indicators of Health by Service Planning Area June 2009. National Center for Health Statistics State of California Center for Health Statistics.2009.CDC.
Smoking by adults - CA, US Adults who consume five or more servings of fruits and vegetables a day - CA US Adults who are physically active - CA and US	Los Angeles County Department of Health. Cigarette Smoking in Los Angeles County: Local Data to Inform Tobacco Policy 2010 United States Department of Health and Human Services. Los Angeles County Department of Health Services. Key Indicators of Health by Service Planning Area June 2009. National Center for Health Statistics. Centers for Disease Control and Prevention.2009.CDC.

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

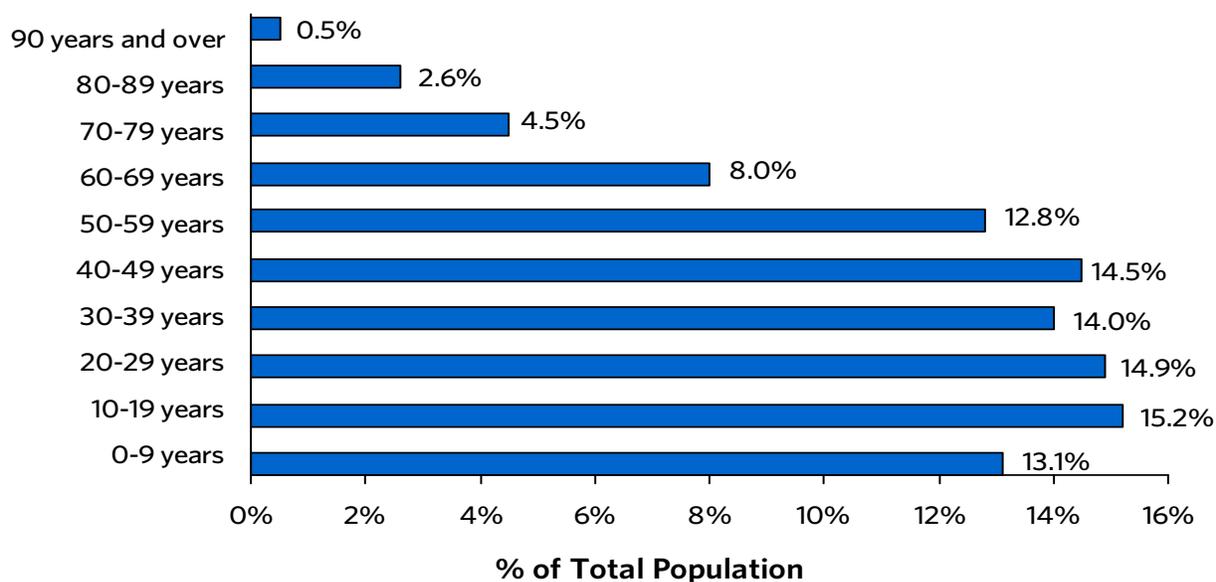
Data on access to health care and perceived health were obtained from the Los Angeles County Department of Health Services' report, *Key Indicators of Health by Service Planning Area 2009*. Health outcome data were obtained from the American Cancer Society, California Division and the California Department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

Demographic Profile

Gender and Age

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

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



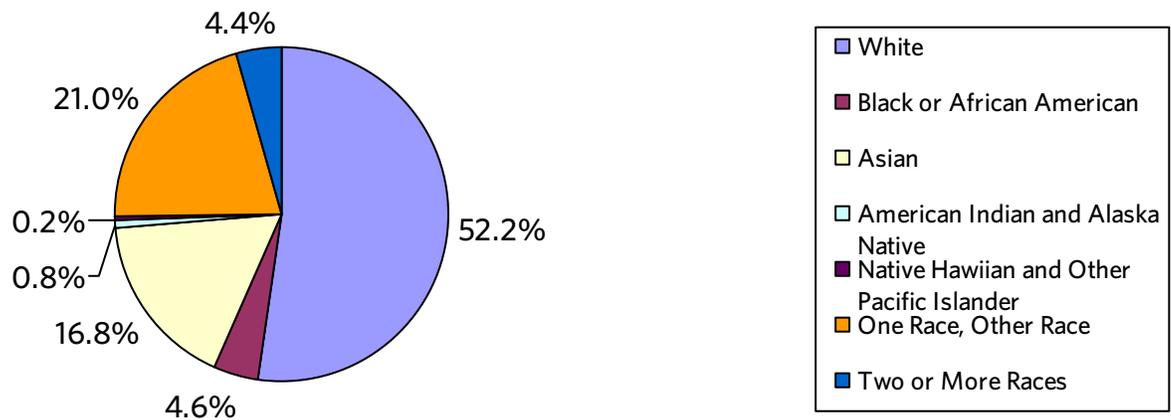
³ Data for the following zip codes was not available from the U.S. Census Bureau: 90607, 90608, 90609, 90610, 90612.

Race and Ethnicity⁴

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

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

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



Household Size⁴

The average household size in the service area is 3.07.

Health Status Profile

Vulnerable Populations and Health Disparities

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

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

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

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

Table 6
Vulnerable Populations⁶

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

Access to Care and Insurance Status

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

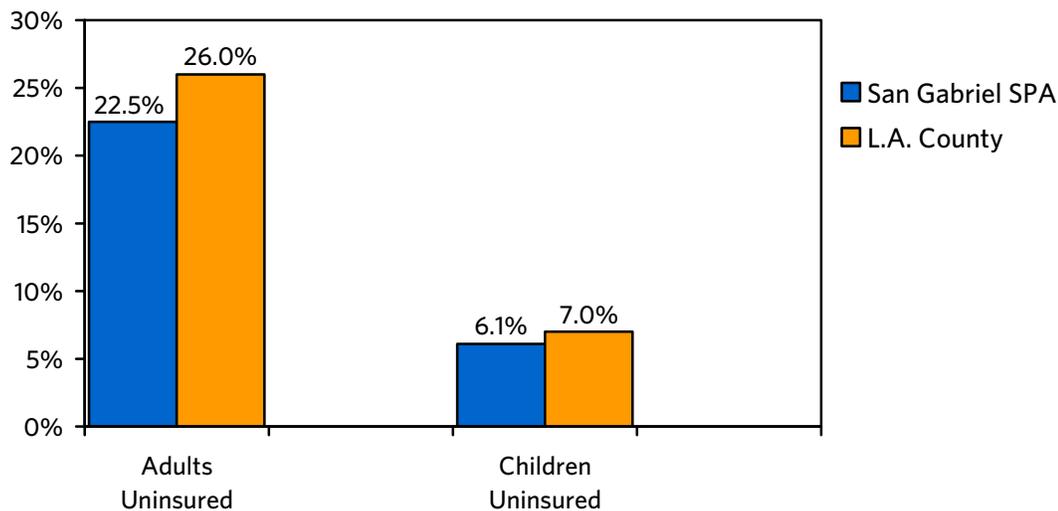
“Access to high-quality health care services helps to ensure that critical health needs are met in a timely manner and that the many benefits of preventive services are realized. Lack of health insurance and a regular source of care are two of the most important barriers to health care.”

Figure 5, shows over one in five adults (18-64 years) in Los Angeles County (26.0%)⁷ and in San Gabriel SPA (22.5%) are uninsured. About one in every fifteen children (0-17 years) in Los Angeles County (6.1%) and in San Gabriel SPA (7.0%) are uninsured⁶.

⁶ Los Angeles County Department of Health, Key Indicators of Health by Service Planning Area 2009.

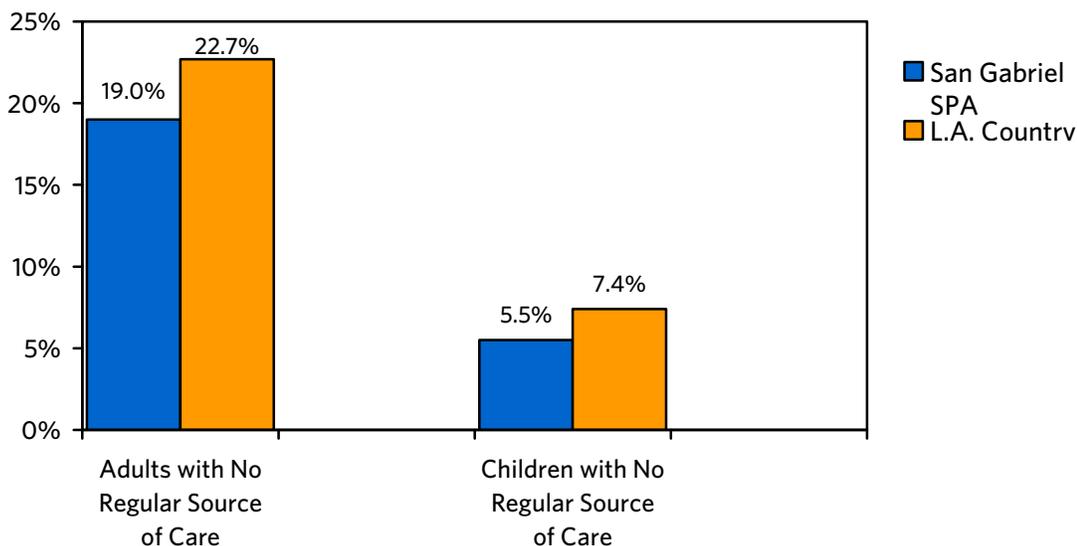
⁷ National Center for Health Statistics. Health Care Access/Coverage: Adults aged 18-64 who have any kind of health coverage- Los Angeles County, CA 2010. Behavioral Risk Factor Surveillance.CDC.

Figure 5: Percent Adults 18-64 Years Old and Children 0-17 years old who are Uninsured



As shown in Figure 6, nearly one in four adults in Los Angeles County (22.7%)⁸ and in San Gabriel SPA (19.0%) have no regular source of health care. About one in thirteen children in Los Angeles County (7.4%) and in San Gabriel SPA (5.5%) have no regular source of health care⁹.

Figure 6: Percent Adults and Children with No Regular Source of Care

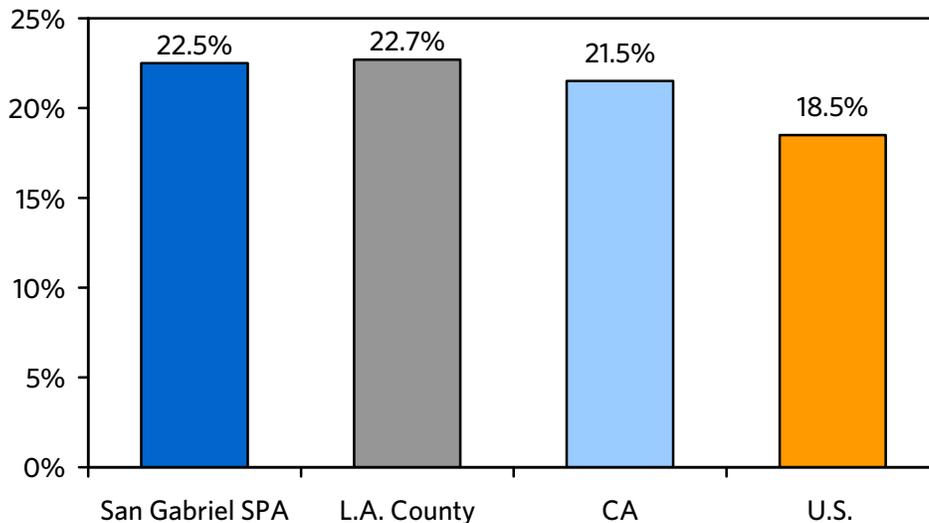


⁸ Ibid.

⁹ Ibid.

Figure 7, illustrates the percentage of uninsured adults is higher in Los Angeles County (22.7%) than in the United States (18.5%) and the state of California (21.5%)¹⁰. The percentage of uninsured adults in the San Gabriel SPA (22.5%)¹¹ is lower than Los Angeles County and California as a whole.

Figure 7: Percent Adults 18-64 years old who are Uninsured



Use of Clinical Preventative Services

Mammography

Figure 8, illustrates the percentage of women residing in Los Angeles County aged fifty or older who have had a mammogram within the past two years (82.7%)¹². 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 percentages¹². Overall, Los Angeles County and the state as a whole are meeting the recommendations of Healthy People 2020 (81.1%)¹³.

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

¹² 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.

¹³ United States Department of Health and Human Services. Healthy People 2020. November 2010

Figure 8: Mammography Status Women 50 years or older who have had a Mammogram within the past two years

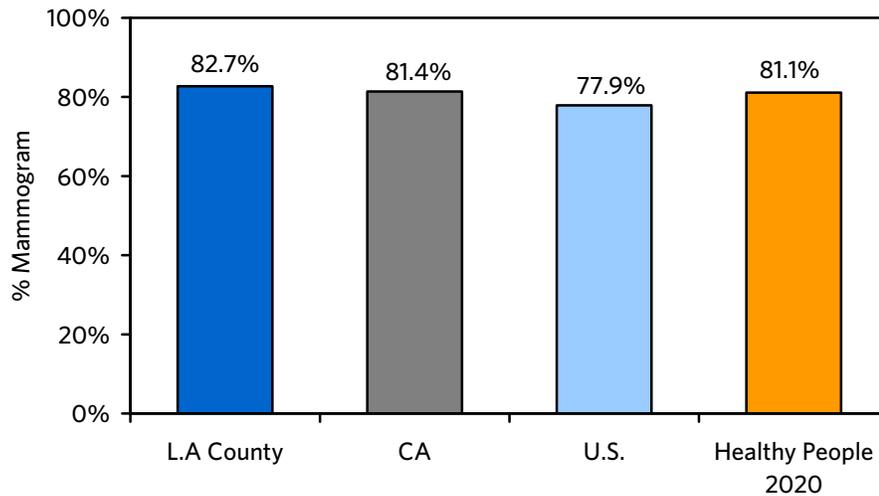
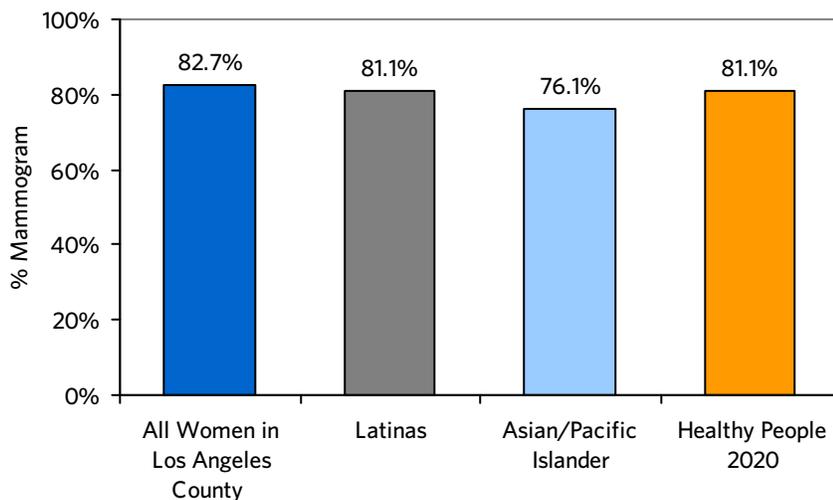


Figure 9 compares mammography rates for all women in Los Angeles County with rates among Latinas and Asian/Pacific Islanders. According to the National Center for Health Statistics on women’s health, Los Angeles County women overall (82.7%)¹⁴ and Latina women (81.1%)¹⁴ meet the Healthy People 2020 goal (81.1%)¹⁵. A substantially smaller percentage (76.1%)¹⁴ of Asian/Pacific Islanders is obtaining mammograms.

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



¹⁴ 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.

¹⁵ United States Department of Health and Human Services. Healthy People 2020. November 2010.

Cervical Cancer Screening

Figure 10 shows the percentage of women age eighteen or older who have had a Pap smear within the past three years. Percentages of women having Pap smears are slightly lower in the San Gabriel SPA (81.3%)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%)¹⁷.

Figure 10: Percent of Women 18 years or older who have had a Pap Smear within the past three years

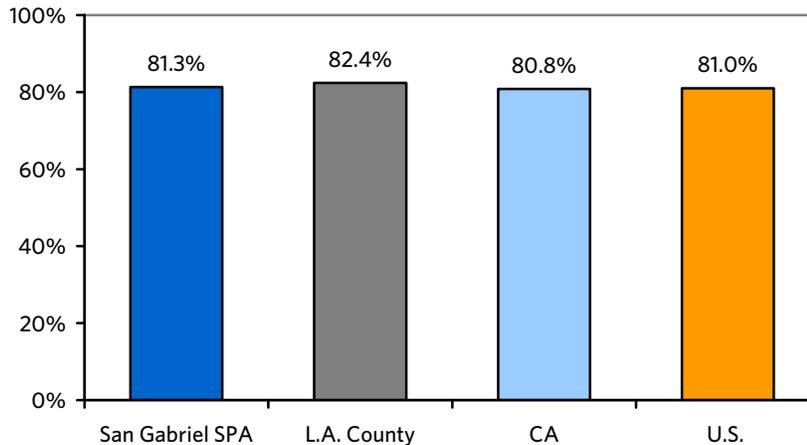
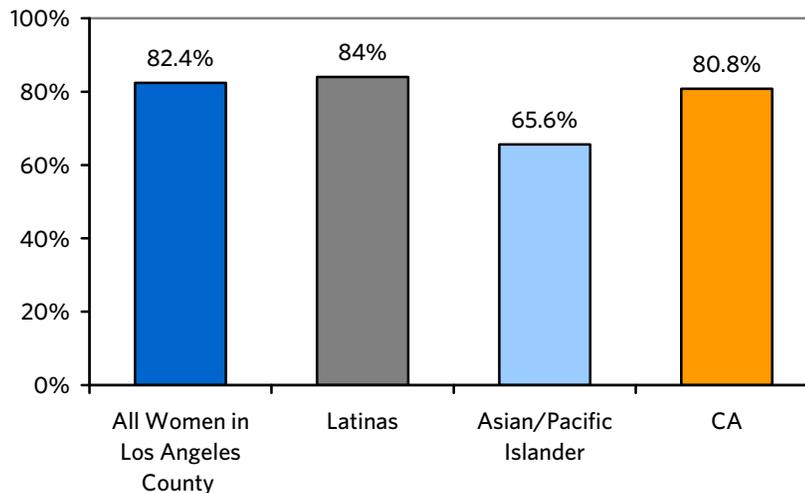


Figure 11 compares Pap smear rates of all women in Los Angeles County with those of Latina and Asian/ Pacific Islander populations. The percentage of Latina women being screened for cervical cancer (84.0%) is slightly higher than the overall rate for women in Los Angeles County (82.4%) and the state as a whole (80.8%), while a smaller percentage (65.6%) of Asian/ Pacific Islanders are obtaining Pap smear.¹⁷

Figure 11: Percent of Women 18 years or older who have had a Pap Smear within the past three years



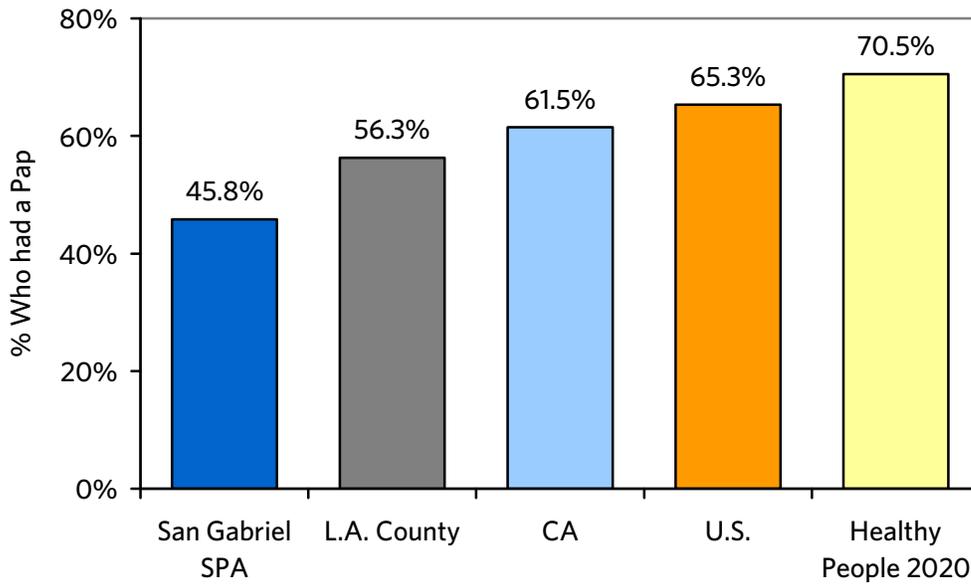
¹⁶ Los Angeles County Department of Health, Key Indicators of Health By Service Planning Area 2009.

¹⁷ National Center for Health Statistics. Women's Health: Women aged 18+ who have had a pap test within the past three years-Los Angeles County, CA 2010. CDC

Colorectal Cancer Screening

As shown in Figure 12, in San Gabriel SPA (45.8%)¹⁸ and Los Angeles County (56.3%)¹⁹ adults age fifty or older have had a sigmoidoscopy or colonoscopy within the past five years. Los Angeles county and San Gabriel SPA rates considerably lower than the state as a whole (61.5%)¹⁹.

Figure 12: Colorectal Cancer Screening Adults 50 years or older who had a Sigmoidoscopy or Colonoscopy within the past five years



¹⁸ Los Angeles County Department of Health, Key Indicators of Health By Service Planning Area 2009.

¹⁹ 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.

Health Outcomes Data

Leading Causes of Death in Los Angeles County

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

Table 7
Leading Causes of Death in Los Angeles County in California, 2011²⁰

HEALTH STATUS INDICATOR	DEATHS	CRUDE	AGE-ADJUSTED	NATIONAL
	(AVERAGE)	DEATH RATE	DEATH RATE	OBJECTIVE
ALL CAUSES (2007-2009 Avg.)	57,997.7	558.5	605.6	758.6
ALL CANCERS	13,644.7	131.4	143.5	158.6
CORONARY HEART DISEASE	13,350.3	128.5	140.3	162.0
CEREBROVASCULAR DISEASE	3,301.3	31.8	32.0	50.0
CHRONIC LOWER RESPIRATORY DISEASE	2,957.7	28.5	35.0	N/A
LUNG CANCER	2,940.0	28.3	31.5	43.3
UNINTENTIONAL INJURIES	2,177.7	21.0	21.3	17.1
INFLUENZA/PNEUMONIA	2,148.0	20.7	22.9	N/A
DIABETES	2,093.7	20.2	22.1	N/A
ALZHEIMER'S DISEASE	2,010.0	19.4	21.3	N/A
COLORECTAL CANCER	1,358.7	13.1	14.2	13.7
CHRONIC LIVER DISEASE AND CIRRHOSIS	1,170.0	11.3	11.4	3.2
FIREARM INJURIES	931.0	9.0	8.9	3.6
HOMICIDE	811.3	7.8	7.7	2.8
MOTOR VEHICLE ACCIDENTS	773.7	7.4	7.5	8.0
PROSTATE CANCER	773.0	15.0	20.9	28.2
SUICIDE	748.3	7.2	7.2	4.8

²⁰ California Department of Public Health. County Health Status Profiles.2011.

Table 8 shows the expected incidence, mortality and prevalence of common cancers in California for 2011.

Table 8.
Expected Incidence, Mortality, and Prevalence of Common Cancers in California, 2011²¹

	New Cases		Deaths		Prevalence	
Males						
Prostate	18,955	27%	3,020	11%	233,100	41%
Lung	8,475	12%	6,885	25%	17,500	3%
Colon & Rectum	7,585	11%	2,575	9%	56,800	10%
Leukemia & Lymphoma	6,105	9%	2,515	9%	48,400	8%
Urinary Bladder	4,420	7%	935	3%	38,800	7%
All Cancers Combined	70,970	100%	27,925	100%	565,800	100%
Females						
Breast	23,640	32%	4,190	16%	291,00	42%
Lung	7,495	10%	6,150	23%	20,700	3%
Colon & Rectum	7,190	10%	2,510	9%	58,500	8%
Uterus & Cervix	5,875	8%	1,295	5%	94,400	14%
Leukemia & Lymphoma	4,955	7%	1,975	7%	42,200	6%
All Cancers Combined	73,065	100%	26,765	100%	696,400	100%

²¹American Cancer Society. California Division and Public Health Institute, California Cancer Registry. Cancer Facts and Figures. 2011.

Health Risk Behaviors²²

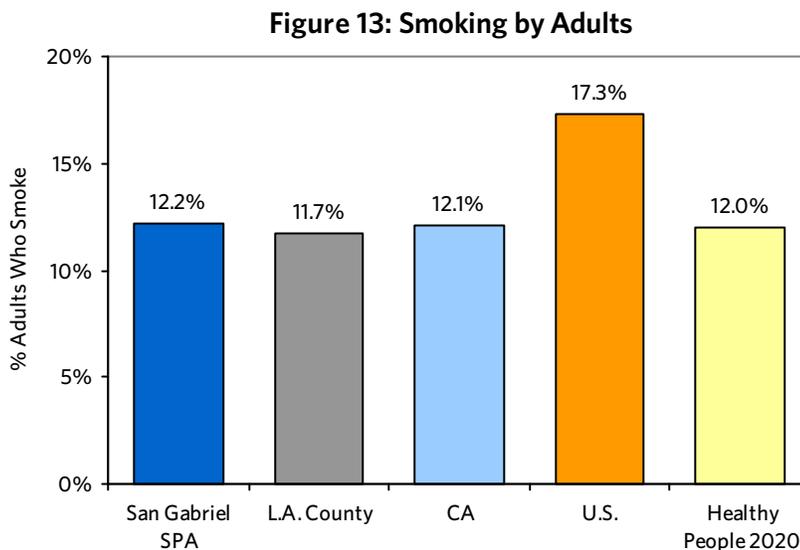
Tobacco use, poor diet, obesity and lack of physical activity may be responsible for one out of every three cancer deaths in the United States. Social, economic and legislative factors profoundly influence individual health behaviors. The American Cancer Society provides a good example of health behaviors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

Tobacco Use²³

Tobacco use remains the single largest preventable cause of disease and premature death in the United States. About eighty-five percent of lung cancer is caused by cigarette smoking. Yearly, smoking results in an estimated 443,000 premature deaths, of which about 46,000 deaths are in nonsmokers as a result of secondhand smoke. The American Cancer Society estimates about 13,000 cancer deaths were caused by tobacco use alone in California.

In Los Angeles County, approximately nine thousand lives and \$4.3 billion dollars 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.

As shown in Figure 13, the prevalence of cigarette smoking among adults in Los Angeles county (11.7%)²⁴ is slightly lower than the San Gabriel SPA (12.2%)²³ and the state (12.1%)²⁴. Although the national prevalence of smoking (17.3%)²⁴ is significantly higher, Los Angeles County meets the Healthy People 2020 target goal of 12.0%.



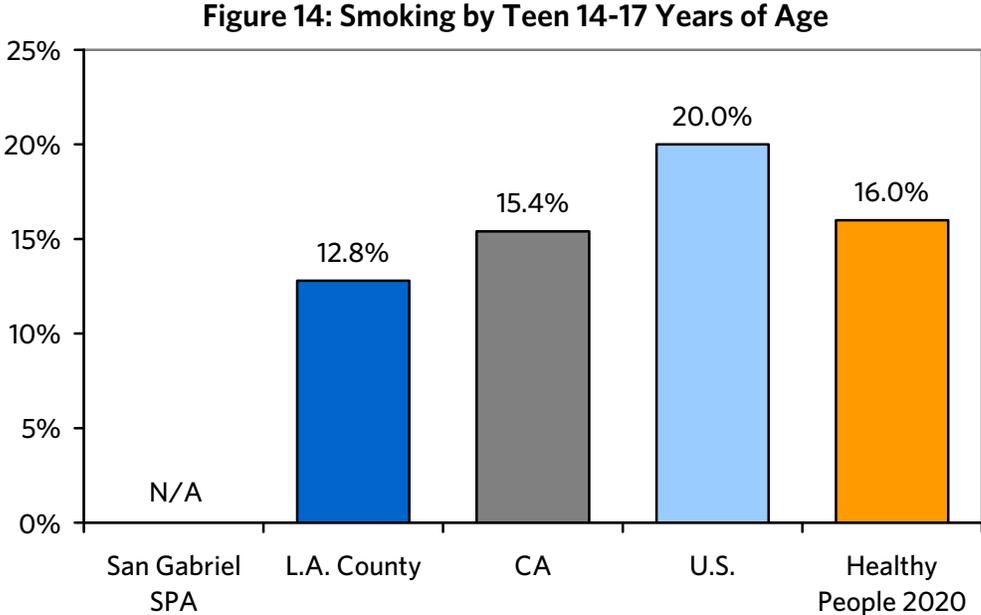
²² Los Angeles County Department of Health. Cigarette Smoking in Los Angeles County: Local Data to Inform Tobacco Policy 2010.

²³ Los Angeles County Department of Health, Key Indicators of Health By Service Planning Area 2009.

²⁴ National Center for Health Statistics. Adults who are current smokers-CA, 2010.CDC.

In 2008, the prevalence of smoking in Los Angeles County was higher among males than females (19% vs. 10%). Among males, prevalence was lower among Latinos and Whites than among African-Americans. Among females, prevalence was lower among Latinas, Asian/Pacific Islanders and Whites than among African-Americans. Adults over sixty-five were less likely to smoke than adults in other age groups.²⁵

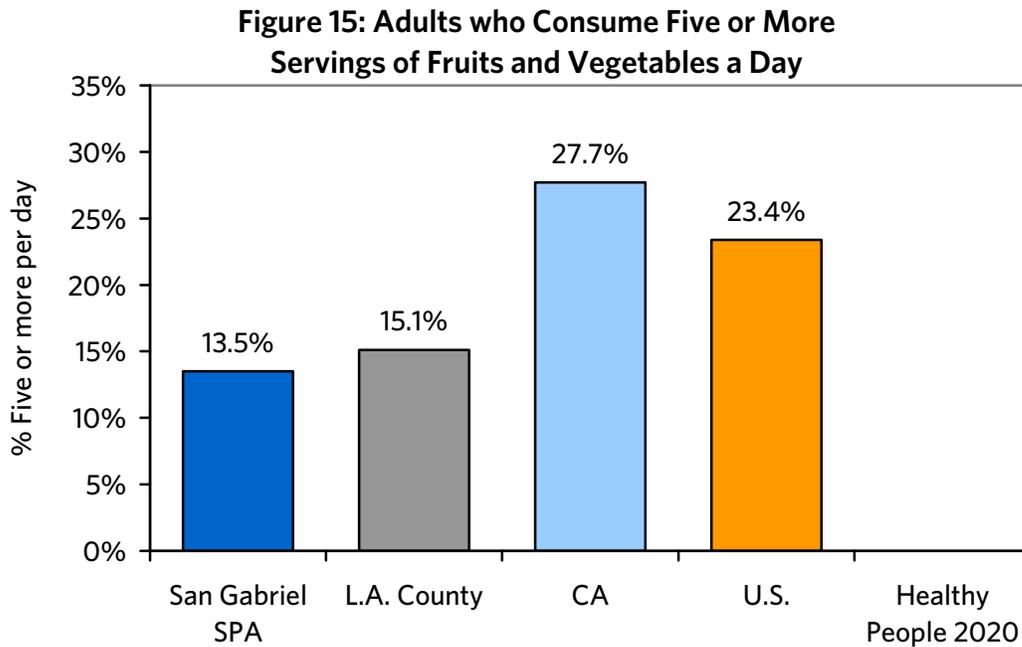
As illustrated in Figure 14, smoking rates by teens ages 14-17 is significantly lower in Los Angeles County (12.8%), than at the state (15.4%) and national level (20.0%).²⁵ Approximately, twice as many teens smoke at the national level than in LA County.



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

Nutrition

Healthy eating for children and adults means consuming at least five servings of fruit and vegetables each day. Figure 15 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.²⁶ This compares to about one in four (28.9%) Californians and one in five (24.7%) Americans.²⁷



²⁶ Los Angeles County Department of Health, Key Indicators of Healthy By Service Planning Area, June 2009.

²⁷ National Center for Health Statistics. Adults who consumed fruits and vegetables five or more times per day- Los Angeles County, CA, 2010. CDC.

As illustrated in figure 16, 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%).²⁸

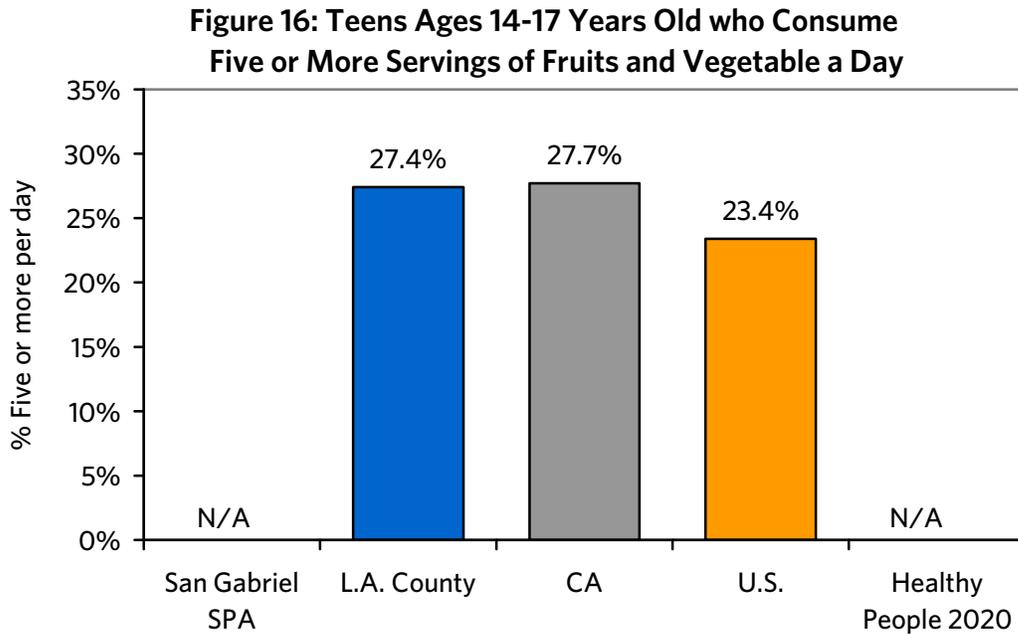
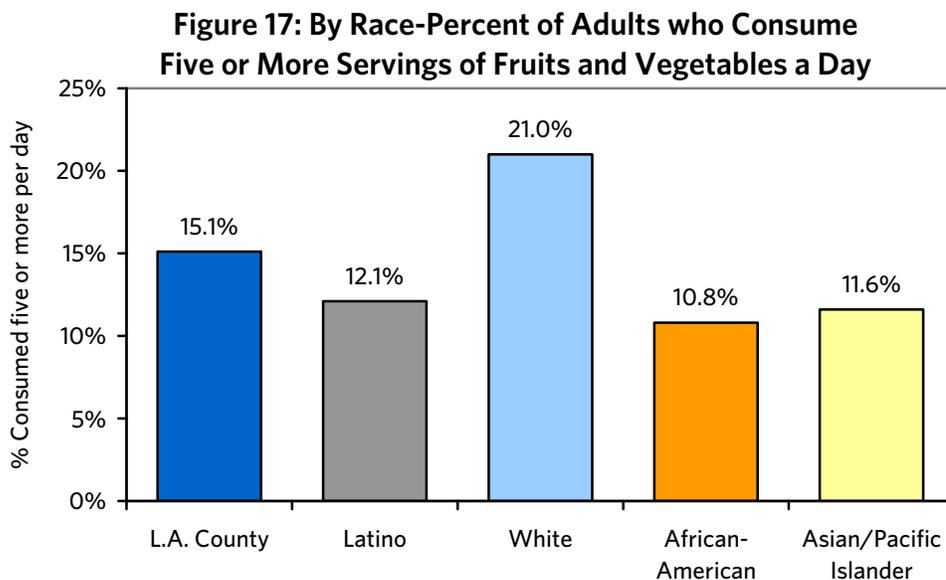


Figure 17 compares fruit and vegetable consumption among Whites, Latinos, African-American, and Asian/Pacific Islanders in Los Angeles County. White (21.0%), and Latino (12.1%) populations consume more fruits and vegetables than residents of Los Angeles County in general (15.1%). Asian/Pacific Islanders (11.6%) are least likely to consume five servings of fruits and vegetables per day.²⁹



²⁸ Los Angeles County Department of Health, Key Indicators of Healthy By Service Planning Area, June 2009.

Physical Activity

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

As illustrated in Figure 18, the percentage of adults in Los Angeles County (53.2%)²⁹ who meet the physical activity guidelines is slightly higher than San Gabriel Valley SPA (50.4%)³⁰ and the state as a whole.

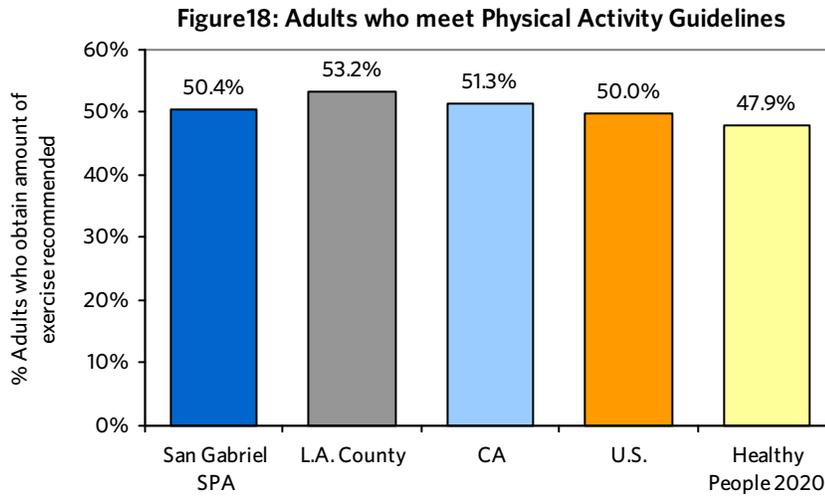
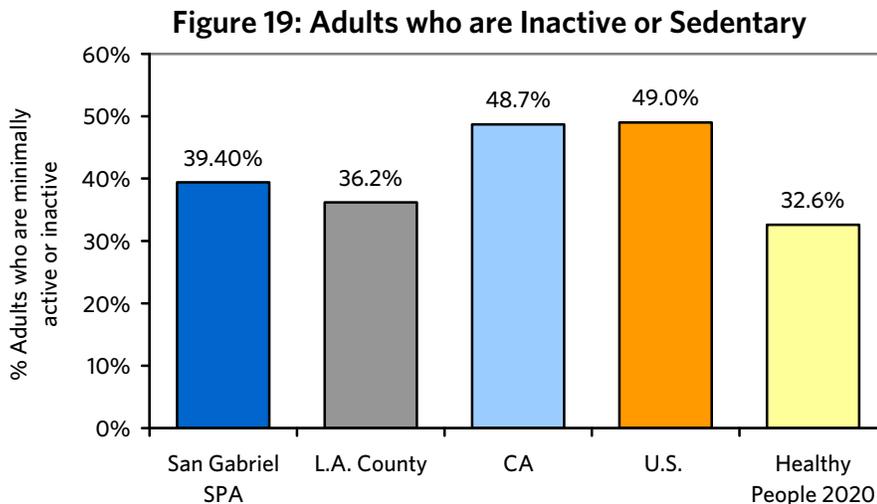


Figure 19 illustrates that, in both the San Gabriel Valley SPA and Los Angeles County, over 36.2% of adults are inactive or sedentary³¹. Both counties as a whole have slightly lower rates compared to the state (48.7%) and national (49.0%) rates.³²



²⁹ Los Angeles County Department of Health, Key Indicators of Healthy By Service Planning Area, June 2009.

³⁰ Center for Health Statistics. California: Summary of Physical Activity 2009. Behavioral Risk Factor Surveillance. CDC.

³¹ Ibid.

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

Appendix C

Letter Inviting Participation in Community Consultation and Interview Tool



Dear Community Member:

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

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

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

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

Sincerely,

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

Michael A. Friedman, M.D.
President, Chief Executive Officer
Director, Comprehensive Cancer Center



City of Hope

Interview Regarding Community Health Assets and Needs
September-October 2010

Date of Interview:	
Interviewee:	
Agency:	
Contact Information:	

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

Part 1: Learning About Your Agency

1. I'd like to begin by learning more about your agency.
 - a. What services does your agency offer?
 - b. What population(s) does your agency serve?
 - c. What geographic area does your agency serve?
 - d. In what other languages does your agency provide services to the community?
 - e. Does your agency offer any services or programs that are culturally tailored to the needs of its community?
 - f. What are some barriers that your organization faces in meeting the needs of the community?

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

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

- a. Beginning with **cancer prevention** and **early detection** (finding cancer at an early, most treatable stage), can you identify any unmet community needs? Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?
 - b. In the area of **cancer treatment**, can you identify any unmet community needs? Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?
 - c. In the area of **support for cancer patients and their families**, can you identify any unmet needs? ("Support" refers to clinical, psychological, emotional, financial or other needs.) Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?
 - d. Are there any **other unmet cancer-related needs in our community** that you would like to identify? Which populations are most affected? Do you have any suggestions on how to meet our community's needs in the area?
 - e. Are there any other cancer-related needs that you can identify, that we have not covered? Do you have any suggestions on how to meet cancer-related needs in our community?
3. In your opinion, what are the three major barriers to meeting cancer-related needs in our community?
 - a.
 - b.
 - c.
 4. In your opinion, which one of the three barriers is the highest priority (is most important to address in order to improve community well-being)? And why?

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

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

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

Part 4: Your Rating of Cancer Education and Support Issues

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

Appendix D

List of Participants In 2010 Community Consultation

Participants in 2010 Community Consultation

All Saint Episcopal Church

American Cancer Society

American Diabetes Association

Arcadia Public Library

Arroyo Vista Family Health Center

Azusa Health Center

Cancer Legal Resource Center

Center for Health Care Rights

Citrus Valley Medical Center

City of Duarte

City of Paramount

City of Irwindale

City of Hope-Cancer Survivorship

City of Hope-Cancer Aging & Research Program

City of Hope-Child Life

City of Hope-Clinical Social Work

City of Hope-Department of Supportive Care Medicine

City of Hope-Diabetes Research

City of Hope-Government and Community Relations

City of Hope-Marketing

City of Hope-Nursing Research

City of Hope-Pastoral Care

City of Hope-Public Affairs

Participants in 2010 Community Consultation (Cont'd)

City of Hope-Research-Population Sciences

City of Hope-Radiation Oncology

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

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

City of Hope-Volunteer Services

Community Assistance Program for Seniors

Community Health Alliance Pasadena

Compassion in Action-USA

Duarte School District

Elizabeth House

Foothill Family Service

Foothill Unity Center

Foothill Wellness Center

Huntington Hospital

Hacienda La Puente Unified School District

Irwindale Chamber of Commerce

John Wesley Community Health, Inc.

Kaiser Permanente

Kommah Serray Inflammatory Breast Cancer Foundation

Little Tokyo Services Center

Los Angeles Caregiver Resource Center

Los Angeles Public Health Department

Los Robles Hospital & Medical Center

Participants in 2010 Community Consultation (Cont'd)

Methodist Hospital

Mission Hospital

Pals for Health

Pasadena Department of Public Health

Pasadena Jewish Temple and Center

Pomona Health Clinic

Santa Anita Family Services

San Gabriel Mission Parish Christian Service Center

Southern California Senior Resources

United States Department of Labor

USC Norris Comprehensive Cancer Center

USC School of Pharmacy

We Spark Cancer Support Center

Appendix E

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

Unmet Needs: Cancer Prevention and Early Detection

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

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

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

Lack of resources available for prevention and screening

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

Increase education about prevention

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

Lack of awareness on the availability of resources in community

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

Lack of programs for uninsured/ Access to care

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

Lack of Funding/ Financial

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

Other Unmet Needs

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

Unmet Needs: Cancer Treatment

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

Access to Care/ Financial Barriers

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

with patients who are undocumented

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

Coordination of care

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

Lack of Knowledge

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

Increase resources and education

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

process, what to expect, look out for and common questions

- Assistance with childcare during appointments

Cultural /Language Barriers

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

Unmet Needs: Support Services

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

Lack of Support Services/Resources

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

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

Lack of Education/ Awareness

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

Financial Support

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

Linguistic, Cultural and Other Barriers to Obtaining Support

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

Unmet Needs: Other

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

Educational Needs

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

Language / Culture Specific Needs

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

Survivorship Needs

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