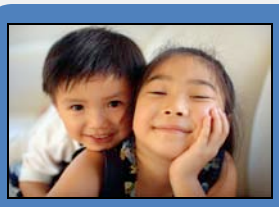
2013 Community Health Needs Assessment Report 8/13

City of Hope™

Guide to Contents



About City of Hope and Our Community

Profile of City of Hope

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

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

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

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

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

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

City of Hope is licensed for 217 beds. Of those, 84 are devoted to hematopoietic cell transplant (HCT) patients. There were 6,202 admissions to City of Hope in Fiscal Year 2012. Outpatient visits

totaled 157,942. Last year, City of Hope conducted more than 350 clinical trials, enrolling almost 5,000 patients.

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.

City of Hope is located in the City of Duarte; a richly diverse community with a population of 21,474. Duarte is situated at the base of the picturesque San Gabriel Mountains and is approximately 21 miles northeast of Los Angeles. The city of Duarte is recognized as a leader in community health improvement, as demonstrated by its charter membership in the California Healthy Cities initiative.

Community health improvement is integral to City of Hope's mission. A broad range of City of Hope departments and staff contribute to planning and implementation of community benefit activities.

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

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

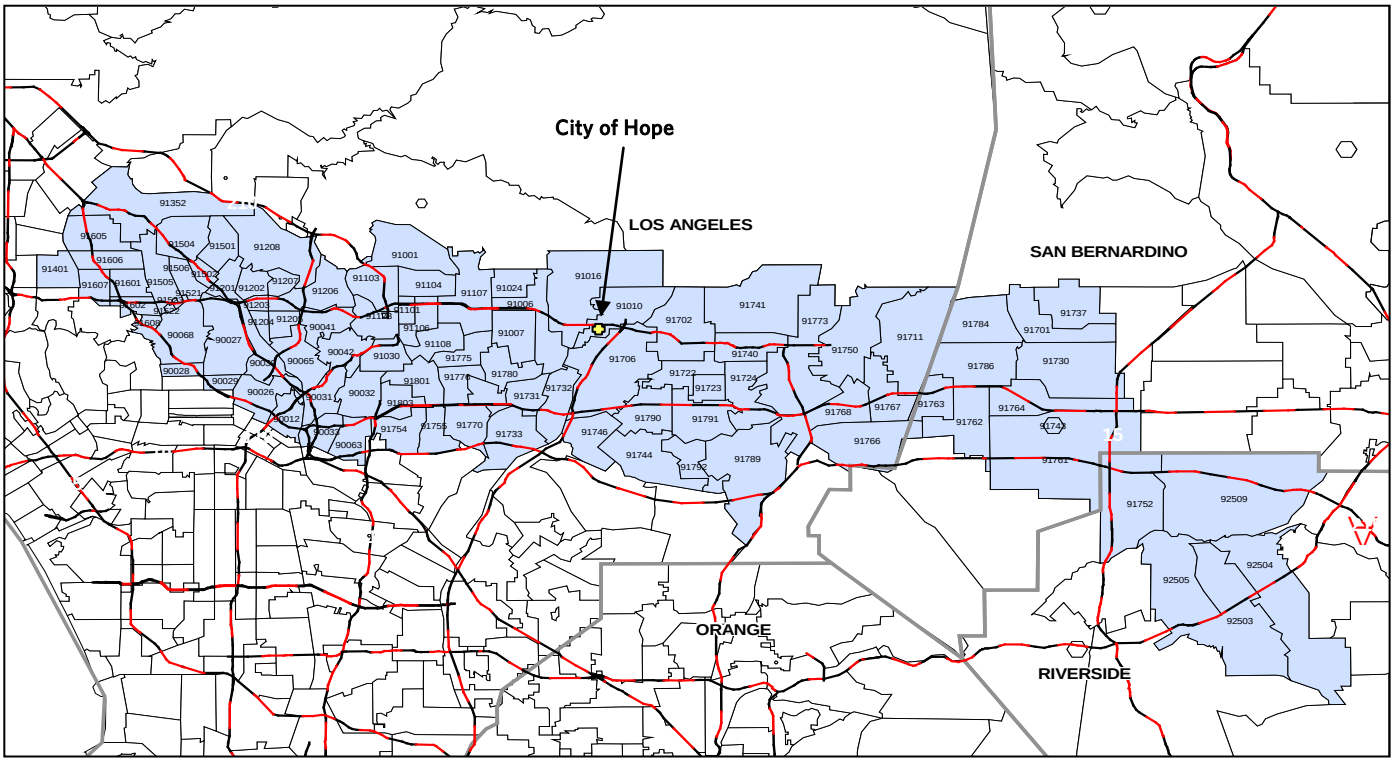
Our Community

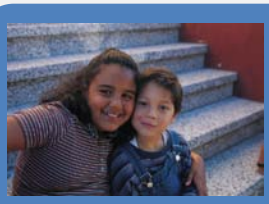
As an internationally renowned center of excellence, City of Hope serves the global community. For purposes of community benefit planning, however, City of Hope's community is defined as its primary service area. Zip codes included in City of Hope's primary service area are listed in Appendix A. As Figure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

To guide community benefit planning, City of Hope conducted a community needs assessment in 2013. As a specialty hospital with a primary focus on cancer, City of Hope placed emphasis on individuals affected by cancer in defining its community for purposes of the health needs assessment.

The needs assessment included development of a demographic and health status profile of the community, attached as Appendix B, and consultation with community representatives regarding health needs.

Figure 1: City of Hope's Primary Service Area





How Community Health Needs Were Identified

Identification of Potential Participants

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

Interview Process, Participants and Tool

A written interview tool and cover letter were mailed to eighty organizations in February 2013. The cover letter from City of Hope's president and CEO welcomed community members to participate in the community needs assessment and also explained that a City of Hope representative would contact the recipient by telephone within two weeks in order to schedule an interview. The cover letter and interview tool are attached as Appendix C. Providing potential interviewees with the tool in advance enabled them to make an informed decision regarding participation. Many of those who agreed to participate in the needs assessment used their copy of the tool to make notes in preparation for the interview.

In order to increase the probability of completed community interviews, potential participants in the 2013 community consultation were offered alternatives to telephone interviews. An 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 a health educator or intern. Phone interviews were approximately twenty minutes in length. Sixty-six interviews were completed, resulting in a response rate of eighty-three percent (83%). All interviews were completed between February and April 2013. A complete list of organizations participating in the community health needs assessment is included as Appendix D.

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

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

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

Questions on the interview tool targeted the following nine areas:

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

Upon completion of each interview, responses were entered into an electronic version of the interview form. Data from all interviews were subsequently entered into Excel spreadsheets. Quantitative data were analyzed using the statistical software SPSS.

Our Community's View of Health Needs

How "Significant Health Needs" Were Determined

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

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

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

Cancer Prevention and Early Detection Needs

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

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

Cancer Treatment Needs

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

1. Access to care by low income, uninsured or underinsured
2. Financial assistance with practical needs such as transportation, medication, childcare, etc.

3. Language/cultural barriers that impede patients' ability to navigate the care system and communicate with members of their care team.

Patient and Family Support Needs

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

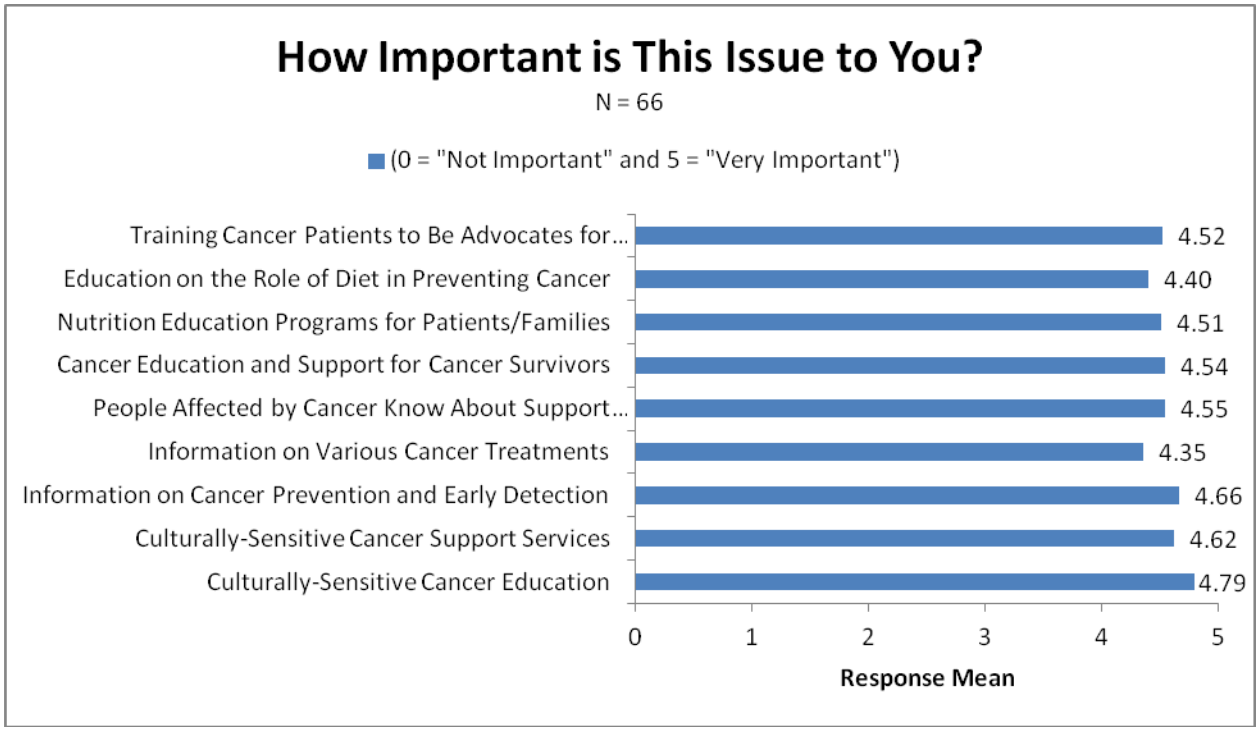
1. More support groups/programs, including cultural and language-specific offerings and services for family members
2. Financial support for uninsured and low income to meet basic needs (i.e., housing, transportation, food, medical care)
3. Community partnerships to provide support services for minorities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

Rating of Cancer Education and Support Issues

How Important is this Issue to You?

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

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

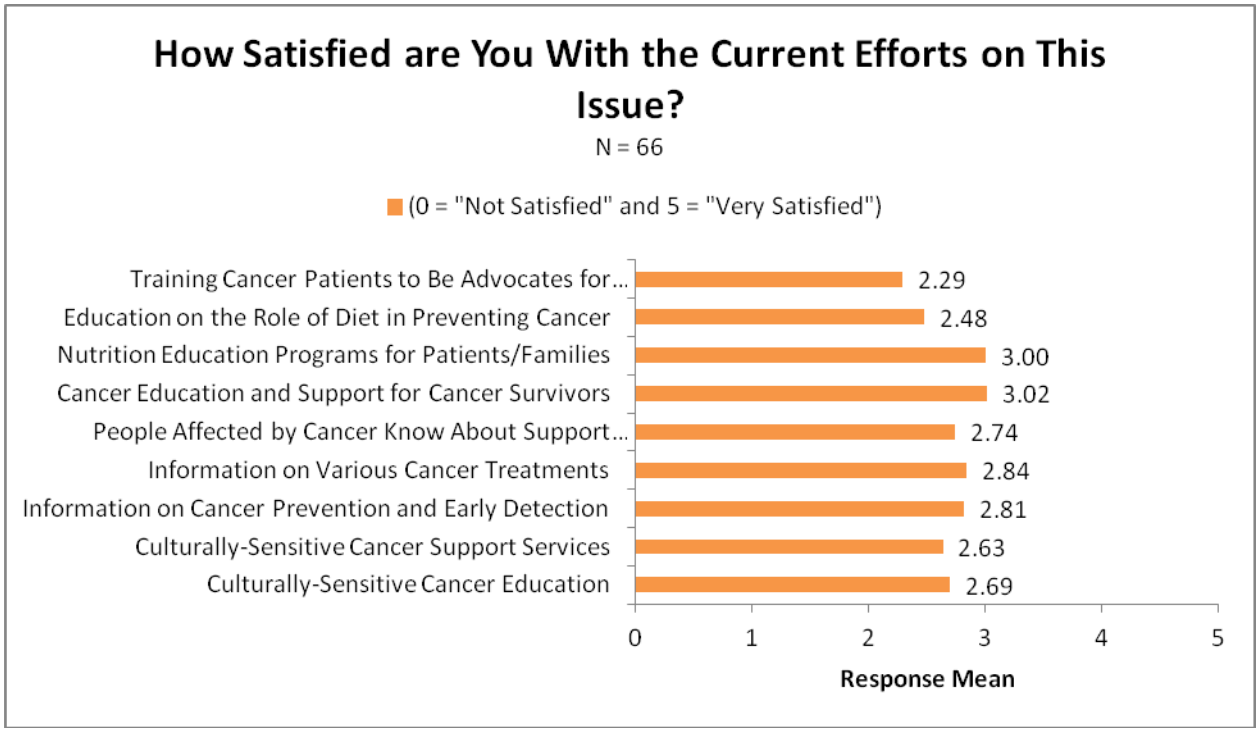


How Satisfied are You With the Current Efforts on This Issue?

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

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

Figure 3: Rating of Satisfaction with Current Efforts



Significant Health Needs Identified Through Issue Rating

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

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

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

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

Additional Unmet Needs and Barriers

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

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

Changes for a Healthier Community

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

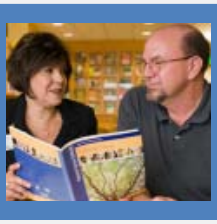
A majority of community participants emphasized the need for increased partnerships and collaborations in order to have a greater impact on community health. Community participants identified a range of ideas for partnering with City of Hope to meet community health needs.

Summary of Significant Health Needs Identified by the Community

Based on the qualitative and quantitative analyses of findings from interviews conducted with key community representatives, the following issues have been designated as "significant community health needs." Details of those analyses were presented earlier in this report.

1. Lack of education about cancer prevention among specific populations defined by culture or language
2. Increased education about cancer prevention and healthy lifestyles for adults and children (e.g., diet and exercise)
3. Information on cancer prevention and early detection
4. Culturally sensitive cancer education programs
5. Language/cultural barriers that impede patients' ability to navigate the care system and communicate with members of their care team
6. Lack of funding/resources available for prevention, screening programs for low income, uninsured and underinsured
7. Access to care by low income, uninsured or underinsured
8. Financial assistance with practical needs such as transportation, medication, childcare, etc.
9. Limited awareness of resources available in the community

10. More support groups/programs, including cultural and language-specific offerings and services for family members
11. Community partnerships to provide support services for minorities and low income populations and stronger collaboration in general
12. Training cancer patients to be advocates for themselves



Priorities and Resources for Building a Healthy Community

Process and Criteria for Prioritizing Significant Health Needs

The following criteria were used to assign priorities among significant health needs identified by the community:

1. Alignment with City of Hope's 2013 – 2022 Strategic Plan, including the scope of needs and potential financial burden
2. Synergy with City of Hope Wellness and Workforce Development Initiatives, substantially expanding and extending those initiatives to advance community well-being
3. Feasibility and effectiveness of potential interventions, particularly the potential to build on existing education, engagement and Supportive Care strengths
4. Strong collaboration that City of Hope has forged with a network of community partners that address cancer-related needs of the community.

Criteria were established by City of Hope's community benefit director in consultation with the organization's Chief Human Resources and Diversity Officer, the Vice President of Government and Community Relations, the Vice President of Communications and the community interventionist from the Center of Community Alliance for Research and Education (CCARE). In developing City of Hope's community health needs assessment implementation strategy, additional input on priorities will be sought from the Clinical Cancer Committee, other internal constituents and key community partners.

Potential Measures and Resources

In planning implementation strategies to address priority community health needs, City of Hope is drawing upon the expertise of its population health researchers and community interventionists. While community benefit reporting has included basic metrics such as number of participants served and participant ratings of programs, City of Hope is committed to increasing the rigor of outcome measurement. Internationally known population health researchers Dr. Leslie Bernstein and Dr. Kimlin Ashing-Giwa are contributing their expertise to development of evaluation measures and strategies to assess the impact of community implementation strategies in encouraging adoption of healthy lifestyles and other changes in health behavior.

In addition to catalyzing internal resources, City of Hope will maximize health assets within the community. Information about services provided by community organizations, populations served and geographic areas covered was gathered through the assessment.

Several examples of community resources are listed below to illustrate the range of assets that can be mobilized to address priority health needs.

- Cancer Legal Resource Center/Disability Rights Legal Center – Offers legal information and resources for persons with cancer and their caretakers and health care professionals.

- Kommah Seray Inflammatory Breast Cancer Foundation – Provides financial assistance with day-to-day needs such as transportation, groceries, clothing, housekeeping and gardening.

- We Spark – Extends support during cancer treatment, bereavement support for caregivers, educational programs and creative expression programs.

- Cancer Support Community – Provides mental health services for cancer patients, caregivers, survivors and children whose parents are diagnosed with cancer. Offers fitness and mind/body programs.

- Special Service for Groups: Offers general health, mental health, dental, human and social services for underserved populations. PALS for Health Division provides advocacy, language assistance, training (interpreter, promotora, community education on language access and cultural competence) and additional services.

- Herald Cancer Association – Collaborates with various hospitals and the American Cancer Society (ACS) to provide a range of free services to Chinese Americans. Offers five different cancer support groups, health education, patient services, pre-surgery/pre-treatment support and navigation as well as additional services. Partners with ACS to offer a program for breast cancer survivors, "Joy Luck Academy."

The American Cancer Society has long partnered with City of Hope to meet cancer prevention, treatment and support needs. ACS is represented on City of Hope's Clinical Cancer Committee, which will provide input on the community needs assessment implementation plan. Implementation strategies will include collaborative initiatives with all community sectors, from local governments, businesses and schools to a wide range of community-based organizations.

City of Hope's community needs assessment implementation strategy will be adopted by the Medical Center Board and made available on the organization's website by February 2014.

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
91201	Glendale
91202	Glendale
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
91755	Monterey Park
91761	Ontario
91762	Ontario

Appendix B

Profile of the Community

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

Data Sources

As part of the hospital's 2013 community needs assessment, a demographic and health status profile of City of Hope's primary service areas was developed using multiple data sources. Types and sources of secondary data used to develop the community profile are described in Table 1.

Table 1
Sources of Secondary Data Reported

Demographic Data	
For zip codes in COH's primary service area: Total population Age distribution and median age Racial/ethnic distribution Household Size	2010 U.S. Census data, analyses performed by City of Hope Division of Information Sciences
Health Care Access (For LA County and San Gabriel SPA)	
Prevalence of Vulnerable Populations Uninsured adults and children Adults and children with no regular source of health care Use of Preventive Health Services Mammography Pap smears Colorectal cancer screening (Sigmoidoscopy or Colonoscopy)	Los Angeles County Department of Health Services. *Key Indicators of Health by Service Planning Area*, June 2009. California Health Interview Survey. CHIS 2009 Current Coverage. Los Angeles, CA: UCLA Center for Health Policy Research, November 2011. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010. United States Department of Health and Human Services. *Healthy People 2020*, November, 2010.
Health Outcomes	
Leading causes of death in LA County	California Department of Public Health. *Los Angeles County's Health Status Profile, 2012*.
Incidence, mortality and prevalence of common cancers in California	American Cancer Society, California Division and Public Health Institute, California Cancer Registry. *California Cancer Facts and Figures, 2012*.
Health Risk Behaviors	
Smoking by adults - LA County, San Gabriel SPA,CA, US Teens ages 14-17 years old who consume five or more servings of fruits and vegetables a day-LA County and 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 adults – LA County and San Gabriel SPA	Los Angeles County Department of Public Health. *LA Health-Adult Smoking on the Decline, but Disparities Remain,* 2011. Los Angeles County Department of Health Services. *Key Indicators of Health by Service Planning Area*, June 2009. National Center for Health Statistics. Centers for Disease Control and Prevention, 2010. Los Angeles County Department of Public Health. *LA Health-Trends in Obesity: Adult Obesity Continue to Rise,* Septembe2012. National Center for Health Statistics. Centers for Disease Control and Prevention. *Prevalence of Obesity in the US, 2009-2010*, January 2012.
Adults who consume five or more servings of fruits and vegetables a day – CA US Adults who are physically active – CA and US	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.

Demographic data were provided by City of Hope's Division of Research Information Sciences. A biostatistician in Information Sciences obtained 2010 U.S. Census data tapes and performed analyses for zip codes in City of Hope's primary service area.[1] These analyses yielded essential data on population distribution by age, gender, race/ethnicity, education and income.

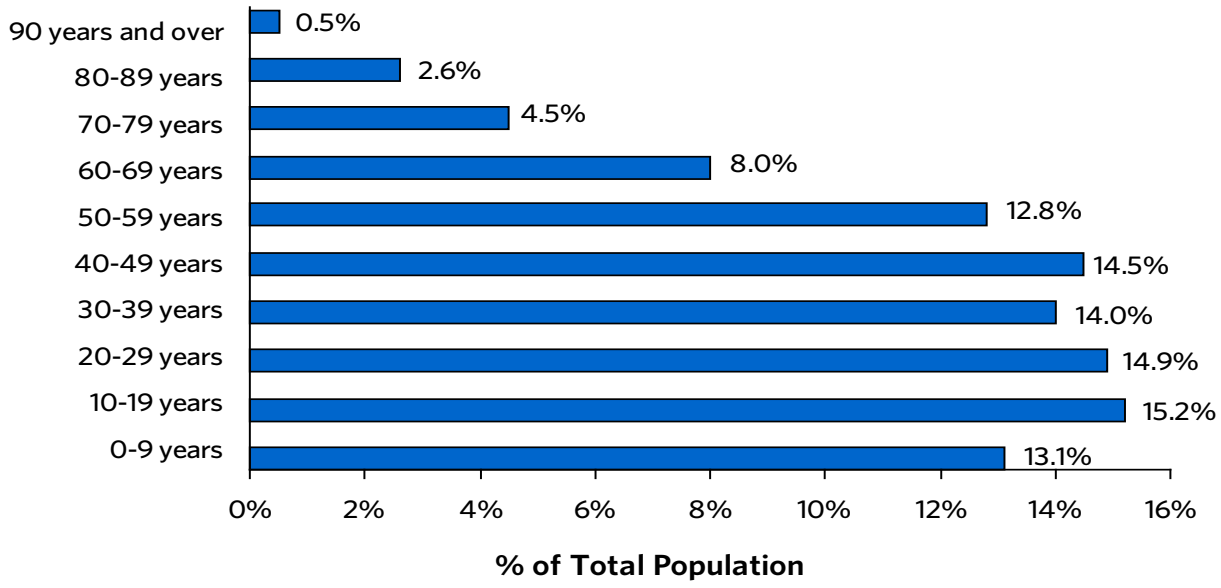
Data on access to health care and perceived health were obtained from the Los Angeles County Department of Health Services' report, *Key Indicators of Health by Service Planning Area 2009.* Health outcome data were obtained from the American Cancer Society, California Division and the California Department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

Demographic Profile

Gender and Age

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

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

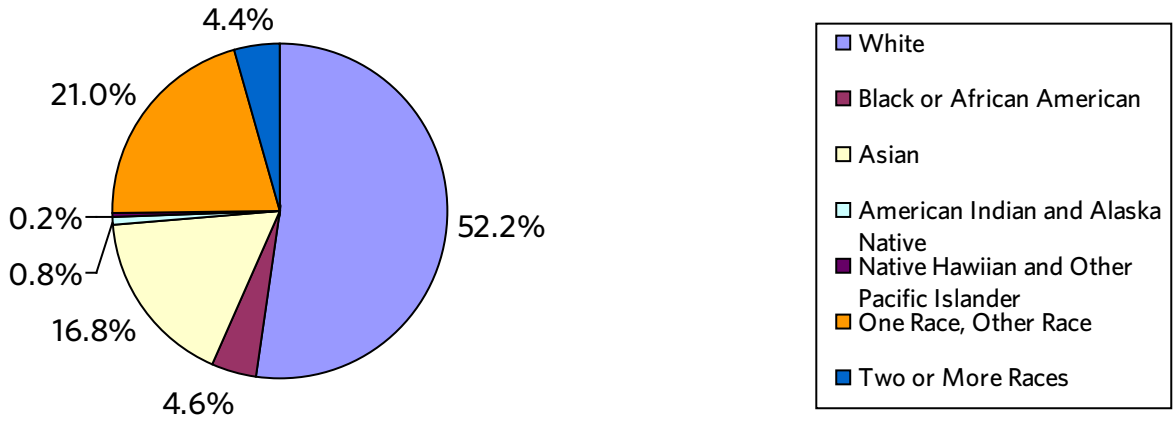


[1] Data for the following zip codes was not available from the U.S. Census Bureau: 90607, 90608, 90609, 90610, 90612. Therefore, the demographic data presented for City of Hope's primary service area excludes those zip codes.

Race and Ethnicity

The racial distribution of the population in City of Hope's primary service area is presented in Figure 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 Size

The average household size in the service area is 3.07.

Health Status Profile

Vulnerable Populations and Health Disparities

"Vulnerable populations" are defined as groups that have an increased relative risk (i.e. exposure to risk factors) or susceptibility to health-related problems, experience higher mortality rates, lower life expectancy, reduced access to care or a diminished quality of life.[2] These populations exist in certain areas of Los Angeles County and face difficult health disparities.

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

Table 2 illustrates the prevalence of vulnerable populations within Los Angeles County and the San Gabriel Valley. Over 45% of the population in Los Angeles County and the San Gabriel Valley has been diagnosed with a chronic disease.

Table 2
Vulnerable Populations[3]

Prevalence of Vulnerable Populations By Service Planning Areas, 2010		
	LA County (%)	San Gabriel Valley (%)
Disabled Adults (LACHS 2007)	19.6	17.8
Elderly (U65 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

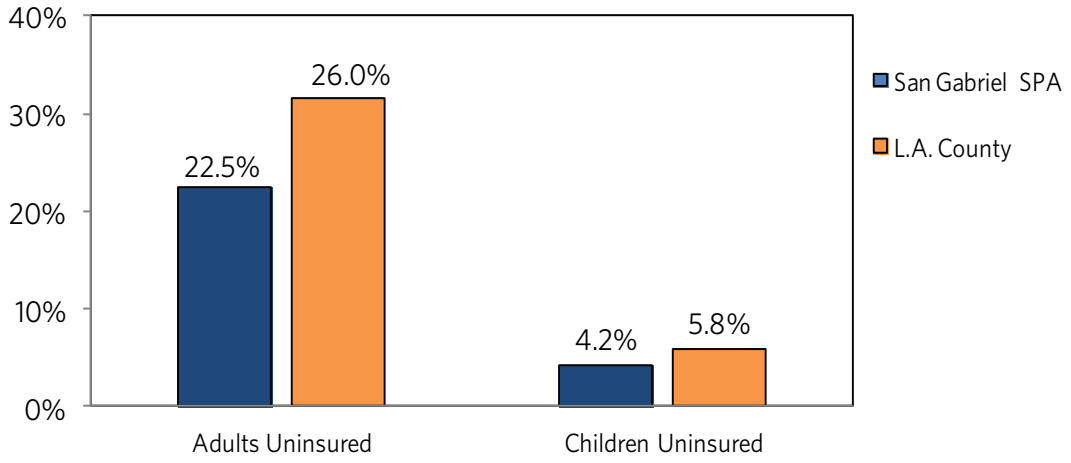
Access to quality health care is a key determinant of health, as emphasized in the following passage from *Key Indicators of Health:*

"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." [4]

Figure 3 shows over one in five adults (18-64 years) in Los Angeles County (26.0%) and in San Gabriel SPA (22.5%) are uninsured.[5] About one in every 15 children (0- 17 years) in Los Angeles County (5.8%) and in San Gabriel SPA (4.2%) are uninsured.[6]

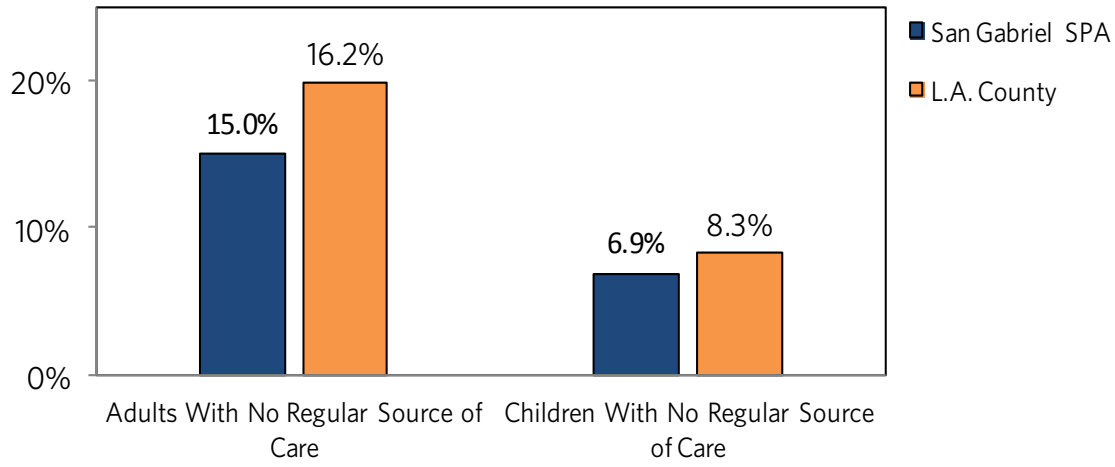
[3] Los Angeles County Department of Health Services, *Key Indicators of Health by Service Planning Area*, June 2009
[4] Ibid.
[5] California Health Interview Survey. CHIS 2009 Current Coverage. Los Angeles, CA: UCLA Center for Health Policy Research, November 2011.
[6] Ibid.

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



As shown in Figure 4, over one in six adults in Los Angeles County (15.0%) and in San Gabriel SPA (16.2%) have no regular source of health care.[7] About one in 12 children in Los Angeles County (8.3%) and over one in 14 in San Gabriel SPA (6.9%) have no regular source of health care.[8]

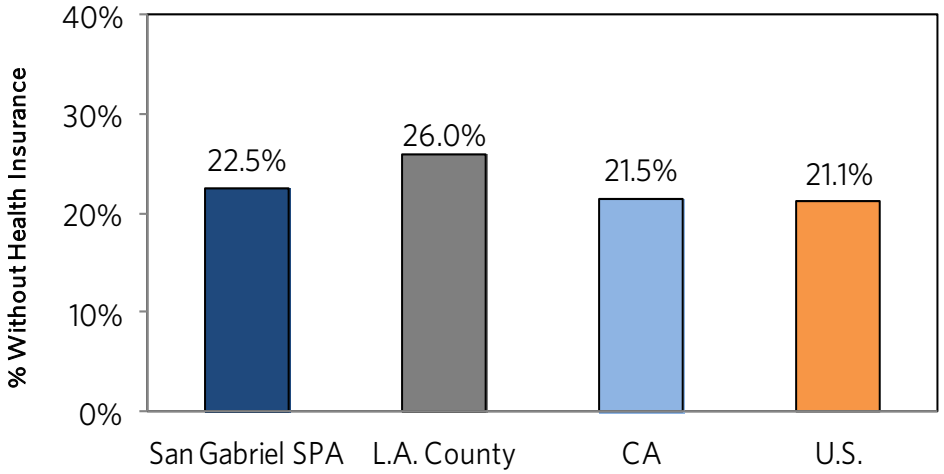
Figure 4: Percent Adults and Children with No Regular Source of Care



[7] Centers for Disease Control and Prevention (CDC). Health Care Access/Coverage: Adults aged 18-64 who have had any kind of health coverage. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.
[8] California Health Interview Survey. CHIS 2009 Current Coverage. Los Angeles, CA: UCLA Center for Health Policy Research, November 2011.

Figure 5 illustrates that the percentage of uninsured adults is higher in Los Angeles County (26.0%) than in the United States (21.1%) and the state of California (21.1%).[9]The percentage of uninsured adults in the San Gabriel SPA (22.5%)[10] is lower than Los Angeles County and California as a whole.

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



[9] Centers for Disease Control and Prevention (CDC). Health Care Access/Coverage: Adults aged 18-64 who have had any kind of health coverage. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.

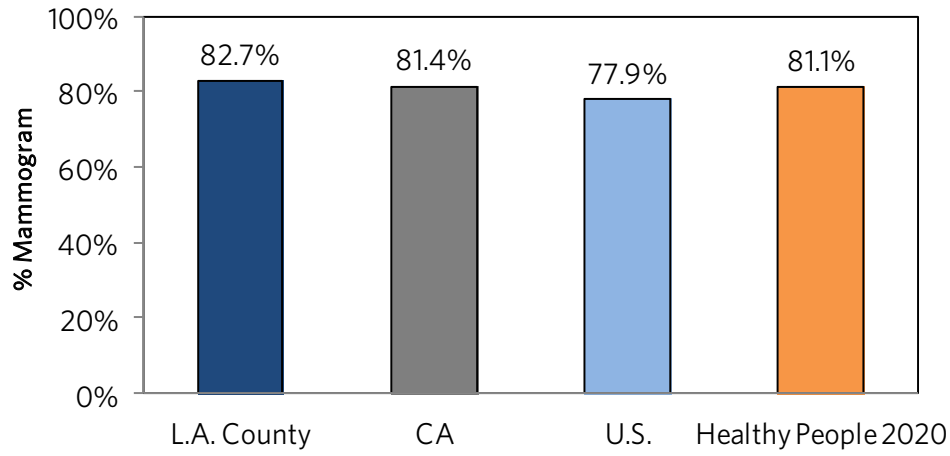
[10] California Health Interview Survey. CHIS 2009 Current Coverage. Los Angeles, CA: UCLA Center for Health Policy Research, November 2011.

Use of Clinical Preventative Services

Mammography

Figure 6 illustrates the percentage of women residing in Los Angeles County aged 50 or older who have had a mammogram within the past two years (82.7%).[11] At the state level, more than three-fourths of women have obtained mammograms (81.4%) and national rates (77.9%) are slightly higher than local percentages.[12] Los Angeles County and California are meeting the Healthy People 2020 goal, which is (81.1%).[13]

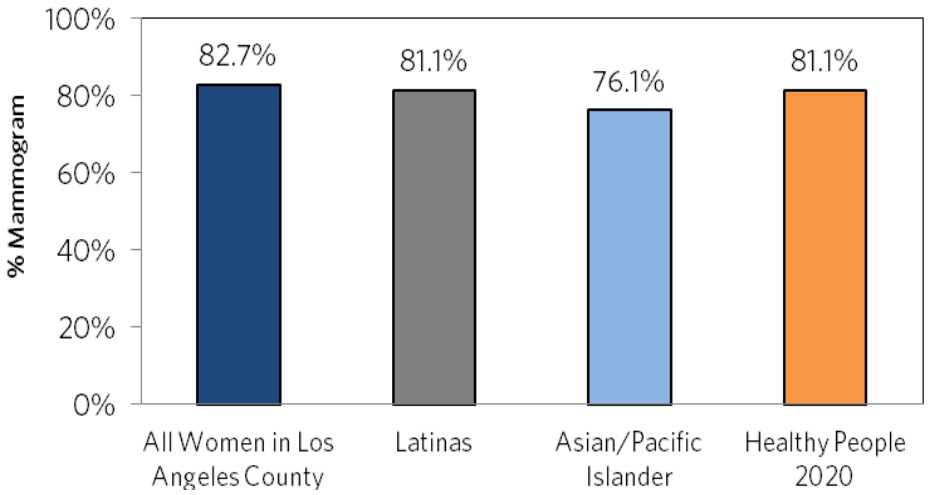
Figure 6: Mammography Status Women 50 years or older who have had a Mammogram within the past two years



[11] Centers for Disease Control and Prevention (CDC). Women aged 50+ who had had a mammogram within the past two years. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.
[12] Ibid.
[13] United States Department of Health and Human Services. *Healthy People 2020*, November 2010.

Figure 7 compares mammography rates for all women in Los Angeles County (82.7%) with rates among Latinas (81.1 %).[14]According to the National Center for Health Statistics, women in Los Angeles County and Latina women meet the Healthy People 2020 goal (81.1%).[15] A substantially smaller percentage (76.1%) of Asian/Pacific Islanders is obtaining mammograms.[16]

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



Cervical Cancer Screening

Figure 8 shows the percentage of women age 18 or older who have had a Pap smear within the past three years. Percentages of women having Pap smears are slightly lower in the San Gabriel SPA (81.3%)[17] than in Los Angeles County (82.4%).[18] Los Angeles County and San Gabriel SPA rates are slightly higher than both the state (80.8%) and national rates (81%).[19]

[14] Centers for Disease Control and Prevention (CDC). Women aged 50+ who had had a mammogram within the past two years. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.
[15] United States Department of Health and Human Services. *Healthy People 2020*, November 2010.
[16] Centers for Disease Control and Prevention (CDC). Women aged 50+ who had had a mammogram within the past two years. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.
[17] Los Angeles County Department of Health Services, *Key Indicators of Health by Service Planning Area*, June 2009.
[18] Centers for Disease Control and Prevention (CDC). Women's Health: women aged 18+ who had had a pap test within the past three years. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.
[19] Ibid.

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

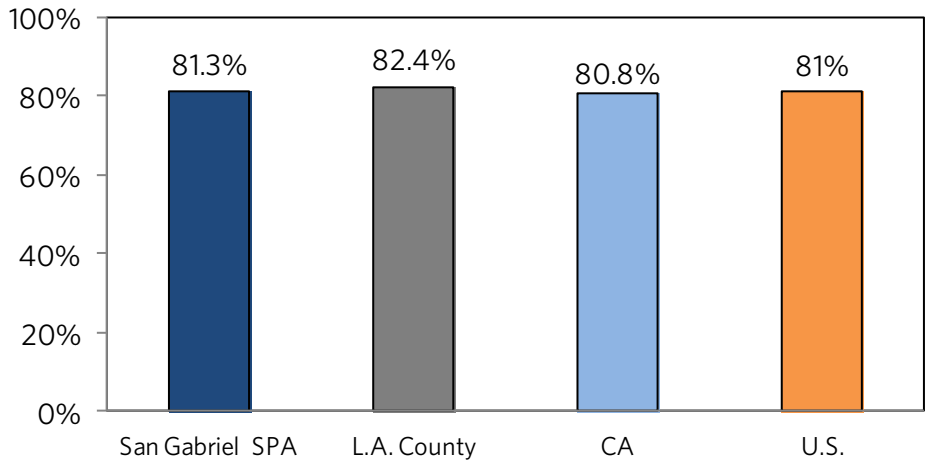
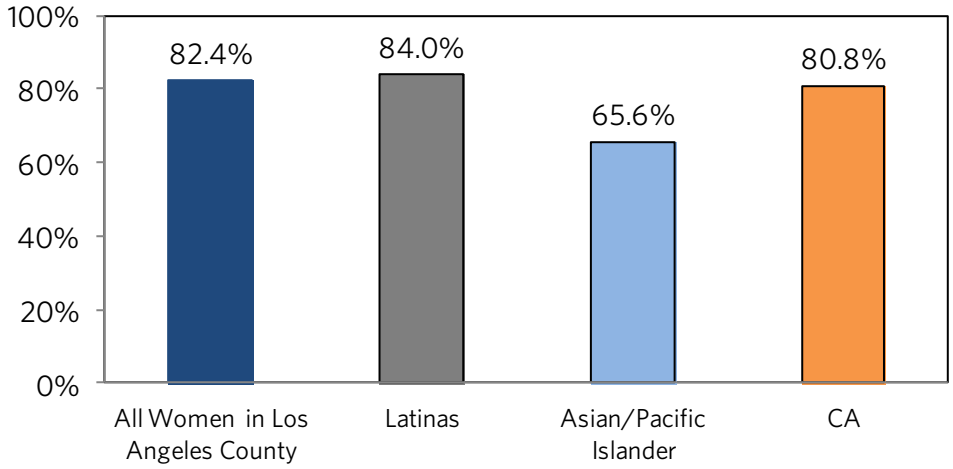


Figure 9 compares Pap smear rates of all women in Los Angeles County with those of Latina and Asian/Pacific Islander populations. The percentage of Latina women being screened for cervical cancer (84.0%) is slightly higher than the overall rate for women in Los Angeles County (82.4%) and the state as a whole (80.8%). [20] A substantially smaller percentage (65.6%) of Asian/Pacific Islanders is obtaining Pap smears. [21]

[20] Centers for Disease Control and Prevention (CDC). Women's Health: women aged 18+ who had had a pap test within the past three years. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.
[21] Ibid.

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

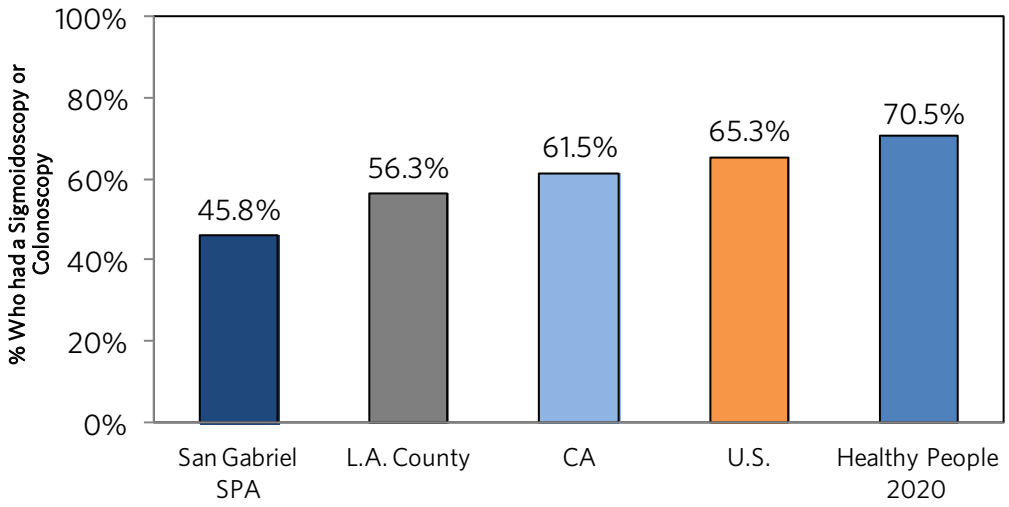


Colorectal Cancer Screening

As shown in Figure 10, 45.8%[21] of adults age 50 or older in the San Gabriel SPA and 56.3%[22] in Los Angeles County have had a sigmoidoscopy or colonoscopy within the past five years. Los Angeles County and San Gabriel SPA rates are considerably lower than the state (61.5%) and national (65.3%) rates. [23]

[21] Los Angeles County Department of Health Services, *Key Indicators of Health by Service Planning Area*, June 2009.
[22] Centers for Disease Control and Prevention (CDC). Colorectal cancer Screening: Adults ages 50+ who had ever had a Sigmoidoscopy or Colonoscopy. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.
[23] Ibid.

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



Health Outcomes Data

Leading Causes of Death in Los Angeles County

As shown in Table 3, cancer (all cancers combined) is the second leading cause of death in Los Angeles County. Lung cancer is the fourth leading cause of death and female breast cancer is the ninth leading cause of death.

Table 3
Leading Causes of Death in Los Angeles County in California, 2011[24]

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

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

Table 4 shows the expected incidence, mortality and prevalence of common cancers in California for 2012.

Table 4

Expected Incidence, Mortality and Prevalence of Common Cancers in California, 2012[25]

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

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

Health Risk Behaviors

Tobacco use, poor diet, obesity and lack of physical activity may be responsible for one out of every three cancer deaths in the United States. Social, economic and legislative factors profoundly influence individual health behaviors. The American Cancer Society describes those influences on health behavior as follows: "the price and availability of healthy foods, the incentives and opportunities for regular physical activity in schools and communities, the content of advertising aimed at children, and the availability of insurance coverage for screening tests and treatment for tobacco addiction all influence these individual choices."[26]

Tobacco Use

Tobacco use remains the single largest preventable cause of disease and premature death in the United States. About 85% of lung cancer is caused by cigarette smoking. The American Cancer Society estimates about 13,000 cancer deaths were caused by tobacco use in California alone. Exposure to secondhand smoke for nonsmokers may result in or worsen adverse health conditions such as cancer, respiratory infections and asthma. Yearly, smoking results in nearly half a million premature deaths of which about 46,000 deaths are in nonsmokers as a result of secondhand smoke. [27]

In Los Angeles County, approximately one out of every seven deaths and $4.3 billion are lost due to smoking and smoking related diseases yearly. The leading causes of smoking related deaths are lung cancer, coronary heart disease and chronic airway obstruction.[28]In 2011, the prevalence of smoking in Los Angeles County was higher among males than females (16.4% vs. 10%).[29] Among males, prevalence was lower among Latinos and Whites than among African-Americans.[30] Among females, prevalence was lower among Latinas, Asian/Pacific Islanders and Whites than among African-Americans.[31] Adults over 65 were less likely to smoke than adults in other age groups. [32] There is a disproportionately high rate of smoking in the 25 to 29 age group.[33]

[26] American Cancer Society. California Division and Public Health Institute, California Cancer Registry. *Cancer Facts and Figures. 2012.*
[27] Los Angeles County Department of Health. *Cigarette Smoking in Los Angeles County: Local Data to Inform Tobacco Policy* 2010.
[28] Los Angeles County Department of Public Health. *LA Health-Adult Smoking on the Decline, but Disparities Remain,* 2011.
[29] Ibid.
[30] Ibid.
[31] Ibid.
[32] Ibid.
[33] Ibid.

As shown in Figure 11, the prevalence of cigarette smoking among adults in Los Angeles County (13.1%) is higher than the San Gabriel SPA (10.9%), and the state (13.7%).[34]The national prevalence of smoking (20.1%) is significantly higher as whole.[35]

Figure 11: Smoking by Adults

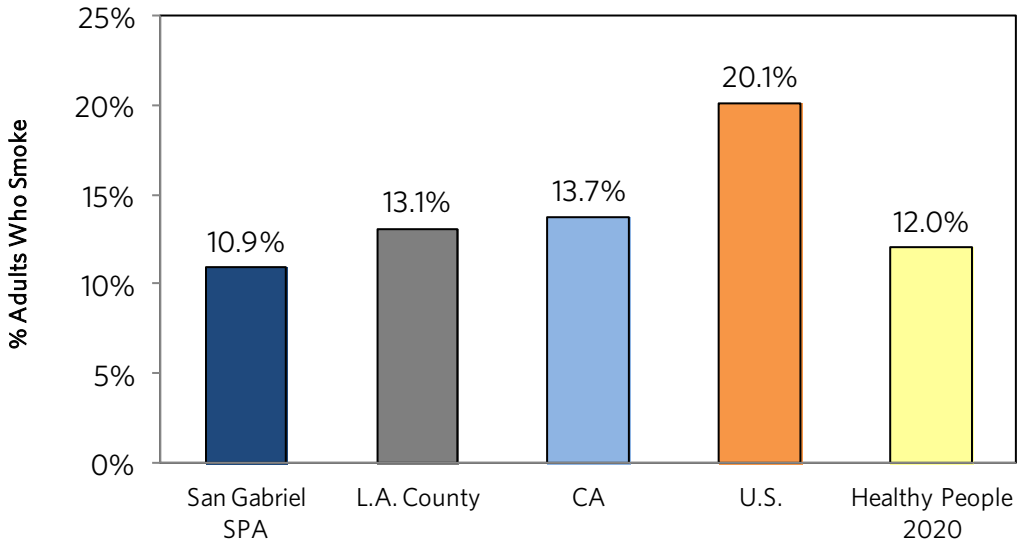
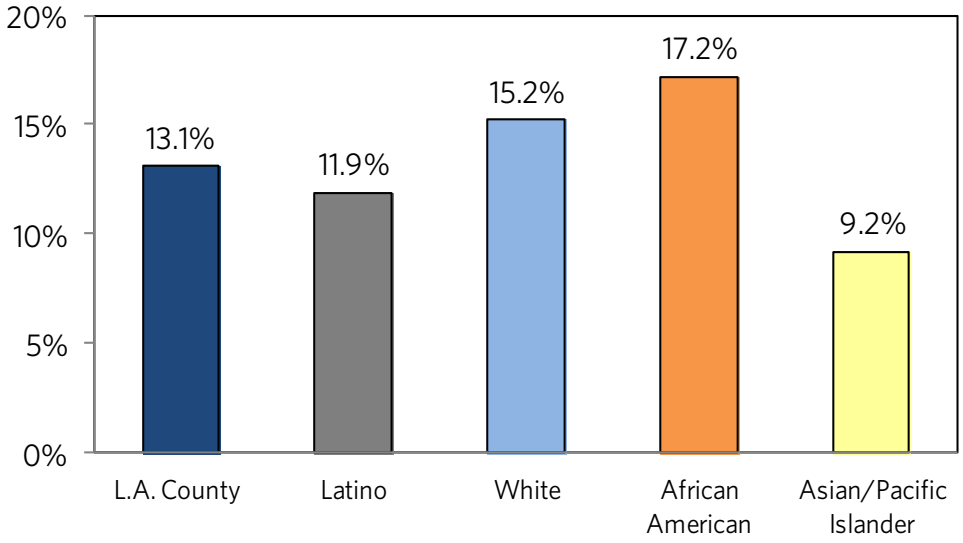


Figure 12 illustrates the prevalence of cigarette smoking (13.1%)[36] among all adults in Los Angeles County by race. The rate of smoking among African-Americans (17.2%) is higher than Whites (15.2%) and Latinos (11.9%).[37] Smoking among Asian/Pacific Islanders (9.2%) is significantly lower.[38]

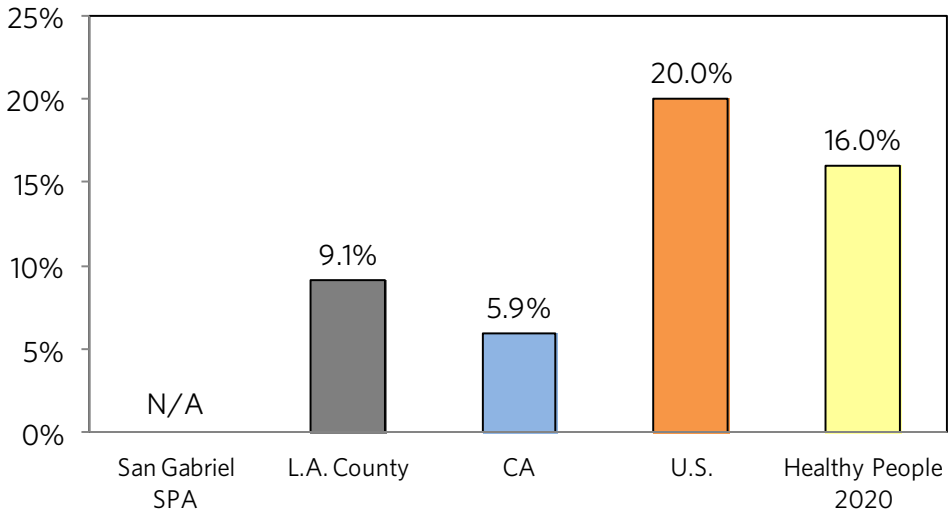
[34] Los Angeles County Department of Public Health. *LA Health-Adult Smoking on the Decline, but Disparities Remain,* 2011.
[35] Centers for Disease Control and Prevention (CDC). Tobacco Use. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.
[36] Los Angeles County Department of Public Health. *LA Health-Adult Smoking on the Decline, but Disparities Remain,* 2011.
[37] Ibid.
[38] Ibid.

Figure 12: By Race-Percent of Smoking by Adults



As illustrated in Figure 13, smoking rates by teens ages 14-17 is significantly lower in Los Angeles County (9.1%), than at the state (5.9%) and national level (20.0%).[39]

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



[39] Los Angeles County Department of Public Health. LA Health, *Adult Smoking on the Decline, but Disparities Remain*, 2011

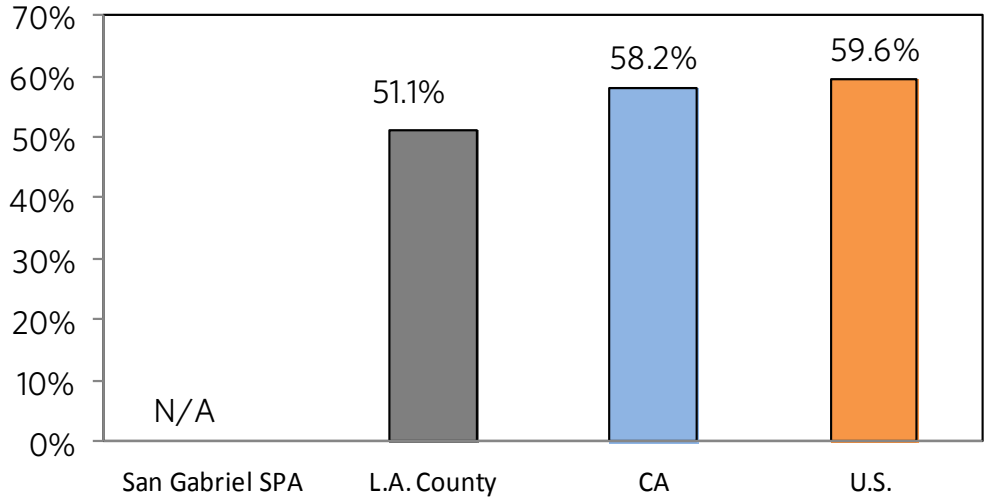
Smoking Cessation[40]

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

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

As shown in Figure 14, the percentage of adult smokers who attempt to quit smoking (51.1%) is lower in Los Angeles County than at the state (58.2%) and national (59.6%) levels. [41]

Figure 14: Percent of Smokers who Attempt to Quit Smoking



[40] Los Angeles County Department of Health. LA Health, *Smoking Cessation Efforts Among Adult Smokers*, 2006
[41] Ibid.

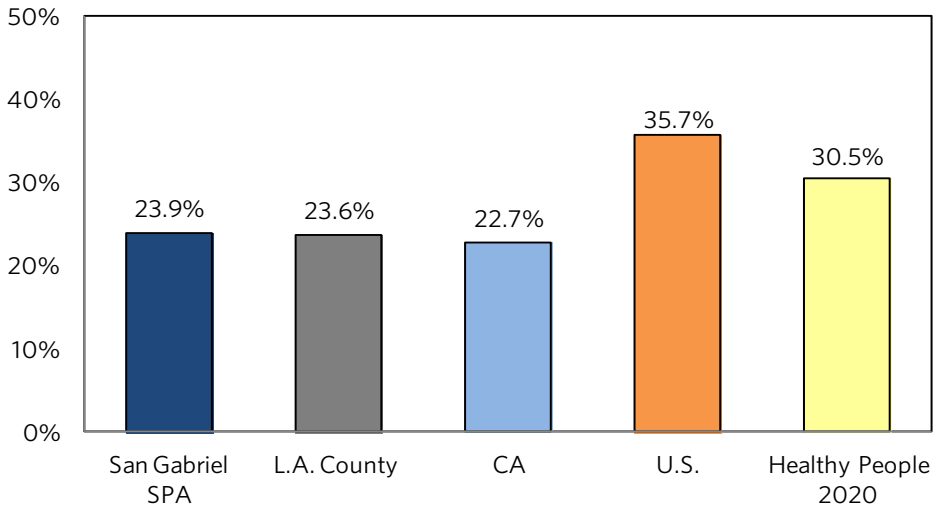
Obesity[42]

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

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

Figure 15 illustrates that, in both the San Gabriel Valley SPA and Los Angeles County, over 20% of adults are obese. Both counties have slightly lower rates compared to the state (22.7%) and national (35.7%) rates. [43]

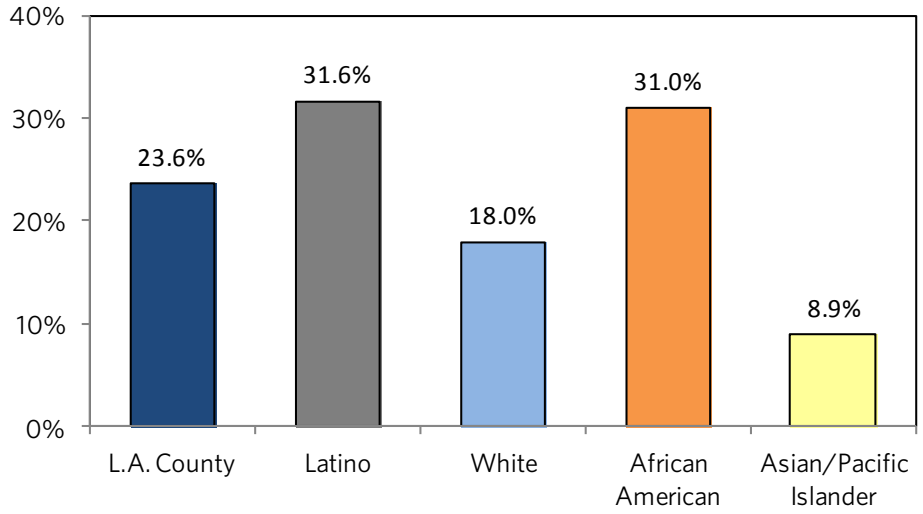
Figure 15: Adults who are obese



[42] Los Angeles County Department of Health. *LA Health-Trends in Obesity: Adult Obesity Continues to Rise*, September 2012
[43] National Center for Health Statistics. *Prevalence of Obesity in the US, 2009-2010*. Centers for Disease Control and Prevention, January 2012.

Figure 16 shows that obesity is most prevalent among Latinos (31.6%) and African-Americans (31.0%) in Los Angeles County. Asian/Pacific Islanders (8.9%) are significantly less obese as compared to Latino, White, African-American and Los Angeles County as a whole. [44]

Figure 16: By-Race Percent of Obese Adults

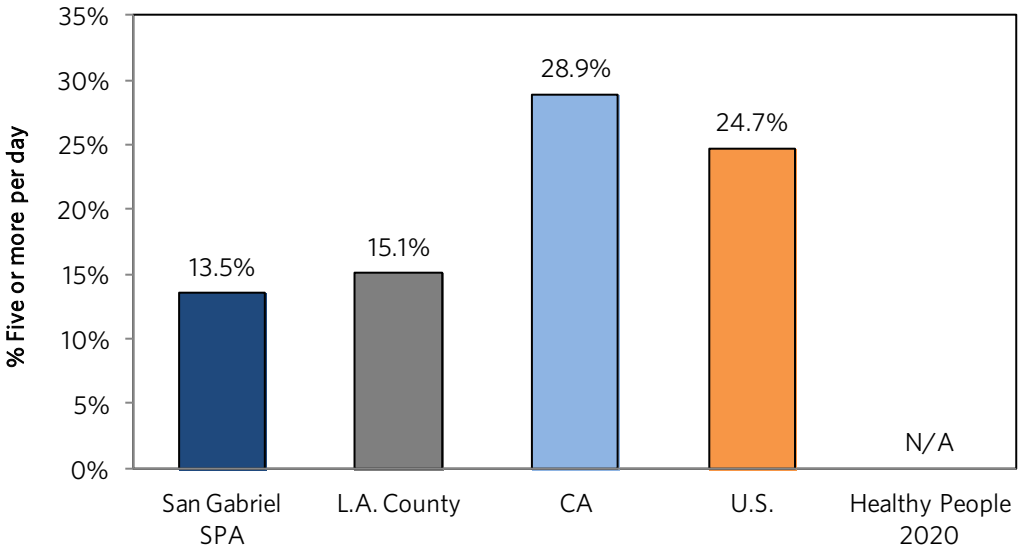


Nutrition

Healthy eating for children and adults means consuming at least five servings of fruit and vegetables each day. Figure 17 shows that about one in seven residents (13.5%) of San Gabriel SPA and Los Angeles County (15.1%) consume five or more servings of fruits and vegetables a day. This compares to over one in four (28.9%) Californians and one in five (24.7%) Americans. [45]

[44] Los Angeles County Department of Health. *LA Health-Trends in Obesity: Adult Obesity Continues to Rise*, September 2012
[45] Centers for Disease Control and Prevention (CDC). Adults who consumed fruits and vegetables five or more times per day. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.

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



As illustrated in Figure 18, the percentage of teens 14-17 years of age who consume five or more servings of fruit and vegetables a day is significantly higher in Los Angeles County (27.4%) and at the state level (30%) versus the national level (21.4%).[46]

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

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

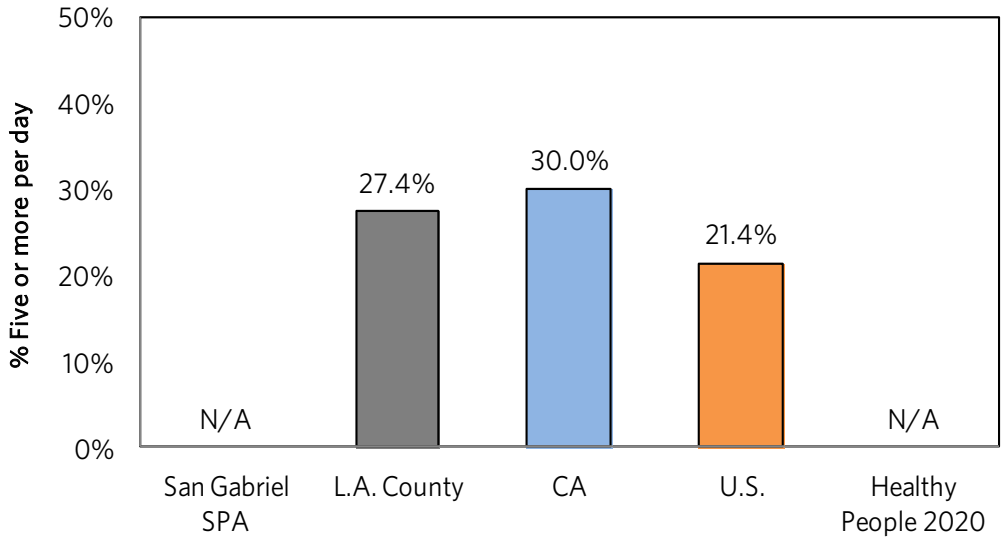
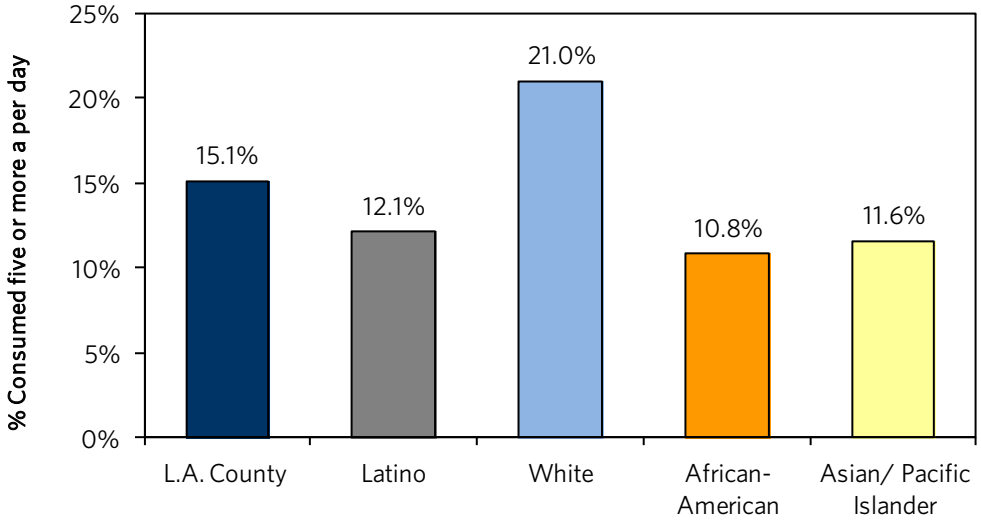


Figure 19 compares fruit and vegetable consumption among Whites, Latinos, African-Americans, and Asian/Pacific Islanders in Los Angeles County. Rates of Latinos, African-Americans, and Asian/Pacific Islanders who consume five or more fruits or vegetables a day are significantly lower than Whites. [47]

[47] Centers for Disease Control and Prevention (CDC). Adults who consumed fruits and vegetables five or more times per day. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.

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



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Physical Activity

Together with healthy eating, physical activity is one of the best ways to prevent the onset of chronic disease. The American Cancer Society recommends that adults participate in moderate physical activity for 30 minutes or more on five or more days of the week. [48]

As illustrated in Figure 20, the percentage of adults in Los Angeles County (53.2%)[49] who meet the physical activity guidelines is slightly higher than San Gabriel Valley SPA (50.4%) [50] and the state as a whole.

[48] American Cancer Society. California Division and Public Health Institute, California Cancer Registry. *Cancer Facts and Figures.* 2012.
[49] Los Angeles County Department of Health Services, *Key Indicators of Health by Service Planning Area*, June 2009.
[50] Ibid.

Figure 20: Adults who meet Physical Activity Guidelines

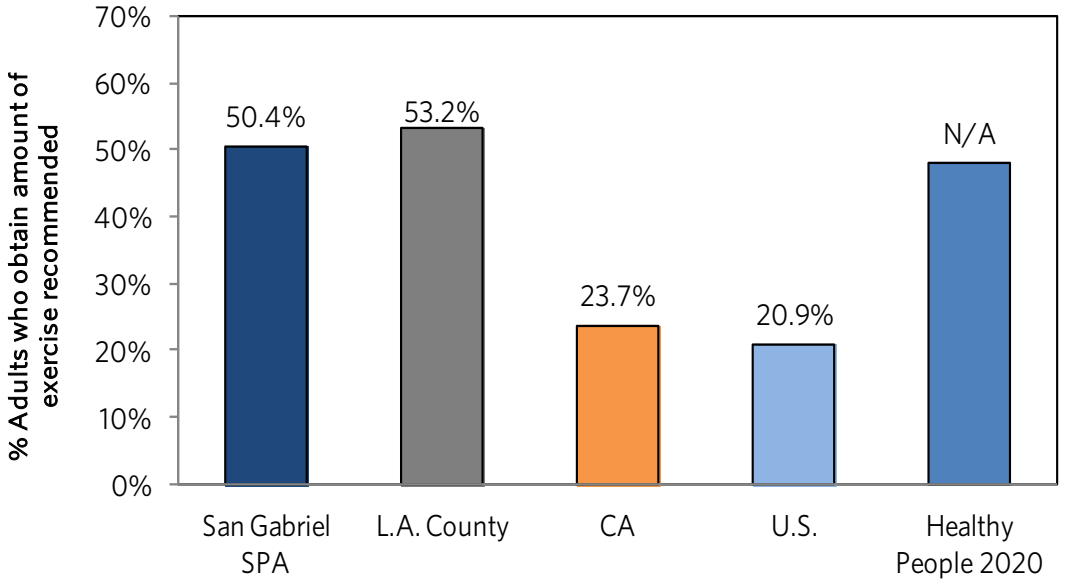
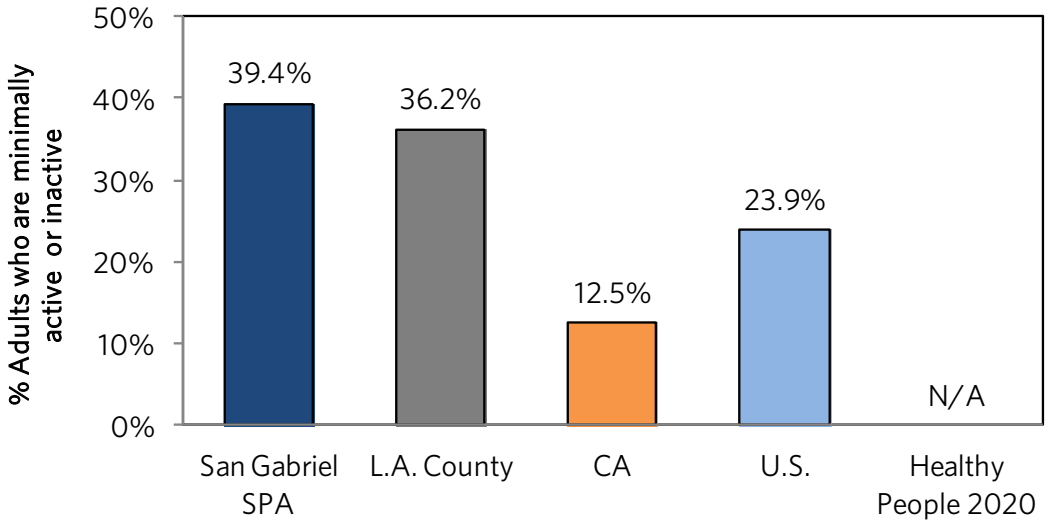


Figure 21 illustrates that (39.4%) of adults in the San Gabriel Valley SPA and (36.2%) of adults in Los Angeles County are inactive or sedentary.[51] Both counties have slightly lower rates compared to the state (12.5%) and national (23.9%) rates.[52]

[51] Los Angeles County Department of Health Services, *Key Indicators of Health by Service Planning Area*, June 2009.
[52] Centers for Disease Control and Prevention (CDC). Summary of Physical Activity 2009. *Behavioral Risk Factor Surveillance System Survey Data*. U.S. Department of Health and Human Services, 2010.

Figure 21: Adults who are Inactive or Sedentary



Appendix C

Letter Inviting Participation in Community Consultation and Interview Tool

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

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

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

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

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

Sincerely,

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

Robert Stone
President
City of Hope

City of Hope

Interview Regarding Community Health Assets and Needs
February-March 2013

Date of Interview:	
Interviewee:	
Agency:	
Contact Information:	

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

Part 1: Learning About Your Agency

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

    a. What services does your agency offer?

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

    c. What geographic area does your agency serve?

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

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

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

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

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

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

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

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

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

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

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

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

   b.

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

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

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

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

Part 4: Your Rating of Cancer Education and Support Issues

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

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

Part 5: Closing Comments

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

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

   a.

   b.

   c.

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

Appendix D

List of Participants
2013 Community Consultation

Participants in 2013 Community Consultation

American Cancer Society

American Diabetes Association

Asian Pacific Healthcare Venture

Azusa Health Center

Azusa Pacific University-School of Nursing

Buddhist Tzu-Chi Foundation

California Cancer Collaborative Initiative

California Center for Public Advocacy

California Health & Longevity Institute

California State University, Fullerton- Health Promotion Research Institute

Cancer Support Community

Center for Health Care Rights

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

Citrus Valley Health Partners

City of Duarte-Parks and Recreation

City of Pasadena-Public Health Dept.

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

Caner Legal Resource Center

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

City of Hope-Case Management

City of Hope-Clinical Social Work

City of Hope-Communications

City of Hope-Diabetes and Genetic Research Center

City of Hope-New Patient Services

City of Hope-Patient Special Services

City of Hope-Physical Therapy

City of Hope-Population Sciences

City of Hope-Supportive Care Medicine

Duarte City Council

Duarte Unified School District

Glendale Memorial Hospital

Greater El Monte Community Hospital

Herald Cancer Association

Huntington Memorial Hospital

Kaiser Permanente Baldwin Park Medical Center

Kommah Seray Inflammatory Breast Cancer Foundation

Los Angeles County Public Health Department

Latino Health Access

Leukemia & Lymphoma Society

Little Tokyo Service Center

Los Angeles County Public Library

Methodist Hospital-The Cancer Resource Center

Office of California State Senator, Senate District 24

Our Savior Center

PADRES Contra el Cancer

PALS for Health

Pasadena Public Health Department

Pomona Health Center

Presbyterian Intercommunity Hospital- The Hospice House

Providence Center for Community Health Improvement

Providence St. Joseph Medical Center

San Gabriel Mission

St. Anthony Parish

St. Luke's Catholic Church

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

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

United Cambodian Community

University of Southern California- Communications

University of Southern California- Norris Comprehensive Cancer Center

University of Southern California- School of Pharmacy

Women Helping Women Services-National Council of Jewish Women

Young Women Christian Association-San Gabriel Valley