

Cancer Care

Community Health Needs Assessment



Southwest Riverside County



Background

Cancer is the second leading cause of death in the United States. Cancer screening, prevention, treatment, and recovery can be a lengthy and difficult process for both patients and their support system.

In an effort to reduce the burden on people suffering from cancer, communities in Southwest Riverside County joined together to form a Regional Cancer Treatment Task force to address the issue.

HARC, Inc., a nonprofit research organization, was hired in 2017 to assist with this work.

This infographic summarizes the results of a community health needs assessment that HARC conducted in summer/fall of 2017. The needs assessment targeted cancer patients, survivors, caregivers, and healthcare providers in Southwest Riverside County.

Mission

- Identify and promote existing cancer care resources within the region
- Identify and address any barriers to accessing those existing resources
- Identify and address any gaps in resources, including: the pipeline of care facilities and providers, prevention, diagnosis, treatment, and post-treatment.
- Create a plan to promote, foster, and maintain desired cancer care resources within the region

Funders



City of Lake
Elsinore

City of
Menifee

City of
Murrieta

City of
Temecula

County of
Riverside

IEHP

Method

HARC worked with the task force to develop two surveys:

Survey for cancer patients/survivors and their caregivers

Survey for healthcare professionals



Articles about the Task Force and the study were featured in Valley News. Newspaper advertisements recruiting participants were featured in the Riverside Press Enterprise and in the Valley News.



Task Force members helped to recruit participants by sending the online survey to their clients/patients, and by providing paper copies on location.



HARC also recruited participants via social media, including a Facebook ad campaign and many Twitter posts.

Participants

These sampling techniques resulted in 689 participants for the community survey and 93 for the provider survey. Those who were ineligible were removed. This resulted in 533 valid participants for the community survey and 44 participants for the provider survey.

385

cancer patients/survivors



148

caregivers



44

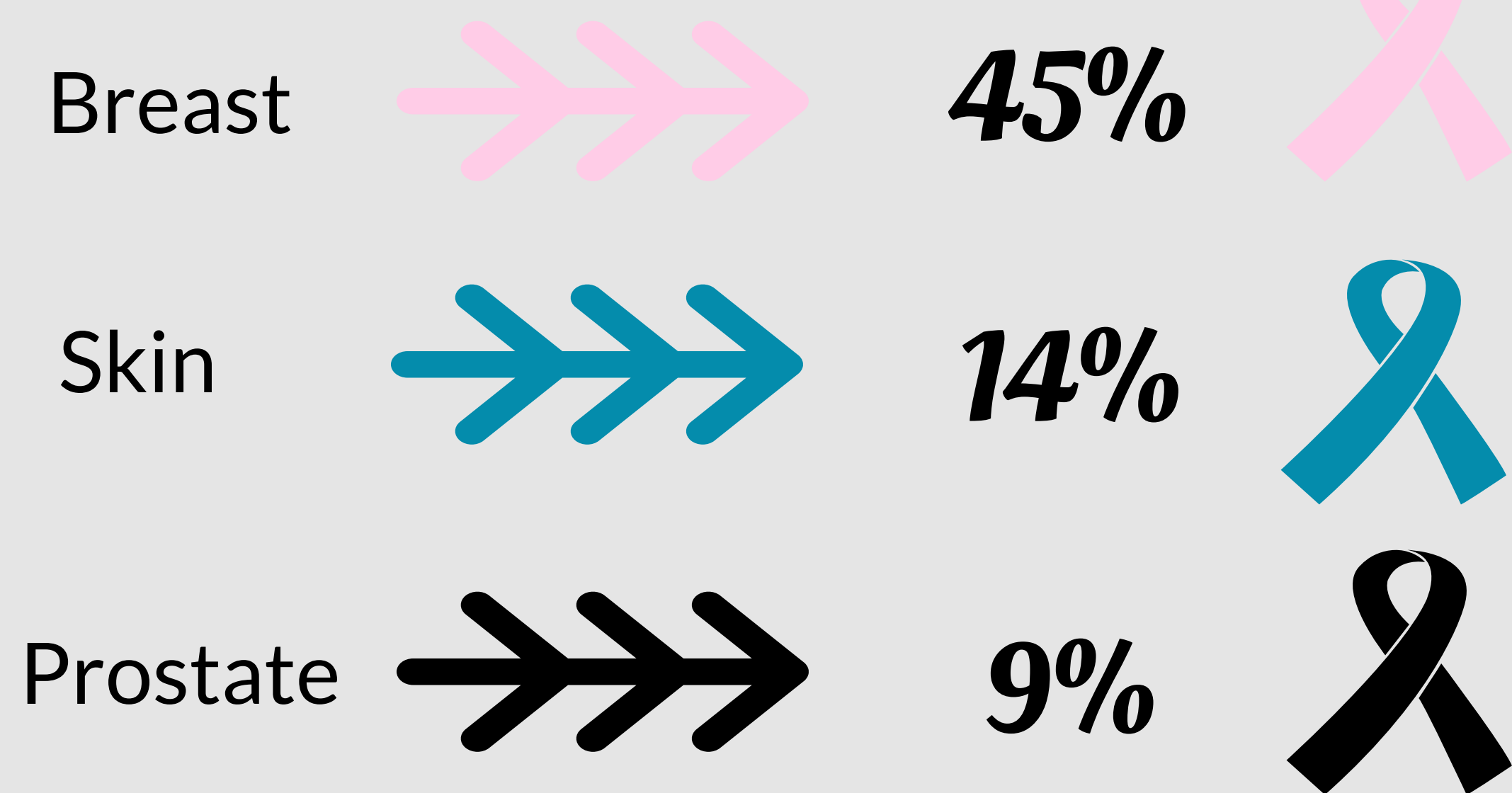
healthcare providers



Results

Cancer Patients/Survivors

The most common cancer diagnoses were...



A quarter of patients/survivors were misdiagnosed at first

25%



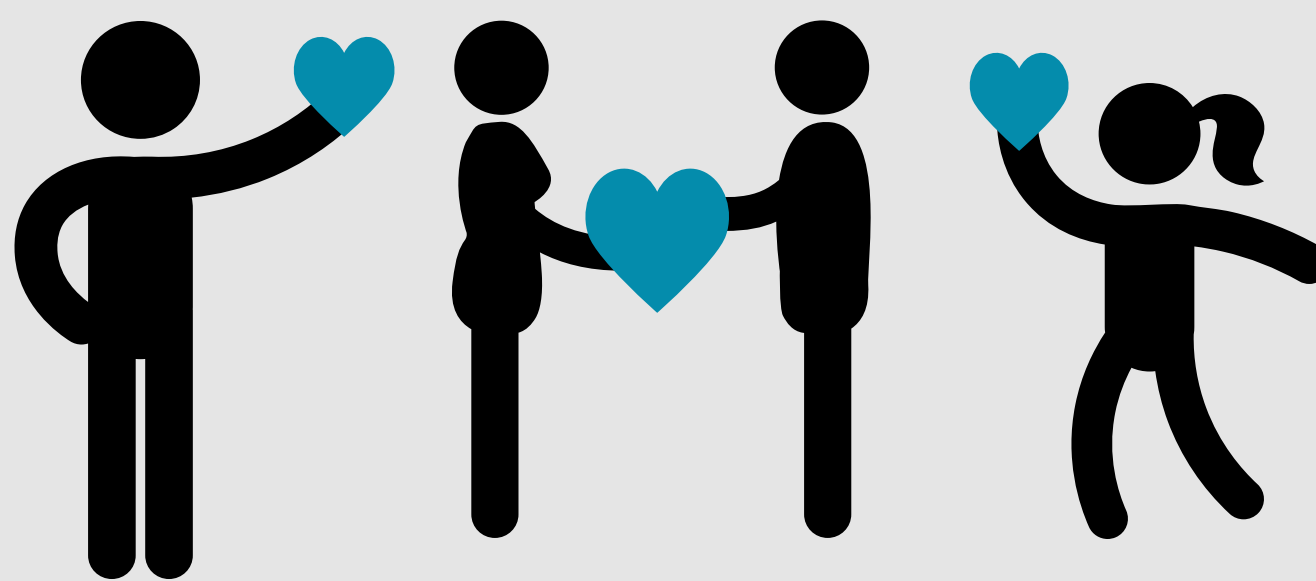
Over a third of patients/survivors delayed seeking care

36%



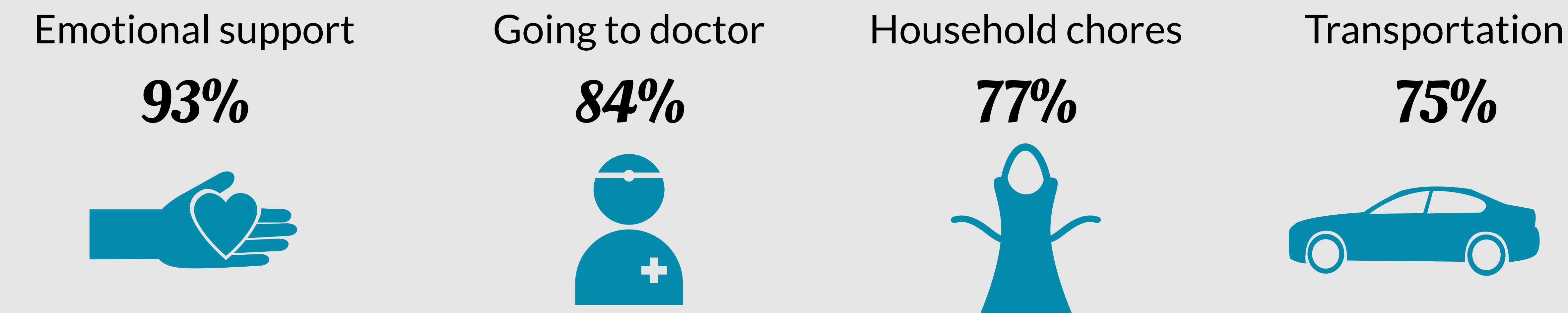
Caregivers

Most participating caregivers were either the only caregiver for the patient (24%) or the main caregiver (35%).



Most caregivers cared for a significant other (35%) or their parent (33%)

The most common type of responsibilities for caregivers included...



Healthcare Professionals

Half of providers were nurses

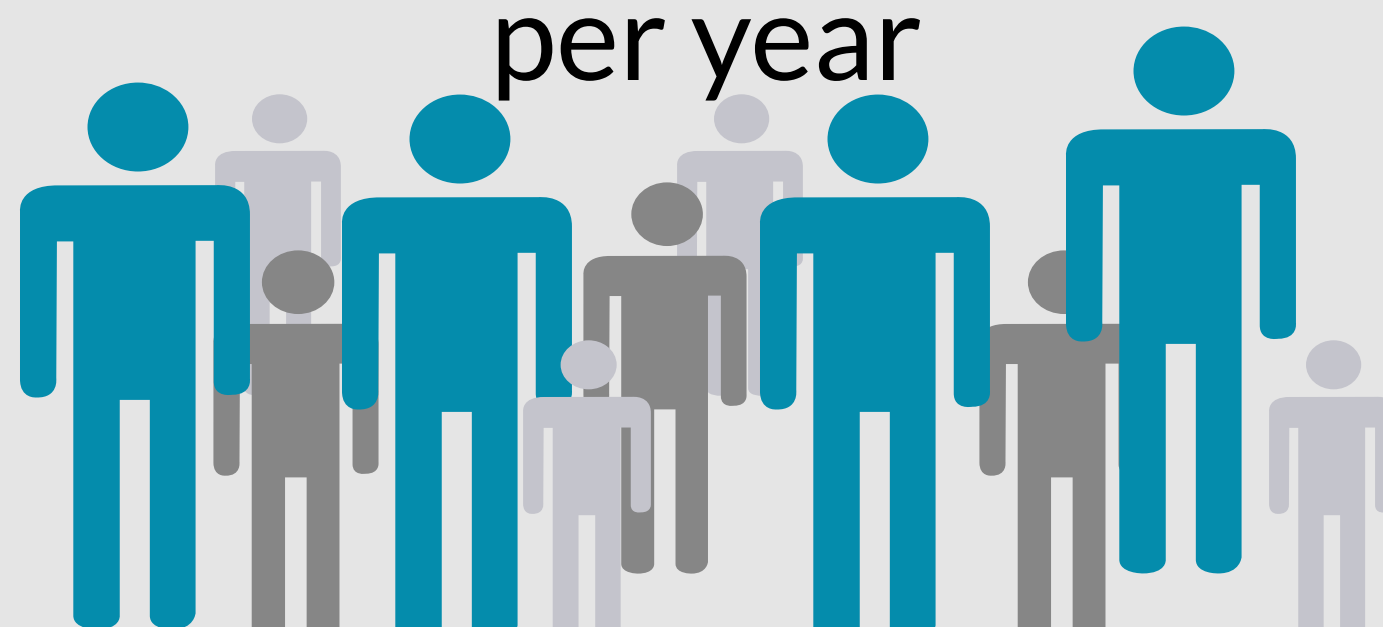
50%



On average, providers see

587

cancer patients per year



On the continuum of care, providers are engaged in...

34% screening

55% diagnosis

68% treatment

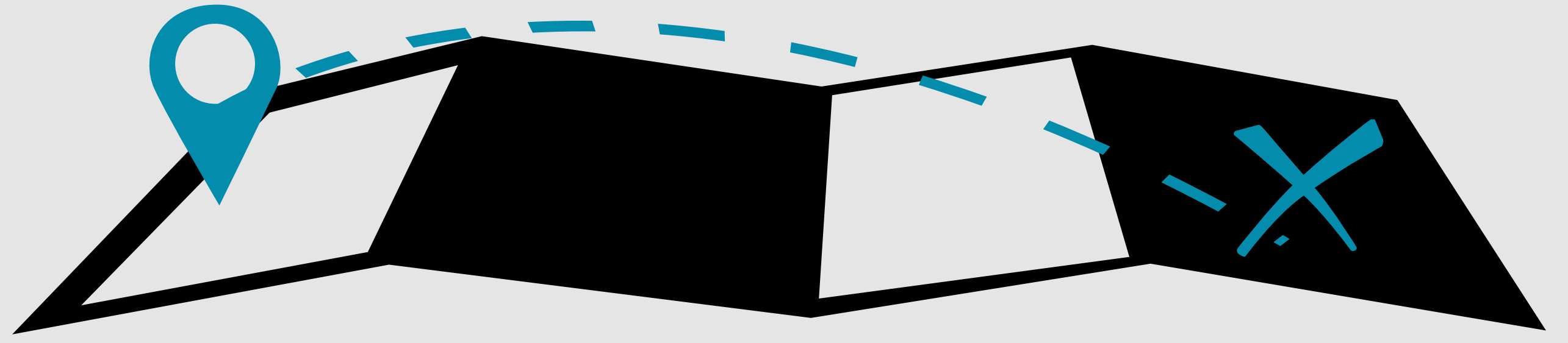
59% post-cancer care

Key Findings

About a quarter of cancer patients/survivors

26%

traveled 50 miles or more to get their treatment



Both patient/survivors and caregivers believe that the most critical cancer care issues in the region are lack of accredited cancer centers and a lack of specialized care.

Cancer patients/survivors

Caregivers

42%

33%

54%

52%

Lack of accredited cancer centers

Lack of specialized care

Lack of accredited cancer centers

Lack of specialized care

Cancer patients/survivors w

1 Finding community resources

32%



2 Paying for treatment

24%



3 Applying for benefits

24%



87% of providers refer patients outside of the area, usually due to...

Availability of clinical trials

69%

Rare type of cancer

47%

More therapeutic options available

47%



This infographic presents only a few findings from the full report. To access the full report, please contact the City of Temecula. If you have any questions about this study, or the content of this report, please contact HARC at staff@HARCdata.org