California State University, Northridge

THE DEVELOPMENT OF A COMMUNITY CANCER COMMITTEE
FOR THE AMERICAN CANCER SOCIETY

A project submitted in partial satisfaction
of the requirements for the degree of
Master of Public Health

by
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ABSTRACT

THE DEVELOPMENT OF A COMMUNITY CANCER COMMITTEE
FOR THE AMERICAN CANCER SOCIETY

by

David Bruce Collamer

Master of Public Health

January 1974

Community organization and social planning work was accomplished in the initial development of a grass-roots Community Cancer Committee for the American Cancer Society. The target community was composed, in part, of impoverished black and Mexican-American residents.

As a result of the effort, (1) a significant number of target community health professionals and lay leaders offered their assistance to the proposed Community Cancer Committee, (2) a number of target community members expressed interest in participating on the Community Cancer Committee, (3) three target community hospital administrators showed interest in providing cancer detection services, and (4) continuity-of-care personnel of six target community hospitals stated their intent to refer cancer patients to the American Cancer Society for free rehabilitative services.

In the paper the author also discusses the many
problems he faced as a part-time community organizer, student, and American Cancer Society volunteer working in a minority community. Several recommendations are made to the American Cancer Society regarding community service projects which it might pursue in lieu of developing a Community Cancer Committee.
CHAPTER 1

INTRODUCTION

Statement of Purpose

In the battle to conquer cancer, large sums of money, from both government and private sources, have been allocated for advanced research into cancer etiology, methods of early detection, and techniques of cure. The efforts of research are indeed admirable, and may, at some future date, lead to the total eradication of cancer. But of more importance is the saving of lives today by applying what is known about cancer at present.

Numerous methods of early detection and techniques of treatment are known today, but are useless until the cancer patient is located and diagnosed. Ignorance of cancer symptoms and fear of cancer consequences are reasons why many people do not seek early diagnosis and treatment. Knowledge of cancer as a disease, of its symptoms, and of methods of early detection by people could lead them to seek early treatment and possibly save their lives.

To this end, the American Cancer Society (A.C.S.) pursues an avid program of public health education about cancer. Film showings, pamphlet distribution, speaking engagements, and mass media presentations are all ways in which the A.C.S. attempts to educate the public about
cancer, its prevention, and early detection.

In many cases, the A.C.S. is unable to reach certain segments of the American population. One of these segments is the impoverished minority population, members of which often know little about health matters and may succumb to an attitude of the inevitability of cancer.

Based on the assumption that indigenous residents of a community are in the best position to understand the community's problems, and to communicate with community members, the A.C.S. has created a structural and functional component of its organization to accommodate this assumption. The component, called the Community Cancer Committee (C.C.C.), is an extension of the A.C.S. from the county level to the grass-roots, community level. The C.C.C. is composed of members of the target community. Working in close association with personnel of the next level up in organization of the A.C.S., the unit, C.C.C. members carry out education, service, and "Crusade" activities appropriate to target community members.

The task of the author was to pursue specific activities in community work leading to the eventual establishment of a fully functioning C.C.C. in the Northeast Valley area of the San Fernando Valley.

Efforts Against Cancer

Cancer is a killer. Of all death-causing diseases
in the United States, only heart disease has a higher mortality rate. In 1972, an estimated 344,000 Americans died of cancer, and a projected 350,000 Americans will die during 1973 (4:3). So critical is the cancer problem in America today that massive efforts have been expended by both voluntary and governmental agencies in programs of research, public health education, community services, and the coordination of existing health resources designed to attain the eventual goal of complete control of this disease.

Such research organizations as the National Cancer Institute and the National Science Foundation are well-funded to pursue intensive studies in many aspects of etiology and treatment. Additionally, scientists are funded for support of individual laboratory investigations into cancer (4:21).

The American Cancer Society has been in the forefront in the development and implementation of health education programs formulated for specific target groups under the assumption that a knowledge of definite warning signals and safeguards would lead to better prevention, earlier detection, and more prompt treatment, resulting in a great reduction in the cancer mortality rate.

Community services such as "Pap" clinics have been jointly undertaken by the United States Public Health Service and the American Cancer Society (5). Free
rehabilitative services have long been provided by the American Cancer Society to cancer patients.

A tremendous national effort in the fight against cancer was initiated in 1965 through legislation of Public Law 89-239, which authorized the establishment of the Regional Medical Programs. The purpose of the legislation was to mobilize all the nation's resources to fight heart disease, cancer, stroke, and related diseases which, taken together, accounted for 71 percent of all deaths in the United States (28:1).

The American Cancer Society

Actively engaged in the battle against cancer is the American Cancer Society, a nation-wide, non-profit, voluntary health organization. The American Cancer Society (A.C.S.) has a history reaching back to the year 1913, from which date efforts against cancer were undertaken, primarily in professional education. In 1945, the A.C.S. greatly expanded its involvement into three major areas: the support of cancer research, the implementation of public health education programs, and the providing of direct community services (2:13-14). The A.C.S. has grown tremendously over the last quarter century. In 1944, funds collected from public resources amounted to $800,000. In 1972, public financial support reached $76,000,000 (4:29). Numerous A.C.S. programs were made possible last year by
2.25 million Americans who volunteered their time (4:30).

The A.C.S. is well-organized from the national level to the local level (4:30). The organization is divided into 58 Divisions, corresponding to the state level, 3100 Units which correspond to the county level, and a much larger number of Branches, which correspond to the town or city level. At each of these levels are paid staff members who are responsible for carrying out various programs and activities. The next level of organization down from the Branch is the Community Cancer Committee, which is made up of community volunteers, and serves a specific community or neighborhood area.

The Community Cancer Committee

The Community Cancer Committee (C.C.C.) is an extension of the A.C.S. organizational structure into communities and neighborhoods. The organizational framework of the C.C.C. is preconceived by the A.C.S. and "... should follow in most respects the organizational pattern of the Branch - i.e., a Committee Chairman and Chairmen for the three major program activities of Public Education, Service, and Crusade" (3:23). The target areas for the establishment of a C.C.C. are areas which "... usually have their own churches, schools, shopping centers, etc. Often a particular hospital will serve such a neighborhood. The area may or may not have a name or may be
indefinitely referred to by terms such as 'Homewood section,' 'Briarcliff area,' etc., ..." (3:14). "These 'natural neighborhoods' or 'community areas' represent the point of ultimate impact for the Society's activities, and their eventual organization into Community Cancer Committees will have the greatest importance for the effectiveness of the Society's programs in the future years, particularly in the city areas" (3:14). The Unit and Branch Chairman "take a leading role in determining where, when, and how Community Cancer Committees are established and in recruiting and training volunteers needed in each activity" (3:23).

Expending efforts by the A.C.S. into neighborhood areas means a broader base from which to launch fund-raising activities. "With year-around organization in local communities, Crusade contributions can be substantially increased. Double present totals is not impossible" (3:3).
CHAPTER 2
THE TARGET POPULATION

Introduction
Policy decisions of the A.C.S. at the Unit level have indicated the importance of reaching minority groups, and of developing grass-roots participation, especially in low-income communities (6). Such a community, known as the Northeast Valley, exists in the San Fernando Valley of Los Angeles County. The Northeast Valley is composed of the six discrete, smaller communities of Pacoima, San Fernando, Sylmar, Sun Valley, Sunland, and Tujunga with a total population of 185,452 (11). Two of the six communities are of special interest to health professionals because of the substantial proportion of minority residents. Mexican-Americans who speak Spanish comprise 49 percent of the San Fernando population, while 30 percent of the residents of Pacoima are Negro (11).

Health-Related History of the Target Population
Prior to 1968, little was known about the specific needs of the target population. According to a Regional Medical Program Grant Application submitted in 1967, "Health data on which to base planning is virtually non-existent for this section of the Valley [San Fernando
Only crude extrapolations of isolated data are possible in spite of the commonplace 'folk-knowledge' of multiple health needs" (31:4). In 1968, a number of health programs were initiated, many of which continue today. The Northeast Valley community was a recipient of a special grant in 1969 under Regional Medical Programs. Much was done by health professionals in determining community health problems, and in establishing bonds of cooperation among the various health agencies which served the area (29). Between 1968 and 1971, a number of "Pap" clinics were conducted in the area. These clinics were made possible by special funding from the U.S. Public Health Service through the auspices of the University of California at Los Angeles (U.C.L.A.) (23). More recently, the Northeast Valley Health Corporation, a health maintenance organization, was begun, and is now in the process of enrolling members from the community (14). An important outgrowth of the Northeast Valley Regional Medical Program is the Northeast Valley Health Consortium, a non-profit organization dedicated to improving medical care in the area through the upgrading of educational quality for medical and allied health personnel (18).

At a time of great progress in the planning of health programs in the Northeast Valley, it is pertinent to mention that the implementation of planned community services by two large hospitals in the area was set back
years because of irreparable damage incurred by those facilities in the tragic earthquake of 1971 (10).

Justification of the Community Cancer Committee

It was determined that because of the large population in the Northeast Valley (185,452), a more realistic target population toward which to direct efforts in establishing a C.C.C. would be the communities of Pacoima and San Fernando, with a total population of 65,069. There was no data available to indicate either a significantly higher incidence or prevalence of cancer in the Pacoima-San Fernando target community than in other areas of Los Angeles County. In the absence of empirical data, the following assumptions were made for the justification of the establishment of a C.C.C. in the target community:

(1) That the general health status of low socio-economic minority groups is below that of the average white, "Anglo" population (9:7-11, 33:290).

(2) That the low educational status of many target community members fosters irrational fear and supports unfounded folklore beliefs about cancer (20:18, 20:44-48, 12:162-183).

(3) That despite the involvement of health professionals in community health problems, there is little evidence of a "health consciousness" in community members about the three major chronic diseases in America (28:1).

(4) That the minority members of the target community are unreceptive to health agency efforts directed at them by the "White-Anglo Establishment" (7, 13:57).
(5) That there are substantial gaps at all levels of health intervention for cancer (31:4).

Assumptions of a Fully Functioning Community Cancer Committee

Public Health Education:
(1) That educational efforts concerning cancer as a disease will lead to more rational and realistic attitudes toward it by community members.
(2) That educational efforts concerning specific protection will result in a reduced incidence of specific cancers.
(3) That educational efforts concerning early detection will lead to earlier diagnosis and treatment resulting in a reduced prevalence of cancer.

Services:
(1) That the providing of rehabilitative services will greatly reduce the degree of disability in cancer patients.
(2) That efforts to inform cancer patients about A.C.S. rehabilitative services will result in a greater percentage of patients who take advantage of those services.

Crusade:
(1) That funds collected from community residents will greatly support cancer research toward the goal of controlling cancer.

Human Development:
(1) That C.C.C. members will develop leadership skills which will enable them to deal with a myriad of problems.
(2) That the participation of community residents in cancer activities will develop a "community consciousness" about health in general.
(3) That participation by a large number of community members in successful programs will develop a community confidence in coping with many different health problems.
Community Organization Objectives

Overall Objective: A reduction in the incidence of cancer and a decrease in the degree of severity in all cases of cancer in the target community.

Long-Range Objective: The establishment of a fully functioning Community Cancer Committee, capable of participating in the activities of public education, service, and "Crusade."

Short-Range Objective: The establishment of a partially functioning Community Cancer Committee, capable of participating in the activity of public education.

Immediate Objective: The accomplishment of planned community work leading to the accumulation of a body of information and experience which will assist future organizers in the continuing development of the Community Cancer Committee.

Sub-Objectives:

(1) The identification of target community health professionals and lay leaders.

(2) The securement of intention of assistance from health professionals and lay leaders for the proposed Community Cancer Committee.

(3) The recruitment of community members to serve as a "core" group in the initial development of the Community Cancer Committee.

(4) A determination of the feasibility of community health resources providing cancer services in cooperation with the proposed Community Cancer Committee at a future date.

Specific Activities

(1) To inform target area health professionals and lay leaders of the proposed Community Cancer Committee development.

(2) To convince the health professionals and lay leaders of the A.C.S. commitment in achieving the stated long-range objective.

(3) To gain the cooperation of health professionals and
lay leaders in efforts to interest community members in the Community Cancer Committee.

(4) To inform members of community groups about the proposed Community Cancer Committee.

(5) To convince community group members of their capability to affect the course of cancer in their community.

(6) To speak to administrators of community health agencies to determine their willingness and capability to provide cancer services to the community.
CHAPTER 3
METHODOLOGY AND RESULTS

Introduction

The author's efforts in pursuing community work for the development of a Community Cancer Committee in the Pacoima-San Fernando target community took place over the course of seven months.

During the first three months, the author was a member of a group of students which initiated social planning-community organization work for the A.C.S. in the target community. Members of the group were health science students enrolled in a "community health education" class at California State University, Northridge. A major class requirement was for each student to participate in a group project in planning a health education program in a certain health area for a specific target population. The group chose to work for the A.C.S. in developing a Community Cancer Committee (C.C.C.). The project goal and target population had been previously designated by A.C.S. officials.

During the last four months, the author worked alone in continuing the development efforts begun by the group. The work was in fulfillment of the supervised field training required by the Health Science Department of all
graduate students majoring in "community health education."
For the purposes of this paper, the group work will be called Phase One, and the author's individual efforts will be called Phase Two.

Phase One

There were four members in the group. All group members except the author were married, had children, and worked full-time (other than school work). None of the members had associated with the A.C.S. before, nor did any of the members have community organization experience. No special enthusiasm was expressed for working in the problem area of cancer.

The initial meetings of the group with the A.C.S. supervisors were devoted to an orientation to the functioning of the A.C.S., an explanation of the concept of the C.C.C., and a discussion about the designation of the target community. The supervisors stressed the fact that next to nothing was known about the target community, and that the group would be starting "from scratch" in laying the foundation for the development of a fully-functioning C.C.C., which was expected to take from three to five years. It was expressed that the group might gather important information about the target community to provide a basis for others to continue the process of development. No formal justification for a C.C.C. was proposed by the
supervisors, nor was any background work on the target community presented by them.

Although lacking a full comprehension of the functioning of the A.C.S., and a complete understanding of the implications of the C.C.C., the group decided to begin investigation of the target community. Following a number of discussions within the group, the members decided that the following specific activities were appropriate in an exploratory investigation:

(1) To obtain the most recent information about target community health needs and demographic characteristics.

(2) To identify health professionals and community leaders within the target area.

(3) To learn what health programs are operating and their degree of success.

(4) To learn health professionals' opinions about the receptivity of community residents to a grass-roots project sponsored by the A.C.S.

(5) To determine possible difficulties in the development of a C.C.C. in the target community.

The group members gave primary emphasis to the first activity in the list. The group was aware of the availability of the 1970 National Census figures for the county in downtown Los Angeles, but it was felt that local health agencies and community organizations would have census results specific to their locality for planning purposes. Moreover, it was felt that the local health agencies would have results of the most recent health inventories taken in their region of concern.
Over the course of nearly three months, group efforts were directed toward the first activity. Contact was attempted or made with the following organizations:

1. North Hollywood Health Center
2. Pacoima Health Center
3. Pacoima Lutheran Memorial Hospital
4. Cancer Surveillance Unit
5. Northeast Valley Project, Inc.
6. Pacoima Chamber of Commerce
7. San Fernando Chamber of Commerce
8. La Raza Unida

In addition to these organizations, a number of individuals were contacted. As the paucity of contacts suggests, the group was very limited in the amount of time which could be devoted to the investigation.

The group's efforts obtained nothing concerning either localized, recent demographic statistics or health inventories. Reasons for failure of the group effort to obtain recent information about community health needs or demographic characteristics can be illustrated in part by the responses the group received to its inquiries. The responses can be placed into three categories. First, there were the "no response" contacts. These agencies or individuals would not respond to attempted contact by the group. Second, there were those which were contacted but could furnish no help. Third, were those which tried to be helpful by referring a group member to "a better source of information."

With one month left in the semester, the degree of frustration in the group was high. Little had been
attempted, and much less had been accomplished. At this time, much discussion among group members led to the decision to try a new approach. The group felt responsible to furnish the A.C.S. supervisors with some "positive" information which could be used by future organizers to develop the C.C.C. The new approach involved establishing direct contact with lay community organizations in an effort to interest members in the proposed C.C.C. At a later date these interested community members could be contacted about forming a "core" group of the C.C.C.

The group was able to contact two lay community leaders. One was a black minister in Pacoima who offered "the manpower" of his congregation. Two meetings were held with him, and A.C.S. literature was left him so that he could become more acquainted with the organization. The other community leader, a Mexican-American community organizer, was discovered through "La Raza Unida." She was contacted by telephone. She offered her assistance on the condition that the C.C.C. be allowed to conduct its activities using methods it deemed appropriate, with little outside interference.

Neither community leader was followed-up by the group because of the necessity of preparing for final examinations. A complete report of the group's activities and results was written up and submitted to the A.C.S. supervisors.
Phase Two

The author continued the efforts begun by the group in laying the foundation for the C.C.C. Much more work was accomplished in this phase than in Phase One. In planning meetings held with the A.C.S. supervisors, it was expressed by the author that care should be taken not to alienate the target community through a callous approach, insensitive to the needs of an impoverished, minority population (9:55-57). It was felt that the appropriate approach to stimulating community members' interest in a C.C.C. should emphasize the education and service aspects of the C.C.C. functions. In this way, it could be shown to potential "core group" people that the activities of the C.C.C. would directly benefit members of the community. To be avoided was the suggestion that the C.C.C. would be an extension of the "white, Anglo"-dominated A.C.S. with the primary purpose of gathering funds in support of some "far-off" research. Equally to be avoided was the implication that A.C.S. intervention in the target community would be for the purpose of embarking upon a recruitment campaign of enlisting volunteers to serve in reaching some "distant goal" of the A.C.S. at the national level.

It was further expressed that the development of an infrastructure of community health professionals sympathetic to the proposed C.C.C. was very important. Such sympathetic health professionals would prove invaluable at
a future date in identifying interested, capable community members who might serve on the C.C.C., and in stimulating confidence in those community members in planning and implementing activities.

The A.C.S. supervisors concurred with the above approach orientations.

The following activities were thought appropriate and reasonable for the author's individual community work over an approximate four-month period:

(1) To inform target area health professionals and lay leaders of the proposed Community Cancer Committee development.

(2) To convince the health professionals and lay leaders of the A.C.S. commitment in achieving the stated long-range objective.

(3) To gain the cooperation of health professionals and lay leaders in efforts to interest community members in the Community Cancer Committee.

(4) To inform members of community groups about the proposed Community Cancer Committee.

(5) To convince community group members of their capability to affect the course of cancer in their community.

(6) To speak to administrators of community health agencies to determine their willingness and capability to provide cancer services to the community.

In four months of community work, the author contacted and met with numerous health professionals and community leaders. Although personal experiences of the author, with candid judgements concerning individuals contacted, were reported in detail to the A.C.S. supervisors, it is the author's opinion that inclusion of such
experiences and judgements in this paper would be unethical. It will suffice for the purposes of this paper to list the organizations with which these individuals were associated. Individuals in the following health-related organizations were met with:

1. San Fernando Health Center
2. Pacoima Health Center
3. Los Angeles County Health Department
4. American Cancer Society-District Eight
5. Valley Drug Clinic
6. San Fernando Valley Health Corporation
7. San Fernando Valley Health Consortium
8. Pacoima Memorial Lutheran Hospital
9. Olive View Hospital
10. Holy Cross Hospital
11. Serra Memorial Hospital
12. Granada Hills Hospital
13. San Fernando Hospital
14. Memorial Hospital of Panorama City

Individuals in the following community organizations were met with:

1. Santa Rosa Catholic Church
2. Santa Rosa School
3. Pacoima Methodist Church
4. Santa Rosa Community Center
5. Northeast Valley Community Services Center
6. El Proyecto del Barrio
7. Valley Latin Knights
8. Cancer Thrift Shop
9. Retired Seniors Volunteer Project
10. Over 50 Club
11. Pacoima-Arleta-Lake View Terrace Coordinating Council

Following are the results of the Phase Two community work accomplished by the author in meeting the Sub-Objectives of Chapter 2:

Sub-Objectives

(1) The identification of target community health professionals and lay leaders.
More than twenty health professionals and fifteen lay leaders were identified. All names, with the associated agencies, were submitted to the A.C.S. supervisors for the benefit of future C.C.C. development work.

(2) The securement of intention of assistance from health professionals and lay leaders for the proposed Community Cancer Committee.

Fifteen health professionals and nine lay leaders were informed by the author of the proposed C.C.C. The information was always given in a face-to-face situation, never by telephone. In this way, the personal and immediate nature of the proposal was made more explicit. The meetings lasted from as short as ten minutes to as long as forty-five minutes. Most of those contacted asked questions about the C.C.C., and inquired as to how they could help in the development. All of those contacted offered whatever help they thought within the bounds of their respective organizations.

However, it is difficult to assess the degree of sincerity in the intentions of assistance offered by the health professionals and lay leaders. Much depends upon how those contacted perceived the author's sincerity and determination in representing the A.C.S. commitment. In the author's opinion, those contacted were not very convinced of the A.C.S. commitment.

There are three reasons why the author believes those contacted were not very convinced. First, as the
author later discovered, past activities of the A.C.S. in the target community had come and gone on the crest of government-funded projects. Because the C.C.C. proposal was not funded, there was little reason for those contacted to believe in an A.C.S. long-term commitment.

Second, the author was a neophyte in community work. It was easy for those contacted to believe that the A.C.S., in sending an inexperienced organizer into the community, accorded low priority to the effort. Third, the author himself was unaware of cancer-related activities which had taken place over the previous five years in the target community. Those contacted may have inferred not only a lack of experience, but a lack of commitment on the part of the author.

(3) The recruitment of community members to serve as a "core" group in the initial development of the Community Cancer Committee.

Meetings of the Santa Rosa P.T.A. and the "Over 50 Club" were addressed by the author. An entire cancer program, including a film showing, an English-Spanish lecture about the disease, and a question-answer period, was presented to about 140 members of the Santa Rosa School P.T.A. The presentation was concluded with an appeal for members to participate in the formation of a C.C.C. The members were encouraged either to approach the author after the program, or to contact the P.T.A. Vice-President at a later date. Although there was a stimulating
question-answer period following the presentation, nobody from the audience came forward to make further inquiries concerning the C.C.C. at the end of the program. A week later, the P.T.A. Vice-President related to the author that nobody from the audience had contacted him.

A twenty minute address was delivered by the author to the "Over 50 Club," a senior citizens' organization. About thirty-five members were in attendance. A stimulating question-answer period ensued at the conclusion of the presentation. Three women expressed interest in joining a C.C.C. once it was formed. There was little evidence of their willingness to be involved in the initial formation of the C.C.C.

(4) A determination of the feasibility of community health resources providing cancer services in cooperation with the proposed Community Cancer Committee.

The administrators of three large hospitals in the target community were visited by the author. All were asked about the feasibility of providing direct cancer services to the community, or of supplementing such services if provided by any other organizations. It is pertinent to note that two of the hospitals concerned had been badly damaged in the 1971 earthquake.

The government hospital administrator contacted expressed reluctance to provide cancer services, in view of the difficulties involved in these services being provided to the general community by a tax-supported
institution. Only bonafide welfare recipients were eligible for hospital services, and these services did not include "Pap" tests as a matter of course. It was suggested that a formal grant proposal for direct services be written up and submitted to county health officials.

The two private hospitals contacted reported that they lacked funds to individually offer direct cancer services to the community. The administrators said that under certain conditions, there was a possibility of providing space and facilities for programs funded by other organizations. Each suggested that limited direct services might be provided if a number of hospitals cooperated and shared the cost of such a program. The interest of the private hospital administrators seemed guarded, as though wanting to avoid any appearance of a commitment to a project which was in the incipient stages of development.

A Sub-Objective not formulated at the beginning of the community work was met by the author. The additional Sub-Objective was:

The securement of intent by continuity-of-care nurses in hospitals serving the target community to, when appropriate, refer cancer patients to the American Cancer Society for rehabilitative services.

Continuity-of-care nurses of six target community hospitals were contacted and informed of the rehabilitative services offered by the A.C.S. Of the nurses contacted, one knew about all such services; two knew a few of the
many services; three knew nothing about them. The five nurses who knew little or nothing about the services were very interested to learn about them and asked many questions. The author explained the services in detail and answered the questions of the nurses. All of the nurses expressed their intent to refer cancer patients to the A.C.S. for rehabilitative services when appropriate. The author left the name and telephone number of the A.C.S. medical social worker to call for referrals.

Evaluation of the Results

The purpose of the community work reported in this paper was to provide a framework of experience and information which could be of assistance to future A.C.S. community workers in continuing the effort to develop a C.C.C.

To this end, social planning efforts of the author were moderately successful.

A lengthy list of contacts made is available. The list includes the author's personal comments about the contacts, and his assessment of their willingness and capability to help in the C.C.C. development effort.

Cordial relations were established with many health professionals and lay leaders so that they might be receptive to future A.C.S. involvement in the community.

It was determined that the expectation of direct
cancer services from target community medical facilities was unreasonable without a great expenditure of A.C.S. effort to plan and obtain funding. Future A.C.S. initiatives of a limited nature might now devote their energies to other areas of more probable success.

Little difficulty was found by the author in relating to minority group health professionals and lay leaders. Hopefully, this will reduce any anxiety of "white-Anglo" A.C.S. community workers anticipating this as a difficulty.

Community organization (locality development) of community residents at a grass-roots level was of little success.

The few community residents who showed any interest at all appeared more concerned with "the cancer problem in general" than in "organizing to do something about it" in particular. The author perceived a tendency for community groups to be very much "into their own thing," affording the opportunity for a community worker to speak about cancer only as it fit into their program of activities. Another perception of the author was that community residents were reluctant to respond to an innovation in the absence of manifest indigenous leader support. A further possibility to explain the lack of grass-roots response to the C.C.C. proposal, although not perceived by the author, might be the fear engendered in community
residents by the disease, cancer.

Hopefully, the author's experiences in attempting to promote grass-roots interest in doing something about the cancer problem will temper idealistic expectations future A.C.S. community workers may have in this regard.
CHAPTER 4
DISCUSSION

Motive and Means for A.C.S. Community Organization Activity

The goal orientation of the A.C.S. in seeking to extend its influence into a minority community by using a part-time volunteer community organizer to implant a preconceived program is unique, and a similar model of experience could be found nowhere in the literature. Numerous references can be cited describing a full-time, experienced organizer or planner who works out of a government-funded organization, and who attempts to help community leaders in solving certain community problems (1:168-169, 15:522-529, 8:969-972). Similarly, substantial references can be cited describing a full-time organizer or planner who, whether indigenous to the community or called in as a professional, pursues community work in solving inherent community problems or in pursuing redress from an unresponsive community agency (22:536-539, 26:40-42, 16:34-49). A number of questions are raised concerning the A.C.S. motivation to establish C.C.C.'s in impoverished minority areas and the means it thinks appropriate in achieving that objective.

It is the observation of the author in working with the A.C.S. in the San Fernando Valley for seven
months, that the "regular" volunteers (those who devote their time year-around) are composed almost entirely of white, upper-middle class people whose primary area of activity is fund-raising. This is admirable, and not to be criticized. However, because of this involvement in fund-raising, it is probable that little or no time has been devoted by them to grass-roots organization in general, and certainly not in minority communities. A conclusion might be made that the expertise of regular volunteers is associated with gathering sums of money, and not in organizing people. When a directive is received from the policy-making leaders of the A.C.S. that efforts should be made leading to "involvement of more minority groups in our program" (6), the regular volunteers might wonder what they are expected to do.

What in fact was done, was to recruit graduate students in public health to pursue community organization activities in minority communities in the role of A.C.S. volunteers. It was felt that the community organizing would benefit both the students (in gaining practical experience) and the A.C.S. (in establishing a link to minority communities). It is the author's opinion that the A.C.S. concern about the plight of minority groups regarding cancer needs was genuine, but that the motivation to act was half-hearted and of such low priority that the activity gave the appearance of public relations
The assertion that the project was given half-hearted attention is tied to the author's belief that A.C.S. professionals at the Unit level allowed the organizing activity to begin under such naive assumptions that proper research in the literature of community organization was probably not accomplished by them, nor an expert in community organization consulted.

Four naive assumptions may be considered here:

(1) That a part-time student organizer can be successful—The literature is replete with community organization programs in which the organizer was an experienced, full-time worker (16:64-78, 16:156-160, 17:241-253). Perlman and Gurin call for the practitioner to "spend his full time at a task rather than working at it in a limited way as most volunteers must" (32:8). Ecklein and Lauffer state that even when organizers are operating full-time, "with rudimentary skills, little practice theory, and fragmentary knowledge in the field of practice of unknown complexity, it is surprising that they are successful at all" (16:2). In addition to the need for full-time involvement on the part of the organizer is the difficulty students might have in "building trust and credibility" (32:124), especially when they are perceived as community organization neophytes fulfilling a school requirement.

(2) That a program can be "implanted" in a community—Numerous writers in the field have expressed the extreme
difficulty in the effort of an external agent to implant a program in a community (15:522-529, 19:110, 36:60). Ross writes that "the trend is away from crude methods of imposition of a project, which neglect the attitudes of residents to the innovation..." (35:9).

(3) That community residents will "fit into" a pre-formulated organizational structure - The C.C.C. is an extension of the A.C.S. and, in organization, is patterned after the A.C.S. tri-part involvement in public education, service, and the "Crusade" (3:23). Roles are spelled out and duties for each role prescribed (3:27-34). Recent literature suggests that people on committees are negative to preconceived social structuring or manipulation (15:523). One study indicates that "the cultural norms of the indigenous advisory group, composed of lower class members, do not favor or value controlled, ordered, or polite interaction" (27:928). Another study showed that the Chicano movement of Mexican-Americans cautions against being manipulated by the "white" or "Anglo" society (7:108).

(4) That an outside organization will be accepted by minority community residents when that organization has nothing material to offer - Numerous discussions by the author with target community workers and leaders point to the fact that impoverished, minority community members are very reluctant to respond
to outside agency offers to support "self-help" action by community members about a problem determined by that agency to be of importance. Those outside agency interventions that have succeeded to a degree, have offered concrete services such as "Pap" clinics and direct medical care (24). The A.C.S. does offer some concrete services such as dressings, wheelchairs, and speech therapy, but these services are oriented toward rehabilitating cancer patients. In the author's opinion, social planning in the community hospitals about the utilization of these services would be far more practical than organizing the community in regard to their availability.

In addition to the motive of the A.C.S. in deciding to embark upon minority community organization, the means by which the A.C.S. hopes to achieve the realization of a C.C.C. are questionable. In utilizing public health graduate students, semester by semester, with gaps during the summer months, over a period of from three to five years, to participate in community organizing activities, the result might be a rambling, disjointed thread of effort accomplishing little of any relevance or permanence. The author believes, from his experience, that effective organizing of a specific community effort (32:53) where the assistance and cooperation of health professionals and community leaders are important, requires frequent contact with important community persons over a long
period of time in order to establish the trust and
credibility necessary to convince them, not only of the
organizer's genuineness and sincerity, but that the
organizer's sponsoring agency is committed to active
participation in helping to solve specific problems in
the community.

An illustration will serve to show how ineffective
and perhaps detrimental to the project part-time, student
organizers could be.

In Phase One, four health science students, of
which the author was one, participated in community
organization efforts toward the development of a C.C.C.
in the target community. The three students in the group
other than the author were married, had children, and
worked full-time (besides school work). The other three
students were majoring in fields other than "community
health education" and, at the beginning of the work,
expressed little enthusiasm for either the course or the
problem area of cancer. None of the students had had any
previous community organization experience.

In summary, three-quarters of the group lacked
the time and interest to devote to the project, and all
members of the group lacked any experience in community
work.

Initial meetings with the A.C.S. supervisors about
the project were disappointing. The supervisors appeared
to lack community organization experience, and nothing in the way of preparatory planning or fact-finding had been done. Efforts of the group to arrive at the specific designation of the target population, or well thought-out objectives with the supervisors were unsuccessful. The justification for a C.C.C. in the target community appeared irrelevant and insubstantial. The above observations led the group members to sense a lack of commitment to the effort on the part of the A.C.S. This perceived lack of commitment from the A.C.S. led to a low degree of motivation in the group members, which was unaffected by the enthusiasm for the project continually shown by the A.C.S. supervisors.

A combination of a sensed lack of commitment by the A.C.S. to the project and a lack of time and interest from the students probably affected the degree of success the students had in their community organization efforts.

The author realizes the necessity for organizations such as the A.C.S. to depend on the work of volunteers. However, he emphasizes that efforts begun under the above conditions might actually prove detrimental to the goals the A.C.S. wishes to achieve.

The author believes that, at minimum, the A.C.S. commitment must be well-established and visible, and the student organizers must have the time and interest.
Planning and Programming the Work

Partly because of the ignorance and naivete of the group members, and partly because of the inexperience of the A.C.S. supervisors, there was little evidence of proper planning and programming of the work in Phase One. This aspect of community organizing cannot be emphasized enough. Planning consists of the processes of defining the problem in terms of an analysis of all data available, identifying values, choices, and consequences, and developing theoretical frameworks for their evaluation. Programming involves the detailed spelling out of implementing actions to be carried out, a logistical arrangement for the mobilization of resources and the allocation of them to where they are needed (32:73-74). In Phase One, the definition of the problem, arrived at by the A.C.S. supervisors, was that "there must be high morbidity and mortality cancer rates in the target community because it is composed of impoverished, minority groups." There was no data shown to substantiate this assertion. No statistics were presented nor studies referred to. The group members realized the lack of substantiation. Attempts by the group members to have the A.C.S. supervisors provide empirical evidence of the cancer problem in the target community brought the assertion that the assumption of cancer needs in the target community was predicated on the fact that the A.C.S. office was receiving
no requests from target community residents for rehabilitative services. In fact, the justification for C.C.C. development depended primarily on the assumption of cancer needs which was based on the lack of requests for rehabilitative services. Agreeing with Kahn (21:79) that "Planning without adequate investigation of relevant realities, relevant social facts, is utopian thinking or traveling blind," the group members promptly set out to ascertain the existence and extent of the cancer problem in the target community. In the opinion of the author, what the group members should have done was to sit down and think out carefully what was involved in the information which had accrued. Kahn calls this "the knowledge-organizing scheme." They perhaps would have reached the conclusion that the author did at a much later date that social planning in the community hospitals would solve the problem of the lack of requests for the A.C.S. rehabilitative services. The author understands the desire the group members had to "get out into the community" to utilize principles of community health education learned in school. But he also realizes that the time which might have been taken for clear and comprehensive communication and discussion about what was known might have resulted in a more clear and specific formulation about where efforts should have been directed. Although a better established "knowledge-organizing scheme" might
not have resulted in a reorientation away from the idea of C.C.C. development, it is probable that the group effort could have been more fruitful with more realistic planning.

In Phase Two, the author formulated better stated objectives and activities than the group had done in Phase One. However, the orientation continued to be the development of the C.C.C. In his naivete, the author took planning to mean only the establishment of clear objectives and activities. Mid-way in his organizing activities, demoralization caused by the difficulties of the task masked the underlying uncertainty about whether the work being pursued was appropriate. It was toward the end of his organizing activities that the author, through reading and discussions with professors, determined that the development of the C.C.C. seemed unrealistic in view of the A.C.S. motive and capabilities, and in consideration of the nature of the problem and its priority in the target community. The conclusion reached is that there is no substitute for hard planning before anything else is done. Preconceived orientations, exemplified by the "Community Cancer Committee" concept, can lead to a lot of work being accomplished in the wrong direction. Perlman and Gurin (32:63) express this idea well in stating that "the first issue that arises at the point of problem identification is whether to accept a current formulation as provided by an existing service, organization, profession,
or interest group or whether to define the problem in more objective terms, based on a body of data that will somehow describe the condition more adequately and, therefore, presumably provide a better guide for intervention."

Not only was there little planning done prior to the community work, but there was an absence of programming. With intensive and comprehensive planning accomplished, programming, at minimum, states what is to be accomplished, in what sequence and in what amount of time, and within what cost range, or in dealing with volunteer personnel, what amount of man-hours (32:62). The variables involved in the effort to develop a C.C.C. were probably too numerous and unaccounted-for for the planners to evolve programming of a PERT sophistication (25:151). However, reasonable programming for this project might have included the necessary activities to be accomplished, their sequence for accomplishment, and an approximate time schedule. Programming in this fashion could lend a sense of cohesiveness and purpose to the effort. At any time, of course, the programming could be amended to accommodate unforeseen contingencies.

The Nature and Priority of the Problem

Of importance in health intervention into a community is the nature of the health condition concerned. Some health problems, such as lack of prenatal-postnatal care, or the wide-spread use of addictive drugs, might be
of such sufficient felt-need importance and low anxiety-producing status that the community can be spurred into action for coping with them. Other health problems, such as gonorrhea and syphilis, can produce such "issue dis-sensus" (37:209) in the community that no realistic program can be established. The disease cancer shares with leprosy and bubonic plague the capacity to arouse intense fear in people. Hochbaum (20:18) asserts that "The person who feels intensely afraid will try to diminish his fear in one way or another...[and that] a person may be so intensely afraid of cancer that he simply cannot get himself to face even the possibility of learning that he does have the disease."

The author, in his organizing experience, did not detect overt displays of fear toward cancer by the target community members. However, most of his contacts were either health professionals or community leaders, all of whom were well-educated. A possible implication for the success of cancer health education programs in the target community is that the under-educated poor may have enough problems in their day-to-day survival, without having to concern themselves with the possibility of recognizing that they also have the symptoms of cancer (9:54-56).

A central issue in the success of the intervention by an outside health organization to provide a service is the priority which the target community members themselves
place on the problem (19:10). The evidence available about the target community did not indicate whether cancer was seen as a high priority problem by the community. A survey done by the Northeast San Fernando Valley Regional Medical Program resulted in a list of sixteen recommendations from consumers concerning health needs (28:10).

Although the need for public health education was included, the list was in no rank-order. Furthermore, it could not be inferred that cancer was a health concern included in the recommendation for public health education. The list did include a number of references to the delivery of health care. Not mentioned were references to specific disease conditions. This is consistent with a recent study which showed that consumers, in their expression of felt needs, were oriented toward medical costs and the delivery of medical services, whereas the health professionals orientation was on specific pathology of organ systems (34:82).

An important criterion for ordering the priority of a health problem by community members is its immediacy (20:21-22). In discussions with health professionals and community leaders, the author learned that drug-use and alcoholism were immediate concerns of the community for which actions programs had been developed (14). Moreover, the high costs of medical services was being challenged with the establishment of the Northeast Valley Health
Corporation, a health maintenance organization, which had the active support of a number of target community leaders (14). The implication for continued involvement of the A.C.S. in the target community is for efforts to be directed at determining the extent of the cancer problem and, if significant, that work be initiated toward establishing this fact in the minds of the community members.

Dealing With Minority Groups

In pursuing community organization activities in the target community, the author met with several black and Mexican-American individuals and groups. A number of considerations for the author's success in interacting with minority persons from a reputed "health ghetto of the San Fernando Valley" (31:3) might be discussed. However, five considerations which the author had anticipated as determinants possibly leading to a minimal degree of success were:

(1) That he was of white, "Anglo," ethnic background, which might elicit hostility from minority persons influenced by the "Chicano movement" (7:104-109) or the "movement for black identification" (13:57).

(2) That he came from outside the community, representing an organization dominated by middle and upper-class whites.

(3) That he didn't speak Spanish in the case of the Mexican-American community nor the "black dialect" in the case of the black community.

(4) That he was a student pursuing a school requirement,
Inexperienced in community organization.

(5) That he knew little or nothing about either the community in general, or about the health history of the community in particular.

In the author's opinion, his race or ethnic background had little or no effect on successful interaction. This assertion is made assuming that the organizer is not an outright bigot, and that he has an awareness of, and a respect for, the minority's struggle for ethnic identification and equal opportunity. A sensitivity to minority individuals as people with jobs, roles, and certain status in the community seemed to be the overriding consideration in achieving successful interaction.

The author's being an outsider, working with a white-dominated organization, seemed of little consequence per se. Of more importance appeared to be what he was doing in the community, and what his organization had to offer. In speaking with health professionals and community leaders, the author recognized that much indigenous work was being accomplished toward solving community problems, and that its success did not depend on the decisions of outside organizations to intervene and offer assistance. Reserved responses to the C.C.C. proposal by those health professionals and community leaders contacted were perceived on a number of occasions by the author. He believes that this can be attributed more to a wariness toward intentions of all organizations, rather than a distrust
of outside organizers and white-dominated organizations.

The author's inability to speak the "black dialect" or the Spanish language well was the least important of the difficulties anticipated. The author's impression was that those contacted were much more interested in what he had to say than in his Spanish fluency or his ability to mimic the "black dialect."

An attempt by the author to "be cool" with the blacks or use limited Spanish expressions with the Mexican-Americans would undoubtedly have been perceived as inappropriate and pretentious. It is the author's belief that in cases where the use of Spanish for communication or the "black dialect" for rapport is absolutely essential, persons possessing these abilities can be found to cooperate.

The fact that the author was a student, fulfilling a school requirement, was considered by him to be a major determinant which might have produced minimal success in the organizing effort. The target community had been "studied to death" over the previous five years by a number of people, including many students (30). The author felt that in investigating the community for the A.C.S., he would be perceived by community health professionals and leaders as "another student doing a study." Although the author was not conducting a survey, but was proposing a mechanism which would directly benefit the community, still, his primary organizing activity was gathering
information which would aid the A.C.S. in a continuing development effort. Attempts by the author to convince those contacted of the sincere commitment of the A.C.S. were constrained by the author's own uncertainty as to the degree of commitment assumed by the A.C.S. Being a student involved in a learning process, the author did not realize the necessity for the organizer to reconcile any uncertainties with the sponsoring agency before initiating community organization work (16:67). This degree of uncertainty in the author might easily have been perceived by those contacted as nervousness expressed by an inexperienced manipulator, which might have resulted in their reluctance to cooperate in the effort. The fact that the author was pursuing the community organization effort as a requirement for the Master's Degree might have been perceived as an ephemeral concern with the community's welfare. Successful organizing seems to demand the effort of a full-time, experienced organizer (32:8). The necessity for the author to venture into the target community as time permitted, combined with a total lack of experience in community organization, might have lent a low degree of credibility to his work, resulting in the establishment of congenial relationships with little or no trust (32:124).

The most crucial consideration thought by the author to be a determinant which might have produced minimal success in the organizing effort was his lack of
knowledge of the target community's background, particularly in regard to health.

Writers in the field of community organization point to the importance of "knowing your community" (36:59-60). As the author met with a number of minority group health professionals and lay leaders, he often heard them refer in passing to health-related programs which had taken place over the previous five years. In each case, the author had to express ignorance about the programs referred to, and inquire as to their nature and consequences. The author's ignorance about these matters probably appeared to the health professionals and community leaders as a lack of interest in their community, as the history of these programs, primarily the R.M.P. involvement, was well known to them. Perceiving in the author his failure to "do his homework," the health professionals and community leaders may have been reluctant to commit themselves to any part of a program which involved the quality of worker represented by the author.

In effect, the author had gone into the community "blind," without any knowledge of its background other than demographic statistics obtained from the 1970 National Census.

A few "contact" names had been provided by the A.C.S. supervisors, but these in no way compensated for a lack of background knowledge. The author discovered at
a late date in his community work a wealth of data, describing health-related activities in the target community, in the files of the A.C.S. Branch office. A lesson might be drawn that, except in rare cases, something will be known somewhere about the background of a target community, and the community worker would be wise to find this data before commencing activities in the target area.

Recommendations

The author's overall recommendation is for the A.C.S. to abandon immediate efforts to establish a Community Cancer Committee in the target community. The following reasons are given:

(1) The A.C.S. concept of a C.C.C. is too bound to the white, middle-class idea of how a C.C.C. should be organized and how it should function.

(2) The autonomy of the C.C.C. is greatly limited by the requirements and expectations placed upon it by the A.C.S. as an organizational extension of the Unit.

(3) Cancer, although it may be a problem in the target community, is not accorded high priority by community members. Because of this, there will be insufficient impetus to maintain grass-roots participation in cancer activities.

(4) The realization of a C.C.C. is probably years in the future. The lack of an immediate effect shown by the developing C.C.C. will cause members to lose interest.

It is suggested that the A.C.S. work in the area of social planning in an effort to establish good relations with community agencies leading to limited, but effective
projects, showing A.C.S. concern and commitment. The following involvements are recommended:

(1) Work directed toward the development of realistic programs of health education in conjunction with existing medical services such as the Pacoima Health Center, the San Fernando Health Center, and the Northeast Valley Health Corporation. Programs might include:

(a) Instruction in breast self-examination and explanation about the importance of "Pap" testing to women who come to the health centers for family planning services or prenatal care. (Some cultural difficulties can be expected with Mexican-American women).

(b) Guidance to a small group of indigenous women who are interested in establishing a "Reach to Recovery" program.

(2) Participation in the programs of the Northeast Valley Health Corporation to whatever extent it is acceptable.

(3) Zealous participation in the Northeast Valley Health Consortium which, in part, is trying to unify and make more coherent a spectrum of health education knowledge for more effective delivery.

(4) Lending of the prestige and skills of the A.C.S. to facilitate cancer detection services from medical sources in the community.

(5) Initiation of cancer health education programs in the target community schools. Efforts should be made to encourage the involvement of health education teachers in community programs.

With the successful accomplishment of a few community cancer programs of immediate and concrete effect, indigenous participants in the programs might be approached to form the "core" of an autonomous Community Cancer Committee.

Regardless of whether the A.C.S. chooses to
continue its efforts toward establishing a Community Cancer Committee, or to stress the accomplishment of limited, effective projects, the following recommendations are made:

(1) The A.C.S. must determine exactly what its commitment to the target community is going to be through an appraisal of the capabilities and skills of its personnel, its material resources, and the amount of time and effort it wishes to expend away from fund-raising activities.

(2) The A.C.S. must be prepared to greatly modify its conception of what a Community Cancer Committee's organization and function should be in view of the capabilities and motivations of minority community members.

(3) Volunteer students who participate in A.C.S. community work should:

(a) be interested in the cancer problem;
(b) be able to devote substantial time to the effort;
(c) have some experience in, and liking for, community work;
(d) be sensitive to minority groups;

(4) A.C.S. immediate supervisors of the student volunteers should have community work experience, and be able to provide guidance to the students.

(5) Time must be taken by the supervisors and student volunteers to review, in great detail, all that is known about the target community in regard to:

(a) demographic variables;
(b) the cancer epidemiology;
(c) the priority accorded social and health needs by the professionals;
(d) the priority accorded social and health needs by community members;
(e) the presence of, and services provided by, community health agencies;
(f) the history of health-related activity in the target community, including results of work accomplished by the previous volunteer students;
(g) a description of all health professionals and community leaders known, to include:

1. their personalities, interests, and capabilities as people;
2. their roles, resources, capabilities, and influence as professionals and leaders;
3. their former association with the A.C.S. and/or cancer activities;

(6) Time must be taken for careful planning and programming. Planning and programming should be jointly undertaken by supervisors and students after a thorough review of the information in Number 5, and an appraisal of how much time and effort the students can devote to the task. Planning should include a statement of clear, reasonable, and measurable objectives with clear, reasonable, and appropriate activities. Programming should include activities to be accomplished, their sequence, and approximate time period for completion of each activity. Rough programming should be done for a period of two or three years, and more definite programming specified for the semester of the volunteer student work.
CHAPTER 5
SUMMARY

The American Cancer Society designated a target community in the San Fernando Valley of Los Angeles County in which efforts were devoted to the long-term development of a Community Cancer Committee (C.C.C.). The target community was an impoverished area with a substantial proportion of black and Mexican-American residents. The rationale for the C.C.C. development was to enable the American Cancer Society to extend its program of public education, services, and funds solicitation to the target community through a community-based, grass-roots organization.

The author participated in laying the foundations for the development of the C.C.C. His efforts involved social planning in (1) attempting to gain the understanding and cooperation of target community health professionals and community leaders, and (2) investigating target community health resources to determine the feasibility of their providing direct services in cooperation with the proposed C.C.C.

His efforts also involved community organization in (1) informing community members of the proposed C.C.C., (2) convincing community members of their capability to
organize to effectively plan and implement appropriate cancer programs in their community, and (3) attempting to recruit community members to form an interested "core" group as an initial stage in the development of the C.C.C.

A substantial number of health professionals and community leaders were contacted and informed about the proposed C.C.C. A high proportion of those contacted offered their assistance and cooperation in programs designed by C.C.C. members at a future date.

Meetings of two community groups were addressed by the author in an attempt to interest the group members in the proposed C.C.C. The members of one group expressed no interest, but a few members of the other group were responsive to the proposal.

The administrators of three target community hospitals were contacted regarding the feasibility of their providing cancer services, primarily in detection, to the target community. The initial responses were non-committal, but were expressed with a feeling of guarded optimism toward future possibilities.

Continuity-of-care nurses of six target community hospitals were informed about the free rehabilitative services offered by the American Cancer Society. Five of the nurses knew little or nothing about the rehabilitative services. All of the nurses expressed great interest, and indicated that they would refer their patients if
appropriate.

The primary goal of establishing a Community Cancer Committee was not accomplished and, in the author's opinion, may not be for many years.

During these interim years it was recommended that the A.C.S. engage in other specified projects through which it can provide services to the community and can begin to earn the trust of community members.
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23. Los Angeles County Health Department. Chronic Disease Division, Background-Policy Statement. May 14, 1968.


