FY’16 COMMUNITY BENEFITS REPORT
DANA-FARBER CANCER INSTITUTE

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I. ABOUT DANA-FARBER CANCER INSTITUTE

Since its founding in 1947, Dana-Farber Cancer Institute has been committed to providing those afflicted with cancer with the best treatment available while simultaneously developing tomorrow’s cures through cutting-edge research. The Institute’s mission is to provide expert, compassionate care to children and adults while advancing the understanding, diagnosis, treatment, cure, and prevention of cancer and related diseases.

Dana-Farber is internationally renowned for its blending of research and clinical excellence, bringing novel therapies that prove beneficial and safe in the laboratory setting into clinical use as rapidly as possible for our patients. As an affiliate of Harvard Medical School and a Comprehensive Cancer Center designated by the National Cancer Institute, the Institute provides training for new generations of physicians and scientists, designs programs that promote public health particularly among high-risk and underserved populations, and disseminates innovative patient therapies and scientific discoveries to our target community across the United States and throughout the world.

Notably, Dana-Farber embraces the “total patient care” philosophy of its founder, Dr. Sidney Farber, ensuring that patients’ psychological, family, and spiritual needs, as well as their medical needs, are met before, during, and after treatment. Its equal commitment to research and patient care is unique among cancer institutions, and this 50-50 balance results in extraordinary partnerships between laboratory scientists and clinicians. Reinforcing this exceptional model, Dana-Farber has been ranked the #1 cancer hospital in New England by U.S. News and World Report for 16 consecutive years, and is the only cancer center in the country ranked in the top 4 for both adult and pediatric cancer programs.

In addition to providing expert clinical care, Dana-Farber is committed to educating the community and raising awareness about the importance of cancer prevention, outreach, screening, early detection, and clinical trials. To this end, Dana-Farber’s Community Benefits Office provides education and screening for breast, cervical, and skin cancer throughout the greater Boston area; offers a variety of support services and resources to reduce access barriers to healthcare; and conducts a broad scope of evidence-based programs through its collaborative work in local, low-income neighborhoods as well as through its national education initiatives.
II. COMMUNITY BENEFITS MISSION STATEMENT

In 1995, the Dana-Farber Cancer Institute Board of Trustees formally adopted a Community Benefits Mission Statement. This mission statement affirms the Institute’s commitment to support community-based programs, participate in outreach activities aimed at the reduction of cancer incidence, morbidity and mortality, and conduct community-based research.

Dana-Farber Cancer Institute’s community outreach mission contributes to the Institute’s goal of advancing the understanding, diagnosis, care, treatment, cure, and prevention of cancer and related diseases by:

- Ensuring that patients from diverse backgrounds receive equitable cancer care and treatment, including but not limited to, education about the importance of clinical trials participation.
- Establishing quantifiable, evidence-based, and sustainable programs in cancer prevention focusing on at-risk, underserved and diverse populations.
- Providing expertise in cancer care to city and state health departments, community-based agencies and health care providers.

Updated: July 2009
Revised: January 1996
Approved: September 1995
III. COMMUNITY BENEFITS PLANNING MECHANISMS

The Dana-Farber Cancer Institute’s Board of Trustees Community Programs Committee oversees the development and implementation of DFCI’s Community Benefits Plan. In their oversight capacity, Committee members provide the Community Benefits staff with guidance and leadership around program initiatives and monitor the completion of the Community Health Needs Assessment (CHNA) and Implementation Plan.

The Community Benefits External Advisory Committee, established in 1997, consists of representatives from community organizations, neighborhood health centers, and city and state health departments who share DFCI’s commitment to reducing disparities in cancer care, education, and treatment. Additionally, the Dana-Farber Community Benefits Internal Advisory Committee and the Dana-Farber/Harvard Cancer Center (DF/HCC) Community Engagement Committee, each with a slightly different focus, also provide input to Dana-Farber’s Community Benefits program.

The DFCI Community Benefits staff also participates in community outreach and planning activities with the following organizations:

Massachusetts Department of Public Health (MDPH): Through ongoing partnerships with MDPH’s Chronic Disease Prevention and Control Unit, programs in colorectal, prostate, skin and women’s cancers have been established with MDPH and other community agencies across the Commonwealth.

Massachusetts Comprehensive Cancer Prevention and Control Network (MCCPCN): Dana-Farber continues its leadership role as a member of the MCCPCN and has continued to identify cancer control priorities and opportunities for greatest impact in addressing cancer incidence, morbidity, mortality and survivorship.

Boston Public Health Commission (BPHC): Dana-Farber works closely with the BPHC to implement and sustain initiatives that address the need for cancer prevention education, screening services, and survivorship education. BPHC also plays a key leadership role in DFCI’s Community Benefits External Advisory Committee and as the co-convener of the Boston Breast Cancer Equity Coalition. Additionally, Dana-Farber serves as a steering committee member of the Let’s Get Healthy, Boston! initiative, a collaborative, citywide project between the BPHC and the Boston Alliance for Community Health which focuses on creating healthier environments for Boston-area residents through policy, systems and environmental (PSE) changes. The particular focus areas of the project include smoke free housing, access to healthier food and beverages, and active transit through walking and biking.

Boston Breast Cancer Equity Coalition: Launched in 2014, this cross-sector coalition seeks to eliminate the differences in breast cancer care and outcomes by promoting equity and excellence in care among women of all racial/ethnic groups in the City of Boston.
Boston Alliance for Community Health (BACH): As a steering committee member of BACH, Dana-Farber continues to work alongside fellow health care institutions, neighborhood coalitions and community development corporations to address the racial and ethnic disparities in health that exist in Boston and throughout the region. As mentioned above, Dana-Farber also serves on the steering committee of the Let’s Get Healthy, Boston! project in collaboration with BACH and the BPHC.

Massachusetts Coalition for HPV and Related Cancer Awareness: Dana-Farber continues to serve on the steering committee of the Massachusetts Coalition for HPV and Related Cancer Awareness, with the goal of increasing HPV knowledge and vaccination rates in order to reach the Healthy People 2020 goal of 80% vaccination among eligible youth regardless of race/ethnicity or socioeconomic status.

Tobacco Free Mass Coalition: As a member of the Tobacco Free Mass Coalition, Dana-Farber supports the development of policies that aim to reduce youth access to tobacco, prevent nicotine addiction, and increase tobacco control funding.

Dana-Farber’s Center for Community-Based Research (CCBR): CCBR conducts cancer prevention research with the goal of developing effective intervention strategies to reduce the risk of cancer. CCBR works extensively with neighborhood health centers, low-income housing, faith-based organizations, health departments and community-based organizations.

Dana-Farber/Harvard Cancer Center (DF/HCC): Dana-Farber and DF/HCC continue to collaborate and develop programming in a variety of areas aimed at reducing the unequal burden of cancer in partnership with the Faith-based Cancer Disparities Network and other community-based organizations. Early in its history, the consortium created the Initiative to Eliminate Cancer Disparities (IECD) to maximize the acceptance and desirability of cancer research in communities that have traditionally experienced significant disparities in cancer care.

Prostate Health Education Network (PHEN): Dana-Farber and PHEN partner on education, outreach and advocacy efforts and together sustain a prostate cancer support group for men of color that meets monthly at Dana-Farber.

The Conference of Boston Teaching Hospitals (COBTH): Dana-Farber is an active member of COBTH, a coalition of thirteen Boston-area teaching hospitals who collaborate on community outreach and planning activities. Through the shared efforts of the COBTH Community Benefits Committee, a series of neighborhood-level meetings and focus groups were held as part of Dana-Farber’s 2016 Community Health Needs Assessment process. Findings are included in the 2016 Community Health Needs Assessment.

To ensure ADA compliance, the Community Benefits Office is committed to providing access to all individuals interested in attending cancer education programs and makes every reasonable effort to accommodate all participants.
IV. 2016-2019 COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

In 2016, DFCI’s Board of Trustees approved the 2016-2019 Community Health Needs Assessment and Implementation Plan to ensure that our collective efforts have a measureable impact within the Institute’s priority neighborhoods. DFCI’s Community Benefits Office retained Health Resources in Action (HRiA), a non-profit public health consultancy organization in Boston, to undertake a comprehensive assessment of the health needs within our priority communities, including how those needs are currently being addressed and where there are opportunities to address these needs in the future.

Dana-Farber completed its last community health needs assessment (CHNA) and Implementation Plan in 2013, which included a comprehensive two-phased process to evaluate the health needs of our surrounding communities and to develop a plan to address the identified needs within the scope of our role as a comprehensive cancer center. The 2016 CHNA builds off of previous efforts to gain a greater understanding of the health issues facing Boston residents across the cancer spectrum in the neighborhoods of Dorchester, Roxbury, Mission Hill, Jamaica Plain, and Mattapan. In addition to identifying broad health issues facing residents, the 2016 CHNA delves deeper into behaviors and health outcomes across the cancer continuum of care, exploring behaviors and health outcomes around prevention, screening, treatment/health care utilization, and survivorship using social determinants of health and health equity frameworks.

This effort not only complies with the IRS CHNA requirement under the Internal Revenue Code Section 501 (r) (3) (A) (iii) and the Massachusetts Attorney General’s mandates for conducting community health needs assessments, but aligns with DFCI’s approach of utilizing data to inform the development of its initiatives and strengthening of collaborative partnerships.

The CHNA findings have validated the current community outreach work that Dana-Farber has undertaken as well as helped guide the focus of future initiatives. The key findings reflect many of the same issues, challenges, and opportunities as the previous CHNA conducted 3 years ago and reinforce Dana-Farber’s approach to strengthen existing programs and initiatives. The following list highlights Dana-Farber’s prioritized areas of focus in addressing the identified community health needs.

1) **Cancer Burden:** There is a disproportionately greater cancer incidence and mortality in our priority neighborhoods, particularly among diverse racial and ethnic populations. Specifically, the CHNA findings reflect a disparity in cancer mortality between Blacks and Whites in the City of Boston. With breast cancer, for example, Black women in Boston experienced a 23% higher mortality compared to white women between 2001-2012. During the same time period, the data also reflects that Black women were more likely to die at a younger age from breast cancer compared to white women. Similar patterns persist for other major cancers such as prostate cancer, with the mortality rate for black men in Boston being nearly three times the mortality rate of white men. However, similar to the 2013 CHNA, the data show that cancer screening rates are high in many of DFCI’s priority neighborhoods, even among racial/ethnic groups that have higher mortality rates. The broader cancer literature indicates that the disparity in mortality is
likely attributed to a multitude of factors including the fact that Blacks are more likely to have co-morbid conditions that complicate cancer treatment, are diagnosed at later or at more invasive stages of disease, and/or face disproportionate barriers to care due to lower socioeconomic status, discrimination, and other cultural factors.

2) **Access Barriers:** Residents of Dana-Farber’s priority communities deal with significant challenges beyond coverage when encountering health care systems. 2016 CHNA participants stated that while most community members have access to health insurance, many do not understand the details of coverage, deductibles, provider network participation, and cost-sharing. In addition, residents reported confusion about changes to cancer screening guidelines, specifically in prostate and breast cancer screening. Considered through a health equity lens, these challenges are associated with a higher risk in cancer incidence and mortality among communities of color. Patient navigator programs and social workers were identified by residents as key resources that are vital to connecting patients to resources and providing support throughout the cancer journey.

3) **Cancer Survivorship:** Cancer survivors were generally optimistic about their health and future and were eager to be engaged in future community efforts around survivorship, but also acknowledged that there continue to be many challenges facing cancer survivors. For example, participants articulated a clear need for additional support services for cancer survivors and their families, particularly survivor-specific services in languages other than English. Residents specifically reported a need for more information on preventing cancer recurrence and rejoining the workforce after cancer treatment. In addition, the findings reflect a need to better understand the needs of cancer survivors from medically underserved communities, with the recognition that the survivorship model may be different for members of vulnerable communities.

4) **Community Perceptions of Cancer:** When prompted, community members expressed significant fear surrounding the risk of cancer diagnosis, but also acknowledged the broader context of social issues that create more pressing day-to-day concerns. The CHNA findings reflect that community residents share common experiences of hardship including poverty, unemployment, and violence and often perceive a strong correlation between cancer and death rather than survivorship.

5) **Community Strengths:** While residents living in Dana-Farber’s priority neighborhoods face significant socioeconomic challenges, these communities possess numerous assets and strengths including strong neighborhood cohesion, faith-based networks, diversity, community resilience, and numerous community-based organizations/resources.

6) **Social and Environmental Determinants of Health & Primary Prevention:** Dana-Farber’s priority neighborhoods are dealing disproportionately with challenging situations related to the upstream social and economic factors that impact health such as limited employment opportunities, substance abuse and opioid addiction, low education levels, lack of affordable housing, and community violence, among others. Obesity and concerns related to maintaining a healthy lifestyle emerged as key challenges particularly among Blacks and Latinos. Smoke-free policy initiatives were mentioned as an effort to improve environmental conditions, but according to participants, secondhand smoke is still a major problem in their communities.
Dana-Farber will continue to partner with community organizations to address broader issues that go beyond cancer care, such as those related to healthy eating and physical activity, community strengths, and the social determinants of health (as reflected in key findings #5-6 in the prioritized list above).
A. Education, Outreach, Screening and Advocacy
Community outreach at Dana-Farber focuses on increasing awareness about the importance of cancer prevention, outreach, screening, early detection and clinical trials education. Examples of prevention programs are:

1. Dana-Farber’s Mammography Van (DFMV)

Dana-Farber’s Mammography Van was launched as a joint venture between the City of Boston and Dana-Farber in April 2002. The DFMV continues to be the only mobile mammography program in the Commonwealth of Massachusetts. It provides digital screening mammograms and breast health education to women 40 years of age and older. Ultimately, it aims to decrease breast cancer morbidity and mortality among medically underserved women and increase survival rates for those diagnosed with breast cancer.

Priority populations include women who are low-income, elderly, immigrants, non-English speaking, people of color, and other minority backgrounds. Priority neighborhoods in Boston include Roxbury, Jamaica Plain, Dorchester and Mission Hill. In partnership with 19 community-based organizations and neighborhood health centers, such as The Dimock Center and Charles River Community Health, the Van is on the road three days per week year-round.

Offering digital screening mammograms on the van provides an entry point into the larger health care system. Women who lack a primary care provider are referred to one of our partner neighborhood health centers for assistance in acquiring health services, including health insurance enrollment and an appointment with a primary care provider, as well as a referral for follow-up care if an abnormality is identified. The DFMV provides an effective way for women to continually monitor their breast health and to stay connected to the health care system at large.

Breast Health Education and Outreach: Individual education at mammography screening sites has been shown to improve adherence to annual screening. To that end, the DFMV Program employs a breast health educator who is available on site to provide information and answer questions about early detection, healthy lifestyle choices to reduce cancer risk, and timely follow-up. Additionally, the educator helps to increase awareness of the DFMV in the community by working with current and potential community partners to provide residents with breast health information and mammography referrals at health fairs and educational workshops. In FY16, more than 1,400 individuals received breast health education on the DFMV or at a community outreach event. The breast health educator staffed 54 van days, 5 health fairs, 5 workshops, and 8 other partnership events. More than 40 women were referred for screening mammograms as a result of community outreach and education efforts. In addition, the educator provided oversight of the text messaging reminder system that seeks to reduce the no-show rate of DFMV patients and is an active participant of the Boston Breast Cancer Equity Coalition and the Patient Navigation Network.
VAN HIGHLIGHTS

- **Patient Volume:** In FY16, Dana-Farber’s Mammography Van provided 1,953 mammograms. Since program inception in April 2002, Dana-Farber’s Mammography Van has provided more than 63,000 mammograms to more than 19,000 unique patients.

- **Race/ethnicity:** The largest racial and ethnic groups seen on the van in FY16 were Black and White. Of all van patients with complete self-reported race/ethnicity data available (83.3%), approximately 26.6% self-identified as being Black, 21.5% as White, 14.6% as Other, 13.3% as Hispanic/Latino, and 7.3% as Asian.

- **Primary Language:** Over the past year, 52.7% of van patients spoke a first language other than English. In FY16, Dana-Farber’s Mammography Van patients self-reported a total of 33 different languages. The top five primary languages after English (47.3%) were Spanish (26.4%), Cape Verdean Creole (11.3%), Vietnamese (3.5%), Portuguese (3.4%), and Haitian Creole (1.7%).

- **Boston Residence:** 52.1% of van patients hail from Boston and 47.9% from the rest of Massachusetts. The Boston neighborhoods represented include Dorchester, Mattapan, Roxbury, Allston, and Jamaica Plain.

- **Breast Cancer Diagnoses:** 132 breast cancer diagnoses have been confirmed for patients originally screened on Dana-Farber’s Mammography Van since program inception. For every 1,000 mammograms conducted on the van, 3-4 women are diagnosed with breast cancer (0.3% diagnosed).

- **Re-screening Rates:** 63.1% of patients screened on the van were returnees from prior years; 30.5% of van patients returned for re-screening in a “timely” manner (10-18 months from last screen).

- **Baseline Mammograms:** 12.9% of van patients served this year had their baseline (first-ever) mammograms on the van.

- **Follow-Up Rate:** 287 patients (14.7%) screened on the van in the past year received a recommendation for follow-up.

- **Insurance Status:** Over the past year, the insurance status of van patients was 54.7% publicly insured (Medicare, MassHealth, Health Safety Net, etc) and 45.3% privately insured.

**Dana-Farber Cancer Institute at Whittier Street Health Center Mammography Suite:** Building on their shared commitment to caring for community residents, Dana-Farber opened a mammography suite within the Whittier Street Health Center, located in Boston's Roxbury neighborhood in 2013. Open to all residents, the mammography suite, which is situated on the clinic's first floor, is staffed with skilled, registered mammography technologists and additional members of the care team focused on reducing health care disparities. The suite uses digital mammography imaging, which is interpreted by board-certified radiologists with extensive experience in mammography. In FY16, 754 mammograms were provided to women.
2. **HPV and Cancer Education and Mobile Vaccination Program**

The HPV-Associated Cancers Outreach Program expanded its reach and had greater significance in FY16 for a number of reasons: 1) The most recent Community Health Needs Assessment reports that Latina, Black, and Asian women in DFCI’s priority neighborhoods continue to be disproportionately affected by HPV and Cervical Cancer; 2) the rate of HPV-Associated Head and Neck Cancers in men has surpassed the rate of HPV-Associated Cervical Cancer in women; 3) despite having higher HPV vaccination rates than the national average, Massachusetts still lags behind the Healthy People 2020 and President’s Cancer Panel goal of 80% vaccine completion nationwide among vaccine-eligible males and females, with approximately 53% completion among females and 35% completion among males; and 4) DFCI joined 69 other national cancer centers in an urgent call for increased HPV vaccination.

The HPV and Cancer Prevention Curriculum was evaluated by Dana-Farber’s Center for Community-Based Research in FY15 and is proven to increase knowledge of HPV and cancer, intentions to vaccinate against HPV, and confidence in communicating about the topic. Dana-Farber Community Benefits and Pediatric Oncology staff have continued to deliver the curriculum to high school students, parents of vaccine eligible youth, and a variety of health professionals in a workshop format. The curriculum provides medically accurate and culturally sensitive information that parents and young adults need to make the most informed health decisions regarding the HPV vaccine.

In FY16, the program evolved from an education-based outreach model into a successful HPV and Cancer Education and Mobile Vaccination Pilot Program. The pilot program was designed to provide increased access to HPV vaccinations in addition to education about HPV and cancer prevention. In partnership with the Boston Public Health Commission and their network of school-based health centers, the Community Benefits team continued to deliver the evidence-based HPV and Cancer Prevention Curriculum to youth and adults and added an HPV vaccination component. The main objectives of the program were:

- **Reduce barriers** to vaccine access: cost, convenience, knowledge
- **Increase HPV vaccination uptake and completion** among Boston Public School students with access to School-Based Health Centers
- **Increase knowledge** of HPV and associated cancers and the HPV vaccine among parents and vaccine-eligible youth in priority neighborhoods

The vaccine was offered to all students under 18 in the pilot schools free of charge. To make vaccine administration and completion more convenient, vaccinations were provided to students on the mobile van at school sites with parental consent. Dana-Farber nurse-practitioners volunteered their time to administer the vaccine onboard the van to remove any burden on the school and health center staff.

**HIGHLIGHTS**

- 96 students at pilot schools received the validated HPV and Cancer Prevention Curriculum.
• 63 adults (parents of students, community health professionals and nurse-practitioners) received the HPV and Cancer Prevention Curriculum.
• A model for school-based mobile HPV vaccine clinics was established, the first of its kind at the time.
• 52 doses of the HPV vaccine were administered to students in mobile clinics and an even number of males and females received the vaccine.
• Pilot program results were presented at a National Cancer Institute conference on Increasing HPV Vaccination in the United States.
• An abstract about the program was accepted for poster presentation at the American Public Health Association’s Annual Meeting.

3. Sun Safety Education and Screening Program

The Sun Safety Education and Screening Program is a comprehensive initiative that provides free skin cancer prevention education and screening to community residents and those at highest risk for skin cancer. The purpose of this program is to reduce the incidence and prevalence of skin cancer, one of the most common forms of cancer. The American Academy of Dermatology estimates that one in five Americans will develop skin cancer in their lifetime.

Sun Safety Education:

The program utilizes an evidence-based curriculum developed by the DFCI Center for Community-Based Research, which includes an informative quiz and biometric demonstrations of skin damage resulting from unprotected sun exposure. Some of our partners this past year included:

• Healthy Kids/Patriot Place
• United States Postal Service
• Fishing Partnership Support Services
• Melanoma Foundation of New England
• Duxbury Council on Aging

Skin Cancer Screening:

Free skin cancer screenings are provided aboard the Blum Van along with eight board-certified dermatologists from the Brigham and Women’s Hospital Dermatology Department. The Blum van is a 39-foot mobile clinic which contains a 15 person classroom and an exam room for screenings and private consultations. When clinically appropriate, dermatologists make biopsy recommendations related to presumptive diagnosis of different skin cancers, including basal cell carcinoma, squamous cell carcinoma, and melanoma. Sun safety program staff emphasizes the importance of additional follow-up for suspected abnormalities and spots of concern. Participants seen aboard the Blum Van are prioritized when scheduling an appointment at Brigham and Women’s Hospital dermatology department.
During the summer, the Skin Cancer Screening Program provided services at five local beaches: Nantasket Beach, Carson Beach, Revere Beach, Nahant Beach, and Wollaston Beach. The target population at these events includes beach goers, lifeguards, and outdoor parks and recreation workers.

**HIGHLIGHTS**

- In FY16, a total of 25 Sun Safety education and/or screening events were held.
- 1,692 community members were reached through education and screening events, with an average of 67 participants per event.
- 743 participants were screened by a dermatologist and 174 people were referred for follow-ups.
- 87 participants were referred for a biopsy. The majority of biopsy recommendations were due to a presumptive diagnosis of basal cell carcinoma, squamous cell carcinoma or melanoma.

4. **Tobacco Treatment Program at Whittier Street Health Center**

The Tobacco Treatment Program serves patients of Whittier Street Health Center (WSHC) by providing individual tobacco treatment counseling. Smoking is the most preventable cause of death and disease in the United States and is responsible for 480,000 deaths each year. Tobacco use increases the risk of many cancers including lung, mouth, throat, bladder, pancreas, cervix, and colon.

Through Dana-Farber’s partnership with WSHC, patients are referred by their primary care provider to the smoking treatment counseling program. The program provides support to patients in their tobacco treatment efforts as well as assisting them in reducing their exposures to smoking environments (e.g. second or third hand smoke). Individuals seeking support are provided with information regarding the harms of tobacco use, the benefits of quitting, and the health impacts linked to tobacco use and cancers. The tobacco treatment counselor and WSHC staff also collaborate to provide group education sessions on tobacco use to encourage participants to talk to their health care provider about quitting.

**HIGHLIGHTS**

- In FY16, WSHC made 56 referrals and provided a total of 82 individual tobacco cessation counseling sessions to 21 patients.
- 20 participants were able to reduce their total number of cigarettes smoked per day, and 5 of these reported being able to quit completely.
- In collaboration with Dana-Farber/Harvard Cancer Center Survey and Data Management Core, an evaluation system was developed to monitor and track the overall success of the program.
- In FY16 WSHC completed its transition to Epic, the electronic medical records system, and a new referral system was established.
5. **Community Outreach and Partnerships**

Dana-Farber’s Community Benefits work is conducted through partnerships with internal departments and numerous community-based organizations, including the South Bay Prison, Madison Park Development Corporation, Boston Public Schools and other community-serving agencies. This collaborative model allows the Institute to bring education about cancer prevention, screening, early detection and survivorship to residents in priority neighborhoods and to reach low-income and medically underserved individuals who might otherwise have limited access to health information and services. In FY16, a total of 3,405 individuals were reached through 146 community education, outreach and screening events.

Dana-Farber also supports the implementation of community health improvement strategies led by partnering organizations. For example, DFCI provides cancer-related education and trainings to residents of Madison Park Development Corporation’s Roxbury-area housing developments and supports MPDC’s community health improvement agenda.
B. Cancer Care Equity Program

The Cancer Care Equity Program (CCEP) was established in January 2012 to act as a bridge between research and outreach efforts addressing cancer disparities at Dana-Farber. The CCEP aims to broaden access to vulnerable patient populations and join our community partners in the quest for equitable care across the spectrum of cancer-related disease. To this end, the role of the CCEP is to:

- Improve local outcomes via clinical access to the spectrum of preventive medicine, treatment, and access to clinical trials for medically underserved populations;
- Unite disparities-related research across Dana-Farber;
- Initiate and facilitate research in cancer disparities;
- Support established outreach and educational programs.

Objectives of the CCEP Clinical Outreach Program

Decrease wait times for diagnosis and treatment of cancer for vulnerable patient populations: Through Dana-Farber’s Community Cancer Care, three Medical Oncology clinicians, a geneticist, a genetic counselor, and a program nurse navigator provide consultations in collaboration with primary care physicians at Whittier Street Health Center (WSHC) in Roxbury, MA. The physicians attend a clinic at WSHC, perform consultations, and aid in diagnosis and work-up of suspected oncologic issues. Patients diagnosed with cancer are referred to Dana-Farber for potential treatment and diagnostic procedures. Imaging is performed at Dana-Farber and Brigham and Women’s Hospital (DF/BWH) and patient navigation services are provided to each patient to ensure seamless movement through health care systems as well as coordination of care.

Increase awareness and knowledge of cancer prevention and treatment within vulnerable communities: In collaboration with WSHC’s outreach team, Dana-Farber staff provides educational lectures to patients, staff, and the community at large. These lectures focus on prevention, treatment, survivorship, and clinical trials. Our staff also participates in lectures for other WSHC programs such as the Men’s Health and Women’s Health Programs.

Foster trust with providers and patients from vulnerable communities: Dana-Farber has had a long-standing relationship with WSHC and has established survivorship clinics and cancer prevention-related outreach programs. By directly involving and encouraging patient-centered collaborations between oncologists and primary care clinicians, Dana-Farber Community Cancer Care is establishing trust and a high level of comfort that reflects a commitment to treatment equity.

Create a research cohort of patients referred via the WSHC outreach program for observational and interventional studies: All patients evaluated as part of the CCEP have the option of enrolling in a research cohort focused on the WSHC clinic. This allows for observational studies examining disease presentation and treatment responses, as well as qualitative and interventional studies. The formation of this unique research cohort is an important part of the clinical program and provides an opportunity to bring together investigators
across Dana-Farber with interests in disparities. Clinical trial investigators, community-based researchers, and laboratory based researchers are encouraged to consult the CCEP for questions about this research cohort. A total of 299 patients have consented to enroll in the cohort since 2012, representing over 80% of all patients informed of the study to date (n = 358). A subset of these patients also enrolled in a separate Dana-Farber study that examined patient/caregiver and provider preferences to improve symptom management and quality of life among cancer patients.

**Increase enrollment in clinical trials:** Education regarding the concept of clinical trials is provided to all patients seen at Dana-Farber through the CCEP program. By increasing access to Dana-Farber and improving relationships with the community and providers, the program is designed to remove some of the structural barriers to clinical trial enrollment for vulnerable patient populations. The program also evaluates barriers to clinical trial entry and work is being done to differentiate systems-level barriers from patient-level barriers. Since 2012, 16% of WSHC patients with cancer diagnoses have been enrolled in clinical trials at DFCI.

**Create a model for addressing the health disparities gap in cancer care:** A key objective for the CCEP is to create a national model for addressing health disparities gaps in cancer care. One of the program’s goals is to develop a support program to aid organizations who wish to develop similar programs once improvement in outcomes for patients can be demonstrated.

**HIGHLIGHTS**

- Since the program’s inception, the program has seen 397 patients as new consults and over 285 patients in follow-up visits. These patients have a wide range of diagnoses and have been referred to disease centers and specialty clinics within the Dana-Farber and Brigham & Women’s Hospital.
- In FY2016, 51 new patient consults and 93 follow-up visits were performed.
- CCEP has continued to use Dana-Farber electronic databases to track patients. Both databases hold data that can be merged for proficient data collection and analysis. The New Patient Survey holds all of the patients’ clinical information and the Patient Tracking Database is used to track our referrals, treatment initiation and other clinical indicators.
- In FY16, the median number of days from initial appointment to resolution for patients seen at the WSHC clinic was 13 days, which exceeds the goal of 21 days to resolution set at the program’s launch.
- In direct response to a high volume of referrals for genetic evaluations, a geneticist and a genetic counselor were added to the team.
- A partnership with Whittier Street Health Center’s dental department was formed in order to evaluate patients who have suspicious lesions or other concerning dental issues. Dana-Farber staff received special training to use a new dental light which Dana-Farber purchased for the Whittier Street Health Center’s dental department.
- The lung cancer screening program that was started in 2014 at Whittier Street Health Center to provide free low-dose chest CT scans for patients who are at greater risk for lung cancer continues in its second year. The patients screened for lung cancer are automatically connected to Dana-Farber’s tobacco treatment program to encourage cessation.
In FY 2016 a Community Educator was hired to create culturally and linguistically appropriate community tobacco education, trainings and to link consumers to tobacco cessation counseling. In addition, the Community Educator has created a tobacco education curriculum in both English and Spanish to be presented at various community outreach events.

**DFCI Health Equity Reporting:** The CCEP is responsible for producing quarterly health equity reports and monitoring of under-represented patients for adult and pediatric inpatient/outpatient oncology services at Dana-Farber, including clinical trial participation. The goals of the CCEP’s health equity reporting initiative are to establish a method for consistent collection of demographic data on patients seen at Dana-Farber. The database was developed to link the established data systems at Dana-Farber and allow for one consistent report that includes data on race/ethnicity, language, and educational level. The database has been validated and is fully operational.

**CCEP/IECD Cancer Disparities Research Symposium:** In collaboration with the DF/HCC Initiative to Eliminate Cancer Disparities (IECD), the CCEP has continued hosting an annual Cancer Disparities Research Symposium. The 2016 symposium featured a talk by Dr. Electra D. Paskett, PhD, MPH, who highlighted the value and impact of patient navigation as a model for addressing disparities in colorectal cancer. Paskett is the Marion N. Rowley Professor of Cancer Research and Director of the Division of Cancer Prevention and Control at the Ohio State University College of Medicine.
C. Center for Community-Based Research

Dana-Farber’s Center for Community-Based Research (CCBR) conducts research aimed at cancer prevention and control, with a particular emphasis on the development, evaluation, and dissemination of effective interventions designed to modify behaviors, policies, and practices to reduce cancer risk. CCBR’s public health approaches are an important complement to the clinical and basic research being conducted at Dana-Farber. This research program has a special focus on reducing racial/ethnic and socio-economic disparities across the cancer control continuum, from prevention to survivorship. CCBR interventions are evaluated in randomized controlled studies, with the intent that the tested models will ultimately be applied broadly through community and health organizations nationally.

CCBR faculty also focuses on research projects aimed at understanding health communication processes that contribute to reducing the burden of cancer across the cancer control continuum. Research projects focus on understanding the impact of mass-mediated and interpersonal communication on cancer prevention and control outcomes, patient-provider communication and active information seeking among cancer survivors; direct-to-consumer advertising of cancer treatments; emerging health information technology; and advertising of novel tobacco products. This research has elucidated associations between different forms of health communication and important population health outcomes, including surveillance adherence, preventive behaviors, and patient-reported measures of quality of life. These findings help guide future innovations in health communication interventions for cancer prevention and control.

CURRENT RESEARCH PROJECTS

Sodexo Project: Improving and protecting the health and well-being of low-wage workers (Sorensen, 2016-2020): The objective of this project is to develop and test feasible intervention methods to modify the work organization and support reduced risk of musculoskeletal disorders and other outcomes critical to worker health, safety, and wellbeing among one group of low-wage workers: food service employees. We have the opportunity to demonstrate the impact of such changes in collaboration with our industry partner, Sodexo, LLC, which has committed to making policy changes and supporting improvements in manager practices in concert with this study. By demonstrating feasibility and potential benefits of modifications in the work organization we can contribute to improved uptake of these policies and practices.

Financial well-being following prostate cancer diagnosis (Tucker-Seeley, 2012-2017): The objective of this project is to refine a conceptual model of financial well-being (FWB) that draws on a range of disciplinary perspectives, to test a psychometrically sound measure of FWB that functions consistently across racial/ethnic groups (black, white, and Hispanic), and to investigate the association between dimensions of FWB and prostate cancer treatment-related outcomes. The completion of this study will yield an assessment tool of financial well-being that can be used by physicians, public health/health services researchers, and psycho-oncology staff interested in an expanded view of socioeconomic status beyond the traditional indicators (e.g. income, education).
Project IMPACT: Influencing Media and Public Agenda on Cancer and Tobacco Disparities (Viswanath, 2010-2015): The purpose of Project IMPACT is to develop and test a community mobilization model in Lawrence that aims to alter the information environment in the community about health disparities and tobacco disparities in particular. The project is designed to build the community capacity to work with local media to influence the public agenda. Project IMPACT is part of the Harvard School of Public Health's Lung Cancer Disparities Center (lcdc.sph.harvard.edu). Using data gathered from a community survey (n=996) and leadership interviews (n=33), the study team developed a one-day media workshop curriculum and trained 61 members of CBOs in Lawrence on Strategic Communications and the Framing of Health Inequalities. Several manuscripts have been published and others are currently under review.

Project SNAP: Smartphone App for Public Health (Viswanath 2015-2017): The objective of this project to understand everyday exposure to tobacco messaging and the role smartphones may play in collecting rich data from participants. The study centers on the use of a smartphone application that was created by researchers at the University of Saskatchewan to provide an innovative way to capture multiple sources of public health data through smartphones. Participants download the app onto their own Android smartphone at the beginning of the study and are enrolled for a period of two months. Data collected by the app over the course of the study period includes ecological momentary assessment (EMA) surveys, all website uniform resource locators (URLs) visited through internet browsers on the phone, all use of phone apps, Bluetooth activity, battery usage, and sensor-based data such as GPS tagging and tracking. The research design and measurement capabilities of the application provide a comprehensive picture of participants’ phone use continuously throughout the study period and generate large quantities of data across a number of domains. Data from this study will provide valuable information on participant smoking behaviors, exposure to both pro- and anti-tobacco messages in the environment, and how participants react to and share message content. The study is ongoing with 48 participants enrolled from Greater Boston and Greater Lawrence.

Outreach to Address Cancer Disparities: Engaging Community Partners and Leveraging Evidence (Viswanath and Ramanadhan 2016-2021): Outreach is an important component of a U54 partnership, and the efforts to translate the products of research for community benefit in a systematic manner will yield fruit over the long-term for cancer prevention and cancer disparities. The UMass Boston and Dana-Farber/Harvard Cancer Center U54 Partnership aims to (1) develop a Community Advisory Board (CAB) that includes representatives from community based organizations (CBOs) and faith-based organizations (FBOs) from communities in Greater Boston and Lawrence, MA; (2) conduct a needs assessment to assess interest in and capacity for disparities-focused cancer control activities; (3) build capacity among UMass Boston students to participate in outreach and community-based research efforts focused on cancer control; (4) build capacity among CBO and FBO staff members to (a) use evidence-based programs (EBPs) for cancer prevention (b) conduct outreach to promote the National Cancer Institute National Outreach Network biobanking/biospecimens program, and (c) conduct outreach to promote HPV vaccination; and (5) develop and disseminate products that will synthesize and summarize the results from the U54 research projects to inform the activities of community partners working to address cancer disparities.
Development of a measure of financial well-being: expanding our notion of SES (Tucker-Seeley, 2012-2014): The purpose of this study is to develop a conceptual model of the multidimensional construct financial well-being (FWB) and to develop and pilot test a robust measure of FWB. Development of the conceptual model and item generation for the measure of FWB will draw from multidisciplinary research literatures (e.g. public health/medicine, social science, economics, and consumer/family sciences) and expert opinion to integrate psychosocial and material dimensions of socioeconomic circumstances. The successful completion of this work will further provide insight into the socioeconomic environment beyond traditional measures of socioeconomic status (SES) such as education, income, and occupation. Lastly, in this study we are also investigating the association between FWB and cancer risk-related behaviors (physical inactivity and smoking).

Project CLEAR Cigarette Labels: Effectiveness and Resonance (Viswanath, 2013-2014): The United States Food and Drug Administration (FDA) plans to mandate more prominent health warnings on all cigarette packaging as part of an effort to educate the public about the health risks associated with smoking. Project CLEAR, funded by the National Cancer Institute, is designed to study the impact of the newer graphic health warnings on smokers and non-smokers. Project CLEAR will study youth (18-24) and adult (25+) populations with a specific focus on individuals belonging to one or more of the following groups: African-Americans, Hispanics, low socioeconomic status (SES) individuals, chronic disease patients, Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals, and blue-collar workers in Boston, Lawrence and Worcester. The specific aims are to (1) study the impact of new FDA-mandated graphic health warnings on smokers and non-smokers from vulnerable population groups; (2) assess which of graphic health warnings is most effective across different groups; (3) examine if the effects of health warnings last beyond the period of immediate exposure and whether there are differences in longer-term effects among different population groups; (4) examine the impact of exposure to the new health warnings on the flow of information within on-line and off-line social networks; and (5) assess the needs of community-based organizations (CBOs) to support local community efforts on tobacco control after the implementation of health warnings. Staff conducted an experimental survey with 1200 individuals between August 2013 and April 2014 to address the study aims. The data are currently being analyzed.
D. NCI Sponsored Health Disparities Activities

The Dana-Farber/Harvard Cancer Center Initiative to Eliminate Cancer Disparities (DF/HCC IECD) was created to maximize the acceptance and desirability of cancer clinical research within communities that have historically experienced significant disparities in cancer care. The IECD focuses on four key programmatic areas: a) community engagement, b) minority student training, recruitment, and faculty development in cancer-related science and its clinical application, c) increasing minority enrollment in cancer clinical trials, and d) enhancing cultural competency throughout DF/HCC institutions and membership.

During the past year, the IECD had the following developments:

- **The Faith Based Cancer Disparities Network** continues to meet on a regular basis to identify and address health-related concerns pertinent to their congregations. Using the 2015 Health Ministry Assessment tool completed by the churches, this year, cancer and cancer-related topic areas included breast cancer, prostate cancer, nutrition, stress management and physical activity. In addition, other chronic diseases identified were diabetes and heart disease. In 2016, the aggregate findings of the health survey data were presented to the Black Ministerial Alliance of Greater Boston, an alliance of over 80 faith-based and community organizations with a 40-year history of serving the Black community in Boston.

- Eight additional cancer survivors joined the **Faces of Faith photo exhibit**. The award-winning exhibit now includes a total of 43 cancer survivors. In 2016, the exhibit was on display at the following locations:
  - Beth Israel Deaconess Medical Center
  - Boston City Hall
  - Greater Love Tabernacle Church, Bethel AME, Charles Street AME and Tabernacle of Praise

- In recognition of **National Minority Cancer Awareness** (NMCA), the fourth annual Cancer Disparities Research Symposium was held on April 5th. Electra Paskett, PhD, MPH, director of the Division of Cancer Prevention and Control at The Ohio State University, gave a talk on patient navigation. There is evidence that navigators enable underserved patients to better understand and fight their disease, which impacts cancer disparity and mortality rates. Additional community programming for NMCA focused on cancer survivorship. In collaboration with the Adult Survivorship program at Dana-Farber Cancer Institute and the Massachusetts Department of Public Health Cancer Prevention and Control Network, four educational sessions were hosted in the community to raise awareness and understanding of cancer survivorship and share the newly published Wellness Guide for Cancer Survivors. These sessions were held at Mattapan and Chelsea Revere Community Health Centers, Roxbury YMCA, and Charles Street AME Church and were facilitated by DFCI’s Nurse Practitioners.
• **Cancer Clinical Trials Education:** A unified goal for the community engagement committee is to identify opportunities to educate communities on cancer clinical trials. In May, DF/HCC hosted a second 4-hour training session for ten lay individuals and key community stakeholders on how to deliver and engage in a dialogue about cancer clinical trials to their respective community partners. Dr. Karen Winkfield, a DF/HCC faculty member led the training. Additionally in June, DF/HCC presented at *Paving the Way for Health Care Access*, a conference for Interpreters sponsored by MassHealth and the Massachusetts Area Health Education Center (MassAHEC) Network about the importance of clinical trials. Dana-Farber Cancer Institute also led a community facing session with Peer Leaders in August.

• The **Patient Navigation Network** (PNN) continues to meet on a quarterly basis. Over the past year, attendees have presented on the various patient navigation models within their institution, including research efforts and evaluation strategies. These meaningful exchanges have highlighted best practices and allowed for promising solutions to identified challenges. The PNN was also instrumental in helping to provide preliminary data for a grant submission by Dr. Tracy Battaglia (Boston Medical Center) through the Boston Breast Equity Coalition. In December, DPH provided an in-depth overview regarding the history and the current status of the certification and legislation related to the community health worker and patient navigator workforce.

• **Foster Diversity in Cancer Research:** The IECD has been successful in creating pipeline programs to support the engagement and education of under-represented students interested in cancer-related research. Underrepresented minorities (URM) include Blacks, Hispanics, Native Americans/Alaskan Natives, Native Hawaiians and Pacific Islanders. Since the program’s inception, IECD has placed over 330 students in research projects in basic, clinical, nursing and population science. In addition, the CCSG supplement proposal, known as Continuing Umbrella Research Experiences (CURE), was successful in obtaining additional non-core grant funding to support the demand of students interested in cancer research experiences to work with DF/HCC investigators. According to the annual survey completed in 2015 (76% response), of the student served since 2002, we can report that 94% of our alumni have completed or are currently enrolled in post secondary educational programs. 67% completed of our alumni have completed college degrees. Of these, 64% graduated with STEM or health science degrees. 62% of our alumni are working full or part-time are working in STEM-related fields. 22% are engaged in cancer-related work, and 19% are working in the area of health disparities. Our alumni remain engaged in scholarly activity. In the past eight years, our alumni have authored more than 90 scientific publications.
E. Workforce and Community Development

The Dana-Farber Cancer Institute Workforce Development (DFCI WD) initiatives provide pathways to careers in healthcare along with intensive and comprehensive, educational employment and mentoring opportunities. In collaboration with other DFCI departments, WD develops and delivers learning experiences for underrepresented and underserved adults and youth as a path to clinical, research and healthcare administration careers.

In FY16, Dana-Farber continued to build upon relationships with various community agencies, schools, and associations. As a result, a more diverse pool of candidates from Boston neighborhoods has been hired in internships, temporary, and permanent positions at Dana-Farber. Programs for incumbent workers, as well as our partnerships with other agencies include:

- **Lunch and Learn sessions:** Professional development workshops are offered to front-line staff. These workshops are designed to enhance professionalism, personal development, and career growth.

- **College and career coaching services:** Incumbent staff members looking to advance their careers at Dana-Farber have access to college and career coaching services. Staff can meet with a coach, develop an action plan, and learn about the tools and resources available to help them achieve academic and career goals.

- **Collaboration with The Partnership, Inc.:** Dana-Farber has continued its collaboration with The Partnership, Inc. The Partnership, Inc. works in collaboration with the Boston Chamber of Commerce and its members to increase the number of people of color in leadership roles in the Boston community.

Community and Educational Partnerships: DFCI built upon its partnership with YMCA Training Inc. and other community based pre-employment training programs to identify unemployed and underemployed skilled adults in the community. The program includes a combination of on-the-job training and classroom learning, career counseling, and other skill building activities.

To encourage underrepresented students of color to explore and pursue careers in health and science, Dana-Farber maintains educational partnerships with Boston area high schools and colleges. During Academic Year 2015-2016, 20 students participated in a college and career readiness training program. An additional 40 students were enrolled during the summer for a total of 60 student interns. Eligible students either attended or graduated from Boston Public Schools. During the 7-week summer program, students interned 30-hours per week and participated in college tours and career readiness workshops.

Dana-Farber actively participates in school-to-career programs with the Boston Private Industry Council (PIC). One program includes Groundhog Job Shadow Day, where 20 students shadowed Dana-Farber employees learning about careers in healthcare and specific job responsibilities, as well as the skills and training needed for the position.

Dana-Farber staff also participates in school-based events including Fenway High School’s annual career fair, where staff lend their expertise in mock interviews and career panels. Other school and community partner programs in which Dana-Farber engages Boston’s high school
population include: Dana-Farber’s After-School Science Program, Sociedad Latina’s Health Careers for Youth internship program, the Youth Enrichment Services Career Exploration Program, the “Explorations” lab science exposure program with Harvard Medical School’s Office of Diversity and Community Partnership, and the Gateway to the LMA at the John D. O’Bryant School of Math and Science.

E1. Community Development/City of Boston Support: Dana-Farber continues to provide a limited number of low cost rooms that serve as a home away from home for pediatric oncology patients and their families. Additional lodging support is provided through the American Cancer Society Hope Lodge. Dana-Farber also continues to make payments in lieu of taxes (PILOT) to the City of Boston. Additionally, Dana-Farber’s Caps for Kids program provides handmade hats, scarves, mittens, and more for local children each year, thanks to donations from the DFCI community. Since 1999, staff, patients, friends, and family members have contributed more than 100,000 hand-knit and crocheted items.
F. Patients and Family Programs and Services

DFCI offers a variety of services to patients, families, and the wider community to help address the challenges that accompany a cancer diagnosis. These include:

Dana-Farber/Brigham & Women’s Cancer Center Patient Navigator Program

The Patient Navigator Program, launched in 2005, continues to address cultural, language, transportation, and other challenges as a way to improve timely and effective care for patients seen in the gynecology, breast, and colorectal cancer programs at Dana-Farber and Brigham and Women’s Cancer Centers. The goal of the program is to facilitate access to the health care system and provide streamlined access to timely and comprehensive care to reduce the length of time from abnormal finding to resolution. Patient Navigators are bilingual in English and Spanish and provide culturally competent information, resources and support to help patients navigate the health care system. The program served approximately 400 patients last fiscal year.

Adults:

- Prostate Cancer Support Group and Workshops
- Bereavement Support Group and Seminar: When Grief is New
- Cancer to Health
- Circulo de Vida, Circle of Life
- Telephone Support Group for Young Women with Breast Cancer
- Inflammatory Breast Cancer Support Group
- Facing Forward after Breast Cancer Treatment
- Look Good/Feel Better (presented by American Cancer Society)
- One to One: Connecting with Someone Who’s Been There (Peer Support)
- Spirituality in Health and Illness
- Brain Tumor Support Group
- Carcinoid and Neuroendocrine Tumor Services Support Group
- Caregivers Support Group and Workshops
- Gastrointestinal Cancer Support Group
- Living with Gastrointestinal Cancer Forum
- Gynecological Cancer Support Group
- Lung Cancer Support Group
- Living with Lung Cancer Patient Forum
- Lymphoma Support Group
- Melanoma Support Group and Special Events, in collaboration with the Massachusetts Melanoma Foundation
- Multiple Myeloma Education and Discussion Group
- Multiple Myeloma Patient Forum
- Metastatic Breast Cancer Support Group
- M’soret R’Fuah- “A Tradition of Healing” (focuses on Jewish traditions applicable to life circumstances and people of all faiths welcome)
- Pancreatic Cancer Support Forum, in collaboration with the Pancreas Foundation
- Waldenstrom’s Macroglobulemia Support Group
• Young Survivors Support Group (Breast and Gynecological Cancers)
• Young Adult Support Group
• Family Connections Program: supportive resources, information, and events for parents with cancer and their children
• Light One Little Candle: Connecting through Reading. Free children’s books for parents with cancer.
• Sarcoma Support Group

Blum Resource Center:
• Writing Towards Wellness Workshop
• Spirituality and Cancer Workshop Series
• Lunch and Learn Integrative Therapies Talk Series
• Nutrition and Cancer: Separating Facts from Fiction
• Health and Symptom Management Information Sessions
• Caregivers’ Cafe: Facilitated Discussion
• Navigating Resources for Spanish-Speaking Family Members
• Taking Care of Yourself with Help from Friends’ Place

Dana-Farber/Boston Children’s Hospital Cancer Center Pediatric Programs
Dana-Farber/Boston Children’s Hospital’s integrated pediatric oncology program provides Patient and Family Support services and events, including a weekly parent group for inpatient families, a parent group for Spanish speaking families, multiple sibling weeks and events, and monthly dinners for brain tumor survivors and families.

Pediatrics:
• Hospital to Home Nurse
• Anesthesia Program
• School Liaison Program
• Integrative Therapies-Zakim Center
• Blum Resource Room
• Home Hydration
• Pediatric Resource Program
• Bereavement Day
• Brain Tumor Support Group and Monthly Dinner
• Brain Tumor Project Adventure
• Sibling Day, Making Music and Back-to-School Program
• Specialized Support Groups for Childhood Cancer Survivors
• SCT/BMT Mothers Lunches
**The Hospital to Home Nurse**: This program provides nursing visits to homes of pediatric oncology patients seen at Dana-Farber/Boston Children’s Cancer and Blood Disorders Center to enhance patient/family education. Nurses also identify opportunities to improve care, develop a care plan and to provide education to the at-home agency nurse with a face-to-face hand-off.

**The School Liaison Program (SLP)**: The SLP provides school consultation to patients with a diagnosis or who have completed treatment involving the central nervous system. Consultation about the cognitive late effects of treatment is provided to parents to advocate for their child's learning needs.
VI. COMMUNITY BENEFITS EXPENDITURES

FY’16 Community Benefits Expenditures

<table>
<thead>
<tr>
<th>Community Benefits*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Expenditures</td>
<td>$3,778,522</td>
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<tr>
<td>Determination of Need</td>
<td>$ 76,300</td>
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<tr>
<td>Associated Expenditures</td>
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</tr>
<tr>
<td>Employee Volunteerism</td>
<td>0</td>
</tr>
<tr>
<td>Other Leverage Resources</td>
<td>$2,944,160</td>
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<tr>
<td><strong>Total Community Benefit</strong></td>
<td><strong>$6,798,982</strong></td>
</tr>
</tbody>
</table>

| Total Net Charity Care               |        |
| (includes HSN assessment,            |        |
| HSD denied Claims,                   | **$18,267,624** |
| Free/Discounted Care)                |        |
| Corporate Sponsorships               | $ 394,207 |
| **Total Expenditures**               | **$25,460,813** |

The total cost of Unreimbursed Medicare and Medicaid Services: $24,814,579.
VII. FUTURE INITIATIVES

Dana-Farber is dedicated to addressing cancer-related disparities in Boston and across the state using evidence-based strategies that address the social determinants of health. In continuing to address the findings of the 2016-2019 Community Health Needs Assessment and Implementation Plan, the Community Benefits Department will continue to sustain and enhance existing programs that have served to reduce cancer health disparities by providing education and screening to Boston-area residents and implementing current strategies outlined in the Implementation Plan, with an emphasis on the following activities:

- Dana-Farber will continue to perform ongoing monitoring and evaluation of programs and activities through the use of the department-wide Redcap database, which generates reports using real-time feedback and program metrics. Community Benefits staff will continue to use this data to guide program decisions, identify challenges and inform strategies for continuous quality improvement. In addition, Dana-Farber will develop a streamlined process for collecting and reporting demographic data on patients seen within the Institute.

- In addition to existing efforts focused on survivorship care, DFCI will recruit and train Community Ambassadors, collaborate with our Survivorship program to enhance the services we provide to cancer survivors of color, and support policies that reflect the importance of bridging the gap between cancer treatment and survivorship.

- Dana-Farber will continue to provide education about HPV and related cancers and promote HPV vaccination in order to increase vaccine completion rates among males and females and work towards the Healthy People 2020 goal of 80% vaccine completion nationwide.

- Dana-Farber will strengthen the existing patient navigation model to streamline diagnosis and treatment for vulnerable patient populations, with a particular focus on breast, gynecologic and colorectal cancer.

- Dana-Farber staff will continue to serve on various statewide and regional committees to strengthen advocacy efforts related to cancer care, treatment, prevention, early detection and the social determinants of health in collaboration with regional and state-wide partners.

- Dana-Farber will continue to support the implementation of community health improvement efforts led by partnering organizations which address the social determinants of health on a neighborhood level.
Dana-Farber evaluates the appropriateness and effectiveness of prevention programs and has continued to focus on developing and implementing evidence-based approaches. An enhanced program evaluation protocol was developed using the Redcap database that generates program evaluation reports.

**Key Points**

- The evaluation plan uses a developmental approach to facilitate real-time feedback for continuous quality improvement. Specifically, the established metrics are used to measure impact and guide programmatic decision-making. Dana-Farber will continue to perform ongoing monitoring and evaluation of programs and activities and identify strategies for continuous quality improvement through the use of the program evaluation database.

- DFCI’s completion of the 2016-2019 Community Health Needs Assessment Report and Implementation Plan will allow us to have the most current information about the cancer burden and other socio-economic issues that affect Dana-Farber’s target communities. As previously done, data from MDPH, BPHC, hospital tumor registries, focus groups and other sources will be used to conduct a comprehensive assessment.

**Name / Address of Hospital:**
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450 Brookline Avenue, BP 111  
Boston, MA 02215-5450

**Name of Hospital Employee Primarily Responsible for Community Benefit Planning:**
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