## FY’12 COMMUNITY BENEFITS REPORT

### DANA-FARBER CANCER INSTITUTE

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March 29, 2013

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I. ABOUT DANA-FARBER CANCER INSTITUTE

Description of the Institute:

In 1947, the late Sidney Farber, MD, founded a Children's Cancer Research Foundation dedicated to providing children with cancer with compassionate, state-of-the-art treatment and simultaneously developing the cancer preventatives, treatments, and cures of the future. The Institute officially expanded its programs to include patients of all ages in 1969, and in 1974 became known as the Sidney Farber Cancer Center in honor of its founder. The long-term support of the Charles A. Dana Foundation was acknowledged by incorporating the Institute under its present name in 1983.

The mission of Dana-Farber Cancer Institute (Dana-Farber) is to provide expert, compassionate care to children and adults with cancer while advancing the understanding, diagnosis, treatment, cure, and prevention of cancer and related diseases. The Institute embraces the “total patient care” philosophy of its founder, Dr. Sidney Farber, assuring that a patient’s psychological, family and spiritual needs are met before, during and after treatment. Dana-Farber achieves these goals through its top-rated clinical, research and support programs.

As an affiliate of Harvard Medical School and a Comprehensive Cancer Center designated by the National Cancer Institute, the Institute also 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 its target communities across the United States and throughout the world.

Dana-Farber also remains committed to educating the community and raising awareness about the importance of cancer prevention, outreach, screening, early detection and clinical trials. In addition to offering support services and resources for adult and pediatric patients, the Institute conducts a broad scope of research and evidence-based interventions through its collaborative work in local neighborhoods and through national and international public and professional education initiatives.

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.
II. COMMUNITY BENEFITS MISSION STATEMENT

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 Board of Trustees Community Programs Committee oversees the development and implementation of DFCI’s Community Benefits Plan. In their advisory capacity, Committee members provide the Community Benefits staff with guidance and leadership around program initiatives.

Additionally, the Dana-Farber Community Benefits Internal Committee and the Dana-Farber/Harvard Cancer Center (DF/HCC) Community Engagement Committee, each with a slightly different focus, also provide input and guidance to Dana-Farber’s Community Benefits program. 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.

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

Massachusetts Department of Public Health (MDPH): Through ongoing partnerships with MDPH’s Chronic Disease Prevention and Control Unit, several cancer control priorities have been identified in collaboration with DFCI. Programs in colorectal, prostate, skin and women’s cancers have been established in partnership with MDPH and other community agencies across the Commonwealth.

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

Colorectal Cancer Education: As a member of the Massachusetts Colorectal Cancer Working Group, Dana-Farber promotes colorectal cancer awareness across the state. The Working Group’s mission is to reduce colorectal cancer incidence, morbidity and mortality by increasing public and professional awareness of risk factors, prevention strategies and the need for timely and appropriate screening.

Boston Public Health Commission (BPHC): DFCI works closely with the BPHC to implement and to sustain initiatives that address the need for cancer prevention education, screening services and survivorship education and served on the Mayor’s Task Force to Eliminate Health Disparities. DFCI continues to work alongside fellow health care institutions and other task force partners to address the racial and ethnic disparities in health that exist not only in Boston, but throughout the region and the nation.

United Way/Jimmy Fund Collaboration: This program was established seventeen years ago to provide direct support to community-based agencies that provide cancer prevention, education and outreach services to low-income, underserved and at-risk communities.
**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, labor unions, small businesses, faith-based organizations, health departments and community-based organizations.

**Dana-Farber/Harvard Cancer Center (DF/HCC):** Dana-Farber and DF/HCC are working together in the areas of minority faculty and staff recruitment, community engagement, cultural competency, and research in health disparities. There are ongoing efforts to attract more ethnically and culturally diverse clinicians and staff, as well as to establish and implement cultural competency courses for faculty and staff in all disciplines.

**Prostate Health Education Network (PHEN):** Thomas A. Farrington, a prostate cancer survivor and a member of DFCI’s Board of Trustees founded PHEN in 2003. DFCI 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.

To ensure **ADA compliance**, the Community Benefits Program is committed to providing access to all individuals interested in attending cancer education programs and makes every reasonable effort to accommodate all forum participants.

### IV. COMMUNITY HEALTH NEEDS ASSESSMENT

To ensure that DFCI’s community outreach activities and programs are meeting the health needs in the community, the DFCI’s Community Benefits Office partnered with Health Resources in Action (HRiA), a non-profit public health consultancy organization in Boston, to undertake a comprehensive community health assessment. This effort incorporated a process of completing assessment activities in two phases. In Phase I, social, economic, and epidemiological data at the community level were reviewed and analyzed to provide a health portrait of DFCI’s priority communities (Roxbury, Mission Hill, Dorchester, Mattapan, and Jamaica Plain). Phase II involved a comprehensive qualitative study, where DFCI staff, community leaders, and residents provided feedback in focus groups and interviews to identify community needs and assets as well as areas for further community engagement and program expansion. The needs assessment final report was completed in February, 2012.

The assessment underscored the need for greater cancer awareness, education, screening and early detection in our priority neighborhoods. New initiatives that have been developed to address findings include: the opening of the Dana-Farber community cancer care at Whittier Street Health Center in Roxbury and the expansion of the peer leaders program. Additional programs to demystify cancer are in development.
V. COMMUNITY BENEFITS PROGRAMS

A. Education, Outreach, Screening and Advocacy
Community outreach at DFCI 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 Dana-Farber Mammography Van 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. In partnership with 20 community-based organizations and neighborhood health centers, the Van is on the road 3-4 days per week year-round, serving all of Greater Boston.

Ultimately, it aims to decrease breast cancer morbidity and mortality among medically underserved women and increase survival rates for those diagnosed with breast cancer. The mammogram on the van is treated as a point of entry into the larger health care system. Women who lack a primary care provider are referred to one of our partner Boston neighborhood health centers, and those who lack health insurance are encouraged to apply to the Connector at the time of their van appointment.

Priority populations include women who are low-income, elderly, immigrant, non-English speaking, and those of ethnic/racial and other minority backgrounds. Priority neighborhoods in Boston include Roxbury, Mattapan, Jamaica Plain, Dorchester and the South End.

As word has spread about the Van’s success and accessibility, patient volume has steadily increased in the past two years by approximately 5%. The rescreening rate of van patients - 67% in 2012 - demonstrates that Dana-Farber’s Mammography Van provides an effective way for women to continually monitor their breast health and to stay connected to the health care system at large.

HIGHLIGHTS:

- **Patient Volume:** In FY12, Dana- Farber’s Mammography Van provided 3,556 mammograms. Since program inception in April 2002, Dana- Farber’s Mammography Van has provided more than 34,000 mammograms to more than 16,000 unique patients.
- **Race/ethnicity:** The largest racial and ethnic groups seen on the van are Black and Latino. This year, approximately 34% of van patients self-identified as being of Black; 29% as Hispanic/Latino background and 5% as Asian.
- **Primary Language:** Over the past year, almost 57% of van patients spoke a first language other than English. Dana- Farber’s Mammography Van patients
speak over 40 different languages. The top primary languages after English are: Spanish; Cape Verdean Creole; Haitian Creole; Vietnamese and Portuguese.

- **Boston Residence:** 63% of van patients hail from Boston and 37% from the rest of Massachusetts. The Boston neighborhoods include: Dorchester; Mattapan; Roxbury; Hyde Park; Roslindale; and Jamaica Plain.

- **Breast Cancer Diagnoses:** 92 breast cancer diagnoses have been confirmed for patients originally screened on Dana- Farber’s Mammography Van since program inception, April 2002. For every 1,000 mammograms conducted on the van, 2-3 women are diagnosed with breast cancer (0.27% diagnosed).

- **Re-screening Rates:** 67% of patients screened on the van were returnees from prior years; 42% of van patients returned for re-screening in a “timely” manner (12-18 months from last screen).

- **Baseline Mammograms:** 11% of van patients served this year had their baseline (first-ever) mammograms on the van.

- **Follow-Up Rate:** 360 patients (10%) 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: 2% uninsured; 66% publicly insured (Medicare, MassHealth, Health Safety Net, etc); and 32% privately insured.

2. **Open Door to Health: A Peer Led Cancer Prevention and Early Detection Program (ODH):** The ODH program was enhanced in response to the Community Health Needs Assessment findings and community partners input. The number of peer leaders increased to 3 at each of the 4 participating housing developments: Madison Park, Mission Park, Orchard Gardens and Ruggles Shawmut. Moreover, we re-directed our focus to a geographic area, Roxbury, and worked toward addressing barriers to healthy living in the community’s built environment. Roxbury is an area with higher cancer mortality and lower screening rates when compared to other Boston neighborhoods. As a result, we have strengthened relationships with significant CBOs serving Roxbury, such as Madison Park Development Corporation (MPDC), Central Boston Elder Services and Roxbury Tenants of Harvard (RTH). ODH also provided funding to support the Orchard Gardens Community Garden, and a Community Supportive Agriculture (CSA) program to increase access to fresh vegetables among housing development residents. In addition, the program supported walking clubs and on-site exercise classes like Zumba. In the area of cancer screening, peer leaders conducted a targeted outreach to Chinese speaking residents to increase knowledge of the importance of CRC screening.

3. **Evidence-Based Training:** We continued to provide Evidence-Based training to community-based organizations and expanded beyond Boston to conduct trainings in Lawrence, Brockton and Lowell. The trainings teach participants how to choose, customize, and localize an evidence-program to meet community and organizational needs. Sixty (60) individuals were trained.
4. **United Way/Jimmy Fund Collaborative**: The Collaborative continued funding the Community Tobacco Control through Youth Civic Engagement Program. The program engaged 4 youth serving agencies to take action for policy change or enforcement on a specific issue within one of two areas: (1) reducing minors’ access to tobacco, or (2) increasing tobacco-free spaces (e.g. housing). In 2012, the agencies engaged over 40 youth in the program offering summer and year-long jobs. One of the agencies has been focusing on promoting smoke-free housing in Boston's Chinatown. The youth have been working on the logistics of introducing smoke-free housing, developing new communications for tenants – such as no-smoking signage written in Chinese – and introducing Chinese-language educational sessions and smoking-cessation programs. Other agencies have been working with local stores to support the enforcement of the Youth Access Regulation passed last year.

5. **Faith-Based Colon Cancer Prevention Education Outreach Program**: This new program partners with six (6) Black and Latino churches located in the Boston area. The goal of the program is to bring colon cancer prevention education to increase knowledge about the importance of colon cancer screening among church members. In addition, it provides activities to increase physical activity and weight management. In 2012, the program conducted 13 screenings, 36 exercise and 9 weight management activities across the 6 churches.

6. **Prostate Cancer Education and Screening Program**: DFCI’s *Prostate Cancer Outreach Program* is part of a collaborative effort to provide the Greater Boston community with prostate cancer information, education and screening. Collaborations with the *Prostate Health Education Network* (PHEN), community health centers and other community based organizations make it possible for DFCI’s Prostate Cancer Education and Screening Program to educate and offer screening, patient navigation and support group resources to men at risk for prostate cancer at community based organizations or on the Blum Family Resource Van.

    In FY 2012, the program began a strategic shift to reflect a changing healthcare environment. The individual mandate for health insurance in Massachusetts has reduced access barriers to healthcare. In order to be more consistent with State healthcare reform, the program is embracing a more collaboration-oriented model which will provide technical assistance to providers, offer community education through more formalized local partnerships, and identify more opportunities to increase awareness about clinical trials. In FY 2012, the program established a clinical trials education component, which featured in-service sessions at community health centers and monthly webcasts through the PHEN partnership and began to establish a partnership with the Mattapan Community Health Center (MCHC) to establish a Prostate Cancer Care Collaboration model. This initiative seeks to establish standards of care in Prostate screening and treatment options for high-risk men served by MCHC.
Additionally in FY 12, the program had 55 event requests, of which 44 were conducted, for prostate education and screening services. Of the 44, 31 were education only and 13 of them were education and screening events that were supported by a clinician. At these events a total of 931 men were provided prostate cancer education and 138 men were provided with both the education and screening. Following screening results, 6 men required follow-up. The priority neighborhoods served were Roxbury, Mattapan, Dorchester and Jamaica Plain.

In addition, the program continues its partnership with Beth Israel Deaconess Medical Center (BIDMC) in a research study called Community-Based Study of Urine Tests for Prostate Cancer. The purpose of the study is to identify new biomarkers that will provide improved prediction and early detection of prostate cancer as compared to the current serum (blood) PSA. The study will likely have a major impact on improving survivorship of prostate cancer in high risk men. The van program is the accrual arm for the study, targeting accrual of 420 men of color over 5 years, or 84 men per year. 201 men have been recruited since the beginning of the collaboration in 2010.

We continue to provide education and screening as part of PHEN's on-going nationwide Father's Day Rally Against Prostate Cancer, which coordinates hundreds of churches and service providers across the country.

7. **Sun Safety Education and Screening Program**: This comprehensive initiative aims to reduce the incidence of skin cancer, the most common form of cancer with over a million new cases each year. This past year, 26 events were held in which 1,810 people were reached with an improved average of 70 participants per event (compared to last year’s average of 57 participants per event). Out of the 1,810 participants, 1140 adults and 130 high school students were reached and received sun safety and skin cancer prevention education. In addition, 540 children were reached due to our partnership with the Jimmy Fund. These educational events were held at various venues such as health fairs, health centers, colleges, high schools, and local beaches among others.

In order to provide the best service to our community, more than 30 volunteers were trained in four training sessions. Volunteers are extremely important as they are responsible for the educational piece of the program, empowering the public to obtain cancer information and helping participants to make informed decisions about their health.

Free skin cancer screenings were also provided on the Blum Family Resource Van, a 39-foot mobile clinic which consists of a classroom and an exam room for screenings and private consultations. This year during the beach events, the classroom was transformed into an additional exam room, so that two exam rooms were used simultaneously with two dermatologists performing screenings per event. The screenings were performed by dermatologists from Brigham and
Women’s Hospital Dermatology Department. This year, eight dermatologists participated in the program.

In FY12, we had eleven screening events and 355 people were screened (compared to last year’s seven screening events and 180 people screened). In the summer, we visited four local beaches: Carson Beach, Wollaston Beach, Nantasket Beach, and Revere Beach. Each beach was visited twice for a total of eight screening beach events. At these beach events, our target population included beachgoers, lifeguards and vendors. A total of 744 (adults and children) participants were reached at the beach events. 97 participants were referred for follow up and 48 were recommended for a biopsy. The majority of the recommendations for biopsies were related to presumptive diagnosis of basal cell carcinoma, squamous cell carcinoma or melanoma. The program staff assists all participants who are recommended for follow-up to insure that they fully understand the importance of making an appointment for additional screening. In addition, participants of the program who need follow-up and call the Dermatology Department at the Brigham are prioritized in scheduling an appointment.

The pediatric educational component of the program was provided by staff from the Jimmy Fund, who attended five of the eight beach events and served a total of 265 children.

8. **Tobacco Cessation Pilot Program at Villa Victoria:** According to the most recent DFCI Community Health Needs Assessment, cancer-prevention behaviors such as smoking are consistently worse particularly among Blacks and Latinos. This pilot initiative aims to serve the community by providing group sessions and one-on-one smoking cessation counseling to Villa Victoria residents, a Boston housing development. The purpose is to provide support to individuals who smoke in their own social environment and increase awareness of treatment availability by connecting them to existing resources that could help them in the process of quitting and staying quit.

In partnership with IBA, this pilot program was conducted in the spring of 2012 and six group sessions in Spanish took place in the community room at the housing complex. Participants were Spanish speaking adult residents who varied from light smokers to heavy smokers. The community outreach involved various planning meetings, distribution of flyers and involvement in the community social activities. A total of fourteen residents participated in the program with an average attendance of 9.5 at each session. Nine of fourteen participants attended four or more of the six sessions. Three participants were referred to Quitworks, which is a free, evidence-based stop-smoking service developed by the Massachusetts Department of Public Health in collaboration with all major health plans in Massachusetts. The goal now is to replicate this program at other Boston housing developments.
9. **HPV and Cervical Cancer Pilot Education Program:** The most recent Community Health Needs Assessment found that cervical cancer mortality rates are higher among Black and Latino minorities in Boston. To address these findings, Community Benefits partnered with Team Maureen, a non-profit organization whose mission is to raise awareness on HPV and cervical cancer. Team Maureen is led by a nurse colleague at DFCI and was founded as a promise to a sister to keep her spirit alive. Maureen E. Russo passed away from relapsed cervical cancer at the age of 37.

The goal of the partnership is to combine efforts to educate parents and guardians on cervical cancer prevention to help them make informed decisions about their children’s health. In FY 12, the partnership achieved key milestones which included: (1) conducting a literature review on all the evidence based cervical cancer screening intervention programs in the Boston area; (2) hosting an internal providers meeting to discuss this initiative and to review a presentation that was developed to educate parents and guardians; (3) cervical cancer education was provided at two DFCI Skin Cancer Awareness events that were well attended by parents with their children; (4) two (2) events were held at two low income housing developments in two of our priority neighborhoods; and (5) a focus group was held with Latinas in order to gain greater understanding and to assess the community’s perception about HPV and cervical cancer. A total of 198 people were educated.

10. **Community Events and Health Fairs:** Each year DFCI participates in numerous community events that serve as vehicles for educating communities about cancer prevention, screening, early detection, clinical trials, treatment information and the use of best practice models for effective programming. The goals for FY12 were in line with some of the themes that emerged in the Community Health Needs Assessment as such continuing to promote health education in our target communities by participating or leading health events/fairs to increase awareness and continuing to disseminate educational materials and provide technical assistance to partner organizations and volunteers.

We conducted four (4) *What Every Woman Should Know: Myths and Facts about Breast and Gynecological Cancers (WEWSK)* workshops at Roxbury Tenants, Greater Love Tabernacle, South Bay Prison and South End NSC (SNAPP). Clinicians present on breast and gynecological cancers and cancer screening at local shelters, prisons, public housing units and elderly residences, with the benefit of medical interpreters as appropriate. A total of 135 women were educated about women’s health issues and participated in approximately 25 visibility events. During the summer, a quiet launch of the *resource room at Whittier Street Health Center* helped us to better integrate our work with the health center staff. Cancer workshops are held on a regular basis to educate the community at large and more specifically Whittier patients. Finally, in partnership with *Fenway High School,* we conducted 3 presentations on topics of Nutrition, Tobacco and HPV. A total of 45-55 students were educated.
Additionally, DFCI placed monthly cancer educational information in The Metro newspaper in 2012. Published materials included information on DFCI-sponsored community events and topical articles on bone marrow donation and the importance of diet and exercise in cancer prevention. Periodic educational materials were also published in The Bay State Banner and in the Spanish-language El Planeta newspapers and the Health & Family Magazine. Additionally, an education campaign about screening and survivorship was launched on an MBTA bus route in Roxbury.

B. Cancer Care Equity Program

Cancer Care Equity Program (CCEP) was established in January 2012 to serve as a bridge between research and outreach efforts to address cancer disparities at Dana-Farber Cancer Institute (DFCI). The role of the CCEP is to improve local outcomes via clinical access to the spectrum of preventive medicine, treatment, and clinical trials at DFCI for the underserved; unite disparities-related research across the Institute; initiate and facilitate research in cancer disparities; and strengthen established outreach and educational programs. Through these efforts, 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.

There are six targeted objectives that the CCEP hopes to achieve with its Clinical Outreach Initiative: Decrease wait times for diagnosis and treatment of cancer for vulnerable patient populations: A group of five Medical Oncology clinicians and a highly experienced program nurse navigator provide consultations in collaboration with primary care physicians through the Dana-Farber Community Cancer Care Clinic located at Whittier Street Health Center (WSHC) in Roxbury, MA. DFCI Oncologists 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 DFCI for further diagnostic procedures and potential treatment. Navigation services are provided to each patient to ensure seamless movement through various systems as well as coordination of care. This calendar year, 61 patients have received consultation and 31 have been referred for further follow-up.

Increase awareness and knowledge of cancer prevention and treatment within vulnerable communities: Dana-Farber’s community outreach team and the nurse patient navigator organize cancer-based educational programs that are held in the Dana-Farber Community Resource Room, located within WSHC. The DFCI clinicians provide monthly question-and-answer sessions to the health care providers at WSHC. In addition to these Q & A sessions, educational lectures are also provided to the patients, staff, and the community at large. These lectures focus on prevention, treatment, survivorship, and clinical trials.
Foster trust with providers and patients from vulnerable communities: DFCI has had a long-standing relationship with WSHC, and has established survivorship clinics and cancer prevention-related outreach programs over the years. By directly involving and encouraging contact between oncologists and the clinicians that serve the community, Dana-Farber Community Cancer Care is establishing a trust and level of comfort that encourages referrals and collaborations. In addition, having visible DFCI oncology providers in vulnerable communities conveys a commitment to treatment equity that is hard to emulate in any other fashion.

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 study to create a WSHC cohort. This allows for observational studies examining disease prevention 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 DFCI 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.

Increase enrollment in clinical trials: Education regarding the concept of clinical trials is provided to all patients seen at DFCI under the CCEP program. By increasing access to DFCI and improving relationships with the community and providers, the program hopes to remove some of the structural barriers to clinical trial enrollment for vulnerable patient populations. The program also allows for an evaluation of barriers to clinical trial entry, and is attempting to differentiate systems-level barriers from patient-level barriers.

Create a model for addressing the health disparities gap in cancer care: The final 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 institute similar programs. Overall, outcomes for patients will be followed closely to determine the effect on diagnosis time, treatment choices, complications of treatments, and clinical trial enrollment. If the program shows improvement in outcomes for patients, it would allow for expansion of the pilot project to other community health centers.
C. Center for Community-Based Research

The 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. This research program has a special focus on reducing racial/ethnic and socio-economic disparities in cancer risk. CCBR interventions ideally 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’s public health approaches that target organizations and communities are an important complement to the clinical and basic research also being conducted at DFCI.

Current projects include:

**Promoting shared decision-making regarding prostate cancer screening among African-American men** (Allen PI 2011-2012). African-American men are 60% more likely to be diagnosed with prostate cancer, and nearly 2.5 times more likely to die from prostate cancer than white men. This pilot study, funded by the Dana-Farber/Harvard Cancer Center’s David Mazzone Award, will recruit 100 low-income African American men, systematically sampled from public housing developments in Boston. The study will assess an intervention that promotes the importance of educating and empowering African American men to advocate for their medical preferences regarding prostate cancer screening. This novel approach includes women as well as men in the pilot phase, as research shows that African-American women are frequently the most trusted source of health information for all members of their families.

**A Sustainable Approach to Increasing Cancer Screenings in Community Health Centers** (Emmons PI 2007 - 2012). Cancer screening is underutilized, particularly among low income and minority populations; improving rates has the potential to reduce disparities in cancer mortality. Using a community-based participatory approach, this study employed an automated interactive voice response call system designed to increase cervical, breast and colon screening rates. For this study, we are partnered with Greater Lawrence Family Health Center, Lawrence, MA. Over 13,000 people were called as part of this study. Data analysis is currently under way.

**Multiple Risk Behavior Intervention in Health Care Settings** (Emmons PI 2007 - 2012). Healthy Directions 2 is a randomized controlled trial designed to reduce cancer risk among well adult patients at two health centers by addressing multiple risk factors. The risk factors are physical activity, fruit and vegetable consumption, daily multivitamin use, decreased consumption of red meat, and smoking cessation. The project’s intervention activities include tailored materials (print or web-based: modality is patient choice), telephone counseling calls, automated phone or text message reminders, companion materials/resources for social network members, and
linkages to key community-based resources. The primary outcome is change in the multiple behavior risk score (MRB). A final analysis is underway.

**Young and Strong** (Partridge PI 2010-2013). Young and Strong is a multi-site randomized controlled trial for young women diagnosed with breast cancer. The study is designed to explore the effect of the Young Women’s Intervention (YWI) on discussion of fertility preservation early in treatment as well as other important quality of care measures in young women (e.g., attention to genetic issues and emotional health, patient satisfaction with care, overall distress, and quality of life). The control arm will help us explore the effects of a well-designed, though not young-women specific, physical activity contact-time comparison- Physical Activity Intervention (PAI)- designed to maintain or increase exercise behaviors in the comparison group. We have completed qualitative analyses of 4 focus groups and 20 key informant interviews; we piloted the study in 4 sites, and are now conducting patient enrollment.

**Understanding the Impact of Change in USPSTF Mammography Guidelines for Women in Their Forties** (Allen PI 2010 – 2012). Research shows that having a mammogram can play a critical role in early detection and treatment of breast cancer, the second leading cause of cancer death among women in the U.S. However, the recommended age at which to begin mammography and the time interval between screening examinations has changed several times in the past decade and remains controversial today. Most recently, the U.S. Preventive Services Task Force has recommended that healthy women begin routine biennial mammogram screening at age 50. Women younger than 50 are advised to make individualized screening decisions in consultation with their healthcare providers, after considering the potential benefits and harms of screening. While these guidelines are supported by many major medical organizations, debate persists in the scientific community, thus creating a climate of confusion for both providers and patients. This study explores knowledge, attitudes and beliefs about breast cancer screening and the USPSTF guideline changes among Latina, African American and Caucasian women. Focus groups were conducted to assess women’s information needs, decision-making processes, and preferred channels and sources of information delivery. Another aspect of the research assesses knowledge of and attitudes about the recommended mammography guidelines among front-line providers in roles such as patient navigator and outreach worker, those with close contact with women likely to receive mammograms. Our overall goal is to develop effective cancer communications about screening guidelines and the need for women to make an informed decision.

**Determinants of Cancer Risk in Low-Income Housing Administrative Supplement** (Sorensen PI 2009-2012). This study follows initial research into the social and physical determinants of cancer risk-related behaviors within an ethnically diverse sample of residents of low-income housing, using a social contextual framework for understanding disparities in risk-related behaviors. As part of a CBPR approach, this will help us to better understand residents’ thoughts and priorities regarding appropriate health intervention in their communities.
Understanding the Dissemination of Evidence-Based Interventions through Churches (Allen PI 2010 – 2012). It is estimated that cancer mortality in the U.S. could be reduced by up to 60% if there were full implementation of available cancer prevention and screening strategies. While there is growing recognition of the importance of ensuring that research innovations are translated into effective community interventions and broadly disseminated, little is known about how to best accomplish these goals. CRUZA and Salud y Vida research studies bring evidence-based cancer education programs into Massachusetts Latino faith communities via partnerships with the churches that play central roles in Latino community life. The goals of these studies are to (1) assess factors associated with organizational commitment and capacity (“organizational readiness”) to adopt evidence-based interventions for cancer control among 100 Latino churches in Massachusetts; (2) provide participating churches with access to intervention materials needed to implement evidence-based interventions and a training session based on NCI’s “Using What Works;” and (3) assess characteristics associated with participation and adoption of evidence-based interventions. The ultimate objective is to ameliorate cancer disparities experienced by Latinos in the U.S.

Promoting Utilization of Cancer Early Detection Methods among Latinos in Church: A Faith-Based Approach (Emmons, Allen 2010 – 2013). According to the American Cancer Society, colorectal cancer screening rates are lower among Latinos than any other minority group in the United States. As a result, Latinos are more likely to have advanced disease at diagnosis and experience poorer survival than non-Latino Caucasians. This randomized trial is evaluating the efficacy of a capacity-enhancement intervention versus ‘usual care’ in disseminating evidence-based cancer screening interventions in 30 Latino churches. The intervention was developed using data from an earlier pilot study, to develop strategies for building relationships with the Latino faith community, recruiting churches to participate in research, and providing intervention activities that are logistically feasible and culturally/religiously acceptable.

Promoting colorectal cancer screening among Latinos: A faith-based approach (Allen PI 2012-2013). This study is assessing a group education intervention that utilizes video segments role modeling physician-patient discussions to promote colorectal screenings among Latinos, designed by Dr. Maria Fernandez (University of Texas, Houston). In partnership with Latino churches, a Spanish-speaking health education specialist will test the intervention with small groups. One hundred participants will complete pre/post tests assessing colorectal cancer knowledge, and screening. With this preliminary data, the plan is to design a collaborative application to NCI to fund a future large-scale trial with CPCRN collaborators.

Boston’s Haitian Community Needs Assessment: Supplement (Emmons, Allen 2009-2012). This supplement supports the addition of a community health educator to our work in Haitian churches, focused specifically on increasing cancer prevention and control activities. Conducted in partnership with a broad-based coalition of Haitian-serving organizations, this study offers education and outreach to promote
cancer screening through churches, and provides technical assistance for community organizations to develop necessary skills and resources to meet identified needs.

**Massachusetts Cancer Prevention Community Research Network** (Allen PI 2009 - 2014). The Cancer Prevention and Control Research Network (CPCRN) is a network of ten academic cancer centers funded by the Centers for Disease Control and Prevention to accelerate the progress of science in the field of dissemination and implementation science. The overarching goal is to accelerate the adoption of evidence-based interventions for cancer prevention and control by organizations whose constituents include populations that experience health disparities. Network members are actively engaged in enhancing large-scale efforts to reach underserved populations and reduce their burden of cancer, while also deepening our understanding of the predictable processes that achieve that end.

**Smoking in the Movies: Examining Effects on Diverse Audiences** (Viswanath PI 2008-2012). There is now considerable evidence that smoking in movies influences smoking initiation among teenagers. What remains unknown is how these influences impact teens across different racial, social, and ethnic class groups. Dr. Viswanath and his co-investigators want to know if media exposure and movie-going habits among different ethnic and social groups affect not only smoking initiation, but more sustained use of tobacco as well.

**Project CLEAR (Cigarette Labels: Effectiveness and Resonance)** (Viswanath PI 2012-2013). 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’s 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 the nine new 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.

**Project IMPACT (Influencing Media and Public Agenda on Cancer and Tobacco Disparities)** (Viswanath PI 2010-2015). The aims of this Community-Based Participatory Research project are to (1) examine the public agenda on health disparities with specific focus on tobacco disparities in Lawrence, Massachusetts; (2) train community-based organizations (CBOs) that work with the underserved and ethnic and minority groups in Lawrence, Massachusetts on how to work with local media and advance their agenda around health disparities with special focus on tobacco use; and (3) evaluate the model intervention to document change in media agenda over a five-year span through media content analysis, and evaluation of impact
on workshop participants, and on public opinion about disparities with specific focus on tobacco.

**Click to Connect: Improving Health Literacy through Internet Literacy** (Viswanath PI 2006-2012). The purpose of this randomized controlled trial to see how participants recruited from adult literacy centers search for and comprehend health information once they have a computer and high-speed Internet access. Participants in the intervention group receive a free desktop computer system, a printer, and high-speed Internet access for nine months. Control group participants are given a monthly incentive to stay in touch with study staff, and receive health information at the end of the intervention.

**Massachusetts Community Networks to Eliminate Cancer Disparities through Education, Research and Training** (Viswanath PI 2005-2012). The primary goal of this project is to reduce cancer and other health disparities in three urban Massachusetts communities. To do this, we are engaging key partners, including major policy makers, to develop and increase capacity and to support community-based education, research, and training. One of the National Cancer Institute's Community Networks Programs, MassCONECT unites the Harvard School of Public Health (HSPH) and the Dana-Farber/Harvard Cancer Center (DF/HCC) with our three community partners. Project activities focus on Boston and Worcester, the two largest cities in Massachusetts, as well as in Lawrence, the city with the state's greatest level of poverty.

**PLANET MassCONECT** (Viswanath PI 2008-2013). The Cancer Control PLANET is a web-based resource for program planners looking for evidence-based cancer-control interventions. MassCONECT is a successful, established, community-based participatory research project, managed by the Viswanath Lab. The aim of PLANET MassCONECT is to link the vast resources of the PLANET to the existing, localized infrastructure of MassCONECT. The goal is not just to publicize the PLANET, but to create a web portal that will truly reflect local needs and concerns.

**Linking Assessment and Measurement to Performance in Public Health Emergency Preparedness Systems** (Viswanath PI 2008-2013). The primary objective of this multidisciplinary study is to assess and validate public health emergency preparedness (PHEP) measures in the United States, and to create a performance measure center based at Harvard University.
D. NCI Sponsored Health Disparities Activities

The Dana-Farber/Harvard Cancer Center (DF/HCC) Initiative to Eliminate Cancer Disparities (IECD):

DF/HCC is an innovative collaboration between seven participating institutions. They include: Beth Israel Deaconess Medical Center, Brigham and Woman’s Hospital, Children’s Hospital Boston, Dana-Farber Cancer Institute (DFCI), Harvard Medical School, Harvard School of Public Health and Massachusetts General Hospital. DF/HCC was formed in 1999 as a formal collaboration expanded from the original Dana-Farber Cancer Center NCI grant. Through the Initiative to Eliminate Cancer Disparities (IECD), the center continues to address and pursue issues pertaining to cancer disparities from a comprehensive and multi-faceted approach.

Started in 2001, the goal of the IECD is to reduce cancer disparities by stimulating the integration of disparities research throughout the Cancer Center. Through the IECD, Cancer Center Administration has supported this high priority effort by focusing on three key areas: 1) forging new relationships and partnerships to support all aspects of the IECD, particularly related to community relationships, 2) implementing and managing student training programs with a particular emphasis on underrepresented students, and 3) supporting career development programs for DF/HCC junior investigators.

Community Engagement: DF/HCC strives to be a meaningful and productive presence in the community. Over the past year, the IECD has been instrumental in arranging 25 speakers presenting on a variety of topics including – disease focused, cancer prevention, risk reduction and clinical trials. These requests have been received from a variety of community-based organizations including community health centers, senior groups, local Y organizations and faith-based organizations. IECD has strengthened and enhanced linkages with the faith-based community by building on our existing model and partnership with the Faith-Based Cancer Disparities Network (Network), a group representing ten primarily black congregations with over 12,500 congregants. The Network was able to extend their outreach to include Latino churches. In October, the IECD partnered with a community-based organization, Latino Health Insurance Program and a church in East Boston, Iglesia Cristiana Nueva Vida to develop a program on raising awareness of the obesity epidemic in the Latino community. Over 150 members participated in a 3-session health education program which addressed many of the risk factors associated with obesity. In an eight month span, the following results were noted: an overall decrease in participants BMI, inclusion of health related topics during worship and other church related events and policy changes to eliminate the use of SSB at church related meetings.

Minority Student Training: IECD continues to be successful in creating pipeline programs to support the engagement and education of URM high-school and college students interested in cancer related research. This year marked our 10th consecutive year of providing opportunities to engage and educate the next generation of scientists.
Established in 2002, DF/HCC’s Continuing Umbrella of Research Experiences (CURE) program has three primary goals: 1) increase the number of students, especially from underrepresented backgrounds, who are interested in and successfully pursue careers in biomedical science, research, cancer, and/or health disparities; 2) increase the number of students who pursue graduate degrees in these fields (track by degree—master’s, professional, doctorate, post-doctorate); 3) increase the number of students who engage in scholarly activities, including participation in research conferences, poster and oral presentations, and publications. Since the program’s inception, it has provided over 221 students with research experiences at one of the seven member institutions. Based on internal tracking mechanisms, over 87% of those who have participated in CURE and respond to our annual survey continue to have a science-focused educational plan or continue to pursue a career in biomedical science.

**Minority-Serving Institution/Cancer Center Partnership:** DF/HCC’s collaboration with University of Massachusetts Boston (UMB) continues to grow. In 2010, DF/HCC and UMB were successful in securing the U54 Minority-Serving Institution/Cancer Center Partnership. The primary focus of the U54 is to jointly address health disparities in minority populations and to improve research, training, and outreach initiatives for minority students, fellows, nurses, and scientists. Building on their previous accomplishments, the partnership is able to direct their attention to three key areas: collaborative cancer research, shared training efforts, and cancer outreach. In addition, to the research, the U54 partnership has created a shared resource known as the Training Core, which has a primary goal of increasing the number of UMass Boston students who pursue careers in cancer research, health disparities, and/or biomedical science.

**Career Development Opportunities for Junior Investigators:** DF/HCC continues to provide and support the growth of minority junior investigators. The IECD continues to be the lead sponsor for the Annual Junior Investigators’ Health Disparities Research poster session which is held in conjunction with Harvard Medical School’s Annual Minority Policy. We also continue to annually support 1-2 cancer disparities postdoctoral fellows at HSPH using non-CCSG funding.

**Cultural Competency:** We are continuing our efforts to create educational offerings to increase the awareness and importance of the role of culture in patient care and research. In March, and in collaboration with the Harvard Catalyst and the Bok Players, yielded an interactive learning experience and multi-institutional response to a program entitled, “Cultural Competence in Research.”
E. Career, Employment, and Training Initiatives

**Diversity and Workforce Development:** In collaboration with nearby health care institutions, DFCI offers *English as a Second Language* (ESL) classes to staff. *Business Writing for Professionals* is an onsite 6-month college prep course designed to help front-line employees enhance reading and writing skills necessary for success in the workplace and in the classroom. DFCI also continued its collaboration with *The Partnership* to train and to increase the number of people of color in leadership roles in the Boston community. DFCI has continued its collaboration with the *YMCA Achievers Program* to recognize employees of color for their accomplishments and demonstrated excellence in their profession.

**Community and Educational Partnerships:** In 2012, Dana-Farber partnered with YMCA Training Inc. and other community-based pre-employment training programs to identify unemployed and underemployed skilled adults in the community. The experiences included 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, DFCI maintains educational partnerships with Boston area high schools and colleges. DFCI works closely with Fenway High School; Madison Park Technical Vocational High School – Allied Health and Human Services Academy and the John D. O’Bryant School of Math & Science. During the 2011-2012 academic year 20 students participated in a college and career readiness student 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/week and participated in college tours and career readiness workshops.

DFCI actively participates in school-to-career programs with the Boston Private Industry Council (PIC). One such program includes Groundhog Job Shadow Day, where students shadow DFCI employees learning about careers in healthcare and specific job responsibilities, as well as the skills and training needed for the position. In addition, this year we hosted 22 middle school students from our partner school, John D. O’Bryant in partnership with Harvard Medical School’s Office of Diversity and Community Partnerships.

DFCI 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 DFCI engages Boston’s high school population include 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 continues to make payments in lieu of taxes (PILOT) to the City of Boston.

H. Services to Patients, Families, and Communities
Dana-Farber offers a variety of services to patients, families, and the wider community to help address the challenges that accompany a cancer diagnosis.

Adults

- Prostate Cancer Support Group and Workshops
- Bereavement Support Group
- Telephone Support Group for Young Women with Breast Cancer
- 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 Support Group
- Caregivers Support Group and Workshops
- Facing Forward After Breast Cancer Treatment Program
- Gastrointestinal Cancer Support Group
- Gastrointestinal Stromal Tumor (GIST) Support Group
- Living with Gynecologic Cancer Support Group and Educational Series
- Lung Cancer Support Group
- Melanoma Support Group and Special Events, in collaboration with the Massachusetts Melanoma Foundation
- Multiple Myeloma Support Group
- 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
- Teens of Adult Patients Support Group (concurrent group for parents offered)
- Waldenstrom’s Macroglobulemia Support Group
- Young Survivors Support Group (Breast and Gynecological Cancers)
- 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.
Dana-Farber/Brigham & Women’s Cancer Center Patient Navigator Program:
The Patient Navigator Program continued to address the needs of people at risk for or
diagnosed with breast, cervical or colon cancer that may enter the care system through
either the Dana-Farber Cancer Institute, Brigham and Women’s Hospital or through
two Brigham-affiliated centers, the Brookside and Southern Jamaica Plain Community
Health Centers. (The Health Centers are the entry point for the colorectal cancer
patient navigator program.)

As part of a strategic initiative to reduce health care disparities among diverse
populations, the goal of this program is to facilitate access to the health care system
for men and women with diverse backgrounds, low socio-economic status, limited
English proficiency, disability status, or payment status (uninsured/underinsured)
which may serve as a barrier to screening or follow up care. The program, which
began in May 2005, offers three Patient Navigators, bilingual in Spanish, who provide
culturally competent educational information, support, and assistance with identifying
resources that help the patient enter and remain within the system. The program served
660 new patients this fiscal year.

Nearly 45 Spanish-speaking patients and families attended a conference at DF/BWCC
in March 2012. This program was offered to help Spanish-speaking patients and their
family members better understand cancer treatment and the resources available at
Dana-Farber/Brigham and Women’s Cancer Center to support them. Approximately
20 service brochures and cancer-related fact sheets were translated into Spanish as part
of this effort.

To educate the Latino community about ways to prevent colon cancer, a Patient
Navigator appeared on a local Spanish-language television show to talk about
colonoscopies.
DF/BWCC maintained its support group for Latinas with cancer, and increased utilization by Spanish-speakers of the Resource Center by 59% over the last fiscal year.

To help patients learn more about their diagnosis and treatment, DF/BWCC created a “kit” for navigated patients. This tote bag is filled with information about their disease and its treatment. It will become a central place to keep important papers, telephone numbers and other medical-related information. About 45 kits were distributed to newly diagnosed cancer patients this year.

Lastly, the program also created a brochure, translated into both Spanish and Portuguese, that is disseminated throughout Dana-Farber, relevant Brigham clinics and in some local community health centers to increase awareness about the availability of cancer related programs.

G. Pediatric Programs

Dana-Farber’s pediatric oncology programs focus on the patient and their family. Program includes the Patient and Family Support Groups and Programs which offer a wide range of services for patients and their families, including a weekly parent group for inpatient families; a parent group for Spanish speaking families that meets weekly at Children's Hospital when there are Spanish speaking families on the pediatric oncology floors; "Bring your Sibling to Clinic" week; "Sibling Week"; Teen Sibling Day and “Just for Sibs” bi-weekly group and a monthly dinners for brain tumor survivors and families

The Hospital to Home Nurse provides an on-site nursing visit to homes of eligible pediatric oncology patients to reinforce patient/family education and identify opportunities to improve care, develop a plan of care, and provide education to the agency nurse at the home that ensures a formal face-to-face hand-off.

The Pediatric Resource Program cares for over 400 children ranging in age from newborns to young adults who may remain in treatment for two years or more. Treatment regimens typically include numerous planned and unplanned hospital admissions – ranging in length from several days to several months – along with frequent visits to the Jimmy Fund Clinic, and helps support patients and their families that may be struggling financially as a result of their child’s illness. Staff help families apply for assistance from local, regional, and federal programs.

School Liaison Program (SLP) provides school consultation to patients who have a diagnosis involving the central nervous system or who have completed treatment involving the central nervous system. Consultation about the cognitive late effects of treatment is provided to assist parents in understanding and advocating for their child's learning needs. Collaboration with the school system is also offered to ensure that educators have the knowledge of neuropsychological late effects of treatment and are aware of services and strategies that will enable a child to be successful in learning.
VI. COMMUNITY BENEFITS EXPENDITURES

FY’12 Community Benefits Expenditures

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<tr>
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<td>Associated Expenditures</td>
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Total Net Charity Care
(includes HSN assessment, HSD denied Claims, Free/Discounted Care)

| Corporate Sponsorships                     | 225,615 |

Total Expenditures

$18,980,704

The total cost of Unreimbursed Medicare Services and Unreimbursed Bad Debt equals: $22,671,174.
Dana-Farber is dedicated to addressing the pervasive cancer-related health disparities using evidence-based and social determinants of health strategies. To continue to address the findings of the 2012 Community Health Needs Assessment, in FY 13 Community Benefits will sustain and enhance existing Dana-Farber programs that have served to reduce cancer health disparities by providing cancer education and screening to Boston-area residents and align programmatic focus with CHNA findings.

- Expand the partnership with Whittier Street Health Center (WSHC) to include fixed mammography screening services and continue to provide clinical programs where medical oncologists from Dana-Farber rotate to WSHC to provide on-site consultation with primary care providers, streamline diagnosis, and train health center clinicians. Further we are collecting data to measure the effectiveness of these interventions.

- 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 DFCI, including clinical trial participation. The aims of the CCEP’s health equity reporting initiative are to: 1) establish a method for consistent collection of demographic data on patients seen at DFCI; 2) produce quarterly Health Equity Reports for DFCI leadership, and establish an equity report dashboard for variables that allow for real time review; and 3) support pilot interventions to address treatment related equity issues at DFCI. To accomplish these aims, a database is being developed to link the established data systems at DFCI and allow for one consistent report that includes data on race/ethnicity, language, and educational level. The database is anticipated to become operational in early 2013.

- Based on the needs assessment findings, DFCI will launch an Ambassadors/Survivorship program to educate the community about being a cancer survivor; Expand the Peer Leaders program in order to reduce barriers to healthy living in the housing developments; Launch an educational media campaign targeting the Roxbury neighborhood of Boston to educate residents about the importance of screening and survivorship; and launch a speakers bureau to allow our faculty to meet local residents and educate them on issues that are most pressing to them about cancer care and treatment.
Dana-Farber evaluates the appropriateness and effectiveness of prevention programs and has continued to focus on the incorporation of evidence-based approaches. The following resources are used to gather information:

- Community Benefits staff work to disseminate findings derived from DFCI’s Center for Community Based Research (CCBR) projects to strengthen the design, implementation and evaluation of our cancer control programs.

- A Community Health Needs Assessment Report was completed in 2012. The assessment collected information about the cancer burden and other socio-economic issues that affect Dana-Farber’s target communities. Data was compiled from MDPH, BPHC, hospital tumor registries, focus groups and other available sources.

- Dana-Farber staff continues to serve on various statewide and regional committees including the Massachusetts Comprehensive Cancer Control Coalition, and Boston Public Health Commission’s Health Equity Committee.

- DFCI staff participates in local coalitions that seek to improve the health status of neighborhood residents. In partnership with these Coalitions, DFCI will continue to develop cancer prevention programs to meet the unique needs of these communities.

- DFCI has established a number of committees to assist in program evaluation including the Board of Trustees Community Programs Committee, the External Advisory Committee and DFCI Internal Community Benefits Committee.
Name / Address of Hospital:

Dana-Farber Cancer Institute
450 Brookline Avenue, HS 409
Boston, MA  02215-5450

Name of Hospital Employee Primarily Responsible for Community Benefit Planning:

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