



FY'15 COMMUNITY BENEFITS REPORT

April 1, 2016

Approved by AG: June 1, 2016

FY'15 COMMUNITY BENEFITS REPORT

DANA-FARBER CANCER INSTITUTE

TABLE OF CONTENTS

April 1, 2016

I. About Dana-Farber Cancer Institute.....3

II. Dana-Farber Cancer Institute Community Benefits Mission Statement.....4

III. Community Benefits Planning Mechanisms.....5

IV. Community Health Needs Assessment and Implementation Plan7

V. Community Benefits Programs.....9

 A. Education, Outreach, Screening and Advocacy.....9

 B. Cancer Care Equity Program15

 C. The Center for Community-Based Research.....18

 D. NCI-Sponsored Health Disparities Activities.....20

 E. Workforce Development and Community Programs.....22

 F. Services to Patients, Families and Communities.....23

VI. Community Benefits Expenditures.....26

VII. Future Initiatives.....27

VIII. Review/Evaluation of Community Benefits Plan.....28

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 15 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 reducing 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 advisory 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 the Implementation Plan.

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 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, 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 issues.

HPV/Cervical Cancer Coalition: In FY 15, Dana-Farber served on the steering committee of the newly formed HPV/Cervical Cancer Coalition with the aim of increasing HPV vaccination access in order to reach the Healthy People 2020 goal of 80% of adolescents in the state receive 3 doses of the HPV vaccine by 13-15 years of age, 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 tobacco use, prevent nicotine addiction, and increase tobacco control funding.

Boston Public Health Commission (BPHC): Dana-Farber works closely with the BPHC to implement and to 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-convenor of the Boston Breast Cancer Equity Coalition and serving on the planning committee for *Let's Get Healthy, Boston!* (previously known as Boston Partnership in Community Health).

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 all women of different 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 and neighborhood coalitions to address the racial and ethnic disparities in health that exists in Boston and throughout the region.

Dana-Farber serves on the steering committee of the *Let's Get Healthy, Boston!* campaign, a collaboration among BPHC and BACH, funded by the federal Centers for Disease Control and Prevention (CDC). This project is a citywide approach to policy, systems and environmental (PSE) changes that create healthier environments for Boston residents. The particular focus areas of Let's Get Healthy, Boston! are smoke free housing, access to healthier beverages and food, and active living through walking and biking for transit.

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 variety of areas that will assist in reducing the unequal burden of cancer in partnership with the Faith-based Cancer Disparities Network and other community based organizations.

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.

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 participants.

IV. 2012-2015 COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

To ensure that DFCI's community outreach activities and programs are meeting the health needs of the community, the Dana-Farber'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 Dana-Farber's priority communities (Roxbury, Mission Hill, Dorchester, Mattapan, and Jamaica Plain). Phase II involved a comprehensive qualitative study, where Dana-Farber 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.

In 2013, DFCI's Trustees approved the 2012-2015 Community Benefits Implementation Plan to ensure that our collective efforts have a measureable impact in our priority neighborhoods. 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, specifically among diverse racial and ethnic populations. The CHNA findings reflect a significant disparity in cancer mortality between Blacks and Whites in the City of Boston. Among Blacks, there were 276.3 deaths per 100,000 due to cancer in 2007 compared to 183.4 among Whites during the same year, which reflects a 50% higher mortality among Blacks.
- 2) **Access Barriers:** Residents of Dana-Farber's priority communities deal with significant challenges beyond coverage when encountering health care systems. Examples include cost barriers (i.e. co-pays) and perceived poor quality of care such as experiences of discrimination and weak physician-patient relationships. When considered through a health equity lens, access barriers are associated with a higher risk in cancer incidence and mortality among communities of color.
- 3) **Community Perceptions of Cancer:** Cancer was not considered a priority health issue among residents compared to the daily concerns of meeting basic needs, but community members expressed a tremendous amount of fear surrounding the risk of cancer diagnosis. 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.
- 4) **Primary Prevention:** Primary prevention behaviors such as healthy eating and physical activity are a significant challenge in many of Dana-Farber's priority neighborhoods, particularly among Blacks and Latinos. According to data from the Boston Public Health Commission, 72% of Boston residents consume less than adequate amounts of fruits and vegetables per day and more than 55% of residents do not participate in adequate physical activity, which is largely correlated

to the high cost of nutritious foods, lack of supermarkets in some neighborhoods, and limited access to safe outdoor environments for physical exercise.

- 5) **Community Strengths:** While residents living in Dana-Farber's priority neighborhoods face significant socioeconomic challenges, these communities possess numerous assets and strengths including youth leadership, strong neighborhood cohesion and social networks, and numerous community-based organizations.
- 6) **Social and Environmental Determinants of Health:** Dana-Farber's priority neighborhoods are dealing disproportionately with challenging situations related to the upstream social and economic factors that impact health such as unemployment, lack of affordable housing, and community violence.

The prioritized list also reflects Dana-Farber's commitment to collaborating with state and local health departments and other 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.

V. COMMUNITY BENEFITS PROGRAMS

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 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. 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, immigrant, non-English speaking, people of color, and other minority backgrounds. Priority neighborhoods in Boston include Roxbury, Jamaica Plain and Dorchester. In partnership with 15 community-based organizations and neighborhood health centers such as The Dimock Center and Charles River Community Health Center, the Van is on the road 3-4 days per week year-round.

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 neighborhood health centers for assistance in acquiring health services including health insurance enrollment and an appointment with a primary care provider. 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.

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, 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 FY15, 831 mammograms were provided to women.

Breast Health Education and Outreach: Individual education at mammography screening sites has been shown to improve adherence to annual screening. To that end, the Mammography Van 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 Dana-Farber's Mammography Van 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 FY15, there were over 1200 breast health outreach contacts

and more than 40 women were referred for screening mammograms as a result of community outreach efforts.

HIGHLIGHTS

- **Patient Volume:** In FY15, Dana-Farber’s Mammography Van provided 2,062 mammograms. Since program inception in April 2002, Dana-Farber’s Mammography Van has provided more than 41,000 mammograms to more than 18,000 unique patients.
- **Race/ethnicity:** The largest racial and ethnic groups seen on the van are Black and Latino. This year, approximately 27% of van patients self-identified as being Black; 18% as Hispanic/Latino background and almost 7% as Asian.
- **Primary Language:** Over the past year, 51% of van patients spoke a first language other than English. Dana-Farber’s Mammography Van patients speak 24 different languages. The top primary languages after English are: Spanish; Cape Verdean Creole; Portuguese; Vietnamese and Haitian Creole.
- **Boston Residence:** 52.7% of van patients hail from Boston and 47.3% from the rest of Massachusetts. The Boston neighborhoods represented include: Dorchester; Mattapan; Roxbury; Allston and Jamaica Plain.
- **Breast Cancer Diagnoses:** 129 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:** 66.3% of patients screened on the van were returnees from prior years; 33.4% 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:** 258 patients (12.5%) 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: less than 1% uninsured; 63.8% publicly insured (Medicare, MassHealth, Health Safety Net, etc); and 35.9% privately insured.

2. HPV and Associated Cancer Outreach 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 about HPV and cervical cancer. Massachusetts still lags far behind the Healthy People 2020 goal of 80% completion, at 40% and 21% for females and males respectively. Medically underserved communities have lower HPV immunization completion rates. The goal of the partnership is to combine efforts to reach the Healthy People 2020 goal of 80% HPV vaccination rate among adolescents regardless of race/ethnicity or socioeconomic status.

DFCI’s HPV and Associated Cancer Outreach Program had three main objectives to accomplish during the FY15 pilot phase: 1) to increase awareness and education of HPV associated cancers

and cancer prevention, including vaccination and screening, 2) to provide culturally and age appropriate evidence-based cancer prevention and sexual health education for youth and parents/caregivers, and 3) to build capacity at youth-serving agencies to incorporate cancer prevention programming into their repertoire. The target populations for the pilot are the Latino and Black communities in Mission Hill, as the Community Health Needs Assessment identified the neighborhood as a priority area and because Black and Latina women are disproportionately affected by cervical cancer.

HIGHLIGHTS

- Developed a curriculum for parents and youth about HPV associated cancers and prevention that was also evaluated and validated by the Center for Community-Based Research at DFCI. The curriculum increased knowledge of HPV and associated cancers as well as influenced a positive perception of the HPV vaccine.
- In collaboration with a Latino community organization, Sociedad Latina located in the Mission Hill section of Roxbury, the HPV curriculum was delivered to 23 youth during a 12 week summer program to train them as youth peer leaders.
- 15 Parents of youth in the Sociedad Latina summer program also received the education in a workshop format. To ensure that programming was culturally proficient, CB staff worked closely with Sociedad Latina to understand the needs of the community and education was also delivered in Spanish.
- Two staff members at Sociedad Latina were trained in the *Get Real!* Sexual Health Curriculum and with specific HPV training provided by DFCI staff; they helped teach lessons with CB staff on-hand for support. Sociedad Latina has since created a new Health Educator position.
- 30 participants of the Boston Public Health Commission's Peer Leadership Institute received the HPV curriculum education prior to launching an HPV campaign.

The goal of the HPV curriculum workshops is not simply to increase awareness and education, but for action or behavior change to be a result of the education. The youth from Sociedad Latina reported a 22% increase in confidence in their ability to access and use necessary health resources as well as communicating with their parents or trusted adults about their sexual health needs, including HPV vaccination. The youth at Sociedad Latina also reported a high level of confidence in giving advice to peers about accessing health resources and preventing HPV infections. Overall, the curriculum was effective in increasing knowledge about the HPV vaccine and raised participants intention to get the vaccine.

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 screenings to community residents and to those at highest risk for skin cancer. The purpose of this program is to reduce the incidence and prevalence of skin cancer, which is 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. The program utilizes an evidence based approach developed by the DFCI Center for

Community-Based Research. This curriculum utilizes an informative quiz and biometric demonstrations of skin damage produced from unprotected sun exposure.

In FY 15 the program reached a total of 1339 community members with an average of 58 participants per event. There were 23 education and screening events staffed with 30 volunteers and held at a variety of venues such as community-based organizations, beaches, summer camps, and health fairs. Some of our partners this past year included:

- Brigham and Women's Hospital
- Mission Hill Health Movement
- Healthy Kids/Patriot Place
- US Postal Service
- Bay Cove Human Services
- Fishing Partnership Support Services
- Melanoma Foundation of New England

Skin Cancer Screening Program

Free skin cancer screenings were provided aboard the Blum Van along with nine board certified dermatologists from 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 that are related to presumptive diagnosis of different skin cancers including basal cell carcinoma, squamous cell carcinoma, and melanoma. Sun Safety program staff reminds participants that follow-up is important and emphasizes the need for additional check-up for spots of concern. Participants seen aboard the Blum Van have the option of contacting the Brigham and Women's Hospital dermatology department and are prioritized when scheduling an appointment.

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 included beach goers, lifeguards, and outdoor parks and recreation workers.

HIGHLIGHTS

- 1339 participants were educated and/or screened.
- 23 Sun Safety education and screening events were held.
- 727 participants were screened by a dermatologist and 115 people were referred for follow-ups.
- 67 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 cessation counseling. Through Dana-Farber's partnership with WSHC, patients are referred by their primary care provider to the smoking cessation counseling program. The program provides support to individuals who smoke and connects patients to existing resources for additional support to quit. The smoking cessation counselor and WSHC staff also collaborate to provide group presentations and education sessions on tobacco use and health problems linked to smoking, like increased risk of lung and other cancers.

HIGHLIGHTS

- In FY15, WSHC made 116 referrals and held 110 tobacco cessation counseling sessions.
- Individual tobacco cessation counseling was provided to 33 patients.
- 28 participants were able to reduce their total number of cigarettes smoked per day, and 16 of these reported being able to quit completely.
- An evaluation system was developed to monitor and track the overall success of program, in collaboration with Dana-Farber/Harvard Cancer Center Survey and Data Management Core.

5. Community Tobacco Control through Youth Civic Engagement Initiative

The United Way/Jimmy Fund Collaborative funded one Boston youth serving agency to increase access to tobacco-free spaces. In FY15, youth leaders from Boston Asian YES and in collaboration with Trinity Management met with public officials, including the BPHC, to implement a smoke-free policy in Mass Pike Towers in Chinatown.

6. Open Doors to Health: A Peer Led Cancer Prevention and Early Detection Program (ODH)

The goal of the ODH program is to address built environment barriers to healthy living with a special focus on increasing access to fresh, affordable food and opportunities for physical activity. The participating housing developments include Madison Park Village, Orchard Gardens, Ruggles Shawmut, School House, Whittier Apartments, and Dudley Greenville. In partnership with Madison Park Development Corporation, in FY 15 the program continued to create opportunities to increase physical activity and healthy eating among residents of low income housing developments in Roxbury.

7. Faith-Based Cancer Outreach Program

The faith-based cancer outreach program provides training and technical assistance for health ministries to implement evidence-based strategies for increasing cancer prevention and detection. Strategies include screening for breast, cervical, and colorectal cancer, as well as promotion of exercise and healthy eating. To support capacity building, the program provided mini-grants to 6 participating churches (3 Black, 3 Latino) and a training session was conducted in Spanish to 8 church members.

8. 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 and treatment information. In FY15 approximately 3,378 individuals were reached across all of our programs through 180 health and awareness educational events. The majority of participants found the educational sessions highly valuable, easy to understand and gained greater understanding of the importance of screening.

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. As such, CCEP's role is to:

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

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, four 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 in Roxbury. The physicians perform consultations, and aid in diagnosis and work-up of suspected oncologic issues at WSHC. 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 various systems as well as coordination of care.

Increase awareness and knowledge of cancer prevention and treatment within vulnerable communities: In collaboration with Whittier Street Health Center's outreach team, Dana-Farber staff provide educational workshops 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 Program and Women's Health Program.

Foster trust with providers and patients from vulnerable communities: Dana-Farber has had a long-standing relationship with Whittier Street Health Center 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 study to create a Whittier Street Health Center cohort. 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. In FY15, 248 patients enrolled, representing over 80% of those who have been informed of the study to date. 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 under 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 allows for an evaluation of barriers to clinical trial entry and work is being done to differentiate systems-level barriers from patient-level barriers. At present, 15% of WSHC patients with cancer diagnoses have been enrolled in clinical trials at DFCI.

Create a model for addressing health disparities in cancer care: A key objective for the CCEP is to create a national model for addressing health disparities in cancer care and to help sustain the efforts of outside organizations that have demonstrated an improvement in cancer disparities outcomes by developing a support system to enable a community of learning and sharing .

HIGHLIGHTS

- Since the program's inception, 346 new patients have been seen for consults and over 190 patients for follow-up visits. These patients have a wide range of diagnoses and have been referred to disease centers and specialty clinics within Dana-Farber and Brigham & Women's Hospital.
- In FY15, 104 new patient consults and 80 follow-up visits were performed.
- CCEP has continued to use Dana-Farber's electronic databases that can be merged for tracking patients and 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.
- A new 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 for screening that was purchased by Dana-Farber for Whittier Street Health Center's dental department.
- Continued the lung cancer screening program was started at Whittier Street Health Center to provide free low-dose chest CT scans for patients who are at greater risk for developing lung cancer. The patients screened for lung cancer are automatically connected to Dana-Farber's tobacco treatment program to encourage cessation.

- **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 goal of the CCEP's health equity reporting initiative is 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 initiated an annual Cancer Disparities Research Symposium. The 2015 symposium featured Dr. Francesca Gany, MD, MS. Dr. Gany is the Chief of the Immigrant Health and Cancer Disparities Service at Memorial Sloan Kettering Cancer Center, the Director of the Center for Immigrant Health and Cancer Disparities, and the Director of the community based participatory South Asian Health Initiative.

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 in cancer risk. 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.

CURRENT RESEARCH PROJECTS

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 informational 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).

Young and Strong (Partridge, 2010-2015): Young and Strong is a multi-site randomized controlled trial (RCT) 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 Physical Activity Intervention (PAI) is designed to maintain or increase exercise behaviors in study participants. Qualitative analyses of 4 focus groups, 20 key informant interviews, and a pilot study have been completed. Findings from the focus group have been published in the *Journal of Adolescent and Young Adult Oncology* and results from the key informant data is in press at the *Journal of Community and Supportive Oncology*. The main RCT study launched in June 2012 and recruited patients from 54 sites across the country. Enrollment has closed (n= 467) and initial data analysis has begun. A submitted methods paper is under review.

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).

Promoting shared decision-making regarding prostate cancer screening among African-American men (Allen, 2012-2014): 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, recruited 100 low-income African American men, systematically sampled from public housing developments in Boston. The study evaluated an intervention that promotes the importance of educating and empowering African American men to advocate for their medical preferences regarding prostate cancer screening. Participants completed pre/post-tests which document changes in indicators of informed decision-making and decision quality.

Massachusetts Cancer Prevention Community Research Network (Allen, 2009-2014): The Cancer Prevention and Control Research Network (CPCRN) is a network of 10 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. In collaboration with the Prevention Research Centers at Harvard and Boston University, the MCPCRN has defined five priority research areas that are aligned with CPCRN-wide priorities. Specifically, the network seeks to: (1) advance the field of dissemination and intervention research; (2) respond to emerging issues in cancer prevention and control; (3) identify and fill evidence gaps; (4) enhance the science of decision-making; and (5) provide leadership for community-based participatory approaches to health research. 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.

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 and we are in the process of analyzing these data for future dissemination.

D. NCI Sponsored Health Disparities Activities

The Dana-Farber/Harvard Cancer Center (DF/HCC) is engaged in community engagement within the DF/HCC catchment area (i.e. the entire state of Massachusetts). Early in its history, the consortium decided that it could play a pivotal role in cancer outreach and, to that end, created the Initiative to Eliminate Cancer Disparities (IECD). The primary goal of IECD operation is to maximize the acceptance and desirability of cancer clinical research within and among communities that have historically experienced significant disparities of cancer care. 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.

IECD coordinates and complements cancer-related community outreach activities of each individual DF/HCC institution by providing an infrastructure for advancing community engagement, promoting disparities research, and raising awareness of and sensitivity to the impact of culture on the disease of cancer, medical decision-making, and care.

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

Community Engagement: IECD is *not* designed to be a disparities research program. Rather, it coordinates and sharpens our cancer-focused activities and stimulates new trans-institutional initiatives within these areas. A notable accomplishment during this fiscal year includes promoting the growth of the Faith-Based Cancer Disparities Network (FBCDN). Although this network was originally created to include predominately black congregations, it is now exploring expansion into other congregations and faith-based organizations that represent the Latino Diaspora, a growing segment of the Boston area population.

In addition IECD and the FBCDN have together led an initiative to empower ministerial leaders of the Black Ministerial Alliance (BMA) to discuss cancer and clinical cancer research by providing them and their congregations with useful and interesting reference and learning resources (i.e. information on advance directives, diet/nutrition, cancer prevention strategies

such as screenings, stress management, physical activity). The goal is for the pastoral leadership to incorporate health-related messages in their sermons and other church-related activities.

Community Education about Cancer Clinical Trials: A recent partnership was formed with DF/HCC faculty, Karen Winkfield, MD, PhD and Lidia Schapira, MD to train lay individuals and key community stakeholders on how to deliver information about clinical trials to their respective community partners. In the past this successful model allowed for 25 community-based workshops and over 250 community leaders and health center providers to be educated.

Student Engagement: IECD has been successful in creating pipeline programs to support the engagement and education of under-represented minority (URM) students interested in cancer-related research. URM is defined in the sciences include Blacks, Hispanics, Native Americans/Alaskan Natives, Native Hawaiians and Pacific Islanders. Since the program's inception, IECD has placed over 300 students in research projects in basic, clinical, nursing and population science and nearly 100 students are currently placed. In addition, the Continuing Umbrella Research Experiences (CURE) program was successful in obtaining additional non-core grant funding to support the demand of students interested in cancer research experience to work with DFHCC investigators. With some of these funds as support, CURE students have participated in national conferences, poster and oral presentations, and publications. According to the annual survey completed in 2014 (76% response rate), of the student served since 2002, at least 79% have chosen to pursue an education and career in the biomedical sciences.

In January 2015, IECD in collaboration with Northeastern University secured an NCI educational grant focused on cancer nanomedicine and nanotechnology. In addition to a hands-on research training of minority students in cancer research methodology that employs nanotechnology, it also offers these students a variety of seminars that focus on advances in this attractive scientific area.

Patient Navigator Network (PNN): Formed in 2007, the PNN brings together patient navigators across DF/HCC institutions and other Boston hospitals for educational sessions and opportunities to learn best practice. In conjunction with a larger initiative, this group will explore and identify best practices and barriers related to patient navigation for black, non-Hispanic breast cancer patients in the Boston area.

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 to create a path to clinical research and healthcare administration careers for underrepresented and underserved adults and youth from our surrounding communities.

In FY15, DFCI continued to build upon relationships with various community agencies, schools, and associations. As a result, a more diverse pool of candidates from Boston neighborhoods have 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:** In collaboration with Jewish Vocational Services (JVS), DFCI offers front-line staff at DFCI's Dry Dock location a workshop series designed to enhance professionalism, personal development, and career growth
- **College and career coaching services:** Incumbent front-line staff looking to advance their careers at Dana-Farber can meet with a coach, develop an action plan and learn about the tools and resources available to help them achieve their academic and career goals.
- **Collaboration with The Partnership, Inc.:** The Partnership 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 the academic year 2014-2015, 23 students participated in a college and career readiness training program. An additional 40 students were enrolled during the summer for a total of 62 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 participate 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 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.

In 2015, a new initiative was launched to engage ninth graders from Madison Park and John D. O'Bryant schools in hands-on science activities. Sixteen students were selected for this program, which is staffed by volunteer scientists at Dana-Farber. The goal is to pipeline these students into internship opportunities at the Institute.

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.

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:

Adults

- Prostate Cancer Support Group and Workshops
- Bereavement Support Group and Seminar: When Grief is New
- Cancer to Healthy
- Circulo de Vida, Circle of Life
- 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 Tumor Services Support Group
- Caregivers Support Group and Workshops
- Gastrointestinal Cancer Support Group
- Gynecological Cancer 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 Education and Discussion 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.

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

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

The Patient Navigator Program continues to address the needs of people at risk for or diagnosed with breast and cervical cancer. The goal of the program is to facilitate access to the health care system for 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, who are bilingual in Spanish, and provide culturally competent education information, support, and assistance with identifying resources that help patients enter and remain within the health care system. The program served nearly 500 patients last fiscal year.

Pediatric Programs

DFCI's pediatric oncology programs focus on serving patients and their families through the provision of Patient and Family Support Groups such as 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.

The Hospital to Home Nurse: This program provides nursing visits to homes of pediatric oncology patients 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 Blum Pediatric Resource Program (PRP): Over 400 children are cared for in the PRP, 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 days to months and frequent visits to the Jimmy Fund Clinic. PRP also supports patients and families who experience financial hardship due to the child's illness.

Bernon 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'15 Community Benefits Expenditures

Community Benefits*	
Direct Expenditures	\$2,477,279
Determination of Need	\$ 76,300
Associated Expenditures	0
Employee Volunteerism	0
Other Leverage Resources	\$3,188,313
Total Community Benefit	\$5,741,892
Total Net Charity Care (includes HSN assessment, HSD denied Claims, Free/Discounted Care)	\$13,140,969
Corporate Sponsorships	\$ 347,955
Total Expenditures	\$19,230,816

The total cost of Unreimbursed Medicare and Medicaid Services: \$29,764,863.

VII. FUTURE INITIATIVES

Dana-Farber is dedicated to addressing the pervasive cancer-related health disparities using evidence-based strategies that address the social determinants of health. To continue to address the findings of the Community Health Needs Assessment and the 2012-2015 Implementation Plan, 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. In addition to continuing to strengthen existing efforts,

- Dana-Farber will continue to conduct and enhance rigorous program evaluation using a department-wide electronic database, Redcap, which provides real-time feedback and metrics for quality improvement, measuring program impact and informing and guiding programming decisions.
- Dana-Farber's Health Equity office will produce 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.
- Dana-Farber will also continue its efforts to increase awareness and understanding of HPV and related cancers among parents/caregivers and their children and increase access to HPV vaccination through its partnership with the Boston Public Health Commission's School Based Health Centers.
- Dana-Farber will work to replicate the Tobacco Cessation Counseling program at a partnering community health center in Boston to reduce the cancer burden in our priority neighborhoods.
- Dana-Farber staff will continue to serve on various statewide and regional committees including the Massachusetts Comprehensive Cancer Control Network, Boston Public Health Commission, Boston Breast Cancer Equity Coalition and Boston Alliance for Community Health 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 the community residents.

VIII. REVIEW/EVALUATION OF COMMUNITY BENEFITS PLAN

Dana-Farber evaluates the appropriateness and effectiveness of prevention programs and has continued to focus on the incorporation of evidence-based approaches. An enhanced program evaluation protocol was developed using the Redcap database that generates program evaluation reports.

Key Points

- The enhanced evaluation program uses a developmental approach to facilitate real-time feedback for continual quality improvement. Specifically, the evaluation establishes metrics to measure impact and informs and guides programmatic decision-making. In addition to impact measurement, logic models were developed to provide a visual description of each program, depicting all aspects of the program from formation to long term goals.
- DFCI is preparing for the next Community Health Needs Assessment Report and Implementation Plan, which 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:

Dana-Farber Cancer Institute
450 Brookline Avenue, 10BP, 1st floor
Boston, MA 02215-5450

Name of Hospital Employee Primarily Responsible for Community Benefit Planning:

Anne L. Levine, Vice President of External Affairs
Magnolia Contreras, Director of Community Benefits
Dana-Farber Cancer Institute
450 Brookline Avenue, 10BP, 1st floor
Boston, MA 02215-5450
617-632-4433