



Discover. Care. Believe.

Community Health Needs Assessment Implementation Plan

2016-2019



**Community Health Needs Assessment
Implementation Plan
Dana-Farber Cancer Institute
2016 - 2019**



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This implementation plan is intended to satisfy the Community Health Needs Assessment Implementation Plan requirement under Internal Revenue Code Section 501(r)(3)(A)(iii) and the Patient Protection and Affordable Care Act.

Introduction

This document provides an overview of Dana-Farber Cancer Institute’s Community Benefits activities and serves as the Institute’s 2016-2019 Community Benefits Implementation Plan (the 2016-2019 Plan) as informed by the Community Health Needs Assessment Report. The findings of the 2016-2019 Community Health Needs Assessment (CHNA) are available in the CHNA Report accompanying this document and have validated Dana-Farber’s past and current Community Benefits activities, while identifying opportunities for future initiatives and continued community engagement.

Dana-Farber completed its last CHNA Report and Implementation Plan in 2013, which included a comprehensive two-phased process to evaluate the health needs of our surrounding communities and to develop a plan to address the identified needs within the scope of our role as a comprehensive cancer center. As detailed in the following pages, significant progress has been made in advancing the goals set in our 2012-2015 CHNA Implementation Plan.

The goal of the 2016 CHNA was to gain a greater understanding of the issues facing Boston residents across the cancer spectrum in the neighborhoods of Dorchester, Roxbury, Mission Hill, Jamaica Plain, and Mattapan, including how those needs are currently being addressed, and where there are opportunities to address these needs. In addition to identifying broad health issues facing residents, the 2016 CHNA delves deeper into behaviors and health outcomes across the cancer continuum of care, exploring behaviors and health outcomes around prevention, screening, treatment/health care utilization, and survivorship using both a social determinants of health and a health equity framework. This effort not only complies with the IRS CHNA requirement under the Internal Revenue Code Section 501(r)(3)(A)(iii) and the Massachusetts Attorney General’s mandate for conducting a community health needs assessment, but also aligns with DFCI’s approach of utilizing data to inform the development of its initiatives and strengthening of collaborative partnerships.

The strategies and goals outlined in our 2016-2019 CHNA Implementation Plan are a natural continuation of the efforts identified in our last Plan and are designed to advance and strengthen our existing community-based initiatives. In addition, the 2016-2019 Plan incorporates new focus areas, such as advancing cancer survivorship, which are informed by updated data and information collected in our 2016 CHNA process.

Summary of Findings

Cancer remains the leading cause of death in Boston. While the CHNA findings reflect that collective efforts to advance cancer screening and prevention are making a difference, the overall burden of cancer across all types is significant and more work is needed to reduce the burden and fear that cancer engenders. In addition, the findings reflect profound disparities in cancer incidence and mortality among diverse racial and ethnic populations in the City of Boston.

Consistent with our previous CHNA, the findings highlight the diversity and richness of Dana-Farber’s priority neighborhoods of Roxbury, Mission Hill, Dorchester, Mattapan, and Jamaica Plain, as well as many of the broad socioeconomic challenges and healthcare access barriers facing community residents in these neighborhoods. In addition, qualitative data from the needs assessment focus groups showed that residents of Dana-Farber’s priority neighborhoods articulated significant fears related to cancer. Residents reported being more challenged by the broader upstream socioeconomic issues that go beyond cancer, such as community violence, substance abuse and opioid addiction, high rates of

unemployment, lack of affordable housing, behavioral and mental health issues, and inadequate availability of nutritious food.

These realities highlight the profound burden of cancer experienced by residents in our surrounding neighborhoods. Dana-Farber recognizes that our efforts to reduce the cancer burden must go beyond cancer care and treatment, and as such we will continue our unwavering commitment to reducing the cancer burden and promoting survivorship. We remain committed to educating the community and raising awareness about the importance of cancer prevention, outreach, screening, early detection, clinical trials and survivorship. In addition, we will continue to conduct a broad scope of community-based research and evidence-based interventions through collaborative work in local neighborhoods and throughout the region.

Consistent with our intent to advance and strengthen existing activities, our identified focus area priorities for 2016-2019 include: 1) addressing the cancer burden; 2) reducing access barriers; 3) advancing cancer survivorship; and 4) addressing the community perceptions of cancer. We believe these data-informed priorities and the specific strategies detailed in the following pages reflect a commitment to meeting the health needs of the medically underserved in our priority neighborhoods and leveraging our unique role in the continuum of care as a comprehensive cancer center.

Overview of Dana-Farber Cancer Institute

Founded originally in 1947, Dana-Farber Cancer Institute aims 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. As an affiliate of Harvard Medical School and a Comprehensive Cancer Center designated by the National Cancer Institute, Dana-Farber also provides training for new generations of physicians and scientists, designs evidence-based 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. Reinforcing our exceptional model, the Institute has been the top ranked cancer hospital in New England by *U.S. News and World Report* for 16 consecutive years and is the only cancer center in the country ranked in the top 4 for both adult and pediatric cancer programs.

Dana-Farber Community Benefits

In 1995, the Dana-Farber Cancer Institute Board of Trustees formally adopted a Community Benefits (CB) Mission Statement which affirms Dana-Farber's commitment to supporting community-based programs, participating in outreach activities to reduce cancer incidence, morbidity, and mortality, and conducting community-based research.

Community Benefits Mission:

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

Last updated, July 2009

The Dana-Farber Board of Trustees Community Programs Committee oversees the development and implementation of Dana-Farber's Community Benefits Plan, which includes the CHNA Report and Implementation Plan. In their oversight capacity, Committee members provide the Community Benefits staff and Cancer Care Equity Program (CCEP) with guidance and leadership around program initiatives.

Additionally, the Dana-Farber Community Benefits External Advisory Committee provides input and guidance to Dana-Farber's Community Benefits programs and consists of representatives from community organizations, neighborhood health centers, and city and state health departments who share Dana-Farber's commitment to reducing disparities in cancer care, education, and treatment.

Through its Community Benefits activities, Dana-Farber works with city and state health departments, community partners, and Boston-based coalitions to assess and monitor the needs of local residents

with respect to cancer control. Through collaborative and inter-disciplinary work across various departments within the Institute, the Dana-Farber Community Benefits Office serves as a bridge to community organizations and supports evidence-based and sustainable outreach programs.

In addition to our programs and comprehensive community outreach approach, Dana-Farber's longstanding commitment to eliminating health care disparities and promoting diversity and health equity is also reflected in other ways including our participation in the American Hospital Association's pledge for Health Equity. Our institution has committed to identifying internal quality improvement projects related to health equity that are important to our community's health and ensuring that patients from medically underserved backgrounds are receiving culturally appropriate, patient-centered care throughout their cancer journey.

Summary of Accomplishments: 2012-2015 CHNA Implementation Plan

Significant progress has been made in advancing the goals set in our 2012-2015 CHNA Implementation Plan. Beyond the key process and outcome metrics described below, our team has also had the opportunity to present our program models and successes at national conferences focused on disseminating best practices for community outreach programming.

Key highlights of our activities and successes in our 2012-2015 Plan, which will be carried into our 2016-2019 Plan, are summarized in this section.

ADDRESSING THE CANCER BURDEN	
STRATEGIES	KEY ACTIVITIES & SELECTED ACCOMPLISHMENTS
Enhancing the community-based clinical care program at Dana-Farber Community Cancer Care (DFCCC) at Whittier St Health Center (WSHC).	<ul style="list-style-type: none"> • Through a comprehensive program approach, medical oncologists, a geneticist, a genetic counselor, and a program nurse navigator provide consultations in collaboration with primary care physicians at WSHC. The physicians perform consultations, aid in the diagnosis and work-up of suspected oncologic issues, and provide guideline-based cancer screening services. Patients diagnosed with cancer are offered a referral to Dana-Farber for potential treatment and diagnostic procedures. Patient navigation services are provided to each patient to ensure seamless movement through various systems as well as coordination of care. • Launched a smoking cessation program in November 2013 for WSHC patients and staff, which receives approximately 100 referrals per year. • Launched lung cancer screening pilot program at WSHC which provides free low-dose chest CT scans to patients who are at greater risk for developing lung cancer.
By leveraging the nurse patient navigator model, enhance relationships between primary care physicians and oncologists to facilitate care coordination across settings	<ul style="list-style-type: none"> • DFCCC at WSHC continues to provide streamlined diagnosis, treatment, and education for medically underserved patients with suspected malignancies throughout the continuum of care. In addition to clinic services, DFCI staff participate in existing WSHC programs, grandrounds, lectures, health fairs, and ongoing educational forums focused on men's and women's health. • Tracking time from initial appointment to resolution with a goal of ≤ 21 days as a measure of clinic and navigation efficacy. The median # of days to resolution for patients at the WSHC clinic is 13 days, which exceeds the goal of 21 days to resolution, set at the program's launch. • Working with internal stakeholders to update Dana-Farber's patient navigation model across the Institute.
Establish metrics to measure impact	<ul style="list-style-type: none"> • Launch of data collection and reporting tool – Red Cap – to monitor the impact of DFCCC at WSHC. • Data collection tool has been integrated between DFCCC at WSHC and the tobacco cessation program.
Implement operational improvements to streamline referral and insurance eligibility processes	<ul style="list-style-type: none"> • Partnering with Access Management to identify barriers and implement solutions to ensure timely access to care. • Created processes for ongoing monitoring and evaluation of referral and insurance eligibility, particularly for patients served on Dana-Farber's Mammography Van.

REDUCING HEALTHCARE ACCESS BARRIERS

STRATEGIES	KEY ACTIVITIES & SELECTED ACCOMPLISHMENTS
Launch the Dana-Farber Mammography Suite at WSHC	<ul style="list-style-type: none"> • Opened a mammography suite at WSHC in 2013 offering digital mammography to patients served at the health center’s Roxbury site. • Since inception, the suite has provided more than 1500 mammograms to community residents.
Continue to develop and expand Dana-Farber’s long history of comprehensive community-based programming and partnerships	<ul style="list-style-type: none"> • Leveraged partnerships with Sociedad Latina, the Boston Public Health Commission, Boston Public Schools, and Team Maureen (a cervical cancer prevention focused advocacy group) to increase education and awareness among youth about HPV and the link to cancer, as well as increasing youth vaccine uptake in Boston. <ul style="list-style-type: none"> ○ Launched HPV cancer prevention and peer youth education program with Sociedad Latina in Mission Hill. ○ Completed 3 HPV vaccine clinics held at 2 Boston Public School Based Health Centers. ○ Launched and held the first 3 Annual HPV Summits at Dana-Farber, which included approximately 350 attendees • Launched text message reminder system for mammography van patients to reduce appointment no-show rate. • Engaged more than 4100 community residents in sun safety education/skin cancer screening. • Reached over 4300 community residents in Community Benefits programs and initiatives at community outreach events and health fairs.
Develop a CBO program evaluation plan	<ul style="list-style-type: none"> • Created logic models, identified impact indicators and metrics, and developed data collection instruments, including the Red Cap database. • An evaluation of the youth HPV education curriculum demonstrated efficacy. • Ongoing data-collection and analysis of Community Benefits programs and activities.
Seek DFCI representation on cancer-related and health disparities committees at the state and local level.	<ul style="list-style-type: none"> • In collaboration with BPHC, Dana-Farber convened a coalition of health care providers, public health experts, researchers and community residents to determine future action steps to address the persistent female breast cancer disparities in the City of Boston. The group has formally become the Boston Breast Cancer Equity Coalition, which includes representatives from over 40 organizations and continues to meet quarterly to advance this health equity work. <ul style="list-style-type: none"> ○ Launched workgroups on patient navigation and data analysis focused on the City of Boston. ○ Developing applications for grant funding to sustain and expand current efforts. • DFCI is actively involved in developing and implementing community health improvement strategies through representation on a variety of committees and coalitions including the Massachusetts Comprehensive Cancer Prevention and Control Network Advisory Committee, Massachusetts Comprehensive Cancer Prevention and Control HPV Working Group, Boston Alliance for Community Health, and the Conference of Boston Teaching Hospitals Community Benefits Data Collection Workgroup, among others.

ADDRESSING COMMUNITY PERCEPTIONS OF CANCER

STRATEGIES	KEY ACTIVITIES & SELECTED ACCOMPLISHMENTS
<p>Develop an Ambassador Program: Recruit and train cancer survivors in our priority neighborhoods who can share their cancer experience with members of their own social networks</p>	<ul style="list-style-type: none"> • Completed program development in articulating overall goals and purpose of the program, identifying key staff, recruitment strategies, success metrics, and the Ambassadors’ role including responsibilities and time commitment. • Completed training curriculum and manual for Community Ambassadors. • Ongoing collaboration with Volunteer Services on diversity in recruitment of Ambassadors and Volunteers across the Institute.
<p>Educating our target community about cancer prevention, early detection, and screening.</p> <p>Addressing the misperception that cancer is not a survivable disease.</p>	<ul style="list-style-type: none"> • Developing a robust Community Benefits brochure to raise awareness about Dana-Farber’s community programs and activities. • Continue to partner with ethnic media to deliver language-appropriate cancer prevention messages. • Ongoing marketing and media efforts to highlight DFCI’s community outreach activities and ensure DFCI is visible in our surrounding communities. <ul style="list-style-type: none"> ○ Over 55 community support ads and flyers ○ Public cancer awareness campaigns on the MBTA ○ Advertorials and features in ethnic media including El Mundo and Salud y Familia, among others. ○ Features in other local media outlets including the Bay State Banner, Sampan, CBS Boston, Charlestown Patch, Boston Globe, Boston.com, WCVB Channel 5, US News, and the Boston Metro, among others. • Ongoing cancer prevention education with schools, community groups, local prisons and other partnering organizations, including over 100 students at Fenway High School who participated in school-based events led by Dana-Farber faculty and staff. • DFCI participates in a program to train lay individuals and key community health stakeholders on how to deliver information about clinical trials to their respective community partners, including faith-based networks.

Summary of 2016 Community Health Needs Assessment Process

The 2016 Dana-Farber community health needs assessment is part of an iterative, dynamic process of reviewing and collecting data to inform the program and initiative planning and implementation. As in 2013, Dana-Farber retained Health Resources in Action (HRiA), a non-profit public health organization, to conduct the most recent 2016 community health needs assessment. The 2016 CHNA builds off of the 2013 process to further advance DFCI's community efforts and priority areas. Key goals included:

- Using a social determinants of health lens to provide a portrait of Boston and DFCI's priority neighborhoods (Dorchester, Jamaica Plain, Mattapan, Mission Hill, and Roxbury) as well as the area's needs and assets
- Delving deeper into specific areas to advance and elevate existing Dana-Farber initiatives, and identify strategic opportunities that will move our community towards greater health equity in cancer care and outcomes
- Probing deeply into specific challenges, opportunities, and communication/outreach strategies with a focus on addressing issues that impact cancer outcomes

In the context of Dana-Farber's 3 existing priority areas – addressing the cancer burden, reducing access barriers, and addressing perceptions of cancer – the 2016 CHNA made a concerted effort to delve deeper into issues related to access and availability of services across the cancer continuum and to examine the experiences and resource needs of cancer survivors. The strategies and goals outlined in our 2016-2019 Plan are specifically designed to recognize the milestones we have reached thus far, address new findings based on emerging public health research, and continue the work of achieving the goals we have set to help meet the health needs of our surrounding communities.

Priority Neighborhoods: Consistent with the previous CHNA, this effort focused on Dana-Farber’s priority neighborhoods for community benefits work – Roxbury, Mission Hill, Dorchester, Mattapan, and Jamaica Plain – which are some of Boston’s most diverse communities. Dana-Farber’s prioritization of these neighborhoods within its local service area reflects a commitment to reducing the health disparities in cancer care and improving the overall health and well-being of neighborhood residents.



Figure 1: Map of the City of Boston highlighting Dana-Farber’s Priority Neighborhoods for Community Benefits work and Dana-Farber’s location in the Longwood Medical Area.

Social Determinants of Health Perspective: In evaluating the health needs of the local community and priority neighborhoods, a social determinants of health perspective guided the CHNA process. Through this lens, it is critical to look beyond proximal, individual-level factors in accounting for a community’s health problems. Upstream factors such as housing, education, employment status, racial/ethnic disparities, and neighborhood-level resources critically impact population health. To this end, the CHNA examined how these larger social and economic factors are associated with good and ill health specifically across the cancer continuum and to potentially identify new areas for intervention.

The following diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities (figure 2).

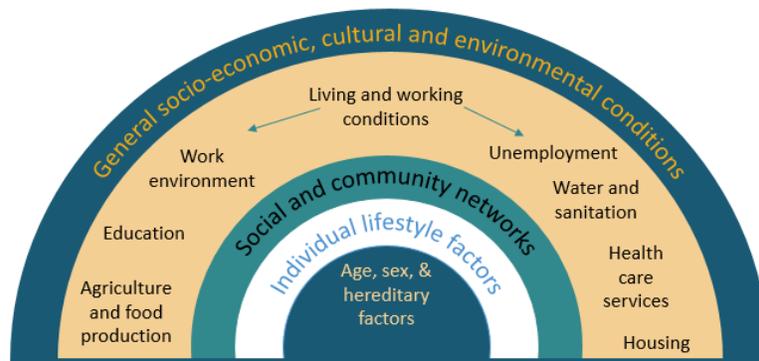


Figure 2: Social Determinants of Health Framework

Source: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005. Graphic reformatted by Health Resources in Action.

Health Equity: In addition to considering the social determinants of health, it is critical to understand how these characteristics disproportionately affect vulnerable populations. Health equity is defined as all people having the opportunity to “attain their full health potential” and entails focused societal efforts to address avoidable inequalities by equalizing conditions for health for all groups, especially for those who have experienced socioeconomic disadvantages or historical injustices. When examining the larger social and economic context of the population (e.g., upstream factors such as housing, employment status, racial or ethnic discrimination, the built environment, and neighborhood-level resources), a robust assessment should capture the disparities and inequities that exist for traditionally underserved groups. Thus, a health equity lens guided the CHNA process to ensure data comprised a range of social and economic indicators and were presented for specific population groups. Understanding factors that contribute to health patterns for these populations can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to live a healthy life.

Collaboration with Partnering Teaching Hospitals: Through the shared efforts of the Conference of Boston Teaching Hospital’s (COBTH) Community Benefits Committee, a series of neighborhood-level meetings and focus groups were held as part of the 2016 CHNA process. The collaborative community health discussions were held in spring 2016 and included over 79 community members. Participants discussed key community issues facing residents, including housing/homelessness, poverty, community violence, substance abuse and addiction, and behavioral/mental health, while exploring opportunities for teaching hospitals to collaborate in addressing the identified community needs. The outputs of the neighborhood-level meetings are included in the findings of Dana-Farber’s 2016 CHNA and reflect the commitment of Dana-Farber and other COBTH member hospitals to work together in addressing the social, economic, and environmental factors that impact health, well-being, and more specifically, cancer outcomes in our surrounding communities.

Prioritization Process

Identifying key areas of focus for this plan was conducted through an iterative, multi-phased process including input from a variety of stakeholders with the goal of identifying strategies to build upon Dana-Farber’s existing portfolio of community outreach activities. Throughout the CHNA process, nearly a dozen presentations were conducted to internal and external stakeholders, including the Dana-Farber Board of Trustees, Community Benefits External Advisory Committee, and community coalitions among others. The prioritization of focus areas included a number of considerations:

- Alignment with Dana-Farber’s mission and current work;
- Continuity with the previous CHNA Implementation Plan;
- Potential impact and the ability to demonstrate measurable outcomes;
- Feasibility including technical and financial capacity and strength of partnerships; and
- The magnitude and severity of the issue

Dana-Farber identified the following key priority areas based on our potential to demonstrate measurable outcomes in reducing cancer incidence and mortality through programmatic enhancements in these areas:

1. Addressing the cancer burden
2. Reducing access barriers
3. Advancing survivorship
4. Addressing community perceptions of cancer

We believe these priorities – and the specific strategies outlined in this Plan – reflect a commitment to meeting the health needs of the medically underserved in our priority neighborhoods and to leveraging our unique role in the continuum of care as a comprehensive cancer center.

2016 CHNA Key Findings & Focus Areas:

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

- 1) **Cancer Burden:** There is a disproportionately greater cancer incidence and mortality in our priority neighborhoods, particularly among diverse racial and ethnic populations. Specifically, the CHNA findings reflect a disparity in cancer mortality between Blacks and Whites in the City of Boston. For example, in breast cancer, Black women in Boston experienced a 23% greater mortality than white women between 2001-2012. In addition, during the same time period, the data reflects that Black women are more likely to die at a younger age from breast cancer compared to white women. Similar patterns persist in other major cancer disease areas such as prostate cancer with the prostate cancer mortality rate for black men in Boston being nearly three times the prostate cancer mortality rate among white men. However, similar to the 2013 data, cancer screening rates are high in many of DFCI’s priority neighborhoods, even among racial/ethnic groups that have higher mortality rates. The broader cancer literature indicates that the disparity in mortality is likely attributed to a multitude of factors including the fact that overall Blacks are more likely to have co-morbid conditions that complicate cancer treatment, are being diagnosed at later or more invasive stages of disease, and/or face disproportionate barriers to care due to lower socioeconomic status, discrimination, and cultural factors.
- 2) **Access Barriers:** Residents of Dana-Farber’s priority communities deal with significant challenges beyond coverage when encountering health care systems. Participants in 2016 stated that while most community members have access to health insurance, many do not understand the details of coverage, deductibles, provider network participation, and cost-sharing. In addition, residents

identified confusion resulting from changes in cancer screening guidelines, specifically in prostate and breast cancer screening. Considered through a health equity lens, these challenges are associated with a higher risk in cancer incidence and mortality among communities of color. Patient navigator programs and social workers were identified by residents as key resources that are vital to connecting patients to resources and providing support throughout the cancer journey.

- 3) **Cancer Survivorship:** Cancer survivors were generally optimistic about their health and future and were eager to be engaged in future community efforts around survivorship, but also acknowledged that there continue to be many challenges facing cancer survivors. For example, participants articulated that there is a clear need for additional support services for cancer survivors and their families. Focus group participants reported that survivor-specific services are limited, especially in languages other than English. Residents specifically reported a need for more information on preventing cancer recurrence and rejoining the workforce after cancer treatment. In addition, the findings reflect a need for additional work to better understand the needs of cancer survivors from medically underserved communities, with the recognition that the survivorship model may be different for members of vulnerable communities.
- 4) **Community Perceptions of Cancer:** When prompted, community members expressed significant fear surrounding the risk of cancer diagnosis, but also acknowledged the broader context of social issues that create more pressing day-to-day concerns. The CHNA findings reflect that community residents share common experiences of hardship including poverty, unemployment, and violence and often perceive a strong correlation between cancer and death rather than survivorship.
- 5) **Community Strengths:** While residents living in Dana-Farber's priority neighborhoods face significant socioeconomic challenges, these communities possess numerous assets and strengths including strong neighborhood cohesion, faith-based networks, diversity, community resilience, and numerous community-based organizations/resources.
- 6) **Social and Environmental Determinants of Health & Primary Prevention:** Dana-Farber's priority neighborhoods are dealing disproportionately with challenging situations related to the upstream social and economic factors that impact health such as limited employment opportunities, substance abuse and opioid addiction, low education levels, lack of affordable housing, and community violence, among others. Obesity and concerns related to maintaining a healthy lifestyle emerged as key challenges particularly among Blacks and Latinos. Smoke-free policy initiatives were mentioned as an effort to improve environmental conditions, but according to participants, second-hand smoke is still a major problem in their communities.

Dana-Farber will continue to partner with community organizations to address broader issues that go beyond cancer care, such as those related to healthy eating and physical activity, community strengths, and the social determinants of health (as reflected in key findings #5-6 in the prioritized list above).

Dana-Farber Responses and Implementation Strategies

In response to the 2016 CHNA findings, Dana-Farber is dedicated to engaging in a collaborative process to implement the following initiatives, which build off our previous Implementation Plan strategies and are designed to be more specific in nature. To this end, we commit to building upon our robust portfolio of community benefits activities and advancing the following strategies by the conclusion of our next Implementation Plan in 2019.

As part of our approach to implementing the identified strategies, we will continue to use our existing model for community-based programming, which includes assessing the most effective evidence-based interventions, collaborating with and training community partners to implement key strategies, and conducting ongoing evaluation of program effectiveness.

CHNA Key Finding #1: *Cancer Burden*

There is a disproportionately greater cancer incidence and mortality in our priority neighborhoods, specifically among diverse racial and ethnic populations.

Dana-Farber Response:

Dana-Farber seeks to reduce cancer disparities across racial and ethnic groups by strengthening and bringing to scale our screening and clinical cancer prevention programs serving our priority neighborhoods, with a specific focus on medically underserved populations and communities of color.

OBJECTIVES:

- (1) **Strengthen Dana-Farber’s Mammography Van (DFMV) program**, which provides digital screening mammograms and breast health education to women 40 years of age and older in partnership with local neighborhood health centers.
 - **Strategy 1.1:** Expand the DFMV program to new locations including at least 3 low-income housing sites in our priority neighborhoods.
 - **Strategy 1.2:** Explore additional strategies in collaboration with community health center partners to reduce the no-show rate.
 - **Strategy 1.3:** Increase awareness of the Mammography Suite at WSHC among providers, patients, and community residents to expand utilization.
 - **Strategy 1.4:** As a result of the above strategies 1.1 – 1.3, expand reach of the program by increasing total patient volume.

- (2) **Expand and strengthen HPV & Associated Cancer Education Program** to increase awareness and education of HPV-associated cancers, and increase vaccine uptake, particularly among Black and Latino youth who have lower vaccination rates and higher rates of HPV-associated cancers.
 - **Strategy 2.1:** Continue to provide HPV vaccination clinics at Boston Public School Based Health Center sites and expand the program to 2 additional Boston Public Schools.
 - **Strategy 2.2:** In partnership with youth-serving agencies, continue to educate parents and youths about HPV, the link to cancer, and the availability of a safe and effective vaccine.
 - **Strategy 2.3:** Continue hosting the annual HPV Summit at Dana-Farber designed to educate primary care providers and other clinicians about HPV and HPV-related cancers with the goal of increasing the HPV vaccination rate in Massachusetts.
 - **Strategy 2.4:** Continue collaborating with statewide coalitions and community partners to increase the HPV vaccination rate in Massachusetts consistent with the Healthy People 2020 goal of an 80% vaccination rate among eligible youth.

- Strategy 2.5: Continue participation in the Massachusetts Comprehensive Cancer Prevention and Control program’s HPV working group.
- (3) **Enhance the community-based clinical program at Dana-Farber Community Cancer Care (DFCCC) at Whittier Street Health Center (WSHC)** and measure its effectiveness in delivering timely, consistent, culturally-appropriate cancer care:
- Strategy 3.1: Leverage the existing nurse patient navigator model to facilitate care coordination and referral efforts across the continuum of care.
 - Strategy 3.2: Continue monitoring time from initial appointment to resolution (treatment plan established, surveillance plan established, or return to primary care provider) among patients at DFCCC at WSHC with the goal of ≤ 21 days.
 - Strategy 3.3: Continue to collaborate with primary care providers at WSHC to increase referrals to the cancer clinic.
- (4) **Expand and strengthen the Tobacco Cessation & Lung Cancer Screening program**, which serves patients of WSHC by providing individual tobacco cessation counseling and free low-dose chest CT scans to patients who are at greater risk for developing lung cancer.
- Strategy 4.1: Organize oral health and tobacco control summit day in collaboration with WSHC.
 - Strategy 4.2: Collaborate with primary care providers at WSHC to increase referrals to the tobacco treatment program.
 - Strategy 4.3: Continue to expand and improve access to the lung cancer screening program and raise awareness of the program as a community health resource.
- (5) **Enhance the Sun Safety Education & Screening Program**, which 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.
- Strategy 5.1: Serve at least 5,000 community residents through sun safety education and screening events at local beaches that draw residents from communities of color and other at-risk populations.
 - Strategy 5.2: Recruit and train 12 interns and 10 volunteers in each year of the plan to support the program’s year-round operation.

CHNA Key Finding #2: Access Barriers

Residents of Dana-Farber's priority neighborhoods deal with significant challenges beyond coverage when encountering health care systems. When considered through a health equity lens, the access barriers are associated with a higher risk of cancer incidence and mortality among communities of color.

Dana-Farber Response:

Dana-Farber seeks to address access barriers for cancer patients and their families through a comprehensive set of strategies including leveraging existing program resources such as the Patient Navigation program; advancing the work of an existing citywide coalition focused on breast cancer disparities; promoting education about cancer prevention, early detection, and screening in our surrounding communities; and engaging in advocacy efforts to reduce access barriers.

OBJECTIVES:

- (1) **Expand and strengthen Dana-Farber's Patient Navigation program**, which provides access to and identifies resources for men and women from diverse backgrounds with low socio-economic status who may face barriers due to limited English proficiency, disability status, or insurance status, among other issues.
 - Strategy 6.1: Update Dana-Farber's patient navigation model to focus on reducing the time from abnormal finding to resolution.
 - Strategy 6.2: In collaboration with the Boston Breast Cancer Equity Coalition, assess the role of patient navigation in reducing breast cancer disparities in the City of Boston
- (2) **Continue to collaborate with the Boston Public Health Commission to co-lead the Boston Breast Cancer Equity Coalition**, which is a diverse group of multidisciplinary stakeholders working together to identify, develop, and implement solutions to address the persistent disparities that exist in breast cancer outcomes between Black and White women in the City of Boston.
 - Strategy 7.1: Secure grant funding to sustain and expand Coalition activities.
 - Strategy 7.2: Increase awareness of and support for Coalition efforts in the community.
- (3) **Continue to strengthen Dana-Farber's broad portfolio of health education and outreach activities**, including the outreach conducted on the Blum Family Resource Van, which provides cancer education and screening throughout the region and in local Boston neighborhoods.
 - Strategy 8.1: Validate the health education curriculum for HPV, breast health education, and tobacco cessation activities.
 - Strategy 8.2: Conduct lay health educator training to equip community members with the knowledge and skills to share cancer prevention, screening, and clinical trials information within their social networks.
 - Strategy 8.3: Collaborate with providers from the Susan F. Smith Center for Women's Cancers to plan and execute faculty-community education talks on breast and gynecological cancer prevention, with the goal of reaching women in various community settings who might otherwise have limited access to health information and services.
- (4) **Continue advocacy efforts to support policies which promote the importance of cancer care, treatment, prevention, early diagnosis and/or education.**
 - Strategy 9.1: Continue advocacy in support of policies designed to reduce youth access to tobacco and nicotine products.

- Strategy 9.2: Continue advocacy in support of expanding insurance coverage to include telemedicine, which would allow patients access to remote consults with their care team in convenient community-based locations.
- Strategy 9.3: Continue to work with Dana-Farber’s Patient Family Advisory Council to identify and better understand gaps in insurance coverage and/or barriers to cancer screening or treatment.

CHNA Key Findings #3: *Advancing Survivorship*

Cancer survivors generally had a more optimistic view of the possibility for life after cancer, but identified that there is a clear need for additional support services for cancer survivors and their families, particularly in other languages besides English.

Dana-Farber Response:

Based on the findings of the 2016 CHNA, advancing survivorship has been identified as a new community health need. In addition to existing efforts focused on survivorship care, Dana-Farber will recruit and train Community Ambassadors, collaborate with our Survivorship Program to enhance the services we provide specifically to cancer survivors of color, and support policies that reflect the importance of bridging the gap between cancer treatment and survivorship.

OBJECTIVES:

- (1) **Leverage expertise at Dana-Farber and Brigham and Women’s Hospital through our joint adult oncology program to improve health and well-being among cancer survivors** with a focus on patients of color.
 - Strategy 10.1: Enhance coordination and utilization of survivorship clinic for patients of color including the use of interpreter services and other supportive resources.
 - Strategy 10.2: Create new linkages with the Survivorship program at Dana-Farber to develop programming and workshops for cancer survivors of color and evaluate the specific needs of this population.
 - Strategy 10.3: Assess availability of multi-lingual survivorship materials and expand efforts to make survivorship materials available in Spanish.
 - Strategy 10.4: Develop a survivorship curriculum to enhance awareness about long-term effects of cancer care and the need for survivorship care planning.
- (2) **Develop priority focus on advocacy and policy issues related to cancer survivorship**
 - Strategy 11.1: Support the development of policies that recognize and promote cancer care planning including written care plans for patients/families at the time of cancer diagnosis, at the end of active treatment, and at the beginning of long-term survivorship.
 - Strategy 11.2: Support activities related to increasing education and supportive services for cancer survivors as identified in the Massachusetts Comprehensive Cancer Prevention and Control Network State Plan in partnership with the Department of Public Health and other statewide partners.
 - Strategy 11.3: Train resident cancer survivors at Madison Park Development Corporation to educate other community residents about cancer survivorship issues through a peer leadership model.

CHNA Key Finding #4: *Community Perceptions of Cancer*

Community members expressed significant fear surrounding the risk of cancer diagnosis and often perceive a strong correlation between cancer and death rather than survivorship.

Dana-Farber Response:

Dana-Farber will expand existing efforts to increase awareness about the importance of cancer prevention, early detection, and survivorship, enhance our digital presence in ethnic media channels, and strengthen our partnerships in the community through Coalition-based work in our priority neighborhoods.

OBJECTIVES:

- (1) **Recruit and Train Community Ambassadors** to demystify cancer, showcase survivorship, and reach traditionally underserved populations in our priority neighborhoods by training cancer survivors to share their own cancer experience within their social networks.
 - Strategy 12.1: Train Community Ambassadors using the evidence-based training curriculum developed during the previous Implementation Plan cycle.

- (2) **Continue to leverage comprehensive marketing and educational efforts to increase awareness of the cancer burden and strategies to reduce cancer risk, particularly among medically underserved communities.**
 - Strategy 13.1: Disseminate the Community Benefits Brochure highlighting Dana-Farber’s programming and outreach efforts in our surrounding communities.
 - Strategy 13.2: Launch public education campaign in partnership with city and state health agencies to increase awareness about HPV, the link to cancer, and the availability of a safe and effective vaccine among our target population.
 - Strategy 13.3: Increase Dana-Farber Community Benefits’ presence in digital spaces with a focus on ethnic media and local neighborhood newspapers.
 - Strategy 13.4: Leverage partnerships and participation in community-level health coalitions including the Boston Alliance for Community Health and other local neighborhood-specific groups to expand our reach and increase the impact of our efforts.
 - Strategy 13.5: Support the health and wellbeing initiative at Madison Park Development Corporation by providing education about cancer prevention, screening, early detection, and survivorship to residents.
 - Strategy 13.6: Leverage our partnership with the Prostate Health Education Network (PHEN) to hold a community event focused on cancer awareness.

CHNA Key Finding #5: *Community Strengths*

While residents living in Dana-Farber’s priority neighborhoods face significant socioeconomic challenges, these communities possess numerous assets and strengths including strong neighborhood cohesion and social networks, vibrant diversity, community resilience, youth leadership, and numerous community-based organizations/resources.

Dana-Farber Response:

Dana-Farber has strong partnerships with numerous community-based organizations (e.g., Sociedad Latina, Madison Park Development Corporation, etc.) and receives input and guidance from its Community Benefits External Advisory Committee to develop programming that meets community needs and maximizes community assets.

Our model to advance community cancer control relies on our strong, sustained partnerships within our surrounding neighborhoods. This collaborative approach is integrated into all of Dana-Farber’s community work and allows us to harness the collective strengths of the communities we serve including the neighborhood cohesion, strong social networks, and variety of community-based resources.

For example, Dana-Farber’s workforce development efforts focus on building skills and employment opportunities among residents from traditionally underserved neighborhoods. Workforce development efforts seek to maximize and invest in community assets identified in Dana-Farber’s priority neighborhoods, especially the strong youth leadership. Last year, Dana-Farber hired over 40 student interns for the summer jobs program and engaged 23 students in a college and career readiness training program in addition to participating in other job-to-career and shadow day programs.

OBJECTIVES:

(1) Continue to leverage our commitment to youth development through public health training and collaboration with youth-serving agencies.

(2) Participate in City-led initiatives that strengthen the communities we serve including community gardens, race dialogues, healthy eating and exercise activities, and other events to promote health and well-being.

CHNA Key Finding #6: Social 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.

Dana-Farber Response:

Through engagement with local coalitions, partnerships, and neighborhood-based organizations, Dana-Farber participates in meaningful ways in reducing the socio-economic burdens experienced by residents in our priority neighborhoods.

While our expertise as a comprehensive cancer center leads us to focus largely on reducing cancer incidence and mortality through our clinical community screening and outreach programs, we participate in numerous community-based activities focused on broader public health issues.

Our reach and impact in addressing these issues is expanded through our partnerships with the Boston Public Health Commission, the Department of Public Health, and the Boston Alliance for Community Health (BACH), among others, who lead efforts and grant projects focused on broader key health issues including healthy eating, active living, reducing tobacco use, and advancing community initiatives, among others.

OBJECTIVES:

- (1) Actively participate in community-oriented health and wellness strategies through our partnerships with the Boston Public Health Commission, the Department of Public Health, and the Boston Alliance for Community Health, among others.
- (2) Support projects and initiatives that have the potential to reduce socioeconomic burdens experienced by residents in our priority neighborhoods.

Conclusion

As an NCI-designated comprehensive cancer center, Dana-Farber is uniquely qualified to demonstrate measurable outcomes in reducing the burden of cancer in the City of Boston by continuing its comprehensive portfolio of Community Benefits activities and marshaling the collective efforts of local cancer coalitions and partners who share our mission. The substantial burden of cancer in our surrounding communities as identified in the CHNA highlights the imperative for us to leverage our position as a national leader in cancer care and continue our substantive commitment to reducing cancer incidence and mortality and promoting health equity in the Greater Boston area.