

*Community Health Needs Assessment  
Implementation Plan  
2012-2015*



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**Community Health Needs Assessment  
Implementation Plan  
Dana-Farber Cancer Institute  
2012 - 2015**



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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 2012-2015 Community Benefits Implementation Plan as informed by the Community Health Needs Assessment Report. The findings of the Community Health Needs Assessment (CHNA) are available in the Executive Summary 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.

Cancer is the leading cause of death in Boston. While the CHNA findings reflect that collective mammography screening efforts in the City of Boston are making a difference and breast cancer screening rates are trending upwards – especially among women of color – the overall burden of cancer across all types is significant and more 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, particularly among Black individuals (as defined by the U.S. Census Bureau standards on race and ethnicity) who experienced 276.3 deaths per 100,000 due to cancer in 2007 compared to 183.4 for Whites during the same year. Furthermore, cancer has consistently been the leading cause of death among Asian and Latino residents in the City of Boston from 2002 – 2007.

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 pervasive fears related to cancer. Residents reported being more challenged by the broader upstream socioeconomic issues that go beyond cancer, such as inadequate availability of nutritious food, lack of safe outdoor environments for physical exercise, high rates of unemployment, lack of affordable housing, community violence, and experiences of racism and discrimination in the healthcare system.

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.

Furthermore, Dana-Farber will continue to develop programs, such as Dana-Farber Community Cancer Care at Whittier Street Health Center, that are innovative and work to facilitate the achievement of timely, consistent, and culturally-appropriate care throughout the continuum from prevention, screening, and early diagnosis to treatment and survivorship. Our identified focus area priorities – 1) addressing the cancer burden; 2) reducing access barriers; and 3) addressing the community perceptions of cancer – 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, *U.S. News & World Report* ranked Dana-Farber/Brigham and Women's Cancer Center New England's top cancer hospital and the 5th best cancer hospital in the nation – an honor we have held for the past 12 consecutive years.

## **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. In their oversight capacity, Committee members provide the Community Benefits staff 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.

## **COMMUNITY PARTNERSHIPS**

Dana-Farber Community Benefits work is conducted through a decentralized model. While dedicated Community Benefits staff implement several programs such as those conducted out of the Blum Family Resource Van (Blum Van) and Dana-Farber's Mammography Van, most initiatives are developed and implemented through collaborative partnerships between Dana-Farber departments and offices (e.g., partnerships between Community Benefits and the Center for Community-Based Research) or between Dana-Farber Community Benefits and external stakeholders (e.g., partnerships between Community Benefits and the United Way/Jimmy Fund Collaborative). Overall, the Dana-Farber Community Benefits Office participates in numerous outreach efforts and planning through ongoing partnerships with a range of diverse agencies, including the selected partnerships highlighted in this section.

### ***A Premier Partnership: Dana-Farber Cancer Institute & Whittier Street Health Center (WSHC)***

Central to Dana-Farber's efforts to reduce cancer incidence and mortality among diverse and traditionally underserved populations are Dana-Farber's community partners. WSHC is one of Dana-Farber's premier partners in addressing cancer-based health disparities. As a federally-qualified health center located in Roxbury, WSHC serves a racially and ethnically diverse community of 25,000 patients through more than 100,000 clinic visits per year to patients in the communities of Roxbury, Mission Hill, Dorchester, Jamaica Plain, and Mattapan. As a primary care facility and the cornerstone of community health and wellness initiatives in Roxbury and its surrounding communities, WSHC provides high-quality, accessible health care and works tirelessly to eliminate health and social disparities experienced in their service area where more than 60 percent of residents live below the federal poverty level, 83% reside in public housing, and 35% are uninsured.

After more than a decade of partnering with WSHC on early detection and cancer survivorship efforts, Dana-Farber Community Cancer Care at Whittier Street Health Center was launched to provide streamlined diagnosis, treatment and education of underserved patients with suspected malignancies throughout the continuum of care. In this model, Dana-Farber oncologists host a clinical outreach facility at WSHC, where they provide on-site cancer evaluation services to aid in the diagnosis and work-up of suspected oncologic issues, while a highly experienced nurse navigator triages and tracks all patients to streamline diagnosis and treatment. This clinical partnership is believed to be the country's first dedicated oncology space in an inner-city health center. In addition, a new Dana-Farber Mammography Suite will be opened at WSHC in the fall of 2013.

By bringing Dana-Farber's unique cancer expertise directly to a premier community health center that serves a diverse population with disproportionately high rates of cancer incidence and mortality, we reduce traditional health care access barriers and help patients navigate through the continuum of cancer care from prevention to treatment to survivorship in a timely manner.

### Other Community Health Center Partners

- **Mattapan Community Health Center (MCHC)**

MCHC serves the residents of Mattapan and surrounding communities – where approximately 40 percent of residents live on income below the poverty level – by carrying out its mission to provide comprehensive, accessible, affordable and culturally-appropriate health care services to individuals and families in traditionally underserved communities. With a primary patient population of Black/African Americans, as well as a large percentage of Caribbean immigrants, MCHC serves more than 7,000 individuals from diverse racial and ethnic backgrounds each year through more than 26,000 visits. Dana-Farber has partnered with MCHC to pilot a prostate cancer education model to reduce the prostate cancer burden experienced by men in MCHC’s patient population.

- **Brookside Community Health Center & Southern Jamaica Plain Health Center**

As two state-of-the-art community health centers licensed by Brigham and Women’s Hospital, Brookside Community Health Center and Southern Jamaica Plain Health Center each serve more than 10,000 patients per year in traditionally medically underserved neighborhoods within the City of Boston to provide comprehensive and integrated health care services. Dana-Farber partners with Brookside and Southern Jamaica Plain to operate a colorectal cancer patient navigator program.

### Community-Based Organizations and Housing Developments

- **Prostate Health Education Network (PHEN)**

Founded in 2003, PHEN is a not-for-profit organization that aims to eliminate the prostate cancer disparity among African American men. 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.

- **Madison Park Development Corporation**

Madison Park is a community-based not-for-profit organization seeking to revitalize the neighborhood of Roxbury by facilitating the development of safe, affordable, mixed-income housing options for low to moderate income individuals and families. Madison Park engages in a sustainable and holistic approach to community well-being by employing resident-led community enhancement approaches and supporting the development of housing options that promote community cohesion and healthy lifestyles.

- **YWCA Boston**

YWCA Boston works to address disparities and improve social cohesion in Boston neighborhoods where health, educational, and safety inequities are most significant. In focusing on health disparities, YWCA Boston engages primarily Black, Latina and immigrant women and girls in health and wellness promotion programs that deliver accessible, culturally-specific resources on topics such as breast and cervical cancer, cardiovascular health, STIs, obesity, diabetes, and violence.

- **Inquilinos Boricuas en Acción (IBA)/Villa Victoria**

IBA is an activist-led organization that promotes the development of safe, culturally-diverse and affordable housing communities that offer residents comprehensive programming options to facilitate social, educational, and economic advancement. IBA embraces community organizing and civil rights principles and builds neighborhood cohesion through a comprehensive approach to community development among diverse racial, ethnic, and cultural groups.

- **Sociedad Latina**  
Sociedad Latina, located in the Mission Hill section of Roxbury, works in partnership with Latino youth and families to end destructive cycles of poverty, health inequities, and lack of educational and professional opportunities. By serving more than 3,000 youth and adults ages 10-21, Sociedad Latina provides at-risk youth with support that enables them to develop into competent, confident, and self-sustaining adults.

#### State and Local Health Agencies

- **Massachusetts Department of Public Health (MDPH)**  
Through ongoing partnerships with MDPH's Chronic Disease Prevention and Control Unit, several cancer control priorities have been identified in collaboration with Dana-Farber. Programs in tobacco control, colorectal, prostate, skin and women's cancers have been established in partnership with MDPH and other community agencies across the Commonwealth.
- **Massachusetts Comprehensive Cancer Control Coalition (MCCCC)**  
Dana-Farber continues its leadership role as a member of the MCCC and has continued to identify cancer control priorities and opportunities for demonstrating the greatest impact in reducing cancer incidence, morbidity and mortality while promoting survivorship.
- **Boston Public Health Commission (BPHC)**  
Dana-Farber works closely with the BPHC to implement and sustain initiatives that address the need for education about cancer prevention, screening and survivorship. In addition, Dana-Farber has served on the Mayor's Task Force to Eliminate Health Disparities and continues to work alongside fellow health care institutions and task force partners to address racial and ethnic disparities in health and promote workforce development programs.

## **Dana-Farber Community Benefits Addressing Community Needs**

Dana-Farber strives to implement cost-effective programs to integrate best and innovative practices grounded in research findings, while focusing on traditionally underserved populations and using resources appropriately and effectively. The following table highlights the current programs, partnerships, and existing tools and resources sponsored and utilized by Dana-Farber to address community needs as informed by the CHNA findings.

<b>Dana-Farber Programs</b>	<b>Description</b>
<b>Dana-Farber’s Mammography Van</b>	In its eleventh year, Dana-Farber’s Mammography Van provides digital screening mammograms and breast health education to women 40 years of age and older in partnership with local neighborhood health centers. 3,500 women were served last year.
<b>Blum Family Resource Van</b>	Providing cancer education and screening throughout the region, the Blum van programs include sun safety education and screening, prostate cancer education and screening, HPV and cervical cancer education and tobacco control activities.
<b>Dana-Farber Community Cancer Care at Whittier Street Health Center (WSHC)</b>	Dana-Farber oncologists host a clinical outreach facility at WSHC, providing on-site cancer evaluation services to aid in the diagnosis and work-up of suspected oncologic issues. A nurse navigator triages and tracks all patients to streamline diagnosis and treatment.
<b>Open Doors to Health: A Peer Led Cancer Prevention and Early Detection Program (ODH)</b>	Peer leaders, who reside in Boston housing developments, educate other residents on prevention and early detection of breast, cervical and colon cancer and provide them with resources to local screening programs.
<b>Evidence-Based Training Programs for Community-based Organizations</b>	Evidence-based trainings are provided to community-based organizations on how to choose, customize, and localize health education programming that will meet community and organizational needs.
<b>United Way/Jimmy Fund Collaborative</b>	In its seventeenth year, the Collaborative has provided funding to community-based organizations that promote youth engagement and cancer prevention. Youth tobacco control efforts that reduce access to tobacco among residents in low-income communities is the current funding priority and is intended to help address the burden of lung cancer in our surrounding communities.
<b>Faith-Based Colon Cancer Prevention Education Outreach Program</b>	Increasing cancer prevention, education, and awareness through partnerships with six Black and Latino churches in Boston to promote colon cancer education and increase knowledge about the importance of screening among church members. Physical activity and weight management programs are also provided.
<b>Prostate Cancer Education and Screening Program</b>	In partnership with the Prostate Health and Education Network (PHEN), prostate cancer information, education, screening and patient navigation is provided to men of color whom are at high risk for prostate cancer. This past year approximately 1,000 men were served.
<b>Sun Safety Education and Screening Program</b>	Participants whom are at highest risk for skin cancer are

	provided with sun safety education and skin cancer screening by a dermatologist at health fairs, health centers, and local beaches. In FY12, a total of 26 events were held, reaching almost 2,000 participants.
<b>Tobacco Cessation Pilot Program</b>	Provides smoking cessation counseling using an evidence-based approach to support individuals who smoke through the process of quitting in order to reduce the burden of lung cancer.
<b>HPV and Cervical Cancer Pilot Education Program</b>	Educates parents and guardians on cervical cancer prevention to help them make informed decisions about their children’s health with regards to HPV and cervical cancer vaccinations and screening.
<b>Dana-Farber/Brigham and Women’s Cancer Center Patient Navigator Program (2005)</b>	Three (3) patient navigators address the needs of people at risk for or diagnosed with breast, cervical or colon cancer and facilitate access to the health care system for women and men from diverse backgrounds with low socioeconomic status, limited English proficiency, disability status, or payment status (uninsured/underinsured). In FY 12, the program served 660 new patients.
<b>Community Events and Health Fairs</b>	Participating in community events serves as vehicles for educating communities about cancer prevention, screening, early detection, clinical trials participation and treatment information.

## **Summary of Community Health Needs Assessment Process**

To ensure that Dana-Farber’s community outreach activities and programs are meeting the health needs of residents in our surrounding priority neighborhoods, the 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 needs assessment (CHNA). This effort incorporated a two-phased process focusing 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 that exist and improving the overall health and well-being of the population.

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 embraced a social determinants of health perspective to examine how these larger social and economic factors are associated with good and ill health specifically across the cancer continuum.

In **Phase I** of the Dana-Farber CHNA process, social, economic, and epidemiological data at the community level were reviewed and analyzed to provide a health portrait of these communities. Sources of data included the U.S. Census, National Cancer Institute, Centers for Disease Control and Prevention, Massachusetts Department of Public Health, Boston Redevelopment Authority, Boston Public Health Commission, and local organizations, among others. Data were compiled to provide a comprehensive portrait of the city and Dana-Farber’s priority neighborhoods. Data analyses were generally conducted by the original data source (e.g., U.S. Census, Massachusetts Department of Public Health). To tap into local resources as well as gather perspectives on Dana-Farber’s engagement with the community, 11 interviews were conducted with staff members from other community-based organizations. Discussions were held with staff and researchers at Dana-Farber’s Center for Community-Based Research (CCBR), Boston Public Health Commission, American Cancer Society, Harvard School of Public Health, Tufts University, University of Massachusetts Boston, and Health Care for All – a Massachusetts organization dedicated to making adequate and affordable health care accessible to everyone, regardless of income, social, or economic status. Information from these discussions allowed for the exploration of additional data sources and provided further background on Dana-Farber’s programs.

**Phase II** of the CHNA 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. This process included four focus groups and 17 in-depth interviews with internal Dana-Farber staff and leadership; one discussion group with the Community Benefits External Advisory Committee; three focus groups with community members (one of which was in Spanish) and one focus group with community-based organization (CBO) staff in the priority neighborhoods. A total of 86 individuals participated in qualitative data collection to discuss their perceptions of their neighborhood, their health concerns, what programming or services are most needed to address these concerns and the role of Dana-Farber in these efforts.

### **Focus Area Prioritization Process**

Identifying key areas of focus for this plan was conducted through an iterative, multi-phased process. Between phases I and II of the CHNA, 37 Dana-Farber internal staff and stakeholders participated in a day-long retreat. This event included a discussion of quantitative data from CHNA, followed by small group and large group discussions focused on identifying initial key priority areas to build upon Dana-Farber's existing portfolio of community benefits activities.

Upon completion of the CHNA, over 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;
- 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

As a result of the process described above, Dana-Farber identified key priority areas based on our potential to demonstrate measurable outcomes in reducing cancer incidence and mortality through programmatic enhancements in these areas.

Our identified focus area priorities – **1) addressing the cancer burden; 2) reducing access barriers;** and **3) addressing the community perceptions of cancer** – 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.

## **CHNA Key Findings & Prioritized Areas of Focus:**

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. Comprehensive data and key findings from Dana-Farber's Community Health Needs Assessment are detailed on pages 2 – 10 of the CHNA Executive Summary accompanying this implementation plan. 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. Specifically, 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 for 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, the 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 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.

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 #4-6 in the prioritized list above).

## **Dana-Farber Responses and Implementation Strategies**

Dana-Farber is dedicated to engaging in a collaborative process to implement the following initiatives. To this end, we commit to building upon our robust portfolio of community benefits activities and implementing the following strategies by 2015:

### **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.

### **Existing Dana-Farber Efforts:**

Dana-Farber has built a comprehensive foundation of outreach programs to further its mission of reducing the cancer burden. One of our newer initiatives is **The Cancer Care Equity Program (CCEP)**. CCEP was established in January 2012 to serve as a bridge between research and outreach efforts to address cancer disparities. The role of the CCEP is to improve local outcomes via clinical access to the spectrum of preventative medicine, treatment, and clinical trials at Dana-Farber for the underserved; unite disparities-related research across the Institute; initiate and facilitate research in cancer disparities; and strengthen established outreach and educational programs. Through Dana-Farber Community Cancer Care at Whittier Street Health Center, 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.

### **Dana-Farber Response:**

Dana-Farber seeks to reduce cancer disparities across racial and ethnic groups by enhancing the community-based clinical care program at Dana-Farber Community Cancer Care at Whittier Street Health Center (WSHC) and measuring its effectiveness in delivering timely, consistent, and culturally-appropriate cancer care.

### **Outcome Indicators:**

Time from initial appointment to resolution (treatment plan established, surveillance plan established, or return to primary care provider) among patients at Dana-Farber Community Cancer Care at Whittier Street Health Center ( $\leq 21$  days)

### **Strategies:**

- (1) Enhance relationships between primary care physicians and oncologists to facilitate care coordination across settings
- (2) Implement operational improvements to maximize the expedited referral process, such as enhancing insurance eligibility screening processes
- (3) Utilize the existing nurse patient navigator model to facilitate care coordination and referral efforts across the continuum of care
- (4) Establish metrics to measure impact

## **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.

### **Existing Dana-Farber Efforts:**

- **Patient Navigation Program:** Dana-Farber will continue its Patient Navigation Program in breast, cervical, colon and prostate cancers, which provides access to and identifies resources for women and men from diverse backgrounds and with low socio-economic status who may face barriers due to limited English proficiency, disability status, or insurance status.
- **Dana-Farber's Mammography Van (DFMV):** DFMV continues to be the only mobile mammography program in the Commonwealth of Massachusetts. It provides digital screening mammograms and breast health education to women 40 years of age and older. In partnership with local neighborhood health centers, the DFMV is on the road 3-4 days per week year-round.
- **Blum Family Resource Van:** Dana-Farber's mobile health program provides cancer education and screening throughout the region and in local Boston neighborhoods. The Blum Van programs include sun safety education and screening, prostate cancer education and screening, HPV and cervical cancer education and tobacco control activities.

### **Dana-Farber Response:**

The CHNA findings reflect that the elevated cancer incidence and mortality rates in the City of Boston are linked to health care access barriers experienced by individuals in our priority neighborhoods, especially within communities of color. Barriers experienced by community residents include perceived poor quality of care, weak physician-patient relationships, and difficulty navigating the health care system. In response, Dana-Farber will continue its multi-pronged approach to provide evidence-based training to primary care practitioners in the community to enhance the doctor-patient interaction in a way that promotes shared decision-making; to strengthen its community outreach efforts by leveraging internal and external partnerships; and to more strategically participate in coalition-based work at the state and local level that aims to reduce the burden of cancer among diverse populations.

### **Strategies:**

- (1) Implement a provider education pilot at Mattapan Community Health Center to enhance primary care capacity to utilize current knowledge and standards of clinical practice in the delivery of patient-centered prostate cancer education and screening
- (2) Establish coordinated community-based prevention efforts at the Resource Room at Whittier Street Health Center (WSHC) integrating the work of multiple offices and departments within Dana-Farber (i.e. patient-navigators, social workers, nutritionists, and the Center for Community-Based Research) to educate traditionally medically underserved patients about cancer prevention and risk, as well as the role of clinical trials in treating cancer
- (3) Seek appropriate Dana-Farber Community Benefits representation on cancer-related and health disparities-related committees at the state and local level to provide Dana-Farber expertise on best practices and enhance Dana-Farber's partnership and coalition-based work
- (4) Launch the Dana-Farber Mammography Suite at WSHC
- (5) Continue to develop and expand Dana-Farber's long history of comprehensive community-based programming and partnerships with an unwavering commitment to reduce the burden of cancer
- (6) Establish metrics to measure impact

### **CHNA Key Finding #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 a cancer diagnosis.

#### **Existing Dana-Farber Efforts:**

- **Promotional Campaign:** Educating residents on the importance of cancer prevention, early detection, and survivorship through a promotional campaign on the Boston subway and bus system.
- **Educational Programming for Community Organizations:** Training community-based organizations to develop evidence-based programming and strategies for cancer prevention that promote the adoption of healthy behaviors.
- **Events and Conferences:** Organizing intensive, multi-day summits and conferences to celebrate survivorship and educate diverse populations about their unique cancer risk based on racial and ethnic characteristics. Past events include the 1<sup>st</sup> Latina Breast Cancer Survivorship Conference, *Life after Cancer*, hosted by Dana-Farber.
- **Open Doors to Health (ODH):** In partnering with Boston housing developments, peer leaders work on prevention and early detection of breast, cervical, and colon cancer by educating residents and providing them with resources to local screening programs.

#### **Dana-Farber Response:**

The CHNA findings reflect that community residents share common experiences of hardship including poverty, unemployment, and violence, which are deeply rooted in the socio-economic context of our priority neighborhoods. The CHNA resident focus groups revealed that cancer was a low priority for residents compared to the day-to-day concerns of meeting basic needs in the face of financial and social hardships and reflected a strong perceived correlation between cancer and death rather than survivorship. In addition to sustaining existing efforts, Dana-Farber will develop an Ambassador program to demystify cancer, showcase survivorship, and reach traditionally underserved populations in our priority neighborhoods.

#### **Outcome Indicators:**

- Number of Ambassadors identified and trained to serve in the first year of the program
- Number of priority neighborhood residents reached by Ambassadors in first year of the program

#### **Strategies:**

- (1) Program Development: Articulate overall goals and purpose of program, key staff, recruitment strategies, Ambassadors' role, responsibilities, time commitment, ideal implementation of program, success metrics, etc.
- (2) Recruit Ambassadors: Work with internal staff and external partners (i.e. Patient Family Advisory Councils) to identify cancer survivors in our priority neighborhoods who could serve as Ambassadors in sharing their own cancer experience with members of their social networks.
- (3) Conduct evidence-based training sessions for Ambassadors

**CHNA Key Finding #4: Primary Prevention**

Cancer-prevention behaviors such as healthy eating and physical activity are a significant challenge in many of Dana-Farber's neighborhoods, particularly among traditionally underserved populations.

**Dana-Farber Response:**

Dana-Farber supports numerous community-based activities focused on behavioral prevention efforts among the traditionally medically underserved. Efforts include: Implementing evidence-based strategies to increase healthy food choices and physical activity in Boston public housing developments; providing on-going nutrition workshops; utilizing a peer leaders program (ODH) to promote the adoption of healthy behaviors; engaging community-members through faith-based initiatives that emphasize primary prevention behaviors; and developing prevention-focused translational studies through our Center for Community-Based Research (CCBR). Through engagement with local coalitions, partnerships, and neighborhood-based organizations, Dana-Farber hopes to participate in meaningful ways in reducing the socio-economic burdens experienced by residents in our priority neighborhoods.

**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 youth leadership, strong neighborhood cohesion and social networks, and numerous community-based organizations.

**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.

Dana-Farber's current work could not be maintained or expanded without the strong, sustained partnerships within the community, and this collaborative approach is integrated into all of Dana-Farber's community work. As a comprehensive cancer center, Dana-Farber cannot directly address the larger economic factors affecting residents' lives. However, Dana-Farber provides services that are sensitive to this context. 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 the community assets identified in Dana-Farber's priority neighborhoods, especially the strong youth leadership. Last summer Dana-Farber hired 60 student interns for the summer jobs program.

**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 hopes to participate in meaningful ways in reducing the socio-economic burdens experienced by residents in our priority neighborhoods. Dana-Farber’s services are sensitive to this context and take into account the multitude of concerns that many residents face including the social, economic, and cultural components that affect health.

**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 in the City of Boston.