



Dana-Farber
Cancer Institute

FY'20 COMMUNITY BENEFITS REPORT

June 29th, 2021

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DANA-FARBER CANCER INSTITUTE

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I. ABOUT DANA-FARBER CANCER INSTITUTE

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

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

Notably, Dana-Farber embraces the “total patient care” philosophy of its founder, Dr. Sidney Farber, ensuring that patients' psychological, family, and spiritual needs, as well as their medical needs, are met before, during, and after treatment. Its equal commitment to research and patient care is unique among cancer institutions, and this 50-50 balance results in extraordinary partnerships between laboratory scientists and clinicians. Reinforcing this exceptional model, Dana-Farber has been ranked the #1 cancer hospital in New England by *U.S. News and World Report* for 17 consecutive years and is the only cancer center in the country ranked in the top 4 for both adult and pediatric cancer programs.

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

II. COMMUNITY BENEFITS MISSION STATEMENT

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

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

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

Updated: July 2009

Revised: January 1996

Approved: September 1995

III. COMMUNITY BENEFITS PLANNING MECHANISMS

The Dana-Farber Cancer Institute's **Board of Trustees Community Programs Committee** oversees the development and implementation of Dana-Farber's Community Benefits Plan. In their oversight capacity, Committee members provide the hospital's Community Benefits staff with guidance and leadership around program initiatives and monitor the completion of the Community Health Needs Assessment ("CHNA") and Community Health Implementation Plan ("CHIP"). Additionally, the Committee provides oversight to the hospital's Community Benefits External Advisory Committee.

Dana-Farber Cancer Institute's Community Benefits External Advisory Committee was established in 1997 and consists of representatives from various constituencies who share DFCI's commitment to reducing disparities in cancer care, education, treatment and the social determinants of health. The External Advisory Committee is responsible for overseeing the development and implementation of specific Community Benefits initiatives and programs.

The **Dana-Farber Community Benefits Internal Advisory Committee** provides input and shares responsibility for the implementation of key initiatives in the overall Community Benefits Plan.

Dana-Farber Community Benefits staff also participate in community outreach and planning activities with the following organizations:

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

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

Boston Public Health Commission (BPHC): Dana-Farber works closely with the BPHC to implement and sustain initiatives that address the need for cancer prevention education, screening services, and survivorship education. BPHC is also an active member of Dana-Farber's Community Benefits External Advisory Committee and plays a key leadership role as the co-convenor of the Boston Breast Cancer Equity Coalition.

The Conference of Boston Teaching Hospitals (COBTH): Dana-Farber is an active member of COBTH, a coalition of thirteen Boston-area teaching hospitals who collaborate on community outreach and planning activities.

Boston CHNA/CHIP Collaborative: Dana-Farber is a founding member of the Boston CHNA/CHIP Collaborative, a large multi-sector effort launched in September 2018 to conduct the first citywide Community Health Needs Assessment and Implementation Plan

(CHNA/CHIP). Dana-Farber also co-chairs the Community Engagement Work Group in collaboration with BPHC.

Cancer Community Health Needs Assessment (CHNA) Partners: Dana-Farber worked closely with Boston Medical Center (BMC) in 2019 to develop a cancer-specific CHNA report that provides a deeper analysis of the needs and experiences of cancer patients, survivors, and caregivers across the cancer continuum. Dana-Farber also worked closely with BMC, Enhance Asian Community on Health (EACH), BPHC, and Whittier Street Health Center (WSHC) to implement community engagement efforts for the Cancer CHNA Report.

Union Capital Boston (UCB): Dana-Farber is actively involved in a partnership initiative with UCB focused on promoting cancer prevention and survivorship and strengthening the work of Dana-Farber's Community Benefits Office. Dana-Farber also worked closely with UCB to carry out focus groups with cancer patients, survivors, and caregivers for Dana-Farber's Cancer CHNA.

Boston Breast Cancer Equity Coalition: Launched in 2014, this cross-sector coalition seeks to eliminate the differences in breast cancer care and outcomes by promoting equity and excellence in care among women of all racial/ethnic groups in the City of Boston.

Madison Park Development Corporation (MPDC): Dana-Farber has a longstanding history of collaboration with MPDC and continues to partner with MPDC to support health equity and wellness initiatives, including providing health and wellness programming to MPDC residents.

Massachusetts HPV Coalition: Dana-Farber continues to partner with Team Maureen to lead the statewide HPV Coalition and identify opportunities for greatest impact in increasing statewide vaccination rates and knowledge around HPV-related cancers. Dana-Farber also continues to play an active role in supporting the annual HPV-Related Cancer Summit.

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

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

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

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

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

IV. 2020-2023 COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

In 2019, Dana-Farber’s Board of Trustees approved the 2020-2023 Cancer-Focused Community Health Needs Assessment (CHNA) and Implementation Plan to ensure that our collective efforts have the maximum possible impact within the Institute’s priority neighborhoods. Dana-Farber’s Community Benefits Office retained Health Resources in Action (HRiA), a non-profit public health consultancy organization in Boston, to undertake a comprehensive assessment of the health needs within our priority communities, including how those needs are currently being addressed and where there are opportunities to address these needs in the future.

Dana-Farber’s 2020-2023 Cancer CHNA builds off previous efforts to gain a greater understanding of the health issues facing Boston residents across the continuum of cancer care, with a focus on the City of Boston and Dana-Farber’s priority neighborhoods for Community Benefits work – Dorchester, Roxbury, Mission Hill, Jamaica Plain, and Mattapan. The Cancer CHNA integrates key findings from the citywide CHNA and delves more deeply into the needs and experiences of cancer patients, survivors, and caregivers throughout the cancer continuum, exploring behaviors and health outcomes around prevention, screening, treatment, and survivorship using social determinants of health and health equity frameworks.

This effort not only complies with the IRS CHNA requirement under the Internal Revenue Code Section 501 (r) (3) (A) (iii) and the Massachusetts Attorney General’s mandates for conducting community health needs assessments but aligns with Dana-Farber’s approach of utilizing data to inform its initiatives and strengthen collaborative partnerships in Dana-Farber’s surrounding communities and satellite locations.

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 following list highlights Dana-Farber’s prioritized areas of focus in addressing the identified community health needs.

- 1) **Cancer Burden:** Cancer continues to be the leading cause of death in Boston and Massachusetts. Breast and prostate cancers are diagnosed most frequently, and mortality rates for these diseases have not improved. The CHNA findings indicate that Black men in Boston continue to experience the highest rates of overall cancer mortality and premature cancer mortality (death before age 65). Moreover, Black men under age 65 die from almost all cancers included in the CHNA at significantly higher rates than White men. Similar to the 2016 CHNA, compared to White men, Black men have more than double the rate of death from prostate cancer as well as dying from prostate cancer before age 65. The data also reflects that Black women under age 65 are significantly more likely to die from all cancers combined compared to White women. There are also significant disparities in cancer mortality across Boston neighborhoods, including Hyde Park, Dorchester, East Boston, and Fenway, warranting further investigation. Additional disparities are also seen across other groups:
 - The incidence of all cancers has increased significantly among Asian and Black women over time.

- Breast cancer incidence rates have risen significantly among Asian women over time.
 - Asian men have significantly higher liver cancer incidence and premature (<65 years) liver cancer mortality rates compared to White men.
 - Significant disparities in cancer screening and risk behaviors exist among select subgroups, including immigrant, low-income and unemployed residents.
- 2) **Access Barriers:** Across the continuum of cancer care, barriers to accessing cancer services include confusion about screening guidelines, cost of treatment, maintaining employment, transportation, and limited opportunities to participate in clinical trials. Numerous cancer patients and survivors remarked that having cancer had depleted their resources. Cost challenges are compounded by the fact that cancer patients may be unable to work full time (or at all) during or even after treatment. Language barriers and lack of cultural competency among providers as well as institutional racism were also mentioned as challenges for patients of color and immigrants. The CHNA findings also underscore the need for greater engagement of primary care providers and assistance navigating the cancer care system from screening through survivorship.
 - 3) **Cancer Survivorship:** Cancer survivors experienced a significant drop-off in support following treatment and expressed a need for more post-treatment support for issues such as managing medication needs and long-term side effects, feelings of isolation, fear of cancer reoccurrence, rejoining the workforce, and “normalizing” life after cancer. In addition, focus group participants emphasized the importance of cancer-specific support groups and expressed the need for more groups in different languages serving different populations, as well as support groups facilitated by cancer survivors and people of color.
 - 4) **Social 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. When Boston CHNA respondents were asked to identify the top most important concerns in their neighborhood that shape their community’s health, housing quality or affordability and alcohol/drug abuse emerged as the top priorities, followed by mental health and community violence. In addition to poverty and high housing costs that force individuals to prioritize their spending, a lack of affordable physical activity opportunities and access to nutritious food were described as barriers to healthy living. Lower income neighborhoods were described as having fewer affordable gyms, grocery stores, and more fast food and convenience stores compared to more affluent areas.
 - 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. Boston CHNA participants also noted proximity of health care services and educational institutions, diversity and multiculturalism, and engaged residents as key strengths that can be leveraged in future efforts.

V. COMMUNITY BENEFITS PROGRAMS

A. Education, Outreach, Screening and Advocacy

Community outreach at Dana-Farber focuses on increasing awareness about the importance of cancer prevention, outreach, screening, early detection and clinical trials education. Examples of prevention programs are:

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

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

Priority populations include women who are low-income, elderly, immigrants, non-English speaking, people of color, and other minority backgrounds. Priority neighborhoods in Boston include Roxbury, Jamaica Plain, Dorchester and Mission Hill. In partnership with 20 community-based organizations and neighborhood health centers, such as The Dimock Center and Charles River Community Health, the Van is on the road three days per week year-round. Dana-Farber continues to develop new clinical partnerships with community-based organizations serving diverse racial/ethnic populations, such as the Latino Health Insurance Program, to increase the number of Latina, Asian, and other racial/ethnic minority patients screened on the van.

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

COVID-19 Impact

Due to COVID-19 screening mammography was suspended mid-March. The administrative staff began working remotely, with priority tasks including rescheduling appointments and revising workflows to ensure patient and staff safety upon service resumption. Administration worked with facilities and purchasing to install barriers at the check-in desks and procure precaution supplies. Additional safety measures include

- Screening scheduled patients for viral symptoms and exposure twice:
 - Up to 72 hours prior to appointments
 - Upon arrival for appointments
- Providing patients with surgical/procedural masks prior to entering the clinics
- Reducing the van schedule from 40 to 20 appointment slots
 - Because of limited space, only one patient is allowed on the van at a time.

Screening mammography resumed mid-summer (mammography suite - July 1st; mammography van - July 22nd), and patient volume is slowly recovering. Some patients have voiced concerns about potential COVID-19 exposure and have chosen to delay annual screenings. Also, the reduced van schedule has limited access as partners attempt to schedule patients who are overdue for their screenings.

FY20 VAN HIGHLIGHTS

- **Patient Volume:** In FY20, Dana-Farber’s Mammography Van provided 1,137 mammograms. Since program inception in April 2002, Dana-Farber’s Mammography Van has provided more than 49,000 mammograms to more than 21,000 unique patients.
- **Race/Ethnicity:** The largest racial and ethnic groups seen on the van in FY20 were Black and White women. Of all van patients with complete self-reported race/ethnicity data available (82%), 18% self-identified as being Black, 27% as White, 23% as Other, 9% as Hispanic/Latino, and 4% as Asian.
- **Primary Language:** Over the past year, 48.9% of van patients spoke a first language other than English. In FY20, Dana-Farber’s Mammography Van patients self-reported a total of 17 different languages. The top five primary languages after English (51.1%) were Spanish (31.2%), Portuguese Creole (6.7%), Portuguese (4%), Vietnamese (1.2%), and Haitian Creole (1%).
- **Boston Residence:** 39% of van patients hail from Boston and 59.3% from the rest of Massachusetts. The Boston neighborhoods represented include Dorchester, Mattapan, Roxbury, Allston, and Jamaica Plain.
- **Breast Cancer Diagnoses:** 160 breast cancer diagnoses have been confirmed for patients originally screened on Dana-Farber’s Mammography Van since the program’s inception. For every 1,000 mammograms conducted on the van, three women are diagnosed with breast cancer (0.32% diagnosed).
- **Re- screening Rates:** 49.5% of patients screened on the van were returnees from prior years; 29.7% of van patients returned for re-screening in a “timely” manner (10-18 months from last screen).
- **Baseline Mammograms:** 10.6% of van patients served this year had their baseline (first-ever) mammograms on the van.
- **Follow-Up Rate:** 170 patients (15%) screened on the van in the past year received a recommendation for follow-up.
- **Insurance Status:** Over the past year, the insurance status of van patients was 61.7% publicly insured (Medicare, MassHealth, Health Safety Net, etc.) and 38.3% privately insured.

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

FY20 MAMMOGRAPHY SUITE HIGHLIGHTS

- **Patient Volume:** In FY20 the mammography suite provided 483 mammograms to women. Since program inception in October 2013, the mammography suite has provided more than 4,600 mammograms to more than 2,200 unique patients.
- **Breast Cancer Diagnoses:** For every 1,000 mammograms conducted at the suite, approximately three women are diagnosed with breast cancer (0.3%) Fourteen breast cancer diagnoses have been confirmed for patients originally screened at the mammography suite since program inception.
- **Re-screening rates:** 59.8% of patients screened at the suite were returnees from prior years; 40.5% of suite patients returned for re-screening within 10-18 months from the last screening appointment.
- **Baseline Mammograms:** 8.5% of suite patients served this year received their baseline (first ever) mammogram at the suite.
- **Follow-up Rate:** 10.4%, or 50 patients screened at the suite this past year received a recommendation for follow-up.

2. Sun Safety Education and Screening Program

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

Sun Safety Education:

The program utilizes an evidence-based curriculum developed by the Dana-Farber Center for Community-Based Research, which includes an informative quiz and biometric demonstrations of skin damage resulting from unprotected sun exposure.

Skin Cancer Screening:

Free skin cancer screenings are provided aboard the Blum Van along with ten board-certified dermatologists from the Brigham and Women's Hospital Dermatology Department. The Blum van is a 39-foot mobile clinic which contains a 15-person classroom and an exam room for screenings and private consultations. When clinically appropriate, dermatologists make biopsy recommendations related to presumptive diagnosis of different skin cancers, including basal cell carcinoma, squamous cell carcinoma, and melanoma. Sun safety program staff emphasizes the importance of additional follow-up for suspected abnormalities and spots of concern. Participants seen aboard the Blum Van are prioritized when scheduling an appointment at Brigham and Women's Hospital dermatology department.

During the summer, the Skin Cancer Screening Program provided services at five local beaches: Nantasket Beach, Carson Beach, Revere Beach, Nahant Beach, and Wollaston Beach. The target population at these events includes beach goers, lifeguards, outdoor parks and recreation workers, and community residents. Due to city and state restrictions due to the COVID-19 pandemic, DFCI had to temporarily suspend Blum Van operations for the spring and summer months. Therefore, during 2020 the Sun Safety program was unable to offer in-person community education or screening.

FY20 HIGHLIGHTS

- The Sun Safety program was able to pivot by adapting the program curriculum and providing a virtual Sun Safety education session tailored to communities of color in partnership with Union Capital Boston, which engaged approximately 90 community residents.
- In preparation for the possibility that the state of Massachusetts and the city of Boston would allow in-person screenings and education, virtual training was provided to a team of student health educators.

3. Tobacco Treatment Program at Whittier Street Health Center

Smoking is the most preventable cause of death and disease in the United States and is responsible for 480,000 deaths each year. The Tobacco Treatment Program provides individual tobacco treatment counseling to patients of Whittier Street Health Center (WSHC) in Roxbury, a diverse and medically complex patient population which includes many patients living with poverty, mental health issues, substance abuse, and multiple chronic illnesses. The program aims to reduce the risk of many cancers associated with tobacco use, including lung, mouth, throat, bladder, pancreas, cervix, and colon cancers.

Through Dana-Farber's partnership with WSHC, patients are referred by their primary care provider to the Tobacco Treatment Program, which provides support to patients in their tobacco treatment efforts as well as assisting them in reducing their exposures to smoking environments (e.g. second or third-hand smoke). Upon receipt of each referral, the tobacco treatment counselor attempts to contact the patient to offer tobacco cessation support. Patients who elect to participate in the program receive individual counseling, which can be provided in English or Spanish. Patients participating in the program receive information regarding the harms of tobacco use, the benefits of quitting, and the health impacts linked to tobacco use and cancers. The tobacco treatment counselor also provides follow-up support to patients who are ready to pursue tobacco cessation treatment and communicates with referring providers to request prescriptions for nicotine replacement therapy and other tobacco cessation medications. The tobacco treatment counselor and WSHC staff also collaborate to provide group education sessions on tobacco use to encourage participants to talk to their health care provider about quitting.

FY20 HIGHLIGHTS

- In FY20, the Tobacco Treatment Program received 126 referrals and provided a total of 95 individual tobacco cessation counseling sessions to 40 patients.
- 29 participants were able to reduce their total number of cigarettes smoked per day, and 15 of these reported being able to quit completely.
- In FY20, a quality improvement project was conducted which showed that individuals who attended more counseling sessions, who did not have a smoking partner, and who were not allowed to smoke in their homes had more success quitting or reducing their tobacco usage compared to others.
- In FY20 the TTP program received a grant from Friends of Dana-Farber Cancer Institute. The funds will be used to provide financial incentives for more patients to enroll in the TTP smoking cessation program, and for participants to attend more sessions in order to help more vulnerable individuals reduce their tobacco usage and quit smoking.
- Due to the COVID-19 pandemic, TTP pivoted from in person sessions to telehealth counseling.

4. Community Outreach and Partnerships

Dana-Farber's Community Benefits work is conducted through collaborations with internal departments and numerous community partners, including the Boston Public Health Commission, community health centers, Madison Park Development Corporation, and other community-serving agencies. Through this collaborative approach, Dana-Farber provides community outreach and education about cancer prevention, screening, early detection and survivorship to residents in Boston and surrounding neighborhoods, reaching high-risk and medically underserved individuals in our communities.

Dana-Farber also works closely with community partners to address broader issues that go beyond the cancer continuum, such as healthy eating and physical activity, through collaboration on partnership initiatives. For example, Dana-Farber provides health and wellness programming to residents of Madison Park Development Corporation and supports MPDC's health equity and wellness initiatives.

In FY20, a total of 378 individuals were reached overall through 26 community education, outreach, and screening events. Program volumes were impacted significantly by the COVID-19 pandemic and city and state restrictions on in-person programming. The Community Benefits Office pivoted in several ways to adapt to these challenges during the pandemic. In particular, the Community Benefits Office was able to adapt programming for a virtual format and provided education virtually by leveraging the online platforms of community partners such as Union Capital Boston (UCB). In addition, the Community Benefits office pivoted by providing mask donations and emergency grant funding to community partners to address food access and other critical community needs during the pandemic.

FY20 Highlights

- In July, DFCI awarded \$200K in emergency grant funding to twelve community-based partner organizations in the Boston area that are on the front lines in addressing food access, housing security, and other critical community needs. DFCI also distributed over 50,000 masks to 31 organizations in Greater Boston.
- DFCI launched a new public service announcement (PSA) encouraging individuals to get screened for cancer, which aired on multiple cable networks in Quincy and select Boston neighborhoods, following the state's pause on preventive care.
- Due to city and state restrictions DFCI had to temporarily suspend Sun Safety Van operations, but Community Benefits staff were able to provide two virtual table talk sessions on sun safety and HPV-related cancer prevention, reaching approximately 120 residents.
- DFCI implemented new 3-year partnership initiative to strengthen Madison Park Development Corporation's (MPDC) health equity and wellness agenda.

B. Cancer Care Equity Program

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

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

Objectives of the CCEP Clinical Outreach Program

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

Starting in January 2021, the CCEP's clinical outreach program will expand to Harvard Street Neighborhood Health Center in Dorchester. The CCEP team will hold clinics every two weeks at Harvard Street Neighborhood Health Center which will include all of our clinical services, including genetic evaluations and testing and dental and oral health evaluations.

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

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

Create a research cohort of patients referred via the WSHC outreach program for observational and interventional studies: All patients evaluated as part of the CCEP have the option of enrolling in a research cohort focused on the WSHC clinic. This allows for observational studies examining disease presentation and treatment responses, as well as qualitative and interventional studies. The formation of this unique research cohort is an important part of the clinical program and provides an opportunity to bring together investigators across Dana-Farber who share an interest in disparities. Clinical trial investigators, community-based researchers, and laboratory-based researchers are encouraged to consult the CCEP for questions about this research cohort. A total of 446 patients have consented to enroll in the cohort since 2012, representing nearly 90% of all patients informed of the study to date (n = 497). A subset of these patients also enrolled in a separate Dana-Farber study that examined patient/caregiver and provider preferences to improve symptom management and quality of life among cancer patients.

Increase enrollment in clinical trials: Education regarding the concept of clinical trials is provided to all patients seen at Dana-Farber through the CCEP program. By increasing access to Dana-Farber and improving relationships with the community and providers, the program is designed to remove some of the structural barriers to clinical trial enrollment for vulnerable patient populations. The program also evaluates barriers to clinical trial entry and work is being done to differentiate systems-level barriers from patient-level barriers. Since 2012, 20% of WSHC patients with cancer diagnoses have been enrolled in clinical trials at Dana-Farber.

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

FY20 HIGHLIGHTS

- Since the program's inception, the program has seen 591 patients as new consults and 468 patients in follow-up visits. These patients have a wide range of diagnoses and have been referred to disease centers and specialty clinics within the Dana-Farber and Brigham & Women's Hospital (BWH) as well as Faulkner Hospital for lung cancer screening CTs.
- In FY20, 34 new patient consults and 28 follow-up visits were performed.
- In FY20, the median number of days from initial appointment to diagnostic resolution for patients seen at the WSHC clinic was 11 days for patients with a cancer diagnosis, which far exceeds the goal of 21 days to resolution set at the program's launch.
- To date, the highest volume of referrals from WSHC's primary care providers are patients with a family history of cancer. An oncology geneticist and genetic counselor provide special genetic evaluation clinics every three months with immediate, on-site genetic testing if warranted.
- Dana-Farber continues to partner with Whittier Street Health Center's dental department to evaluate patients with suspicious lesions or other concerning dental issues. In FY20, doctors from BWH's Department of Dentistry and Oral Medicine and clinicians from the CCEP collaborated with the dental team to host the first Oral Health Summit at WSHC. This summit was advertised widely and focused on the relationship between oral cancers and HPV as well

as lung cancer screening and tobacco cessation as well as the relationship between oral health and cardiac disease.

- The lung cancer screening program that was started in 2014 at Whittier Street Health Center to provide free low-dose chest CT scans for patients who are at greater risk for lung cancer continues in its sixth year. Patients screened for lung cancer are automatically connected to Dana-Farber's tobacco treatment program to encourage smoking cessation. Now that low-dose chest CTs are covered by insurance, our patients are receiving the scans at Faulkner Hospital (FH).
- Culturally and linguistically appropriate tobacco education groups are held on a regular basis at the Dimock Street Acute Detox Program for new patients working towards sobriety. The session focuses on tobacco education, electronic cigarette use, and information regarding smoking cessation and lung cancer screening programs.
- In response to the Covid-19 pandemic, the research program received institutional review board (IRB) approval to conduct informed consent for the cohort study remotely, via telehealth, in order to better protect our patients and staff.
- The clinical program shifted its approach to patient care and navigation during the pandemic and stayed in close contact with referring primary care providers via e-mail and cell phone communication. This shift allowed us to navigate newly diagnosed cancer patients remotely and follow and support them across the treatment continuum. Our clinicians returned to Whittier Street Health Center in July and continued regularly scheduled clinics, offering a hybrid of remote telehealth and in-person visits, always leaving it up to the patient and his/her preference.
- The CCEP team worked in close collaboration with Harvard Street Neighborhood Health Center to lay groundwork for clinical services expansion. The first CCEP outreach clinic at Harvard Street Neighborhood Health Center is scheduled for January 13th, 2021. This outreach effort will encompass all components of our clinical initiative, including genetic evaluation and testing and dental and oral health evaluations.

Dana-Farber Health Equity Reporting: The CCEP is responsible for producing regular health equity reports of under-represented patients in adult and pediatric inpatient/outpatient oncology services at Dana-Farber, including clinical trials. The database was developed to link the established data systems at Dana-Farber and allow for one consistent report that includes data on race/ethnicity, language, and educational level.

CCEP/IECD Cancer Disparities Research Symposium: In collaboration with the DF/HCC Initiative to Eliminate Cancer Disparities (IECD), the CCEP has continued hosting an annual Cancer Disparities Research Symposium. The 2020 symposium was canceled due to COVID-19. It was to feature a keynote by Dr. Ray Osarogiagbon, MBBS, FACP, entitled "Tudor Hart's 'inverse care law': Uncovering and Overcoming the Drivers of Lung Cancer Care and Outcome Disparities" Dr. Osarogiagbon's research interests center around improving population-level outcomes of cancer care by improving systems of care-delivery, improving the accuracy of cancer staging and evaluating the biologic drivers of outcome differences in potentially curable lung cancer. He is a member of the Cancer Prevention Steering Committee of the National Cancer Institute and a member of the Staging and Prognostic Factors and the Strategic Planning Committees of the International Association for the Study of Lung Cancer.

C. Center for Community-Based Research

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

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

CURRENT RESEARCH PROJECTS

Sodexo Project: Improving and protecting the health and well-being of low-wage workers (Sorensen, 2016-2020): The objective of this project is to develop and test feasible intervention methods to modify the work organization and support reduced risk of musculoskeletal disorders and other outcomes critical to worker health, safety, and wellbeing among one group of low-wage workers: food service. We completed both the intervention implementation and final data collection phases. Of note, we were unable to complete all final data collection in 4 out of 9 of our Proof of Concept accounts due to the impact of COVID-19. The Sodexo staff in those accounts were laid off due to account closures. Employees of those client companies were able to move to remote work and food service was therefore not needed. We requested and were granted a No Cost Extension phase through July 2021 for final data analysis and manuscript preparation. We continue to work with our industry partner, Sodexo, LLC, in this final phase and will incorporate their interpretation of data and input on manuscript preparation. By demonstrating feasibility and potential benefits of modifications in the work organization we can contribute to improved uptake of these policies and practices.

In response to the COVID-19 Pandemic In March 2020, the Viswanath lab developed a COVID-19 dashboard <https://www.hsph.harvard.edu/viswanathlab/> to provide information from credible sources that is easy to access, understand, and act upon. The dashboard also addresses misinformation and myths that are being spread through social media and other communication platforms. The target audiences in Massachusetts include community-based organizations and community members we are engaging with Greater Boston and Greater Lawrence, MA. The

dashboard is available in 4 languages (English, Spanish, Portuguese and Hindi) across 3 websites and includes:

- Frequently asked questions about the COVID-19 Vaccine
- Frequently Asked Questions about COVID-19
- False information about the COVID-19 with facts that debunk these myths
- Tips to manage stress and promote mental, physical and social well-being
- Tips on responsible use of social media
- Credible resources
- Data Spotlight that includes links to the latest number of COVID 19 cases around the globe

Outreach to Address Cancer Disparities: Engaging Community Partners and Leveraging Evidence (Viswanath and Ramanadhan 2016-2021): Outreach is an important component of a U54 partnership, and the efforts to translate the products of research for community benefit in a systematic manner will yield fruit over the long-term for cancer prevention and cancer disparities. The UMass Boston and Dana-Farber/Harvard Cancer Center U54 Partnership aims to (1) develop a Community Advisory Board (CAB) that includes representatives from community based organizations (CBOs) and faith-based organizations (FBOs) from communities in Greater Boston and Lawrence, MA; (2) conduct a needs assessment to assess interest in and capacity for disparities-focused cancer control activities; (3) build capacity among UMass Boston students to participate in outreach, and community-based research efforts focused on cancer control; (4) build capacity among CBO and FBO staff members to (a) use evidence-based programs (EBPs) for cancer prevention (b) conduct outreach to promote the National Cancer Institute National Outreach Network biobanking/biospecimens program, and (c) conduct outreach to promote HPV vaccination; and (5) develop and disseminate products that will synthesize and summarize the results from the U54 research projects to inform the activities of community partners working to address cancer disparities. We are currently in the final year of this project and have accomplished the following:

- **Capacity-building of CBOs and FBOs.** We have trained 40 staff of CBOs on conducting evidence-based program planning and 11 Health Ministry staff from FBOs on program evaluation. We also created a searchable portal (www.planetmassconnect.org) to support the use of EBIs in community settings, which offers 183 resources including local health data and tools. This resource is continually being updated and has a total of 3,752 new users, 280 returning visitors, 4,783 sessions, and over 11,544 pageviews as of August 2020. Also, our bi-monthly newsletters keep practitioners up-to-date with additions to the portals and often follow a month-based theme, e.g., colorectal cancer prevention month.
- **Student training / career advancement.** For workforce diversification efforts, we have supported 26 underrepresented minority students in paid summer internships focused on community-based research or community-engaged research, 10 of whom continued for year-long internships.
 - Program alumni are employed in community outreach and participatory research (four); accepted to Master's programs in public health (two); applying to law school to work on immigrant health (one); and applying to medical school (one). Two graduate mentors successfully completed their PhD programs and are postdoctoral fellows, another has advanced to dissertation, and still another has begun a PhD program after successfully completing her Master's at UMB. For career advancement, a former URM postdoctoral fellow who worked with the Outreach Core is now Assistant Professor at Northeastern University. Two of the Outreach Core Co-Directors have progressed in their careers, with one appointed at the Harvard T.H. Chan School of Public Health as an Assistant

Professor and the other (who is a URM scholar) promoted to Full Professor at UMB.

- **Mini Grants for Local Outreach.** We conducted training for 14 staff from CBOs and FBOs on outreach related to biobanking, drawing on NCI's Cancer 101 Curriculum. Collaboration between the CAB and study team supported adaptation of the program, e.g., adding a detailed, interactive discussion about the history of medical mistrust in communities of color. The training events revealed rich interest among CBO and FBO staff to support community members with informed decision-making around biobanking and opportunities to better understand research. A total of 265 community members participated in educational outreach sessions between November 2019 and February 2020.
- **Dissemination Efforts.** We have conducted five Science Cafés (three in FY 2020) with 137 participants. These events are typically held in partnership with a specific CAB member in a community setting and offer the opportunity for researchers and community members to share their experiences with health equity, cancer, and/or cancer research. The goal of these events is to make cancer research (and those who conduct it) more accessible to members of communities experiencing cancer inequities.
 - The Science Café with the Brazilian Community was held in Cambridge in October 2019 with 36 participants, 76% of whom were female, with ages ranging from 16 to 65. Topics discussed included experiences involving immigration and overcoming barriers to education; understanding the career path in the field of Medicine; cancer survivorship and cancer treatment as an immigrant; experiences as a foreign researcher in the United States; pathway to immigrating to the United States, and barriers to opportunities as second-generation immigrant youth. Participants first listened to six personal stories that addressed career trajectories, immigration, and cancer survival and later discussed these and other topics in conversation circles. Of the 25 participants who returned evaluation forms, 100% rated the Café as excellent or good.
 - The Science Café in Lawrence in November 2019 had 20 participants, 80% of whom were female, with ages ranging from 16 to 55. Topics discussed included the different paths to careers in health care and research; understanding external factors that can affect patients; and how different experiences molded interest in different areas of healthcare. A couple of students recounted their experiences in college programs that provided them with U-54 and CURE internship opportunities at Dana-Farber. Participants listened to nine guest speakers that talked about their student, research, and healthcare careers, and later discussed in groups how to get the community and youth involved in research and the meaning of research. 55% of the 20 participants rated the event as excellent, while 45% rated it as good.
 - Our first virtual Science Café, due to the COVID-19 pandemic, was convened in April 2020, in partnership with Northern Essex Community College and the City of Lawrence Mayor's Health Task Force. There were 29 participants, all of whom were female, with ages ranging from 16 to 55. Topics included the importance of diverse representation in research; paths taken to academic research careers, students' experience in STEM, and research opportunities for students. We also offered two breakout sessions, at the request of our community partners; one was on mental health and well-being in the context of COVID-19 and the other on harm reduction and vaping. Of the 13 participants who returned evaluation forms, 77% rated the event as excellent, and the remainder rated it as very good.

Project MassHINTS- Social Media and Wellbeing: The Massachusetts Catchment Area Supplement to the Health Information National Trends Survey (Viswanath 2016-2018) The objective of this project was to investigate the role of social media use in influencing individuals' subjective well-being or happiness. Past research has shown that subjective wellbeing or happiness is positively associated with in-person or face-to-face social interactions and neighborhood social cohesion (trustworthy, supportive, and close-knit neighborhoods). However, over the past several decades in-person or face-to-face social interactions have decreased at least in Western countries, but social media use has become more common. This study, using data gathered from a representative sample of adults in Massachusetts, examined (1) whether and how social participation, perception of neighborhood social cohesion and social media use are associated with happiness and (2) whether and how social media use modifies or changes the influence of social participation and perception of neighborhood social cohesion on people's happiness. Analyses of the data indicated that both social participation and perception of neighborhood social cohesion were positively associated with happiness whereas social media use was not. However, social media use modified the influence of perception of neighborhood social cohesion on happiness. The study found that compared to people with a high perception of neighborhood social cohesion, those with low perception of neighborhood social cohesion were more likely to be happy as their social media use increased. These findings suggested that social media use may be helpful to promote happiness among people who perceive their neighborhoods as less supportive, trustworthy, and close-knit.

Project CLEAR (Viswanath 2013-2014) (Cigarette Labels: Effectiveness and Resonance): In FY2020 a team at the Viswanath lab analyzed data from this study looking at factors associated with attitudes towards tobacco-control policies among the participants. Low socioeconomic populations (SEP) are at a higher risk of smoking, which leads to higher rates of cancer in this group. They face greater barriers to smoking cessation and have less access to health information. Nonetheless, data from low SEP are scarce. To reduce tobacco-related health outcomes among low SEP groups, policies requiring cigarette packs to have graphic health warnings (GHWs) or inserts could be implemented. We assessed factors associated with supporting such policies, especially among low SEP groups. Data are part of Project CLEAR and were collected via a field survey in 2013-2014 from 3 Massachusetts communities using a targeted recruitment strategy to enroll participants from low SEP (N=1,200). A sample of participants was randomized to receive policy questions (n=357). Independent variables included demographic characteristics, political affiliation, and smoking risk/behaviors. Questions asked about laws requiring 1) GHWs on cigarette packs, 2) Quitline number printed on packs, and 3) information on how to stop smoking on packs. Answers were coded as non-support or support (ref.). Data were analyzed using binomial logistic regression. Younger individuals (18-39) vs. older (aOR=0.41, CI%:0.23-0.72), males vs. females (aOR=0.58, CI%:0.35-0.96), and smokers vs. nonsmokers (aOR=0.41, CI%:0.24-0.70) were less likely to support a law requiring GHWs on cigarette packs. Participants with a low level of education vs. higher (aOR=0.55, CI%0.32-0.95) were less likely to support a law requiring a Quitline number on cigarette packs. Younger individuals (18-39) vs. older (aOR=0.53, CI%:0.29-0.94), males vs. females (aOR=0.57, CI%:0.34-0.96), and participants with a low level of education vs. high (aOR=0.56, CI%:0.32-0.98) were less likely to support a law requiring cessation information on cigarette packs. Identifying factors associated with attitudes towards tobacco-control policies in low SEP groups is important as they are most affected by the negative health outcomes of smoking. Findings show that people with a low level of education and men lack the willingness to support these policies despite being more likely to smoke. This study informs policymakers and public health officials about who they may target in communicating the advantages of supporting such policies and highlights the need to study low SEP groups.

D. NCI Sponsored Health Disparities Activities

The Dana-Farber Harvard Cancer Center (DF/HCC) has for many years actively ensured that research undertaken by DF/HCC scientists impacts our catchment area (i.e. the entire state of Massachusetts) by monitoring and prioritizing cancer needs, partnering with community organizations, ensuring participation of minority and underserved communities in research, and enabling cancer research results to have maximal impact in the catchment area through community outreach and engagement (COE) initiatives. The DF/HCC formalized COE activities in 2001 with the formation of the Initiative to Eliminate Cancer Disparities (IECD). The IECD has many facets, but one primary goal — to eliminate racial, ethnic, and socioeconomic disparities in cancer prevention, outcomes, care, and survivorship. Recently the IECD broadened the scope of this work by creating the **Center for Cancer Equity and Engagement (CCEE)** in 2017 as an umbrella organization that oversees all aspects of COE for the DF/HCC.

During the past year, the COE activities have focused on the following:

- A partnership with **Baystate Medical Center Women’s Health Network** in Springfield was newly formed to create a virtual community webinar series focused on health and wellness. The series, called “How We Thrive”, creates a dialogue between community members and healthcare providers in the Springfield area to provide health education on topics related to cancer, access to care, social justice, and other health-related factors. Webinars feature health care providers, survivors, community advocates, and educators.
- In collaboration with the **Roxbury YMCA**, a peer-led tobacco and vaping education program for middle and high school-aged youth was planned and facilitated by YMCA youth leaders in February to discuss and gauge the perception of vaping and smoking among youth. The end goal is to develop a peer-led model using youth-facing curriculum and a model that can be used across the YMCA community network.
- **The Faith Based Cancer Disparities Network**, consisting of 10 predominately Black churches in the Greater Boston area representing over 12,000 congregants, meets monthly to implement health-related programming. In response to the pandemic, the Network was able to plan and coordinate four COVID testing sites (August – November 2020) in the parking lots of network churches. In collaboration with Harvard Street Neighborhood Health Center, almost 400 church members and community residents were able to receive COVID testing. Church participants included:
 - Charles Street AME Church
 - Greater Love Tabernacle Church
 - Bethel AME Church
 - Berea Seventh Day Adventist Church.
- The Network offered two education programs on October 1st and November 5th. The forums provided an opportunity for attendees to enhance their knowledge and engage in bidirectional dialogues to enhance their ability to make informed decisions related to the COVID vaccine. Each forum had an attendance of 39-55 participants.

- Through a physical distancing process, eleven cancer survivors posed for portraits to be included in the **Faces of Faith** photo exhibit. The award-winning exhibit now includes over 80 cancer survivors. The reveal of the new photos will be held in June 2021. The exhibit also had the opportunity to be on display at Beth Israel Deaconess Medical Center in March and Boston City Hall in October.
- The **Patient Navigation Network (PNN)** formed in 2007, brings together oncology clinical and non-clinical patient navigators and community health workers to engage in training, networking and peer to peer support. In 2020, the PNN met twice virtually to discuss barriers and solutions to ensure quality and effective integration of navigation services. At these meetings, guest speakers provided expertise on the following areas: “Patient Navigation in the 21st Century – Equity in Care, Telemedicine and Systematic Screening” and a case presentation about the impact of mental health and cancer care. In addition to sharing their expertise, both presenters emphasized the importance of self-care and paying attention to one’s well-being.
- The **Continuing Umbrella of Research Experiences (CURE)** offers pipeline programs to support the engagement and education of under-represented students interested in cancer-related research. Since the program’s inception in 2002, the IECD has engaged and placed over 500 students across the DF/HCC institutions in basic, clinical, nursing and population science. Due to the pandemic, the summer program was offered virtually for 45 YES for CURE (YFC) students. Highlights of the summer included a science research lecture series highlighting under-represented cancer faculty across the country and an educational program focused on cancer and global health. The culminating event included final presentations by the YFC trainees on literature reviews of the research area of their mentor.
- **Massachusetts HPV Coalition:** Dana-Farber continues to partner with Team Maureen to lead the Massachusetts HPV Coalition. This includes organizing the Coalition’s Oral HPV Task Force and Cervical Cancer Work Group, which bring together subject-area experts, providers, and community advocates to collaborate on outreach and research. Dana Farber also continues to play an active role in supporting the annual HPV-Related Cancer Summit. Over 90 medical and dental providers, public health professionals, and community advocates attended the FY20 educational event on the latest HPV research and best practices. The Coalition also launched a website (mahpvcoalition.org) and monthly newsletter in 2020 to increase membership engagement. By supporting the Coalition’s growth, we are able to facilitate collaboration and increase the impact of HPV-related cancer efforts across the state.

E. Workforce and Community Development

Dana-Farber Cancer Institute's Office of Workforce Development works collaboratively and strategically in partnership with other DFCI departments to create pathways to clinical, research and healthcare administration careers at DFCI. The Office of Workforce Development connects underrepresented and underserved adults and youth to learning experiences and provides intensive and comprehensive opportunities for training, employment, and mentoring.

As a result of the COVID-19 pandemic Workforce Development worked to ensure that its programs remained strong and impactful. To that end we prioritized 1) creating a comprehensive virtual Student Training Program that maintained program goals, 2) developing new processes and guidelines around hiring and onboarding program participants and 3) being intentional about virtual programs and coaching services in order to ensure engagement, support, and the well-being of program participants and staff.

In FY20, Dana-Farber continued to build upon relationships with various community agencies, schools, and associations resulting in greater access and a more diverse pool of candidates from Boston neighborhoods. Programs serving our incumbent workers included:

- **College and Career Coaching Services:** Incumbent staff members looking to advance their careers at Dana-Farber have access to virtual college and career coaching services. Staff can meet with a coach, develop an action plan, and learn about the tools and resources available to help them achieve academic and career goals.
- **Leadership Forums:** Dana-Farber sponsors several educational leadership development program and forums throughout the year hosted by the Partnership, Inc., YWCA, Conexion and a newly formed partnership with McKinsey and Company. Staff are invited and encouraged to participate as an opportunity to learn and develop leadership skills and position themselves for career advancement.
- **Online Degree Program:** Dana-Farber continue to offer an online degree program in partnership with Southern New Hampshire University's College for America. The accredited online program is competency-based and affords staff the opportunity to obtain their degree at an affordable price. Program participants can utilize tuition reimbursement benefits.
- **Pharmacy Pipeline Program:** Dana-Farber continues to partner with JVS to host Pharmacy Tech interns. To date a total of 10 individuals are in or successfully completed the program. In 2021 4 interns are on track to complete their DFCI internship and will be well positioned for career opportunities at Dana-Farber.

Community and Educational Partnerships: Dana-Farber continues to partner with YMCA Training Inc. and other community-based pre-employment training programs to identify unemployed and underemployed skilled adults in the community. The program includes a combination of on-the-job training, classroom learning, career counseling, and other skill building activities. In FY20, the hosting of Training Inc. interns was put on pause due to the pandemic. Of the 43 YMCA Training, Inc. participants, 90% successfully completed the program, 44% obtained employment at DFCI, and over 80% retained their position for over 3 years.

Student Training Programs: To encourage underrepresented minority (URM) students to explore and pursue careers in health and science, Dana-Farber maintains educational partnerships with Boston area high schools, colleges and universities. Dana-Farber hires upward of 60 students throughout the school year and summer. During the Academic Year 2020, 20 paid interns supported research and patient care departments in a meaningful way and participated in additional programming focused on college and career readiness.

During the summer of 2020, Dana-Farber hired 57 Boston high school and college students for both department-based (19 interns) and virtual career development (38 interns) internship programs. Eligible students either attended or graduated from Boston Public Schools. With the transition to a hybrid program, some of the interns served departments remotely, others were on-site at Dana-Farber and a cohort of students engaged in a 100% virtual career development experience designed by the Workforce Development team. All students participated in virtual weekly professional development workshops, college tours, LinkedIn Learning modules and well-being forums. The program successfully retained 100% of students.

Dana-Farber actively participates in school-to-career programs with the Boston Private Industry Council (PIC). One program includes Groundhog Job Shadow Day, where high school students shadow Dana-Farber employees learning about careers in healthcare and specific job responsibilities, as well as the skills and training needed for the position. Dana-Farber staff also participates in school-based events including Fenway High School's annual career fair, where staff lend their expertise in mock interviews and career panels. In FY20, the events were cancelled due to the pandemic.

Dana-Farber's Administrative Internship Program is another student training program for undergraduate rising seniors and graduate students. This program is designed to increase the talent pipeline for management level positions and attract talent that adds to the Institute's diversity. The 10-week summer program engages interns in project work, professional development, and mentorship working alongside executive leaders. Within the last two summers, 16 interns completed the program with 31% hired into positions at Dana-Farber.

In FY20, we served 54 high school students of which 94% are URM, 12 college students of which 100% are URM and 100% are STEM or health sciences majors, and 8 graduate administrative interns of which 25% are URM.

E1. Community Development/City of Boston Support:

- Dana-Farber continues to provide a limited number of low-cost rooms that serve as a home away from home for pediatric oncology patients and their families. Additional lodging support is provided through the American Cancer Society Hope Lodge.
- Dana-Farber continues to make payments in lieu of taxes (PILOT) to the City of Boston to support important services that benefit the community.
- Dana-Farber supports local community development efforts, such as affordable housing and neighborhood revitalization, through contributions to qualifying community partners under the state's Community Investment Tax Credit Program.

F. Patients and Family Programs and Services

Patients and Family Programs and Services

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

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

The Breast and GYN Patient Navigators help patients make their way through the healthcare system by providing streamlined access and identifying resources for patients with abnormal findings, patients at increased risk of developing cancer, or patients diagnosed with cancer. The Patient Navigators are bilingual in Spanish and available to work with any patient in the program's target population whose socioeconomic status or limited English proficiency may be a potential barrier to screening or follow-up care.

The GYN Patient Navigator supports patients seen at the BWH Pap Smear Evaluation Center (PSEC), serving approximately 210 new patients this past fiscal year. This past year the patient navigator reported 850 activities. The Patient Navigator provided approximately 277 follow-up calls to remind patients about upcoming appointments and to educate them about the new COVID-19 screening protocols implemented in the hospital/clinic and assess potential barriers to providing resources. The patient navigator also enrolled more than 20 new patients in the Patient Gateway portal to provide direct access to test results and facilitate telemedicine appointments and communication between patients and providers. The results of the study "Outcome by Race Among Women Referred to an Academic Colposcopy Clinic with a Patient Navigation Program" was also published in FY20 (<https://pubmed.ncbi.nlm.nih.gov/32960144>).

Support Groups for Adults:

- Prostate Cancer Support Group and Workshops
- Circulo de Vida (Circle of Life) Support Group in Spanish for Women with Cancer
- Bereavement Support Group and Seminar: When Grief is New
- Brain Tumor Support Group
- Breast Cancer Support Group
- Carcinoid and Neuroendocrine Tumor Seminar and Support Group Series
- Caregivers Support Group and Workshops
- Coping with Cancer Support Group
- Facing Forward after Breast Cancer Treatment
- Family Connections Program: supportive resources, information, and events for parents with cancer and their children
- Gynecologic Cancer Support Group
- Inflammatory Breast Cancer Support Group
- Kidney Cancer Support Group
- Light One Little Candle: Connecting through Reading. Free children's books for parents with cancer
- Living with Cancer Support Group

- Look Good, Feel Better (sponsored by the American Cancer Society)
- Lung Cancer Support Group
- Lymphoma Support Group
- Melanoma Support Group and Special Events, in collaboration with the Massachusetts Melanoma Foundation
- Metastatic Breast Cancer Support Group
- Multiple Myeloma Education and Discussion Group
- One to One: Connecting with Someone Who's Been There (Peer Support)
- One Year Post Bone Marrow Transplant Support Group
- Rest and Resilience: a patient support group for those who identify as black, indigenous, or as a person of color
- Sarcoma Support Group
- Telephone Support Group for Young Women with Breast Cancer
- Thyroid Cancer Center Education and Support Group
- Waldenstrom's Macroglobulemia Support Group
- Young Adult Support Group

Blum Resource Center and Shapiro Center for Patients and Families:

- Blum Digital Resource Center – Online extension of our physical resource center, over 500 resources available
- Virtual Live and Recorded Programs and workshops
 - Over 500 attended live and 600+ views of recorded sessions
 - Spirituality and Cancer Workshop Series
 - Caregivers Connect
 - Step 1: Help with Insomnia After Cancer Treatment
 - Managing Your Finances During Cancer Treatment
 - Survivorship 101
 - Coping with Loss During COVID-19
 - Patient Gateway Tutorial
- Collaboration to Host Bone Marrow Transplant Webinars
 - Over 200+ Patients and Caregivers attend these group zoom webinars as they are preparing for transplant.
- One-to-One Telephone Peer Support Program –255 requests for support in 2020
- Complimentary magazines, newspapers and books
- Information about accommodations and lodging
- Maps of the MBTA and Boston area
- Recreational Resources Program
- Rounding Packets distributed at Dana-Farber Inpatient Hospital and on the outpatient Yawkey floors.

VI. COMMUNITY BENEFITS EXPENDITURES
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FY'20 Community Benefits Expenditures

Community Benefits*	
Direct Expenditures	\$4,934,510
Determination of Need	\$200,000
Associated Expenditures	\$0
Employee Volunteerism	\$0
Other Leverage Resources	2,890,645
Total Community Benefit	\$8,025,155
Total Net Charity Care (includes HSN assessment, HSD denied Claims, Free/Discounted Care)	\$21,301,110
Corporate Sponsorships	\$258,475
Total Expenditures	\$29,584,740

The total cost of Unreimbursed Medicare and Medicaid Services: \$61,964,332

VII. FUTURE INITIATIVES

Dana-Farber is dedicated to addressing cancer-related disparities in Boston and across the state using evidence-based strategies that address the social determinants of health. In FY2019, Dana-Farber conducted its 2020-2023 CHNA and Implementation Plan, which informs Community Benefits strategies and initiatives over the next three years. Dana-Farber's Community Benefits Department will continue to sustain and enhance existing programs that provide education and screening to Boston-area residents and implement strategies outlined in the FY20-23 Implementation Plan, with an emphasis on the following activities:

- Dana-Farber will continue to monitor the lasting impacts of the COVID-19 pandemic and social determinants of health in our priority neighborhoods so we can continue to be proactive in supporting the needs of community partners.
- Dana-Farber will continue to fully implement the approved Determination of Need Community Health Initiative (CHI) Plan and leverage community investment opportunities to ensure equitable access to health and support services and mitigate health-related social needs that impact cancer care, such as housing stabilization initiatives.
- Dana-Farber will continue to partner with the Boston CHNA/CHIP Collaborative to implement citywide efforts that address the social determinants of health and other priorities for collaborative action.
- Dana-Farber will continue to sustain efforts that streamline the diagnosis and treatment of breast, gynecologic, and skin cancers to shorten time to resolution and reduce cancer-related disparities among vulnerable patient populations.

VIII. REVIEW/EVALUATION OF COMMUNITY BENEFITS PLAN

Dana-Farber's Community Benefits staff continues to work on a robust program evaluation process, guided by the Senior Program Evaluator. Community Benefits staff review quantitative and qualitative data regularly regarding process implementation of Community Benefits programs with a quality improvement lens. Programmatic process and outcome data have been analyzed and integrated in response to evaluation findings. The Dana-Farber Community Benefits Office is also participating in a citywide effort to assess patient data from a health equity perspective.

Name / Address of Hospital:

Dana-Farber Cancer Institute
450 Brookline Avenue, BP 111
Boston, MA 02215-5450

Name of Hospital Employee Primarily Responsible for Community Benefit Planning:

Magnolia Contreras, Vice President of Community Health
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