



Dana-Farber Cancer Institute

2019 Community Health Needs Assessment **Implementation Plan** 2020-2023



**Community Health Needs Assessment
Implementation Plan
Dana-Farber Cancer Institute
2020 - 2023**



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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.

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 across the United States and throughout the world. The Institute has been the top ranked cancer hospital in New England by *U.S. News and World Report* for 16 consecutive years and is the only cancer center in the country ranked in the top 4 for both adult and pediatric cancer programs.

Dana-Farber's Community Benefits Office

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 Health Needs Assessment (CHNA) Report and Community Health Implementation Plan (CHIP). 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 (EAC), consisting of representatives from community organizations, neighborhood health centers, cancer survivors, city and state health departments who share Dana-Farber's commitment to reducing disparities in cancer care, education, and treatment, provides input and guidance on Dana-Farber's Community Benefits programs. The EAC is also responsible for the development and implementation of specific Community Benefits initiatives, including Community Health Initiatives (CHI) associated with Dana-Farber's recently approved Determination of Need (DoN) application for satellite expansion. Further, the EAC ensures that

community health priorities align with priorities and general principles set by the Massachusetts Department of Public Health (MDPH) and the Massachusetts Attorney General’s Office (AGO).

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

Background: Community Health Needs Assessment and Implementation Plan

Dana-Farber’s Community Benefits activities are informed by the Institute’s CHNA/CHIP process, conducted every three years to gain a greater understanding of the health issues facing Boston residents. The purpose of the CHNA is to advance community efforts and priority areas by: assessing cancer burden in the community as well as access to and availability of cancer-related services; identifying key areas of significant community need and vulnerable populations; examining the impact and role of social determinants of health; and facilitating the development of multi-year implementation strategies to guide the hospital’s community health initiatives and community investments. This document serves as the Institute’s 2020-2023 CHIP, as informed by the CHNA Report completed in 2019. The CHNA Executive Summary and Report accompanying this document have validated Dana-Farber’s past and current Community Benefits activities and community engagement, while identifying opportunities for future initiatives.

Summary of 2019 Community Health Needs Assessment Process

In 2019, Dana-Farber and a wide variety of Boston stakeholders— community organizations, community development corporations, health centers, hospitals, and the Boston Public Health Commission— formed the Boston CHNA-CHIP Collaborative to develop Boston’s first large-scale collaborative city-wide Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). Simultaneously, Dana-Farber worked with Boston Medical Center (BMC) to develop a cancer-specific CHNA report that provides a deeper analysis of issues across the cancer continuum. The cancer CHNA report presents findings from the cancer-focused assessment as well as integrates the key results of the larger citywide CHNA to provide a deeper dive into residents’, cancer patients’, and survivors’ experiences, concerns, supports, and challenges related to cancer prevention, screening, treatment, and survivorship within the larger framework of health equity and the social determinants of health.

Dana-Farber, BMC and the Boston CHNA-CHIP Collaborative contracted with Health Resources in Action (HRiA), a Boston-based public health research firm, to facilitate the CHNA processes and develop both CHNA reports. The Boston CHNA report and Dana-Farber’s cancer specific CHNA are available on Dana-Farber’s website (see page 17 for link). This effort not only complies with the IRS CHNA requirement under the Internal Revenue Code Section 501(r)(3)(A)(iii) and the Massachusetts Attorney General’s mandate for conducting a community health needs assessment, but also aligns with Massachusetts Department of Public Health priorities and Dana-Farber’s approach of utilizing data to inform the development of its initiatives.

The strategies and goals outlined in our 2020-2023 CHNA Implementation Plan are a natural continuation of the efforts identified in our 2016-2019 Plan and are designed to advance and strengthen our existing community-based initiatives while also seeking to address the social determinants of health through collaborative partnerships.

Summary of Findings

Cancer is the leading cause of death in Boston and Massachusetts for residents of all racial/ethnic groups and has remained so for the past six years. The CHNA findings suggest that collective efforts to advance cancer prevention and early detection are making a difference, however, significant disparities in cancer screening, incidence, and mortality persist among vulnerable and medically underserved residents of Boston, particularly communities of color. More work is needed to address the disproportionate cancer burden across the City of Boston.

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 broader socioeconomic challenges and healthcare access barriers facing community residents in these neighborhoods. When Boston residents 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 top priorities, followed by mental health and community violence, as shown below. One in five people completing the Boston CHNA community survey identified cancer as one of their top five health concerns. Additionally, a high proportion of survey respondents identified factors that are linked to cancer—smoking, obesity, and environmental conditions—as top health concerns in the community.

Boston CHNA Survey Respondents Reporting Top Most Important Concerns that Affect Community Health (N=2,053), 2019



Data Source: Boston CHNA Community Survey, 2019

In reviewing data across the cancer continuum, certain populations appear to be disproportionately impacted by cancer, including diverse racial and ethnic populations, individuals from low socioeconomic backgrounds, and immigrants. Some of the most prominent cancer inequities were seen across the following groups:

<p style="text-align: center;"><u>Black Men</u></p> <ul style="list-style-type: none"> • Significantly higher rates of prostate and colorectal cancer incidence • Significantly higher rates of all cancer mortality and prostate cancer mortality, as well as premature all cancer mortality and premature colorectal, liver, and prostate cancer • Significantly higher rates of smoking and obesity 	<p style="text-align: center;"><u>Black Women</u></p> <ul style="list-style-type: none"> • Significantly higher premature mortality rate for all cancers • Highest (NS) rates of breast cancer, colorectal cancer and premature liver cancer mortality • Highest (NS) incidence rates of colorectal cancer • Significant increase in all cancers incidence
<p style="text-align: center;"><u>Asian Men</u></p> <ul style="list-style-type: none"> • Significantly higher incidence of liver cancer and premature liver cancer mortality • Highest (NS) incidence and mortality of lung cancer 	<p style="text-align: center;"><u>Asian Women</u></p> <ul style="list-style-type: none"> • Significantly lower rates of pap and colonoscopy screening • Significant increase in all cancers and breast cancer incidence over time

Note: NS indicates a non-statistically significant difference; premature refers to death before age 65

To achieve racial/ethnic health equity across the cancer continuum, Dana-Farber’s Community Benefits activities will continue to focus on the following areas: 1) addressing the cancer burden; 2) reducing access barriers; 3) advancing cancer survivorship, particularly in communities of color; and 4) addressing the social determinants of health to influence the overall conditions that contribute to cancer risk. We believe that these data-informed priorities and the specific strategies detailed in the following pages reflect a commitment to meeting the health needs of the medically underserved in our priority neighborhoods and leveraging our unique role in the continuum of care as a comprehensive cancer center.

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.

Summary of Accomplishments: 2016-2019 CHNA Implementation Plan

Significant progress has been made in advancing the goals set in our 2016-2019 CHNA Implementation Plan. Summarized below are examples of key accomplishments from the past three years, which demonstrate the collective impact of our work. Our impact is greatly strengthened by embedding programming and services into the fabric of the communities we serve.

- Provided 5,471 mammograms on Dana-Farber’s Mammography Van and 2,031 mammograms at Dana-Farber’s Mammography Suite at Whittier Street Health Center in Roxbury.
- Launched new clinical partnership with the Latino Health Insurance Program to expand mammography van services to medically underserved patients in Framingham, East Boston, and Jamaica Plain.
- Continued to provide streamlined diagnosis, treatment, and education for medically underserved patients with suspected malignancies throughout the continuum of care, including genetic testing.
 - Since inception, the program has seen over 508 patients as new consults and 384 patients in follow-up visits.
- Provided 530 individual tobacco cessation counseling sessions to 171 patients.
 - 143 participants (84%) reported that they were able to reduce their total number of cigarettes smoked per day, and 48 (28%) reported being able to quit completely.
- Engaged over 6,243 residents in sun safety education and skin cancer screening.
 - Made calls to 700 participants for follow-up, with over 300 referred for biopsy.
- Provided breast and GYN patient navigation services to approximately 1,735 patients at the BWH Comprehensive Breast Health Center and Dana-Farber/Brigham and Women’s Cancer Center and the BWH Pap Smear Evaluation Center (PSEC)
- Implemented 3-year partnership initiative to strengthen Madison Park Development Corporation’s (MPDC) health equity and wellness agenda.
 - Engaged over 315 residents in educational trainings, workshops, and outreach events.
 - Engaged approximately 130 residents in healthy cooking and physical activity classes led by Daily Table and MPDC’s Dewitt Center.

Social Determinants of Health and Health Equity Frameworks

Social Determinants of Health Perspective: In evaluating the health needs of the local community and priority neighborhoods, a social determinants of health perspective guided the needs assessment and the implementation process. Through this lens, it is critical to look beyond proximal, individual-level factors in accounting for a community’s health problems. Health is not only affected by people’s genes and lifestyle behaviors, but also by upstream factors such as employment status, quality of housing stock, and economic policies. Figure 3 provides a visual representation of these relationships, demonstrating how individual lifestyle factors are influenced by more upstream factors such as employment status and housing.

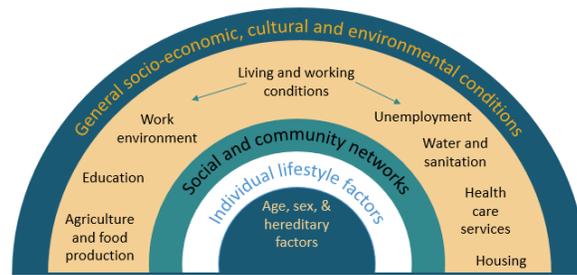


Figure 3: Social Determinants of Health Framework

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

Health Equity: The Boston CHNA and cancer-specific CHNA used a health equity lens to capture the disparities and inequities that exist for traditionally underserved groups. Health equity is defined as all people having the opportunity to attain their full health potential and entails focused societal efforts to address avoidable inequalities by equalizing conditions for health for all groups, especially for those who have experienced socioeconomic disadvantages or historical injustices.

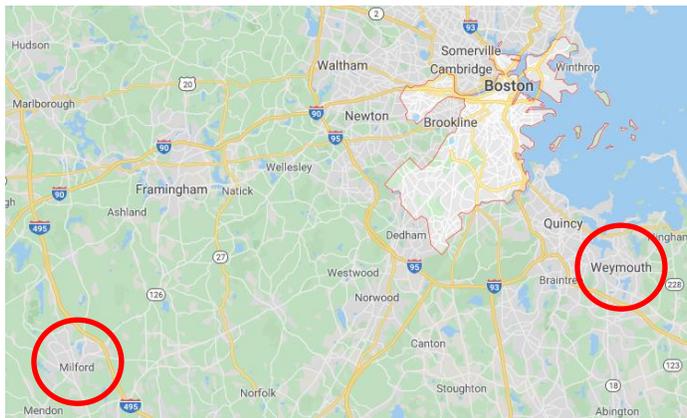
Priority Neighborhoods/Populations:

Boston is a young, diverse city that continues to experience population growth that varies by neighborhood and race/ethnicity. Overall, about 23% of residents identify as Black, nearly 20% identify as Latino, and nearly 10% identify as Asian. Despite an economic upturn in recent years, there are wide gaps in employment and financial security – particularly among residents of color and those with lower levels of education – resulting in greater economic inequality. This is exacerbated by the high cost of housing in Boston. Most housing units across Boston are renter-occupied, and more than half of renters are housing cost-burdened, meaning they spend more than 30% of their income on housing.

Consistent with the previous CHNA, this effort focused on the City of Boston and 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 and vulnerable communities. Vulnerable populations refer to those who are more likely to have difficulty accessing health care and more likely to have financial barriers, including residents of color, those who are poor, uninsured/underinsured, immigrants, non-English speaking, and those who are medically underserved. While these neighborhoods possess many strengths and assets, they are disproportionately challenged by the social determinants of health, with higher levels of poverty and unemployment concentrated in certain neighborhoods. For example, over one in three residents in Roxbury and Mission Hill live below the federal poverty line, compared to one in five Boston residents overall.

Despite its statewide reach and services provided through our satellite operations in Weymouth, Allston/Brighton, and Milford, Dana-Farber’s prioritization of these five neighborhoods within its local service area reflects a commitment to reducing disparities in cancer care and improving the health and well-being of neighborhood residents. Through our collaborative approach, the satellite locations have agreed to leverage each other’s cancer control expertise to expand and strengthen our programs such as bringing cancer prevention efforts in Spanish to the Weymouth Area. The Allston/Brighton satellites have also mutually agreed to continue to work together to strengthen mammography screening rates

through our partnership with the local community health center and to explore other opportunities to have greater impact on the health and well-being of local residents.



Figures 1-2: Maps of the City of Boston and Greater Boston, highlighting Dana-Farber’s Priority Neighborhoods for Community Benefits work and Dana-Farber’s locations in the Longwood Medical Area, Allston/Brighton, Weymouth and Milford.

Dana-Farber also aims to prioritize populations disproportionately impacted by cancer, including diverse racial and ethnic populations, individuals from low socioeconomic backgrounds, and immigrants. Based on the CHNA data, the populations below appear to have disproportionately higher levels of disease risk and burden, warranting increased attention.

Priority Populations	
Black Men	<ul style="list-style-type: none"> Significantly higher rates of prostate and colorectal cancer incidence. Significantly higher rates of all cancer mortality, as well as premature all cancer mortality and premature colorectal, liver, and prostate cancers. Significantly higher rates of smoking and obesity.
Black Women	<ul style="list-style-type: none"> Significantly higher premature mortality rate for all cancers. Highest (NS) rates of breast cancer, colorectal cancer, and premature liver cancer mortality. Highest (NS) incidence rates of colorectal cancer. Significant increase in all cancers incidence.
Asian Men	<ul style="list-style-type: none"> Significantly higher incidence of liver cancer and premature liver cancer mortality. Highest (NS) incidence and mortality of lung cancer
Asian Women	<ul style="list-style-type: none"> Significantly lower rates of pap and colonoscopy screening. Significant increase in all cancers and breast cancer incidence over time.

Note: NS indicates a non-statistically significant difference; premature refers to death before age 65

CHNA Key Findings & Focus Areas:

The CHNA findings have validated the current community outreach work that Dana-Farber has undertaken as well as helped guide the focus of future initiatives. The 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.

This data confirms the need to prioritize specific racial/ethnic populations and prevention efforts within Dana-Farber’s priority neighborhoods, as well as investigate emerging areas of need in other neighborhoods, such as East Boston and Fenway. Dana-Farber will continue to partner with community organizations to address issues related to the social determinants of health, such as housing, healthy eating, and physical activity by leveraging community strengths (as reflected in key findings #4-5 in the prioritized list above).

Prioritization Process

Members of Dana-Farber’s EAC provided input on focus areas for Dana-Farber’s Community Benefits work, leveraging the findings from a robust community engagement process which included a citywide survey, small group discussions with residents and stakeholders across the city, and a large prioritization meeting to identify priorities for collective action. In addition, the EAC provided input on focus areas for Dana-Farber’s DoN CHI process through facilitated group discussions, an online survey, and a multi-dot voting activity. The criteria used for prioritization of focus areas included several considerations:

- Burden: How much does this issue affect health in Boston?
- Equity: Will addressing this issue substantially benefit those most in need?
- Impact: Can working on this issue achieve both short-term and long-term change?
- Feasibility: Is it possible to address this issue given infrastructure, capacity, and political will?
- Collaboration: Are there existing groups across sectors willing to work together on this issue?

In addition, the prioritization criteria for Dana-Farber’s Community Benefits work included the following considerations:

- Alignment with Dana-Farber’s mission and current work
- The magnitude and severity of the issue
- Potential impact and the ability to demonstrate measurable outcomes
- Opportunity to leverage current partnerships to intensify efforts

Focus Areas from Dana-Farber’s Cancer CHNA Report

The cross-cutting framework selected for the Boston CHNA/CHIP was achieving racial and ethnic health equity, recognizing that institutional racism and structural inequities are what drive the health disparities we continue to see by race/ethnicity for nearly all issues. The final priorities selected from the Boston CHNA included housing, financial security and mobility, behavioral health (including mental health and substance abuse), and accessing services (including health care, child care, and social

services). The accessing services priority includes efforts that address chronic conditions such as cancer and within this priority, the EAC strongly urged Dana-Farber to continue working to address racial/ethnic health equity across the cancer continuum including primary prevention efforts associated with cancer risks.

Needs Identified through Dana-Farber's Cancer CHNA
Tobacco Use
Healthy Eating
Physical Activity
Obesity
Cancer Screening and Prevention
Cancer Survivorship
Access to Cancer Care

Priorities Identified for Dana-Farber's DoN Process
<u>Housing</u> : Affordability, quality, homelessness, ownership, gentrification, and displacement, with a focus on housing stability for cancer patients
<u>Accessing Services</u> : Health care, child care, and social services, with a focus on cancer care (e.g. patient navigation, care coordination, cultural and linguistic competency)

Dana-Farber will continue to focus on the following key priorities for Dana-Farber's Community Benefits work, based on our potential to demonstrate measurable outcomes in reducing cancer incidence and mortality through programmatic enhancements:

1. Addressing the cancer burden
2. Reducing access barriers
3. Promoting survivorship, particularly among communities of color
4. Addressing the social determinants of health
5. Leveraging community strengths

These areas and the dedicated resources reflect Dana-Farber's commitment to meeting the health needs of medically underserved populations in Dana-Farber's priority neighborhoods and leveraging the hospital's unique role in the continuum of care as a comprehensive cancer center. As the DoN process evolves, Dana-Farber will integrate community investment opportunities that address the intersection of cancer and the social determinants of health, such as housing stabilization for cancer patients to prevent homelessness. Dana-Farber's leadership is committed to ensuring the funds and resources continue to be available to carry out Community Benefits activities. The Community Benefits staff will provide Dana-Farber's Board of Trustees, EAC, and leadership with regular updates on the implementation status of this plan.

Other Community Health Needs

While our expertise as a comprehensive cancer center leads us to focus largely on reducing cancer incidence and mortality through our clinical community screening and outreach programs, we participate in numerous community-based activities focused on broader public health issues. Through engagement with local coalitions, partnerships, and neighborhood-based organizations, Dana-Farber participates in meaningful ways in reducing the socioeconomic burdens experienced by residents in our priority neighborhoods. Health needs not selected through Dana-Farber's prioritization process, such as financial security and behavioral health (including mental health and substance abuse) were deemed outside the scope of Dana-Farber's cancer focus. However, we recognize that these issues overlap within the continuum of cancer care and they will be addressed at the individual patient level and through a collective impact approach.

Dana-Farber Implementation Strategies

The strategies and goals outlined in the 2020-2023 Implementation Plan are specifically designed to recognize the milestones we have reached thus far, address new findings based on emerging public health research, and continue the work of achieving the goals we have set to help meet the health needs of our surrounding communities.

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

CHNA Key Finding #1: *Addressing the Cancer Burden*

There are significant disparities in screening, cancer incidence, and mortality in our priority neighborhoods, particularly among diverse racial and ethnic populations, individuals from low socioeconomic backgrounds, and immigrant populations.

Goal: Reduce cancer disparities across racial and ethnic groups by sustaining high screening rates and addressing gaps in prevention, early detection, and follow-up among high-risk populations and communities of color.

OBJECTIVES:

- (1) **Implement full redesign of mammography and breast health education services provided in the community to increase breast cancer early detection rates among medically underserved populations in Boston.**
 - Strategy 1.1.1: Secure new state of the art mobile mammography van equipped with updated tomosynthesis imaging technology and update service delivery model for Dana-Farber’s Mammography Van (DFMV) and Mammography Suite at WSHC.
 - Strategy 1.1.2: Partner with community-based organizations serving racial/ethnic minority populations such as Asian and Latina women to increase the number of women screened on the van.
 - Strategy 1.1.3: Increase awareness of the Mammography Suite at WSHC among providers, patients, and community residents to expand utilization.

- (2) **Enhance the community-based clinical care program at Dana-Farber Community Cancer Care (DFCCC) at Whittier Street Health Center (WSHC) and measure its effectiveness in delivering timely, consistent, culturally-appropriate cancer care:**
 - Strategy 1.2.1: Leverage the existing nurse patient navigator model to facilitate care coordination and referral efforts across the continuum of care.
 - Strategy 1.2.2: Continue monitoring time from initial appointment to resolution (treatment plan established, surveillance plan established, or return to primary care provider) among patients at DFCCC at WSHC with the goal of ≤ 21 days.
 - Strategy 1.2.3: Develop comprehensive provider engagement plan with primary care and dental providers at WSHC to increase referrals.
 - Strategy 1.2.4: Continue to expand and improve access to the lung cancer screening program, which provides free low-dose chest CT scans to patients who are at greater risk for developing lung cancer.

- (3) **Strengthen the Tobacco Treatment Program**, which serves patients of WSHC by providing individual tobacco cessation counseling.
- Strategy 1.3.1: Implement continuous quality improvement efforts to mitigate patient barriers and incentivize engagement using identified strategies for successful program outcomes.
 - Strategy 1.3.2: Strengthen youth civic engagement and advocacy efforts around tobacco control regulations through strategic partnerships with youth-serving organizations in Boston.
 - Strategy 1.3.3: Explore opportunities to expand support for one-to-one tobacco cessation counseling, particularly for medically complex patient populations.
- (4) **Enhance the Sun Safety Education & Screening Program**, which provides free skin cancer prevention education and screenings to community residents and to those at highest risk for skin cancer.
- Strategy 1.4.1: Serve at least 1,250 community residents annually through sun safety education and screening events at local beaches that draw residents from communities of color and other at-risk populations.
 - Strategy 1.4.2: Recruit and train at least 10 interns each year with an emphasis on recruiting interns who are bilingual and bicultural.
 - Strategy 1.4.3: Analyze data from sun safety study to assess impact of sun safety education on hat and sunscreen use and identify barriers to sunscreen use which may impact participants' self-efficacy. Update curriculum as appropriate per the study findings.

CHNA Key Finding #2: *Reducing Access Barriers*

Cancer patients and survivors deal with significant challenges when encountering health care systems, including confusion about screening guidelines, navigating care throughout the cancer continuum, and the financial toxicity of cancer treatment. When considered through a health equity lens, these access barriers are associated with negative health outcomes, particularly among vulnerable and/or medically underserved patients.

Goal: Increase awareness about cancer prevention and screening, enhance patient navigation services across the cancer continuum, and develop systems-level strategies to address health-related social needs and barriers to care.

OBJECTIVES:

- (1) **Strengthen efforts to increase patient navigation assistance throughout the cancer continuum** for men and women from diverse backgrounds with low socioeconomic status who may face barriers due to limited English proficiency, disability status, or insurance status, among other issues.
 - Strategy 2.1.1: Expand Dana-Farber’s Patient Navigator Program to support satellite facilities in new locations such as Lawrence and Methuen.
 - Strategy 2.1.2: Co-lead the Boston Breast Cancer Equity Coalition and support the multi-institutional Translating Research into Practice (TRIP) project to improve breast cancer care among vulnerable patients.
 - Strategy 2.1.3: Expand support for community health workers and patient navigators across the cancer continuum that seek to address systems level barriers, such as access to care and housing.
- (2) **Adapt and expand Dana-Farber’s broad portfolio of health education and outreach programs to better tailor evidence-based early detection strategies for at-risk populations.**
 - Strategy 2.2.1: Leverage the trained network of Dana-Farber Lay Breast Health Advisors to share breast cancer prevention and screening information in their communities and social networks.
 - Strategy 2.2.2: Update the existing LHA model to include information on other cancers, screening guidelines, and culturally-relevant cancer prevention messages tailored to particular target populations.
 - Strategy 2.2.3: Maintain continuous quality improvement efforts across Dana-Farber’s Community Benefits programs to strengthen our portfolio of education and outreach activities.
- (3) **Leverage partnerships and participation in community-level coalitions to inform policy, systems, and environmental change strategies.**
 - Strategy 2.3.1: Partner with the Massachusetts Coalition for HPV-Related Cancer Awareness to develop a new strategy for HPV education and outreach and continue to support the annual HPV-Related Cancer Summit.
 - Strategy 2.3.2: Partner with BPHC Cancer Advisory Group and internal partners to develop collective action strategies to address systems-level issues across the cancer care continuum.
 - Strategy 2.3.3: Engage with the Boston CHNA-CHIP Collaborative to make city-wide policy and programmatic changes to reduce health care access barriers and alleviate housing concerns.
 - Strategy 2.3.4: Apply a health equity lens to investigate and better understand emerging areas of need in neighborhoods such as East Boston, Mission Hill, and Fenway to reduce the cancer burden, improve access, and address the social determinants of health.

CHNA Key Findings #3: *Advancing Survivorship*

Cancer survivors experienced a significant drop-off in support post-treatment and expressed a need for additional navigation and other support services for survivors and families to manage issues such as the long-term effects of treatment, medical and psychological needs, and rejoining the workforce.

Goal: Expand survivorship services to support more cancer survivors of color and those from medically underserved communities as they transition to life after cancer.

OBJECTIVES:

(1) Develop system to better support cancer survivors, particularly patients of color and those from medically underserved communities.

- Strategy 3.1.1: Work in partnership with BPHC’s Cancer Advisory Group and the citywide Patient Navigation Network (PNN) to develop a survivorship task force to support activities related to increasing education and supportive services for cancer survivors.
- Strategy 3.1.2: Train patient navigators around best practices for providing survivorship support.
- Strategy 3.1.3: Expand Dana-Farber Survivorship Program to more cancer survivors of color and those from vulnerable and/or medically underserved communities to streamline access to services.

CHNA Key Finding #4: *Addressing the 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 poverty, high housing costs, limited affordable physical activity opportunities, and access to nutritious food.

Goal: Leverage expertise of community organizations that address broader public health issues that go beyond cancer care, such as housing, healthy food access, and physical activity.

OBJECTIVES:

(1) Support projects in our priority neighborhoods that have the potential to reduce socioeconomic burdens experienced by residents.

- Strategy 4.1.1: Continue partnership with Madison Park Development Corporation (MPDC) to support healthy living initiatives for residents, such as sponsoring exercise opportunities and healthy cooking classes.
- Strategy 4.1.2: Continue participation in Boston CHNA/CHIP Collaborative to strengthen citywide efforts to address the social determinants of health.
- Strategy 4.1.3: Promote health justice through strategic partnerships that mitigate unmet health-related social needs, such as housing stabilization for cancer patients and survivors.

CHNA Key Finding #5: *Leveraging Community Strengths*

Dana-Farber's priority neighborhoods possess numerous assets and strengths, including strong neighborhood cohesion and social networks, vibrant diversity and multiculturalism, community resilience, engaged residents and youth leaders, proximity to health care services and educational institutions, and numerous community-based organizations and resources.

Goal: Leverage our partnerships with community-based organizations, increase cancer awareness, and engage aspiring youth through workforce development opportunities.

OBJECTIVES:

(1) **Continue to leverage comprehensive communications and educational efforts to increase awareness of the cancer burden and strategies to reduce cancer risk, particularly among medically underserved communities.**

- Strategy 5.1.1: Launch ongoing media efforts to deliver cancer prevention messages in multiple languages in digital spaces with a focus on ethnic media.
- Strategy 5.1.2: Leverage our partnership with the Prostate Health Education Network (PHEN), Boston Public Health Commission's Pink & Black Network, Asian Women for Health (AWFH), Enhancing Asian Community on Health (EACH), the Latino Health Insurance Program (LHIP), Union Capital Boston (UCB), and others, to strengthen patient and community-facing awareness efforts.
- Strategy 5.1.3: Continue to strengthen our commitment to youth development and collaboration with community-based organizations to increase awareness about cancer.

Conclusion

Cancer remains the leading cause of death in Boston and Massachusetts and disproportionately impacts vulnerable and medically underserved residents of Boston, particularly communities of color. 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. We acknowledge that a comprehensive approach to addressing the cancer burden must also address upstream social, economic, and environmental factors that influence health, and as such we will continue to partner with local coalitions and neighborhood-based organizations to address broader socioeconomic challenges experienced by residents in our surrounding neighborhoods. 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 commitment to improving cancer outcomes and promoting health equity in the city of Boston.

Related Links

DFCI CHNA: www.dana-farber.org/about-us/community-outreach/community-health-needs-assessment-reporting/

Boston CHNA: www.BostonCHNA.org

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