FY’22 COMMUNITY BENEFITS REPORT

August 2, 2023

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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. We train new generations of clinicians and scientists, disseminate innovative patient therapies and scientific discoveries around the world, and reduce the impact of cancer, while at all times maintaining a focus on those communities who have been historically marginalized.

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 number one 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 four 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, which was updated in December 2022. 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.

We advance Dana-Farber Cancer Institute’s mission by reaching beyond our walls to support diverse communities with a continuum of our expert, compassionate and equitable cancer care. Our work is grounded in equity and social justice.

To achieve our mission, Community Benefits applies a health equity lens to:

- Expand access to our measurable, evidence-based programs in early detection, screening, and cancer prevention and education – to reach at-risk, historically marginalized, and diverse populations
- Partner with community health centers, community-based organizations, and government entities to assess, enhance, and improve the overall health and well-being of the members of our communities
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”).

**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, including the Institute’s Determination of Need Community Health Initiative funding process.

Dana-Farber Community Benefits staff also participate in community outreach and planning activities with the Institute’s Community Benefits Internal Advisory Committee and 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.

**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-convener 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 serves as the co-chair of the Collaborative and previously co-chaired the Community Engagement Work Group in collaboration with BPHC.

**Cancer Community Health Needs Assessment (CHNA) Partners:** Dana-Farber worked closely with Enhance Asian Community on Health (EACH), Roxbury Tenants of Harvard, Union Capital Boston and BPHC to implement community engagement efforts for Dana-Farber’s 2022 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 2022 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.

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 for Cancer Equity & Engagement (DF/HCC CCEE): 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. 2022-2025 COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN

In 2022, Dana-Farber’s Board of Trustees approved the 2022-2025 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 2022-2025 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 a leading cause of death in Boston and Massachusetts despite some declines in cancer incidence and mortality rates for certain subgroups. Breast and prostate cancers are diagnosed most frequently; unfortunately, prostate cancer mortality rates have not improved, and breast cancer mortality rates have improved for White residents only. Black men continue to be 2.5 times more likely to die from prostate cancer compared to White men. The CHNA findings indicate that Black residents in Boston continue to experience the highest rates of overall cancer mortality, statistically significantly higher than White residents. There are also significant disparities in cancer mortality across Boston neighborhoods, including Hyde Park, Dorchester, Jamaica Plain, Roxbury, South Boston, and West Roxbury, warranting further investigation. Additional disparities are also seen across other groups:
   - Cancer incidence declined for some groups but not others. For example, colorectal cancer incidence rates have not declined among Asian males, Latina females, or Black males.
   - Asian, Latina, and Black women are far more likely to be diagnosed with and die from liver cancer compared to White women.
• Asian men have significantly higher liver cancer incidence and liver cancer mortality rates compared to White men.
• Asian men continue to have the highest mortality rate for lung cancer which is also the single highest mortality rate among all groups for all 5 cancers analyzed.
• Significant disparities in cancer screening and risk behaviors exist among select subgroups, including Asian, Latino, Black, immigrant, low-income, and unemployed residents.

2) **Access Barriers:** Across the continuum of cancer care, barriers to accessing cancer services include the high financial cost of cancer treatment, navigating the health care system, fear of cancer diagnosis, and transportation barriers. Many of these challenges have been compounded by the ongoing COVID-19 pandemic, which has led to health care access delays, challenges maintaining employment due to job loss and virus transmission concerns, and telehealth barriers for low-income and older adults. Language barriers and lack of cultural competency among providers as well as discrimination were also mentioned as challenges for patients of color, immigrants, and sexual and gender minorities. Additionally, the CHNA findings indicate that Asian and Latino residents and new immigrants are less likely to have a primary care provider, and among some immigrant groups, the concept of prevention is not familiar. The CHNA findings point to the need for greater awareness of social workers, patient navigators, and support groups. Additionally, the CHNA findings underscore the need to address systemic racism in the healthcare system and to provide bilingual, culturally responsive, and gender-inclusive care across the cancer spectrum.

3) **Cancer Survivorship:** Focus group participants mentioned fears of cancer recurrence and emphasized the importance of cancer-specific support groups. They also expressed the need for more groups in different languages serving different populations, including LGBTQ+ patients and caregivers as well as support groups facilitated by cancer survivors and people of color. Mental health needs were heightened for survivors who were isolated due to COVID-19. Survivors expressed a need for more awareness of resources earlier on in the cancer journey, more support for caregivers, and post-treatment social determinants of health assessments. It was noted that Dana-Farber Cancer Institute |Community Health Implementation Plan 12 both a strong clinical follow-up plan and continuation of other critical resources are necessary for cancer survivors. Survivorship resources tailored to the LGBTQ+ community are also needed.

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. 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. The COVID-19 pandemic has worsened already existing income inequalities and the level and severity of poverty for low-income residents across Boston, as well as many social determinants of health. Boston CHNA findings also underscore the impact of the pandemic on housing, financial security/mobility, behavioral/mental health, and access to services.
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 described their communities as being vibrant, full of rich cultural traditions, and having a strong history of activism and art.
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 23 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 partner 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

The mammography van and Whittier mammography suite still have measures in place to ensure patient and staff safety as the pandemic continues:

- Scheduled patients are screened twice for viral symptoms and exposure:
  - Up to 72 hours prior to appointments
  - Upon arrival for appointments
- Patients are provided with surgical/procedural masks prior to entering the clinics.
FY22 VAN HIGHLIGHTS

- **Patient Volume:** In FY22, Dana-Farber’s Mammography Van provided 1,296 mammograms. Since program inception in April 2002, Dana-Farber’s Mammography Van has provided more than 52,000 mammograms to more than 23,000 unique patients.

- **Race/Ethnicity:** Of all van patients with complete self-reported race/ethnicity data available (74.3%), 18.2% self-identified as being Black, 23.2% as White, 27.6% as Other and 5% as Asian.

- **Primary Language:** Over the past year, 52.9% of van patients spoke a first language other than English. In FY22, Dana-Farber’s Mammography Van patients self-reported a total of 15 different languages. The top three primary languages after English (47%) were Spanish (33.8%), Cape Verdean Creole (8.2%), and Brazilian Portuguese (3.6%).

- **Boston Residence:** Over 42% of van patients hail from Boston and 57.3% from the rest of Massachusetts. The Boston neighborhoods represented include Dorchester, Mattapan, Roxbury, Allston, and Jamaica Plain.

- **Breast Cancer Diagnoses:** 171 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:** Almost 42% of patients screened on the van were returnees from prior years; 20.2% of van patients returned for re-screening in a “timely” manner (10-18 months from last screen).

- **Baseline Mammograms:** 12% of van patients served this year had their baseline (first-ever) mammograms on the van.

- **Follow-Up Rate:** 162 patients (12.5%) screened on the van in the past year received a recommendation for follow-up.

- **Insurance Status:** Over the past year, the insurance status of van patients was 70.1% publicly insured (Medicare, MassHealth, Health Safety Net, etc.) and 29.1% 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 breast tomosynthesis, which is interpreted by board-certified radiologists with extensive experience in mammography.
FY22 MAMMOGRAPHY SUITE HIGHLIGHTS

- **Patient Volume:** In FY22, the mammography suite provided 618 mammograms. Since program inception in October 2013, the mammography suite has provided more than 5,900 mammograms to more than 3,000 unique patients.

- **Breast Cancer Diagnoses:** For every 1,000 mammograms conducted at the suite, approximately three women are diagnosed with breast cancer (0.26%). Sixteen breast cancer diagnoses have been confirmed for patients originally screened at the mammography suite since program inception.

- **Re-screening rates:** 51.9% of patients screened at the suite were returnees from prior years; 38% of suite patients returned for re-screening within 10-18 months from the last screening appointment.

- **Baseline Mammograms:** 12.6% of suite patients served this year received their baseline (first ever) mammogram at the suite.

- **Follow-up Rate:** 13.5%, or 83 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. This year, we implemented the use of iPads to widen our reach in the diverse communities we serve. To enhance our education, we added impactful images that would reach participants who had a hard time with new terminology, had limited health literacy or were not fluent in English or Spanish.

**Skin Cancer Screening:**

Free skin cancer screenings were provided aboard the Blum Van along with twelve 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 public beaches: Carson Beach, Nantasket Beach, Revere Beach, Nahant Beach, and Wollaston Beach. The target population at these events includes beachgoers, lifeguards, outdoor parks and recreation workers, and community residents; in short, those at highest risk. The Blum Van also visited seven private host sites: Brookside Community Health Center, Quincy Senior Center, Waltham Fire Department, Inquilinos Boricuas an Accion, Westwood Council on Aging, Town of Marshfield, and Weymouth Health Department. DFCI implemented a COVID-19 Protocol to ensure that adequate health and safety measures were followed at each screening event. All participants were screened under a tent outside rather than inside of the Blum Van, with the exception of a few participants that required more privacy. These adjustments allowed for all 19 skin cancer prevention events in 2022 to take place in-person rather than virtually.

**FY22 Community Partners**

- Department of Conservation & Recreation

**Screening Private Host Partners**
Education Partners

- Charles River Community Health Center
- Madison Park Development Corporation
- Boston Public Library – Copley Branch

FY22 HIGHLIGHTS

- In FY 22, 16 in-person Sun Safety screening events were held with added health and safety measures.
- 801 participants were screened by a dermatologist and 182 people were referred for follow-up appointments.
- 71 participants were referred for a biopsy. The majority of biopsy recommendations were due to a presumptive diagnosis of basal cell carcinoma, squamous cell carcinoma or melanoma.
- 3 in-person Sun Safety education events were held with added health and safety measures.
- 112 participants were educated on sun safety and skin cancer prevention practices by DFCI staff and health educator volunteers.
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 (TTP) provides individual tobacco treatment counseling to patients of Whittier Street Health Center (WSHC) in Roxbury MA; 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.

**FY22 HIGHLIGHTS**

- In FY22, the Tobacco Treatment Program received 67 referrals and provided a total of 60 individual tobacco cessation counseling sessions to 20 patients.
- 19 participants were able to reduce their total number of cigarettes smoked per day, and 7 of these reported being able to quit completely.
- We continued to provide financial incentives for patients enrolled in the TTP smoking cessation program. Stop and Shop gift cards were given after each TTP counseling session. Research has shown that financial incentives help more vulnerable individuals reduce their tobacco usage and quit smoking.
- We continued to offer in-person sessions as well as telehealth counseling.
4. HPV and Associated Cancer Outreach Program

Dana-Farber's HPV and Related Cancers Outreach Program is a cancer prevention initiative that aims to reduce the HPV-Related Cancer burden in Massachusetts. The outreach program is designed to address common barriers to vaccination by providing medically accurate and culturally appropriate information and access to health resources. Dana-Farber’s curriculum aims to increase medically accurate knowledge of HPV and related cancers, intention to be fully vaccinated, and comfort level discussing the topic with others. The curriculum was developed in partnership with Dana-Farber/Harvard Cancer Center and reviewed and approved by Pediatric Oncology staff. The curriculum is delivered as a workshop and is tailored to be culturally appropriate for the audience, including: young adults, parents and guardians, community health and education professionals, and medical and dental professionals.

Massachusetts HPV Coalition

Dana-Farber is a founding member of the MA Coalition for HPV/HPV-Related Cancer Awareness and continues to partner with Team Maureen to lead the Coalitions’ efforts. This includes organizing the Coalition’s Oral HPV Task Force, Health Equity Work Group, and Cervical Cancer Work Group, which bring together subject-area experts, providers, and community advocates to collaborate on outreach and research.

- This year, the Coalition’s Oral HPV Task Force has continued to provide HPV education to oral health providers and distributed the second edition of their Dental Toolkit. This toolkit includes original provider and patient-facing education materials and is available for free online in seven languages.
- Dana-Farber continues to play an active role in supporting the annual HPV-Related Cancer Summit. Approximately 105 medical and dental providers, public health professionals, and community advocates attended the FY22 educational event on the latest HPV research and best practices.
- Dana-Farber helps Team Maureen manage the Coalition’s website, social media, and monthly newsletter. By supporting the Coalition’s growth, Dana-Farber is able to facilitate collaboration and increase the impact of HPV-related cancer efforts across the state.
5. **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, Union Capital Boston (UCB) and other community-serving organizations. 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 through collaboration on partnership initiatives and the Institute’s Determination of Need Community Health Initiative funding process.

In FY22, a total of 1,333 individuals were reached through 21 community education, outreach, and screening events. Program volumes have continued to be impacted by the ongoing COVID-19 pandemic, and the Community Benefits Office has continued to adapt to these challenges. In particular, the Community Benefits Office continues to provide education virtually in partnership with Union Capital Boston (UCB) and other community partners and is working to expand and strengthen digital education and outreach strategies.

**FY22 Highlights**

- In FY22 Dana-Farber provided single-year Determination of Need Community-Clinical Linkages funding to eight non-profit organizations in Greater Boston to improve linkages to health and support services.
- Dana-Farber launched and evaluated the first year of Dana-Farber’s multi-year Systems Level Funding, which was awarded to four non-profit organizations in Greater Boston to address environmental justice, food insecurity, and child homelessness.
- Dana-Farber committed $500k to the Healthy Retail & Commerce Fund to support healthy food access and $250K to the Boston Local Initiatives Support Corporation (LISC Boston) Small Business Growth Fund to support economic empowerment and grow businesses owned by Black, Latino, and Indigenous entrepreneurs and other people of color. This builds on Dana-Farber’s previous $1M commitment to the Healthy Neighborhood Equity Fund II made in FY21 to address housing needs in greater Boston.
- The Community Benefits Office partnered with Union Capital Boston and DF/HCC to host four Cancer Awareness Resource Nights focused on breast cancer screening, tobacco cessation, HPV vaccine, and cancer survivorship, engaging over 500 residents virtually. These events featured an education session on a cancer-related topic, survivor testimony, and Q&A sessions with audience members.
- Developed a new cancer-focused Community Health Needs Assessment and Implementation Plan for the 2022-2025 triennial cycle and continued to play a leadership role in the Boston CHNA/CHIP Collaborative.
B. Clinical Access and Health Equity Initiative

Dana-Farber is committed to reducing barriers to high-quality cancer care for medically underserved patients. As part of this commitment, the Institute launched a comprehensive Clinical Access and Health Equity Initiative in FY21 in collaboration with the Community Benefits Office, the Cancer Care Equity Program (CCEP) and other departments across the Institute. This initiative will allow Dana-Farber to lead new systems-wide efforts to reduce cancer disparities and broaden access to high-level, quality care for vulnerable populations, with a central focus on expanding patient navigation services.

Patient Navigation Programs

Community-Focused Patient Navigation:

In October 2021, CCEP launched its Community-Focused Patient Navigation integration model within Dana-Farber Treatment Centers in collaboration with Community Benefits and other departments across the Institute. This model will address persistent health inequities and barriers to obtaining high quality cancer care for adult patients from historically marginalized populations. Inspired by Dr. Harold Freeman’s principles of patient navigation, CCEP’s goal is to embed patient navigators across DFCI cancer treatment centers to proactively engage with these patients at point of cancer detection, eliminate barriers to timely diagnosis and treatment, and help navigate health care system complexities and logistics throughout the care continuum.

FY22 Highlights:

- Hired three full-time patient navigators, each dedicated to supporting one of the following cancer treatment centers: Gastrointestinal, Breast and Thoracic.
- 198 patients from DFCI’s priority neighborhoods were contacted by a patient navigator.
- Access to reliable transportation was the most common barrier to care with financial insecurity, lack of family/social network support, and housing instability as other major obstacles reported by patients.

Dana-Farber/Brigham & Women’s Cancer Center Patient Navigator Program for High Risk GYN Patients

The DF/BWCC GYN Patient Navigator help patients make their way through the healthcare system by providing streamlined access and identifying resources for patients with abnormal findings, an increased risk of developing cancer, or diagnosed with cancer. The Patient Navigator is 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 DF/BWCC GYN Patient Navigator supports patients seen at the BWH Pap Smear Evaluation Center (PSEC), serving approximately 206 new patients this past fiscal year. The patient navigator reported more than 670 activities and provided around 190 educational sessions.
to all new patients on the importance of follow-up appointments at the Gynecology Oncology clinic. The navigator provided more than 161 educational sessions on Human Papilloma Virus and engaged in 42 interactions to specifically motivate patients to go to their follow up appointments and complete treatment. The navigator supported patients in scheduling and receiving COVID-19 vaccines and educated them about the new COVID-19 screening protocols implemented in the hospital. The navigator also assessed potential barriers to accessing resources.

The DF/BWCC GYN Patient Navigator enrolled more than 21 patients in the Patient Gateway portal to provide direct access to test results and facilitate telemedicine appointments and communication between patients and providers.

C. Cancer Care Equity Program

Established in January 2012, the Cancer Care Equity Program (CCEP) aims to place Dana-Farber Cancer Institute at the forefront of efforts to reduce disparities in cancer outcomes for historically marginalized groups locally, as well as become a national model for translating cancer equity research into interventions. The role of CCEP is to:

- Facilitate clinical access to Dana-Farber’s spectrum of preventive medicine, treatment, and clinical trials
- Partner with Community Benefits Office to enhance and expand Dana-Farber’s community outreach and educational programs
- Initiate and unite cancer equity research across Dana-Farber

Through these efforts, CCEP broadens access to historically marginalized populations and joins community partners in the pursuit of equitable care across the spectrum of cancer-related disease.

Clinical Outreach Initiative: CCEP holds on-site cancer outreach clinics at Federally Qualified Health Centers (FQHC) in historically marginalized communities staffed by a Dana-Farber clinical team, including a Physician Assistant, Nurse Director, Social Worker, Genetics Counselor, Patient Navigator and Research Assistant. Clinical services include:

- Cancer screening
- Diagnostic workups and follow-up care
- Reconnection to cancer care
- Referrals for second opinions
- Genetic cancer risk evaluations and testing
- Cancer survivorship care
- Provider and community education
- Patient navigation

Primary care providers can refer adult patients with a new, existing, or past cancer diagnosis, benign hematologic diagnosis (neutropenia, anemia, clotting disorders, thrombocytopenia), breast issues (abnormal mammography studies, lumps, pain, discharge) or any worrisome (cancer related) symptoms without clear cause (lumps, bumps, bruises, weight loss). If patients have an active cancer question or issue, CCEP navigates them to Dana-Farber and Brigham and
Women’s Hospital (DF/BWH) and/or another cancer facility of choice for further care. For benign issues, CCEP connects patients to specialty care for follow-up.

Objectives of Clinical Outreach Initiative:

1. **Decrease wait times for diagnosis and treatment of cancer:** To achieve this objective, CCEP established regular on-site cancer outreach clinics at FQHCs in Roxbury and Dorchester, MA. Patients seen at CCEP’s outreach clinics who are diagnosed with cancer are referred to DFCI for potential treatment and further diagnostic procedures. Imaging is performed at DFCI/BWH, and personalized patient navigation services are provided to each patient to ensure seamless coordination of care. If a patient prefers to receive oncology care and diagnostic workups outside of DFCI/BWH, CCEP facilitates this referral to support transition of care. About 80% of patients seen at CCEP’s outreach clinics do not end up with a cancer diagnosis. CCEP’s clinical team manages non-oncology diagnoses and workups, such as complicated anemias and other hematological diseases and genetic evaluations and testing.

2. **Increase awareness and knowledge of cancer prevention and treatment:** In collaboration with the community outreach teams at FQHCs, CCEP’s clinical team along with other DFCI providers offer educational lectures to patients, staff, and the community at large. These lectures focused on prevention, treatment, survivorship, and clinical trials. During Covid-19, in-person educational activities were put on hold. CCEP continued to provide educational programs via zoom.

3. **Foster trust with providers and patients:** By directly involving and encouraging patient-centered collaborations between oncologists and primary care providers in FQHCs, CCEP establishes trust and a high level of comfort that reflects a commitment to treatment equity. CCEP shows a commitment to historically marginalized communities by working side-by-side with community partners toward the common goal of expedient diagnosis and work-up of mutual patients.

4. **Create a research cohort of patients for observational and interventional studies:** Patients evaluated as part of CCEP’s clinical outreach initiative have the option of enrolling in a research cohort. This allows DFCI/Harvard Cancer Center researchers to conduct observational studies examining disease presentation and treatment responses, as well as qualitative and interventional studies with a racially and ethnically diverse population. The formation of this unique research cohort is an important part of the clinical program and provides an opportunity to bring together investigators across DFCI 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 472 patients have consented to enroll in the cohort since 2012, representing nearly 90% of all patients informed of the study to date (n = 525).

5. **Increase enrollment in clinical trials:** Education regarding the concept of clinical trials is provided to all patients seen at DFCI through CCEP. By increasing access to DFCI and improving relationships with historically marginalized communities and providers who practice in these communities, CCEP removes some of the structural barriers to clinical trial
enrollment. CCEP evaluates barriers to clinical trial entry and works to differentiate systems-level barriers from patient-level barriers.

6. Create a model for addressing the health disparities gap in cancer care: A key objective for 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 help other organizations who wish to develop similar programs. Since CCEP has demonstrated success with the care model, the program is well positioned to help other organizations develop programs of their own.

COVID-19 Impact: In the aftermath of the COVID-19 pandemic, the CCEP team is working to connect patients with missed screening appointments such as colonoscopies, low dose chest CTs and mammograms to help our community partners address a backlog of vital cancer screenings.

FY22 Highlights:

- CCEP continued its cancer diagnostic clinics at Harvard Street Neighborhood Health Center in Dorchester, MA and expanded its care model to The Dimock Center in Roxbury, MA.
- CCEP has seen 779 new patient consults and 563 patient follow-up visits since 2012, of which, 82 (10%) new patient consults and 43 (8%) follow-up visits were performed in FY22.
- Since 2012, the median number of days from initial appointment to diagnostic resolution totaled 8 days for patients with a cancer diagnosis, exceeding the program’s goal of 21 days.
- Since 2012, 19% of patients with cancer diagnoses have enrolled in clinical trials at DFCI.
- Patients had a wide range of diagnoses, such as breast cancer, lung cancer, and benign hematology, and were referred to DFCI/BWH treatment centers and specialty clinics as well as Faulkner Hospital (FH) for low-dose chest CT (LDCT).
- The highest volume of referrals from primary care providers are patients with a family history of cancer. An oncology geneticist and genetic counselor provided special genetic evaluation clinics with immediate, on-site genetic testing if warranted. In 2022, CCEP changed this model based on DFCI practice changes: the genetic counselor will be in-person in the outreach clinics and only patients with a genetic mutation and/or a personal diagnosis of cancer will be seen by the geneticist (on-site at DFCI’s main campus).
- The CCEP team began planning collaboration with HSNHC’s dental team in order to offer HPV education and oral cancer screening in 2023.

CCEP/IECD Cancer Disparities Research Symposium: In collaboration with the DF/HCC Initiative to Eliminate Cancer Disparities (IECD), CCEP hosted the annual Cancer Disparities Research Symposium on April 15, 2022. The event featured a keynote by Dr. Don Dizon, MDm FACP, FASCO entitled “Don’t Ask, Can’t Count: Addressing the Invisibility of the Cancer Trajectory Experience among Sex and Gender Minoritized People.” Dr. Dizon is a medical oncologist specializing in pelvic malignancies, survivorship particularly as it pertains to sexual health for men and women with cancer, and social media. 191 people attended this virtual webinar.
D. 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, 2016-2021): The objective of this project was 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. Both the intervention implementation and final data collection phases were completed. Of note, it was not possible to complete all final data collection in four out of nine Proof-of-Concept accounts due to the impact of COVID-19. The Sodexo staff in those accounts were laid off due to account closures. The final project report was submitted to the funder, National Institute for Occupational Safety and Health in October 2021.

Cancer Prevention for Fire Fighters: A Collaboration with the Boston Fire Department
The Center worked with the Boston Fire Department (BFD) to apply a Total Worker Health® approach to examine physical, psychosocial, and organizational factors in the firefighters’ work environment that may influence contamination control practices at the scene of fires and at the fire station. This work was conducted through a two-year postdoctoral fellowship, funded by the DFCI Pan Mass Challenge (PMC) Team Boston. The goal of this work was to identify modifiable upstream factors, in order to target them in future interventions to improve the effectiveness of existing policies on preventing cancer. Specifically, the research aimed to identify priority best practices for exposure reduction based on existing standard operating procedures and available guidelines, as well as determine to what extent factors in the firefighters’ environment may serve as barriers or facilitators in reducing harmful exposures.
Due to the impact of COVID-19 on the BFD staff and community, only 214 firefighters responded which was not enough to draw any survey-based conclusions or recommendations. Dr. Chin prepared a final report which included recommendations from the station physical environment characteristic checklist, a summary of best practices for contamination and control for cancer prevention, and additional recommendations on participatory approaches. This project is completed with no further follow-up planned.

**Viswanath Lab Response to COVID-19:**
In response to the COVID-19 pandemic and the rapid spread of information, misinformation, and disinformation, the Viswanath lab developed a dashboard ([https://www.hsph.harvard.edu/viswanathlab/](https://www.hsph.harvard.edu/viswanathlab/)) to provide evidence-based information, collated from reliable sources on COVID-19. The dashboard includes answers to frequently asked questions about the COVID-19 vaccines and the disease, facts debunking the myths circulating, social media tips, and access to trustworthy resources and data. It also features infographics developed in collaboration with the communities served and is translated into Spanish and Portuguese. The infographics are also being widely shared on the lab’s social media pages.

In FY22, the Lab continued to update the dashboard as new information and data emerged. In our effort to promote the COVID vaccines and boosters, we recruited parents and community leaders in Lawrence, MA, to share video testimonials about the importance of COVID-19 vaccines for young adolescents and children.

**Outreach to Address Cancer Disparities: Engaging Community Partners and Leveraging Evidence** (Viswanath and Ramanadhan 2021-2026): The University of Massachusetts Boston (UMB) and Dana-Farber/Harvard Cancer Center (DF/HCC) U54 Partnership works to address cancer inequities. The partnership has been going strong for 20 years and continues to grow. The Outreach Core is an important part of the partnership and links research, professional development, student training, and community outreach to address cancer inequities in the Greater Boston and Greater Lawrence areas. The major shift in the work of the Outreach Core for this funding cycle is to focus on cancer prevention and control among adolescents and young adults (AYAs).

**FY22 Outreach Core Project Accomplishments:**

- **Community Advisory Board:** The OC focused on exploring the needs of AYAs in partner communities, developing relationships with the new CAB members, and growing existing CAB relationships. CAB meetings included discussions of mistrust in healthcare and mental health challenges exacerbated by the COVID-19 pandemic, in addition to the focus on alcohol and tobacco use, maintaining a healthy weight, and HPV vaccination among underserved AYAs. CAB members also shared their concerns around digital inequity (e.g., technological illiteracy, barriers to access) and the need for increasing AYA literacy with social media. The Memoranda of Understanding between the organizations representing the CAB and the UMB-DF/HCC Partnership was developed and executed in the spring.
• **Evidence-Based Interventions:** In FY2022, the OC created a list of EBIs focused on alcohol and tobacco use, maintaining a healthy weight, and HPV vaccination among underserved AYAs. We will continue to add to this list over the grant cycle.

• **Student Training:** The OC supported eight students during the summer of 2022, pairing college students with high school students on internship. Students were hosted by CAB sites (including the Brazilian Worker Center, the City of Lawrence Mayor's Health Task Force, Greater Love Tabernacle, Lynn Community Health Center, and the YMCA of Greater Boston) or referred to organizations in their networks. Program elements for the students included a 2-day orientation, professional development, college/graduate school/career advising, educational modules on CBPR and community-responsive outreach and research, Communication of Science, and Implementation Science.

• **Dissemination:** Dissemination strategies and tools were researched during FY2022. In addition, the OC is progressing with several dissemination platforms.
  
  o **Planet MassCONECT website:** updated with resources and tools for our trainees, advisory board, community members, and researchers with over 242 resources.
  
  o **Science Cafés:** Science Café took place in June 2022 for the Greater Boston community, including high school and college students. Three doctoral students/scholar-activists (all URM scholars) from the Harvard T. H. Chan School of Public Health spoke about their research foci and how their lived experience influenced their educational path. We also provided information about internship opportunities at UMass Boston and Dana-Farber Harvard Cancer Center.
  
  o **Other Initiatives:** The OC provided consultation support on recruitment and dissemination strategies to the Broad Institute's “Count Me In Latinx Community Initiative” and a partnership project titled “Testing Home-Based Exercise Strategies to Improve Exercise Participation and Cardiovascular Health in Underserved Minority Patients with Cancer Undergoing Chemotherapy.” The OC Project Manager and PI Core Lead are also supporting a Patient & Community Partnerships Subcommittee at DFCI to guide the Cancer Care Equity program with a pilot project in Lawrence that will provide pre-diagnosis clinical trials education in the community.
E. NCI Sponsored Health Disparities Activities

Dana-Farber/Harvard Cancer Center (DF/HCC) actively ensures that research undertaken by DF/HCC scientists across its seven different institutions impacts our catchment area of the state of Massachusetts. In alignment with NCI’s Cancer Centers Support Grant (CCSG) guidelines, the DF/HCC’s Center for Cancer Equity and Engagement (CCEE) leads and collaborates across the consortium on community outreach and engagement (COE) initiatives; initiatives which connect DF/HCC research faculty directly with communities to bridge the gap of access between researchers/providers and community members. The DF/HCC believes that the strong relationships between communities and institutions that provide cancer care is essential to reducing cancer disparities in our catchment area. Over the next five to seven years, we continue to work towards reversing the persistent inequities in cancer care access through focused community outreach and engagement (COE) activities and meaningful community partnerships.

The specific aims of DF/HCC COE activities are:

- **Understand and monitor** the cancer burden in Massachusetts.
- **Build bi-directional partnerships** between DF/HCC and Massachusetts communities to address the cancer burden, particularly cancer disparities.
- **Increase access to clinical trials** among underserved and minority communities in Massachusetts.
- **Maximize the impact of DF/HCC research** on communities across Massachusetts and beyond.

**Community Driven Project:** A partnership with the Western Massachusetts Health Equity Network (WMHEN) to sponsor MOSAIC, a film which highlighted the transformational work of local leaders of color. A group of community members from across Western Massachusetts, ranging from students to seniors, helped create the content and guide the process of the film's focus on the intersection of racism and health. This film was featured in over six (6) different locations and seen by over 500 attendees. Additionally, 24 organizations across western Massachusetts requested permission to show the film to the communities they serve.

**Transmitting Cancer Data:** The launch of the Cancerinmass.org website which provides data and resources on cancer incidence and mortality to aid public health officials, community groups and researchers by summarizing cancer risk factors and cancer occurrences from the Massachusetts State Cancer Registry and the National Cancer Institute SEER*Stat system, and describes disparities by race, ethnicity, and gender that represent an unequal cancer burden in specific groups.

**Cancer Education Resource:** The launch the website, in collaboration with the Harvard T.H. Chan School of Public Health. The site provides accurate and reliable information about what does and does not cause cancer to the general public. Prior to its launch, for each topic on the website, a team which included scientific experts and community members, reviewed, vetted, and summarized the best scientific, evidence-based information available, ensuring a strong
community engagement approach. Since its launch in April 2022, the website has been visited by over 73,000 unique users.

**Minority Accrual Training:** In partnership with the Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard a six-part online training course entitled Equity by Design in Clinical Research: Cancer Trials was implemented. The course focuses on best practices for diversity, equity, and inclusion (DEI) of underrepresented populations in clinical trials. To date, this course has been completed by over 480 participants, from across 29 different countries and from over 30 different states within the United States.

Launched in 2001, DF/HCC created the **Initiative to Eliminate Cancer Disparities (IECD)** to provide a centralized and coordinated structure for addressing the complexities of cancer disparities – it was among the nation’s first integrated, inter-institutional, multi-pronged approaches. Outlined below is a summary of the selected programs offered:

Each year in April in recognition of **National Minority Cancer Awareness (NMCA)** the Annual Cancer Disparities Research Symposium is hosted. The keynote for our 2022 9th annual event was Don Dizon, MD, FACP, FASCO, a professor of Medicine and Surgery at Brown University and the Director of Medical Oncology at Rhode Island Hospital. Dr. Dizon’s talk focused on addressing the invisibility of the cancer trajectory experienced among sexual and gender minoritized people. The keynote was followed by two panel discussions representing key stakeholders with expertise on the intersectionality of LGBTQ+ identity, race, and the cancer experience. Additionally, in partnership with the Massachusetts General Hospital and Harvard Medical School, sponsorship support was provided for their 1st Annual Cancer Equity Colloquium, attended by over 80 participants.

To build cancer awareness and encourage action through health education, eight educational programs for NMCA were provided to the broader community. Topics included, Long Covid, Cancer and the Environment, Cancer Screenings and Healthy Lifestyle Bingo.

**The Faith Based Cancer Disparities Network (FBCDN):** continues to meet regularly to explore health and wellness topics for implementation within their congregation and beyond. The network consists of ten Black churches primarily located in the neighborhoods of Boston/Cambridge. A total of eight health-related workshops were held virtually.

In partnership with Union Capital Boston, a signature program for the FBCDN, Faces of Faith, a cancer survivorship photo exhibit was launched on June 2nd. The 1.5-hour program featured Rev. Dr. Ray Hammond, co-founder, and Pastor at Bethel AME Church in Boston. Pastor Ray was educated as a physician at Harvard Medical School and practiced as an Emergency Medicine physician at Cape Cod Hospital until joining the ministry. In summary, Rev. Dr. Hammond reminded us about the importance of self-care, seeking health care and encouraging others to take care of themselves. Additionally, 13 cancer survivors’ photos were revealed.

Additionally, we were excited to launch the Faces of Faith exhibit in collaboration with Baystate Medical in Springfield. A total of 6 cancer survivors from Western, MA were featured in the inaugural exhibit. The Faces of Faith photo exhibit was also featured at the Greater Love Tabernacle Church, Zaz Restaurant and Boston Rhythm Riders.
Patient Navigation Network (PNN): brings together oncology clinical and professional patient navigators and community health workers to engage in education, networking, and peer to peer support. In 2022, the Network met virtually on three occasions. Education and training topics focused on genetic counseling, DFCI’s new patient navigation model, translating research into practice, and BPHC’s colorectal cancer screening campaign.

For the past twenty years, the Continuing Umbrella of Research Experiences (CURE) created and offered pipeline programs to support early exposure and engagement to under-represented students interested in cancer-related research. Since its inception, CURE program has engaged and placed over 600 students across the DF/HCC institutions in basic, clinical, nursing and population science. In 2022, CURE provided 86 students from underrepresented backgrounds with hands-on cancer-related research experiences. Almost 80% of our students were exposed to in-person experience.

Other program highlights included a cancer related lecture series highlighting under-represented cancer faculty across the country. Various professional development workshops with a thematic focus on what it takes to be successful in a STEM career. Additionally, we are forging new relationships to create partnerships with other educational institutions including Historically Black Colleges and Universities.

On an annual basis a survey is administered to CURE alumni to determine their education progress, scholarly activity, and career progression. Based on a response rate of 63%, the 2022 data showed the following impact:

- 98% of alumni completed or are enrolled in post-secondary educational program
- 85% have graduated with STEM or Health Science degrees and completed a 4-year college degree
- 71% are working in a science related field
- 648 science or public health related publications were authored by CURE alumni
F. Workforce and Community Development

**Dana-Farber Cancer Institute’s Office of Workforce Development** works collaboratively and strategically to create pathways to clinical, research and healthcare administration careers at DFCI. The Office of Workforce Development provides professional growth opportunities for youth and adults with the intention of ensuring a health care workforce of well-prepared, highly skilled individuals who are reflective of the diversity of the communities in which Dana-Farber resides. We work to ensure that underrepresented and underserved populations from Boston’s historically marginalized communities have equitable access and opportunity to learning experiences at Dana-Farber that offer training, employment, and mentorship. Workforce Development is committed to providing the resources, tools, and coaching services that foster engagement, support, and the well-being of program participants and staff.

In FY 22, an internal Workforce Development Advisory Council made up of leaders and managers across the Institute was established to ensure that we are being responsive to the labor market trends and business needs of the Institute. This group will provide optimal programming to serve the unemployed and under employed as well as create advancement opportunities for DFCI’s frontline staff.

In 2022, three new pipeline programs were launched to help departments meet critical staffing needs in high volume roles. The positions included Clinic Assistant, Central Sterile Processor and Clinical Research Coordinator. We continued to offer critical programming that supports the career development of internal frontline staff and underrepresented leaders.

- **College and Career Coaching Services:** Incumbent staff members looking to advance their careers at Dana-Farber have access to academic 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. Due to the pandemic, these services continue to be offered virtually.

- **External Leadership Advancement Forums:** Dana-Farber sponsors several educational leadership development program and forums throughout the year hosted by The Partnership, Inc. and Conexión. In FY 22, 4 staff completed the program.

- **Online Degree Program:** We continued to offer staff, pursuing undergraduate degree, access to an affordable competency-based degree program through Southern New Hampshire University. In FY 22, 15 staff continued their enrollment at Southern New Hampshire University.

**Community and Educational Partnerships:**

In 2022, we launched a new program with Massasoit Community College creating a pipeline program for Clinical Assistant positions within Nursing and Patient Care Services. Massasoit’s Medical Assistant program includes training in clinical duties such as obtaining medical histories, recording vital signs, preparing patients for examinations performing EKG’s, and phlebotomy to name a few. In FY22 the Clinical Assistant pipeline program hosted 2 interns and upon the successful completion of their internship, were hired into full time roles.
Dana-Farber continues to partner with Jewish Vocational Services in creating pipelines to careers in Pharmacy. The Pharmacy Tech pipeline program hosted 4 interns in 2022. Three of the four interns were hired into full-time Pharmacy Tech position at Dana-Farber.

**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 70 students throughout the school year and summer. During the Academic Year 2021-2022, 22 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 2022, Dana-Farber hired 60 Boston high school and college students into department-based internships. Students’ placements were either fully onsite, hybrid, or fully remote. In addition to the job experiences, students participated in virtual professional development, college readiness, and life skills workshops. Eligible students either attended or graduated from Boston Public Schools. 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. FY22, Job Shadow Day was canceled due to COVID. Dana-Farber staff also participates in school-based events including Fenway High School’s annual career fair. In FY22, 7 DFCI staff volunteers lent their expertise in mock interviews and served on career panels.

The Dana-Farber Summer 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. Over the last four summers, 41 interns completed the program. To date, ten participants have been hired into positions at Dana-Farber.

In summer 2022, a new collaboration with the United Negro College Fund (UNCF) Ernest E. Life Sciences Program was established. UNCF partners with historically black colleges and universities and places students into paid internship opportunities at Boston’s life science and healthcare companies. Dana-Farber hosted our first UNCF intern and plan to continue growing this partnership.

In FY22, we served 48 high school students of which 96% are URM, 16 college students of which 81% are URM and 81% are STEM or health sciences majors, and 11 graduate interns of which 36% 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.
G. 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:

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:
- Center for Education and Support – Chestnut Hill Patient and Family Resource Center
  - Visits Since April 2021 – 650 Visits
• **Blum Digital Resource Center** – Online extension of our physical resource center, over 750 resources available
  o Pre-Covid: Physical resource centers on-site
• **Overdrive**: Complimentary magazines, newspapers and books transition to Overdrive – Dana-Farbers digital library to offer e-books, audiobooks and magazines to patients and families digitally (1500 library cards issued since August 2021)
  o Pre-Covid: Physical Resources in centers on-site
• **Virtual Live and Recorded Programs and workshops (Zoom/YouTube Playlist)**
  o Over 1000 attended live and 7000+ views of 25+ recorded sessions
    ▪ Spirituality and Cancer Workshop Series
    ▪ Conversations with Caregivers Panel Series
    ▪ 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
    ▪ Genetics in Spanish
  o Pre-Covid: Sessions hosted in the resource center around a small conference table.
• **Collaboration to Host Bone Marrow Transplant Webinars (3x a week)**
  o Over 1000+ Patients and Caregivers per year attend these group zoom webinars as they are preparing for transplant.
  o Pre-Covid: Nurse Navigators would do in person teaches.
• **Outreach to Limited English Proficiency speakers with new Welcome Notebook**
  o Spanish – 618
  o Chinese – 31
• Expanding to Portuguese in 2023
• **One-to-One Telephone Peer Support Program** – Over 300 requests for support in 2022
VI. COMMUNITY BENEFITS EXPENDITURES

FY’22 Community Benefits Expenditures

<table>
<thead>
<tr>
<th>Community Benefits*</th>
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<tr>
<td>Direct Expenditures</td>
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Total Net Charity Care
(includes HSN assessment,
HSD denied Claims,
Free/Discounted Care) $27,016,098
Corporate Sponsorships $287,550
Total Expenditures $37,487,028

The total cost of Unreimbursed Medicare and Medicaid Services: $91,676,480
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 2022, Dana-Farber conducted its 2022-2025 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 FY2022-2025 Implementation Plan, with an emphasis on the following activities:

• Dana-Farber will continue to broaden access to high quality care for vulnerable populations, with a focus on expanding patient navigation services and reducing barriers to mammography screening through partnerships with local and state organizations.

• Dana-Farber will continue to expand digital health education and outreach efforts with additional health educators to promote prevention, screening and early detection among priority populations following COVID-19 health care access delays.

• 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.

• Dana-Farber will continue to fully implement the approved Determination of Need Community Health Initiative (CHI) Plan and leverage community investment opportunities.

• Dana-Farber will continue to play a leadership role in the Boston CHNA/CHIP Collaborative to implement citywide efforts that address the social determinants of health and other priorities for collaborative action.
VIII. REVIEW/EVALUATION OF COMMUNITY BENEFITS PLAN

Dana-Farber’s Community Benefits Office conducts evaluation in several ways. The staff regularly review and update the logic model for all Community Benefits programming. Additionally, individual programs collect demographic data about the residents served when feasible. This data identifies which populations are reached by CB programming and allows staff to strategize about how to ensure that priority vulnerable populations are served most robustly.

Additionally, impact studies are conducted periodically on our services with a quality improvement lens that seeks to strengthen our programming. The evaluation staff are currently overseeing a rigorous evaluation of our Determination of Need grantees; Community-Clinical Linkage grantees completed a process evaluation while Systems-Level grantees are conducting individual implementation and impact studies and gathering collective lessons on common indicators.

Name / Address of Hospital:
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Boston, MA 02215-5450

Name of Hospital Employee Primarily Responsible for Community Benefit Planning:
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