FY’17 COMMUNITY BENEFITS REPORT

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I. About Dana-Farber Cancer Institute.................................................................3

II. Dana-Farber Cancer Institute Community Benefits Mission Statement........4

III. Community Benefits Planning Mechanisms...............................................5

IV. Community Health Needs Assessment and Implementation Plan...............8

V. Community Benefits Programs.....................................................................11
   A. Education, Outreach, Screening and Advocacy........................................11
   B. Cancer Care Equity Program.......................................................................19
   C. The Center for Community-Based Research.............................................22
   D. NCI-Sponsored Health Disparities Activities..............................................25
   E. Workforce Development and Community Programs..................................27
   F. Services to Patients, Families and Communities........................................29

VI. Community Benefits Expenditures...............................................................31

VII. Future Initiatives ..........................................................................................32

VIII. Review/Evaluation of Community Benefits Plan.......................................33
I. ABOUT DANA-FARBER CANCER INSTITUTE

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

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

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

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

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

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

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

Updated: July 2009
Revised: January 1996
Approved: September 1995
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 Community Benefits staff with guidance and leadership around program initiatives and monitor the completion of the Community Health Needs Assessment (CHNA) and Implementation Plan.

The **Community Benefits External Advisory Committee**, established in 1997, consists of representatives from community organizations, neighborhood health centers, and city and state health departments who share Dana-Farber’s commitment to reducing disparities in cancer care, education, and treatment. Additionally, the Dana-Farber **Community Benefits Internal Advisory Committee** provides input and shares responsibility for the implementation of key initiatives in the overall Community Benefits Plan.

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

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

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

**Boston Public Health Commission (BPHC):** Dana-Farber works closely with the BPHC to implement and sustain initiatives that address the need for cancer prevention education, screening services, and survivorship education. BPHC also plays a key leadership role in Dana-Farber’s Community Benefits External Advisory Committee and as the co-convener of the Boston Breast Cancer Equity Coalition. Additionally, Dana-Farber served on the steering committee of the *Let’s Get Healthy, Boston!* project, a three-year partnership initiative between the BPHC and the Boston Alliance for Community Health aimed at creating healthier environments for Boston-area residents. The project ended in September 2017.

**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.

**Boston Alliance for Community Health (BACH):** As a steering committee member of BACH, Dana-Farber continues to work alongside fellow health care institutions, neighborhood coalitions and community development corporations to address the racial and ethnic disparities in health that exist in Boston and throughout the region.
**Madison Park Development Corporation (MPDC):** Dana-Farber has a longstanding history of collaboration with MPDC, and continues to partner with MPDC to implement mutually agreed upon community health improvement strategies, including providing health and wellness programming for MPDC residents.

**Massachusetts Coalition for HPV and Related Cancer Awareness:** Dana-Farber continues to serve on the steering committee of the Massachusetts Coalition for HPV and Related Cancer Awareness, with the goal of increasing HPV knowledge and vaccination rates in order to reach the Healthy People 2020 goal of 80% vaccination among eligible youth regardless of race/ethnicity or socioeconomic status.

**Boston Public Schools Health and Wellness Department:** Dana-Farber partners with Boston Public Schools to provide education about HPV and cancer prevention to youth, parents, and clinical staff.

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

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

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

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

**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. Through the shared efforts of the COBTH Community Benefits Committee, a series of neighborhood-level meetings and focus groups were held as part of Dana-Farber’s 2016-2019 Community Health Needs Assessment (CHNA) process. Dana-Farber has also been an active participant in the planning process to develop a joint citywide CHNA for 2019.
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.
In 2016, Dana-Farber’s Board of Trustees approved the 2016-2019 Community Health Needs Assessment and Implementation Plan to ensure that our collective efforts have a measurable 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 completed a Community Health Needs Assessment (CHNA) and Implementation Plan in 2013, which included a comprehensive two-phased process to evaluate the health needs of our surrounding communities and to develop a plan to address the identified needs within the scope of our role as a comprehensive cancer center. The 2016 CHNA builds off of previous efforts to gain a greater understanding of the health issues facing Boston residents across the cancer spectrum in the neighborhoods of Dorchester, Roxbury, Mission Hill, Jamaica Plain, and Mattapan. In addition to identifying broad health issues facing residents, the 2016 CHNA delves deeper into behaviors and health outcomes across the cancer continuum of care, exploring behaviors and health outcomes around prevention, screening, treatment/health care utilization, and survivorship using 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 the development of its initiatives and strengthening of collaborative partnerships.

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

1) **Cancer Burden:** There is a disproportionately greater cancer incidence and mortality in our priority neighborhoods, particularly among diverse racial and ethnic populations. Specifically, the CHNA findings reflect a disparity in cancer mortality between Blacks and Whites in the City of Boston. With breast cancer, for example, Black women in Boston experienced a 23% higher mortality compared to white women between 2001-2012. During the same time period, the data also reflects that Black women were more likely to die at a younger age from breast cancer compared to white women. Similar patterns persist for other major cancers such as prostate cancer, with the mortality rate for black men in Boston being nearly three times the mortality rate of white men. However, the data show that cancer screening rates are high in many of Dana-Farber’s priority neighborhoods, even among racial/ethnic groups that have higher mortality rates. The broader cancer literature indicates that the disparity in mortality can likely be
attributed to a multitude of factors including the fact that Blacks are more likely to have co-
morbid conditions that complicate cancer treatment, are diagnosed at later or at more invasive
stages of disease, and/or face disproportionate barriers to care due to lower socioeconomic status,
discrimination, and other cultural factors.

2) **Access Barriers:** Residents of Dana-Farber’s priority communities deal with significant
challenges beyond coverage when encountering health care systems. 2016 CHNA participants
stated that while most community members have access to health insurance, many do not
understand the details of coverage, deductibles, provider network participation, and cost-sharing.
In addition, residents reported confusion about changes to cancer screening guidelines,
especially in prostate and breast cancer screening. Considered through a health equity lens,
these challenges are associated with a higher risk in cancer incidence and mortality among
communities of color. Patient navigator programs and social workers were identified by residents
as key resources that are vital to connecting patients to resources and providing support
throughout the cancer journey.

3) **Cancer Survivorship:** Cancer survivors were generally optimistic about their health and future
and were eager to be engaged in future community efforts around survivorship, but also
acknowledged that there continue to be many challenges facing cancer survivors. For example,
participants articulated a clear need for additional support services for cancer survivors and their
families, particularly survivor-specific services in languages other than English. Residents
specifically reported a need for more information on preventing cancer recurrence and rejoining
the workforce after cancer treatment. In addition, the findings reflect a need to better understand
the needs of cancer survivors from medically underserved communities, with the recognition that
the survivorship model may be different for members of vulnerable communities.

4) **Community Perceptions of Cancer:** When prompted, community members expressed
significant fear surrounding the risk of cancer diagnosis, but also acknowledged the broader
context of social issues that create more pressing day-to-day concerns. The CHNA findings
reflect that community residents share common experiences of hardship, including poverty,
unemployment, and violence and often perceive a strong correlation between cancer and death
rather than survivorship.

5) **Community Strengths:** While residents living in Dana-Farber’s priority neighborhoods face
significant socioeconomic challenges, these communities possess numerous assets and strengths
including strong neighborhood cohesion, faith-based networks, diversity, community resilience,
and numerous community-based organizations/resources.

6) **Social and Environmental Determinants of Health & Primary Prevention:** Dana-Farber’s
priority neighborhoods are dealing disproportionately with challenging situations related to the
upstream social and economic factors that impact health such as limited employment
opportunities, substance abuse and opioid addiction, low education levels, lack of affordable
housing, and community violence, among others. Obesity and concerns related to maintaining a
healthy lifestyle also emerged as key challenges, particularly among Black and Latino residents.
Smoke-free policy initiatives were mentioned as an effort to improve environmental conditions,
but according to participants, secondhand smoke is still a major problem in their communities.
Dana-Farber will continue to partner with community organizations to address broader issues that go beyond cancer care, such as those related to healthy eating and physical activity, community strengths, and the social determinants of health (as reflected in key findings #5-6 in the prioritized list above).
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 25 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.

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.

Breast Health Education and Outreach: Individual education at mammography screening sites has been shown to improve adherence to annual screening. To that end, the DFMV Program employs a breast health educator who is available on site to provide information and answer questions about early detection, healthy lifestyle choices to reduce cancer risk, and timely follow-up. Additionally, the educator helps to increase awareness of the DFMV in the community by working with current and potential community partners to provide residents with breast health information and mammography referrals at health fairs and educational workshops. In FY17, 1,166 individuals received breast health education on the DFMV or at a community outreach event. The breast health educator staffed 51 van days, 8 health fairs, 4 workshops, and 7 other partnership events. Thirty-six women were referred for screening mammograms as a result of community outreach and education efforts. In addition, the educator provided oversight of the text messaging appointment reminder system that seeks to reduce the no-show rate of DFMV patients and is an active participant of the Boston Breast Cancer Equity Coalition. In an effort to increase the reach and effectiveness of the Breast Health Education and Outreach Program, a lay breast health advisor (LHA) curriculum and training program was also piloted during FY17. A total of 43 community members have been trained in breast cancer, screening guidelines, and health promotion and outreach strategies. LHAs are engaged through additional learning
opportunities and invitations to participate in community outreach activities with the breast health educator.

**FY17 VAN HIGHLIGHTS**

- **Patient Volume:** In FY17, Dana-Farber’s Mammography Van provided 1,841 mammograms. Since program inception in April 2002, Dana-Farber’s Mammography Van has provided more than 45,000 mammograms to more than 19,000 unique patients.

- **Race/Ethnicity:** The largest racial and ethnic groups seen on the van in FY17 were Black and White. Of all van patients with complete self-reported race/ethnicity data available (78.6%), 22.6% self-identified as being Black, 23.2% as White, 14.8% as Other, 12.2% as Hispanic/Latino, and 5.8% as Asian.

- **Primary Language:** Over the past year, 50% of van patients spoke a first language other than English. In FY17, Dana-Farber’s Mammography Van patients self-reported a total of 31 different languages. The top five primary languages after English (46.5%) were Spanish (26.4%), Cape Verdean Creole (10.4%), Vietnamese (3.9%), Portuguese (3.8%), and Haitian Creole (1.4%).

- **Boston Residence:** 40.9% of van patients hail from Boston and 59.1% from the rest of Massachusetts. The Boston neighborhoods represented include Dorchester, Mattapan, Roxbury, Allston, and Jamaica Plain.

- **Breast Cancer Diagnoses:** 138 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, approximately three women are diagnosed with breast cancer (0.3% diagnosed).

- **Re-screening Rates:** 65% of patients screened on the van were returnees from prior years; 32.4% of van patients returned for re-screening in a “timely” manner (10-18 months from last screen).

- **Baseline Mammograms:** 10.2% of van patients served this year had their baseline (first-ever) mammograms on the van.

- **Follow-Up Rate:** 248 patients (13.5%) 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 55.9% publicly insured (Medicare, MassHealth, Health Safety Net, etc.) and 44.4% privately insured.

**Dana-Farber Cancer Institute at Whittier Street Health Center Mammography Suite:**

Building on their shared commitment to caring for community residents, Dana-Farber opened a mammography suite within the Whittier Street Health Center, located in Boston's Roxbury neighborhood in 2013. Open to all residents, the mammography suite, which is situated on the clinic's first floor, is staffed with skilled, registered mammography technologists and additional members of the care team focused on reducing health care disparities. The suite uses digital mammography imaging, which is interpreted by board-certified radiologists with extensive experience in mammography. In FY17 Dana-Farber also established a new mammography van site in partnership with Whittier Street Health Center at Quincy Commons, a new satellite clinic in Dorchester, MA which opened during summer 2017 to expand access for residents.
FY17 MAMMOGRAPHY SUITE HIGHLIGHTS

- **Patient Volume:** In FY17 the mammography suite provided 654 mammograms to women. Since program inception in October 2013, the mammography suite has provided more than 2,900 mammograms to more than 1,800 unique patients.
- **Breast Cancer Diagnoses:** For every 1,000 mammograms conducted at the suite, approximately three women are diagnosed with breast cancer (0.33%) Ten breast cancer diagnoses have been confirmed for patients originally screened at the mammography suite since program inception.
- **Re-screening rates:** 60% of patients screened at the suite were returnees from prior years; 38.3% of suite patients returned for re-screening within 10-18 months from the last screening appointment.
- **Baseline Mammograms:** 9.5% of suite patients served this year received their baseline (first ever) mammogram at the suite.
- **Follow-up Rate:** 14.4%, or 94 patients screened at the suite this past year received a recommendation for follow-up.
2. HPV and Associated Cancers Outreach Program

The HPV and Associated Cancers Outreach Program continues to focus on increasing awareness about the importance of HPV vaccination to improve rates of HPV vaccination in Massachusetts. Dana-Farber’s HPV and Cancer Prevention Curriculum provides medically accurate and culturally sensitive information that youth and parents need to make informed health decisions regarding the HPV vaccine. The educational curriculum is delivered by Dana-Farber Community Benefits and Pediatric Oncology staff to youth, parents of vaccine-eligible youth, and a variety of health professionals in a workshop format. The curriculum has been evaluated by Dana-Farber’s Center for Community-Based Research and is proven to increase knowledge about HPV and cancer prevention, intentions to vaccinate against HPV, and confidence in communicating about the topic.

In FY17, Dana-Farber began a new collaboration with Boston Latin Academy, which is one of Boston’s largest schools, with over 1,700 students from 7th-12th grades. This new collaboration is a crucial strategic step towards reaching middle school students, the ideal age range for vaccination, through the HPV and Cancer Prevention Curriculum. During FY17, Community Benefits staff delivered the curriculum to 9th and 10th grade students at Boston Latin Academy. Outreach was also provided to parents at Orientation, Back to School Night, and Report Card Night. Community Benefits staff also provided support to clinical staff at Boston Latin Academy’s School-Based Health Center to operationalize a process for administering the HPV vaccination on site.

During FY17, outreach and education around HPV and cancer prevention was also conducted at health fairs and conferences. The program specialist presented at Dana-Farber’s annual HPV and Related-Cancers Summit with the Director of the Division of Child and Adolescent Health at the Boston Public Health Commission. Other professional forums where outreach and education occurred included the American Public Health Association Annual Meeting and the Yankee Dental Congress. The goal of these dissemination efforts was to increase awareness among clinicians, researchers, and other public health professionals about the efforts being made to increase vaccination.

FY17 HIGHLIGHTS

- 288 students received the validated HPV and Cancer Prevention Curriculum
- 179 adults received education about HPV and cancer prevention at community outreach events
- 125 nurses were educated about the HPV Program at Boston Public Schools Briefing
- 21 Youth Peer Leaders in the Boston Public Health Commission’s Youth Peer Leadership Institute received extensive training to promote HPV related cancer prevention, culminating in a YPL-led health fair and video PSA
- Program staff presented at Increasing HPV Vaccination in the US: A Collaboration of NCI-funded Cancer Centers at the Medical University of South Carolina
- Collaboration with Boston Public Schools (BPS) Health and Wellness Department established to embed HPV and Cancer Prevention Curriculum in multiple schools and to educate BPS clinical staff
3. **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. Some of our partners this past year included:

- IMPACT Melanoma (Melanoma Foundation of New England)
- Healthy Kids/Patriot Place
- United States Postal Service
- Waltham High School
- Bay Cove Human Services
- Salem State University

**Skin Cancer Screening:**

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

During the summer, the Skin Cancer Screening Program provided services at five local beaches: Nantasket Beach, Carson Beach, Revere Beach, Nahant Beach, and Wollaston Beach. The target population at these events includes beach goers, lifeguards, outdoor parks and recreation workers, and community residents.

**FY17 HIGHLIGHTS**

- In FY17, a total of 24 Sun Safety education and/or screening events were held.
- 1,475 community members were reached through education and screening events, with an average of 60 participants per event.
• 706 participants were screened by a dermatologist and 206 people were referred for follow-ups.
• 90 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.
4. **Tobacco Treatment Program at Whittier Street Health Center**

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

Through Dana-Farber’s partnership with WSHC, patients are referred by their primary care provider to the Tobacco Treatment Program, which provides support to patients in their tobacco treatment efforts as well as assisting them in reducing their exposures to smoking environments (e.g. second or third-hand smoke). Upon receipt of each referral, the tobacco treatment counselor makes up to three attempts to contact the patient to schedule an appointment in order to complete an intake assessment. Patients who elect to participate in the program can receive up to four individual counseling sessions, 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.

**HIGHLIGHTS**

- In FY17, the Tobacco Treatment Program received 253 referrals and provided a total of 148 individual tobacco cessation counseling sessions to 49 patients.
- 39 participants were able to reduce their total number of cigarettes smoked per day, and 12 of these reported being able to quit completely.
5. Community Outreach and Partnerships

Dana-Farber’s Community Benefits work is conducted through collaboration with internal departments and numerous community partners, including Boston Public Schools, community health centers, Madison Park Development Corporation, and other community-serving agencies. Through this collaborative approach, Dana-Farber provides community outreach and education about cancer prevention, screening, early detection and survivorship to residents in Boston’s surrounding neighborhoods, reaching high-risk and medically underserved individuals in our communities. In FY17, a total of 3,444 individuals were reached through 146 community education, outreach and screening events.

Dana-Farber also works closely with community partners to address broader issues that go beyond the cancer continuum, such as healthy eating and physical activity, through collaboration on mutually agreed upon community health improvement strategies. For example, Dana-Farber provides health and wellness programming to residents of Madison Park Development Corporation in Roxbury and supports MPDC’s health equity and wellness initiatives. Dana-Farber also participates actively in city-wide efforts to strengthen the communities we serve, including initiatives related to community gardens, race dialogues, and the intersection of health and housing.
B. Cancer Care Equity Program

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

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

Objectives of the CCEP Clinical Outreach Program

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

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

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

Create a research cohort of patients referred via the WSHC outreach program for observational and interventional studies: All patients evaluated as part of the CCEP have the option of enrolling in a research cohort focused on the WSHC clinic. This allows for observational studies examining disease presentation and treatment responses, as well as qualitative and interventional studies. The formation of this unique research cohort is an important part of the clinical program and provides an opportunity to bring together investigators.
across Dana-Farber who share an interest in disparities. Clinical trial investigators, community-based researchers, and laboratory based researchers are encouraged to consult the CCEP for questions about this research cohort. A total of 353 patients have consented to enroll in the cohort since 2012, representing over 90% of all patients informed of the study to date (n = 389). A subset of these patients also enrolled in a separate Dana-Farber study that examined patient/caregiver and provider preferences to improve symptom management and quality of life among cancer patients.

**Increase enrollment in clinical trials:** Education regarding the concept of clinical trials is provided to all patients seen at Dana-Farber through the CCEP program. By increasing access to Dana-Farber and improving relationships with the community and providers, the program is designed to remove some of the structural barriers to clinical trial enrollment for vulnerable patient populations. The program also evaluates barriers to clinical trial entry and work is being done to differentiate systems-level barriers from patient-level barriers. Since 2012, 14% of WSHC patients with cancer diagnoses have been enrolled in clinical trials at Dana-Farber.

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

**FY17 HIGHLIGHTS**

- Since the program’s inception, the program has seen 461 patients as new consults and over 328 patients in follow-up visits. These patients have a wide range of diagnoses and have been referred to disease centers and specialty clinics within the Dana-Farber and Brigham & Women’s Hospital.
- In FY17, 60 new patient consults and 39 follow-up visits were performed.
- In FY17, the median number of days from initial appointment to resolution for patients seen at the WSHC clinic was 13 days, which exceeds the goal of 21 days to resolution set at the program’s launch.
- Dana-Farber continues to partner with Whittier Street Health Center’s dental department to evaluate patients with suspicious lesions or other concerning dental issues.
- The lung cancer screening program that was started in 2014 at Whittier Street Health Center to provide free low-dose chest CT scans for patients who are at greater risk for lung cancer continues in its third year. Patients screened for lung cancer are automatically connected to Dana-Farber’s tobacco treatment program to encourage cessation.
- In FY17 the Community Educator continued providing culturally and linguistically appropriate community tobacco education and trainings and linking consumers to tobacco cessation counseling. Through an expanding partnership with Dimock Health Center, the Community Educator began working with substance and alcohol use patients in acute treatment and sober living facilities. The Community Educator modified the English and Spanish tobacco education curriculum created last year to include information on cessation during recovery. The Community Educator conducted 48 tobacco education sessions at Dimock Health Center this past year, appeared as a guest on a Spanish-language radio show, and participated in various community and Dana-Farber/Harvard Cancer Center meetings.
• **Dana-Farber Health Equity Reporting:** The CCEP is responsible for producing quarterly health equity reports of under-represented patients in adult and pediatric inpatient/outpatient oncology services at Dana-Farber, including clinical trials. The goal of the CCEP’s health equity reporting initiative is to establish a method for consistent collection of demographic data on patients seen at Dana-Farber. The database was developed to link the established data systems at Dana-Farber and allow for one consistent report that includes data on race/ethnicity, language, and educational level.

• **CCEP/IECD Cancer Disparities Research Symposium:** In collaboration with the DF/HCC Initiative to Eliminate Cancer Disparities (IECD), the CCEP has continued hosting an annual Cancer Disparities Research Symposium. The 2017 symposium featured a keynote by Marjorie Kagawa-Singer, PhD, MA, MN, RN, FAAN, entitled “Culture: An Integrating Framework for Cancer Health Disparities Research and Practice”. Kagawa-Singer is a Research Professor at the UCLA School of Public Health. She lectures extensively at the local, state, and national level addressing the impact of culture and ethnicity on health care and health outcomes, and has published extensively on cross-cultural issues in health, cancer, pain, grief and bereavement, survivorship, end of life decision-making, and quality of life.
C. Center for Community-Based Research

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

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

**CURRENT RESEARCH PROJECTS**

**Sodexo Project: Improving and protecting the health and well-being of low-wage workers** (Sorensen, 2016-2020): The objective of this project is to develop and test feasible intervention methods to modify the work organization and support reduced risk of musculoskeletal disorders and other outcomes critical to worker health, safety, and wellbeing among one group of low-wage workers: food service employees. We have conducted formative qualitative research in the Greater Boston Area that is informing intervention development. We have the opportunity to demonstrate the impact of such changes in collaboration with our industry partner, Sodexo, LLC, which has committed to making policy changes and supporting improvements in manager practices in concert with this study. By demonstrating feasibility and potential benefits of modifications in the work organization we can contribute to improved uptake of these policies and practices.

**Project IMPACT: Influencing Media and Public Agenda on Cancer and Tobacco Disparities** (Viswanath, 2010-2015): The purpose of Project IMPACT is to develop and test a community mobilization model in Lawrence that aims to alter the information environment in the community around health disparities, particularly tobacco disparities. The project is designed to build the community capacity to work with local media to influence the public agenda. Project IMPACT is part of the Harvard School of Public Health’s Lung Cancer Disparities Center (lcdc.sph.harvard.edu). Using data gathered from a community survey (n=996) and leadership interviews (n=33), the study team developed a one-day media workshop curriculum and trained
61 members of CBOs in Lawrence on Strategic Communications and the Framing of Health Inequalities. Several manuscripts have been published and others are currently under review.

**Project SNAP: Smartphone App for Public Health** (Viswanath 2015-2017): The objective of this project to understand everyday exposure to tobacco messaging and the role smartphones may play in collecting rich data from participants. The study centers on the use of a smartphone application that was created by researchers at the University of Saskatchewan to provide an innovative way to capture multiple sources of public health data through smartphones. Participants download the app onto their own Android smartphone at the beginning of the study and are enrolled for a period of two months. Data collected by the app over the course of the study period includes ecological momentary assessment (EMA) surveys, all website uniform resource locators (URLs) visited through internet browsers on the phone, all use of phone apps, Bluetooth activity, battery usage, and sensor-based data such as GPS tagging and tracking. The research design and measurement capabilities of the application provide a comprehensive picture of participants’ phone use continuously throughout the study period and generate large quantities of data across a number of domains. Data from this study will provide valuable information on participant smoking behaviors, exposure to both pro- and anti-tobacco messages in the environment, and how participants react to and share message content. The study is ongoing with 48 participants enrolled from Greater Boston and Greater Lawrence.

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

**Project CLEAR Cigarette Labels: Effectiveness and Resonance** (Viswanath, 2013-2014): The United States Food and Drug Administration (FDA) plans to mandate more prominent health warnings on all cigarette packaging as part of an effort to educate the public about the health risks associated with smoking. Project CLEAR, funded by the National Cancer Institute, is designed to study the impact of the newer graphic health warnings on smokers and non-smokers. Project CLEAR will study youth (18-24) and adult (25+) populations with a specific focus on individuals belonging to one or more of the following groups: African-Americans, Hispanics, low socioeconomic status (SES) individuals, chronic disease patients, Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals, and blue-collar workers in Boston, Lawrence and Worcester. The specific aims are to (1) study the impact of new FDA-mandated graphic health
warnings on smokers and non-smokers from vulnerable population groups; (2) assess which graphic health warnings are most effective across different groups; (3) examine if the effects of health warnings last beyond the period of immediate exposure and whether there are differences in longer-term effects among different population groups; (4) examine the impact of exposure to the new health warnings on the flow of information within on-line and off-line social networks; and (5) assess the needs of community-based organizations (CBOs) to support local community efforts on tobacco control after the implementation of health warnings. Staff conducted an experimental survey with 1200 individuals between August 2013 and April 2014 to address the study aims. The data is currently being analyzed.
D. NCI Sponsored Health Disparities Activities

The Dana-Farber/Harvard Cancer Center (DF/HCC) is engaged in community engagement within the DF/HCC catchment area (i.e. the entire state of Massachusetts). Early in its history, the consortium decided that it could play a pivotal role in cancer outreach and, to that end, created the Initiative to Eliminate Cancer Disparities (IECD). The primary goal of the IECD operation is to maximize the acceptance and desirability of cancer clinical research within and among communities that have historically experienced significant disparities of cancer care. IECD focuses on four key programmatic areas: a) community engagement, b) minority student training, recruitment, and faculty development in cancer-related science and its clinical application, c) increasing minority enrollment in cancer clinical trials, and d) enhancing cultural competency throughout DF/HCC institutions and membership.

During the past year, the IECD had the following developments:

- **The Faith Based Cancer Disparities Network** continues to meet on a regular basis to identify and address health-related concerns pertinent to their congregations. During 2017, experts from local health related organizations presented to Network members their specific community programming. Representatives included the American Heart and Stroke Association, American Diabetes Association, and the Alzheimer’s Association. These information sessions allowed the Network churches to offer individualized programs to their congregants. Additionally, the Network offered a 6-week physical fitness series at the Sportsman Tennis club. A variety of exercise classes were offered including strength training, cycling, and Zumba.

- Eight new cancer survivors joined the **Faces of Faith** photo exhibit. The award- winning exhibit now includes a total of 51 cancer survivors. The 5th annual Faces of Faith unveil was hosted by the Mattapan Community Health Center on October 5th. The exhibit was also displayed at:
  - Beth Israel Deaconess Medical Center
  - New Hampshire Cancer Coalition
  - Ebenezer Baptist Church
  - Greater Love Tabernacle Church
  - Bethel African Methodist Episcopal Church
  - Charles Street African Methodist Episcopal Church
  - Codman Square Health Center
  - Boston Public Health Commission (Pink and Black Education and Support Network)

- In November, the Network hosted their first Pastoral Leadership meeting. Most of the Network churches were represented by their church leaders. The dialogue focused on what else is needed to improve the health of our congregations. Also, five congregations participated in Worship in Pink, a breast cancer awareness program.
• **The Patient Navigation Network (PNN)** continues to meet on a quarterly basis. Over the past year, attendees have presented on the various patient navigation models within their institutions, including research efforts and evaluation strategies. Two patient navigators received the Dana-Farber/Harvard Cancer Center Patient Navigation Travel Award to attend the International Cancer Education Conference in Cleveland and the Academy of Oncology Nurse and Patient Navigator Conference in Orlando. This past year, the PNN also contributed to a multi-institutional grant submission in collaboration with the Boston Breast Cancer Equity Coalition, which was awarded funding in September 2017.

• **Foster Diversity in Cancer Research:** The IECD has been successful in creating pipeline programs to support the engagement and education of under-represented students interested in cancer-related research. Since the program’s inception 16 years ago, the IECD has placed over 366 students in 221 research positions in basic, clinical, nursing and population sciences within each of the seven DF/HCC institutions. In addition, DF/HCC’s IECD led the process to apply for and receive funding to expand their science education efforts with two new training programs, funded by the NCI R25 grant mechanism:
  o The **Young Empowered Scientists for ContinUed Research Engagement (YES FOR CURE):** A 3-year training initiative for high school and college students, including both mentored and independent portions.
  o The **Summer Program to Advance Research Careers (SPARC):** A 12-week, mentored summer research program for University of Massachusetts Boston undergraduates and three community college students in cancer or cancer disparities research.

• The DF/HCC Student Research Program has continued to show promising results for those served by the program over the past 16 years. According to the annual survey of students completed in 2016 (75% response):
  o 71% have completed college
  o 16% have completed graduate school
  o 93% completed or currently enrolled in post-secondary education
  o 87% graduated with STEM or health science degrees
  o 62% are working in a science related field, 19% in a health disparities-related field, and 25% are working in a cancer-related field.
E. Workforce and Community Development

2017 marked the 10th year anniversary for Dana-Farber Cancer Institute’s Office of Workforce Development, which supports pathways to clinical, research and healthcare administration careers. In collaboration with other Dana-Farber departments, the Office of Workforce Development connects underrepresented and underserved adults and youth to learning experiences and provides intensive and comprehensive opportunities for educational employment and mentoring.

In FY17 Dana-Farber continued to build upon relationships with various community agencies, schools, and associations resulting in greater access and a more diverse pool of candidates from Boston neighborhoods. Programs serving our incumbent workers include:

- **Lunch and Learn sessions**: Professional development workshops are offered to front-line staff. These workshops are designed to enhance professionalism, personal development, and career growth.

- **College and career coaching services**: Incumbent staff members looking to advance their careers at Dana-Farber have access to college and career coaching services. Staff can meet with a coach, develop an action plan, and learn about the tools and resources available to help them achieve academic and career goals.

- **Leadership Forums**: Dana-Farber sponsors several educational leadership forums throughout the year hosted by the Partnership, Inc. and Color Media. Staff are invited and encouraged to attend these forums as an opportunity to learn, develop their leadership skills, and position themselves for career advancement.

**Community and Educational Partnerships**: Dana-Farber continues to partner with YMCA Training Inc. and other community based pre-employment training programs to identify unemployed and underemployed skilled adults in the community. The program includes a combination of on-the-job training, classroom learning, career counseling, and other skill building activities. Several participants have transitioned into full-time employment at Dana-Farber.

To encourage underrepresented students of color to explore and pursue careers in health and science, Dana-Farber maintains educational partnerships with Boston area high schools and colleges. During Academic Year 2016-2017, 22 students participated in a college and career readiness training program. An additional 40 students were enrolled during the summer for a total of 60 student interns. Eligible students either attended or graduated from Boston Public Schools. During the 7-week summer program, students interned 30-hours per week and participated in college tours and career readiness workshops.

Dana-Farber actively participates in school-to-career programs with the Boston Private Industry Council (PIC). One program includes Groundhog Job Shadow Day, where 20 students shadowed Dana-Farber employees learning about careers in healthcare and specific job responsibilities, as well as the skills and training needed for the position.

Dana-Farber staff also participates in school-based events including Fenway High School’s annual career fair, where staff lend their expertise in mock interviews and career panels. Other
school and community partner programs in which Dana-Farber engages Boston’s high school population include: Sociedad Latina’s Health Careers for Youth internship program, the Youth Enrichment Services Career Exploration Program, Bottom Line, YWCA’s InIt Program, and the Gateway to the LMA program at the John D. O’Bryant School of Math and Science.

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.
- The Caps for Kids program provides handmade hats, scarves, mittens, and more for local children each year, thanks to donations from the Dana-Farber community. Since 1999, staff, patients, friends, and family members have contributed more than 100,000 hand-knit and crocheted items.
- Dana-Farber continues to make payments in lieu of taxes (PILOT) to the City of Boston to support important services that benefit the community.
- Dana-Farber supports local community development efforts, such as affordable housing and neighborhood revitalization, through contributions to qualifying community partners under the state’s Community Investment Tax Credit Program.
F. Patients and Family Programs and Services

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

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

The Breast and GYN Patient Navigators help patients make their way through the healthcare system by providing streamlined access and identifying resources for patients with abnormal findings, patients at increased risk of developing cancer, or patients diagnosed with cancer. The Patient Navigators are bilingual in Spanish and available to work with any patient in the program’s target population whose socioeconomic status or limited English proficiency may be a potential barrier to screening or follow-up care. The Breast Patient Navigator is available to support patients at the BWH Comprehensive Breast Health Center and Dana-Farber/Brigham and Women’s Cancer Center, serving approximately 100 patients in the past fiscal year. The GYN Patient Navigator is available to support patients seen at the BWH Pap Smear Evaluation Center (PSEC), serving approximately 300 patients this past fiscal year. The total number of patients supported by patient navigation in FY17 was approximately 400 patients.

Support Groups for Adults:

- Bereavement Support Group and Seminar: When Grief is New
- Brain Tumor Support Group
- Cancer Care Management 101
- Carcinoid and Neuroendocrine Tumor Seminar and Support Group Series
- Caregivers Support Group and Workshops
- Circulo de Vida (Circle of Life) Support Group in Spanish for women with cancer
- 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
- 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)
- Prostate Cancer Support Group and Workshops
- Sarcoma Support Group
- Telephone Support Group for Young Women with Breast Cancer
- Waldenstrom’s Macroglobulemia Support Group
- Young Adult Support Group

**Blum Resource Center:**
- Writing Towards Wellness Workshop
- Spirituality and Cancer Workshop Series
- Lunch and Learn Integrative Therapies Talk Series
- Nutrition and Cancer: Separating Facts from Fiction
- Health and Symptom Management Information Sessions
- Caregivers’ Coffee Hour: Facilitated Discussion by One-to-One Caregiver Mentor
- Navigating Resources for Spanish-Speaking Family Members: Hispanic Heritage Month Event
- Taking Care of Yourself with Help from Friends’ Place

**Dana-Farber/Boston Children’s Hospital Cancer Center Pediatric Programs**
Dana-Farber/Boston Children’s Hospital’s integrated pediatric oncology program provides Patient and Family Support services and events, including a weekly parent group for inpatient families, a parent group for Spanish speaking families, multiple sibling weeks and events, and monthly dinners for brain tumor survivors and families.

**Pediatric Support Services and Resources:**
- Hospital to Home Nurse Program
- Anesthesia Program
- School Liaison Program
- Integrative Therapies-Zakim Center
- Blum Resource Room
- Home Hydration
- Pediatric Resource Program
- Bereavement Day
- Brain Tumor Support Group and Monthly Dinner
- Brain Tumor Project Adventure
- Sibling Day, Making Music and Back-to-School Program
- Specialized Support Groups for Childhood Cancer Survivors
- SCT/BMT Mothers Lunches
VI. COMMUNITY BENEFITS EXPENDITURES

FY’17 Community Benefits Expenditures

<table>
<thead>
<tr>
<th>Community Benefits*</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Direct Expenditures</td>
<td>$3,943,006</td>
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<tr>
<td>Determination of Need</td>
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<tr>
<td>Associated Expenditures</td>
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<tr>
<td>Employee Volunteerism</td>
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<tr>
<td>Other Leverage Resources</td>
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Total Community Benefit: $6,741,957

Total Net Charity Care
(includes HSN assessment, HSD denied Claims, Free/Discounted Care): $14,572,609

Corporate Sponsorships: $341,778

Total Expenditures: $21,656,344

The total cost of Unreimbursed Medicare and Medicaid Services: $43,986,047
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 continuing to address the findings of the 2016-2019 Community Health Needs Assessment and Implementation Plan, the Community Benefits Department will continue to sustain and enhance existing programs that have served to reduce cancer health disparities by providing education and screening to Boston-area residents and implementing current strategies outlined in the Implementation Plan, with an emphasis on the following activities:

- Dana-Farber will continue to collect and report data from existing sources, including the department-wide Redcap database, which generates reports using participant feedback and program metrics. In addition, Dana-Farber will strengthen the evaluation of Community Benefits programs and activities by identifying additional measures for program-level goal setting and incorporating continuous quality improvement methods into the current evaluation protocol. This data will be used to guide program decisions, identify challenges and inform strategies for quality improvement.

- Dana-Farber will continue efforts to 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 participate actively in city and statewide efforts which address the social determinants of health on a systems level.
VIII. REVIEW/EVALUATION OF COMMUNITY BENEFITS PLAN

Dana-Farber will continue to evaluate the effectiveness of Community Benefits programs and the impacts of these efforts on the communities we serve. To strengthen the current evaluation approach, an enhanced evaluation protocol will be implemented which incorporates continuous quality improvement methods and identifies additional measures for collection across all programs. Dana-Farber will onboard an in-house evaluation specialist to bolster these program evaluation efforts in the coming year.

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