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*This implementation plan is intended to satisfy the Community Health Needs Assessment Implementation Plan requirement under Internal Revenue Code Section 501(r)(3)(A)(iii) and the Patient Protection and Affordable Care Act.*
Overview of Dana-Farber Cancer Institute

Founded originally in 1947, Dana-Farber Cancer Institute aims to provide expert, compassionate care to children and adults with cancer while advancing the understanding, diagnosis, treatment, cure, and prevention of cancer and related diseases. As an affiliate of Harvard Medical School and a Comprehensive Cancer Center designated by the National Cancer Institute, Dana-Farber also provides training for new generations of physicians and scientists, designs evidence-based programs that promote public health particularly among high-risk and underserved populations and disseminates innovative patient therapies and scientific discoveries across the United States and throughout the world. The Institute has been the top ranked cancer hospital in New England by U.S. News and World Report for 16 consecutive years and is the only cancer center in the country ranked in the top 4 for both adult and pediatric cancer programs.

Dana-Farber’s Community Benefits Office

In 1995, the Dana-Farber Cancer Institute Board of Trustees formally adopted a Community Benefits (CB) Mission Statement which affirms Dana-Farber’s commitment to supporting community-based programs, participating in outreach activities to reduce cancer incidence, morbidity, and mortality, and conducting community-based research.

Community Benefits Mission:
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

Last updated December 2022

The Dana-Farber Board of Trustees Community Programs Committee oversees the development and implementation of Dana-Farber’s Community Health Needs Assessment (CHNA) Report and Community Health Implementation Plan (CHIP). In their oversight capacity, Committee members provide the Community Benefits staff with guidance and leadership around program initiatives.

Additionally, the Dana-Farber Community Benefits External Advisory Committee (EAC) provides input and guidance on Dana-Farber’s Community Benefits programs. The committee consists of representatives from community organizations, neighborhood health centers, cancer survivors, and city and state health departments who share Dana-Farber’s commitment to reducing disparities in cancer care, education, and treatment. The EAC is also responsible for the development and implementation of specific Community Benefits initiatives, including Community Health Initiatives (CHI) associated with Dana-Farber’s Determination of Need (DoN) process regulated by the Massachusetts Department of Public Health (MDPH) which provides funding to the community. Further, the EAC ensures that
community health priorities align with priorities and general principles set by the MDPH and the Massachusetts Attorney General’s Office (AGO).

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

**Background: Community Health Needs Assessment and Implementation Plan (CHNA/CHIP)**

Dana-Farber’s Community Benefits activities are informed by the Institute’s CHNA/CHIP process conducted every three years to gain a greater understanding of the health issues facing Boston residents. The purpose of the CHNA is to advance community efforts and priority areas by: assessing cancer burden in the community as well as access to and availability of cancer-related services; identifying key areas of significant community need and vulnerable populations; examining the impact and role of social determinants of health; and facilitating the development of multi-year implementation strategies to guide the hospital’s community health initiatives and community investments. This document serves as the Institute’s 2022-2025 CHIP, as informed by the CHNA Report completed in 2022. The CHNA Executive Summary and Report accompanying this document have validated Dana-Farber’s past and current Community Benefits activities and community engagement, while identifying opportunities for future initiatives.

**Summary of 2022 Community Health Needs Assessment Process**

Dana-Farber’s 2022-2025 Cancer CHNA builds off of 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. This report provides a deeper dive into residents’ experiences and challenges related to cancer prevention, screening, treatment, and survivorship within the larger framework of health equity and the social determinants of health.

Dana-Farber’s Cancer CHNA also integrates key findings from the 2022 Boston CHNA conducted by the Boston CHNA-CHIP Collaborative (the Collaborative). In addition to the information highlighted above, Dana-Farber’s Cancer CHNA and the Boston CHNA reports also incorporate challenges related to the ongoing COVID-19 pandemic, which has resulted in significant inequities in health, the economy, and the workforce.

The Collaborative is a group of Boston residents, community-based organizations, community development corporations, health centers, hospitals, and the Boston Public Health Commission. This multi-sector effort was launched to conduct the first large-scale citywide 2019 Community Health Needs Assessment and Improvement Plan. The 2022 Boston CHNA builds on those efforts by taking a deep dive into the key priority areas identified in the previous CHIP: financial stability and mobility, housing, behavioral health, and accessing services. Dana-Farber was actively engaged in the city-wide assessment, having representation on both the Steering Committee and work groups, and currently serves as the co-chair for the Collaborative. The full Boston CHNA report is available at www.BostonCHNA.org.

Dana-Farber contracted with Health Resources in Action (HRiA), a Boston-based public health research firm, to develop the cancer-specific CHNA report. Dana-Farber’s cancer specific CHNA is available on Dana-Farber’s website at https://www.dana-farber.org/about-us/community-outreach/community-
This effort not only complies with the IRS CHNA requirement under the Internal Revenue Code Section 501(r)(3)(A)(iii) and the Massachusetts Attorney General’s mandate for conducting a community health needs assessment, but it also aligns with Massachusetts Department of Public Health priorities and Dana-Farber’s approach of utilizing data to inform the development of its initiatives.

The strategies and goals outlined in our 2022-2025 CHNA Implementation Plan are a natural continuation of the efforts identified in our 2020-2023 Plan and are designed to advance and strengthen our existing community-based initiatives while also seeking to address the social determinants of health through collaborative partnerships.
Summary of Findings

Cancer continues to be a leading cause of death in Boston and Massachusetts for residents of all racial/ethnic groups, despite improvements in cancer incidence and mortality for some groups. The CHNA findings suggest that collective efforts to advance cancer prevention and early detection are making a difference, however, significant disparities in cancer screening, incidence, and mortality persist among vulnerable and historically marginalized residents of Boston, particularly communities of color and immigrants. Further, data underscore the substantial impact the COVID-19 pandemic has had on economic conditions and cancer screening, treatment, patient support, and mental health needs of patients and caregivers. More work is needed to address the disproportionate cancer burden across the City of Boston.

Consistent with previous assessments, the most recent CHNA findings highlight the diversity and richness of Dana-Farber’s priority neighborhoods of Roxbury, Mission Hill, Dorchester, Mattapan, and Jamaica Plain, as well as many of the broader socioeconomic challenges and healthcare access barriers facing community residents in these neighborhoods. Data on smoking, obesity, physical activity, healthy food access and alcohol consumption indicate that some Boston residents, such as Black, Latino, immigrants, and people with low-incomes, are at increased risk for cancer.

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

Figure 1: Populations of Focus

Note: rates are statistically significant

To achieve racial/ethnic health equity across the cancer continuum, Dana-Farber’s Community Benefits activities will continue to focus on the following areas: 1) addressing the cancer burden; 2) reducing
access barriers; 3) advancing cancer survivorship, particularly in communities of color; 4) leveraging community strengths; and 5) addressing the social determinants of health to influence the overall conditions that contribute to cancer risk. We believe that these data-informed priorities and the specific strategies detailed in the following pages reflect a commitment to meeting the health needs of residents in our priority neighborhoods and leveraging our unique role in the continuum of care as a comprehensive cancer center.

We remain committed to educating the community and raising awareness about the importance of cancer prevention, outreach, screening, early detection, clinical trials and survivorship. In addition, we will continue to conduct a broad scope of community-based research and evidence-based interventions through collaborative work in local neighborhoods and throughout the region.
Summary of Accomplishments: 2020-2023 CHNA Implementation Plan

Significant progress has been made in advancing the goals set in our 2020-2023 CHNA Implementation Plan. Summarized below are examples of key accomplishments from the past three years, which demonstrate the collective impact of our work. Our impact is greatly strengthened by embedding programming and services into the fabric of the communities we serve.

- Launched new state of the art mobile mammography van equipped with new tomosynthesis imaging technology.
- Provided 4,029 mammograms on Dana-Farber’s Mammography Van and 1,735 mammograms at Dana-Farber’s Mammography Suite at Whittier Street Health Center in Roxbury.
- Successfully launched new Community-Facing Patient Navigation Program, which was piloted in the Breast, Thoracic, and Gastrointestinal disease centers and will be embedded into all major clinical areas at Dana-Farber.
- Awarded the first round of funding for Dana-Farber’s Access to Services grants to 12 nonprofit organizations in Greater Boston and committed $1 million dollars to the Healthy Neighborhoods Equity Fund to address housing needs in Greater Boston.
- Committed $500k to 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.
- Continued to provide streamlined diagnosis, treatment, and education for medically underserved patients with suspected malignancies throughout the continuum of care through Dana-Farber’s Cancer Care Equity Program (CCEP) at federally qualified community health centers.
  - Since program inception in 2012, the program has seen over 692 patients as new consults and 507 patients in follow-up visits.
- Provided 348 individual tobacco cessation counseling sessions to 126 patients.
  - 104 participants (84%) reported that they were able to reduce their total number of cigarettes smoked per day, and 37 (28%) reported being able to quit completely.
  - Provided nicotine replacement therapy (nicotine patches and lozenges) and gift cards to 49 gift patients enrolled in the smoking cessation program to encourage individuals to reduce their tobacco usage and quit smoking.
- Engaged 2,233 residents in sun safety education and skin cancer screening.
  - Made calls to 264 participants for follow-up, with 128 referred for biopsy.
- Continued to lead statewide Massachusetts HPV Coalition in partnership with Team Maureen.
  - Launched updated Dental Toolkit, available in 7 languages
  - Convened approximately 250 medical and dental providers, public health professionals, and community advocates through Annual HPV-Related Cancer Summit to disseminate latest research and best practices.
- Partnered with Union Capital Boston and the Dana-Farber/Harvard Cancer Center to engage over 800 community residents through virtual education nights focused on cancer prevention topics.
Launched a new partnership with MyHealthFair.org to increase virtual education and outreach with the local Spanish-speaking community.

Social Determinants of Health and Health Equity Frameworks

Social Determinants of Health Perspective: In evaluating the health needs of the local community and priority neighborhoods, a social determinants of health perspective guided the needs assessment and the implementation process. Through this lens, it is critical to look beyond proximal, individual-level factors in accounting for a community’s health problems. Health is not only affected by people’s genes and lifestyle behaviors, but also by upstream factors such as employment status, quality of housing stock, and economic policies. Figure 2 provides a visual representation of these relationships, demonstrating how individual lifestyle factors are influenced by more upstream factors such as employment status and housing.

Figure 2: Social Determinants of Health Framework

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

Priority Neighborhoods and Populations:

Boston’s population is incredibly diverse in terms of race and ethnicity, country of birth, and languages spoken. According to 2020 Census estimates, approximately 60.0% of Boston residents identify as people of color. Mattapan, Hyde Park, Dorchester, and Roxbury are home to the largest proportion of Boston residents who identify as Black. East Boston, Roxbury, Hyde Park, and Dorchester have the largest percent of residents who identify as Latino. Fenway and Allston/Brighton are home to the largest proportion of Asian residents.

There are wide gaps in education, employment, and financial security/mobility in Boston, particularly among residents of color and those with lower socioeconomic status. This has contributed to high levels of economic inequalities. The COVID-19 pandemic has exacerbated these challenges and worsened the level and severity of poverty for low-income residents across Boston.

Consistent with the previous CHNA, this effort focused on the City of Boston and Dana-Farber’s priority neighborhoods for Community Benefits work – Roxbury, Mission Hill, Dorchester, Mattapan, and
Jamaica Plain. While these neighborhoods possess many strengths and assets, they are disproportionately challenged by difficult social and economic conditions that negatively impact cancer prevention, screening, and treatment. These priority neighborhoods are some of Boston’s most diverse and vulnerable communities. Vulnerable populations refer to those who are more likely to have difficulty accessing health care and more likely to have financial barriers, including residents of color, those who are poor, uninsured/underinsured, immigrants, non-English speaking, sexual and gender minorities, and those who are historically marginalized. In addition to prioritizing these neighborhoods, Dana-Farber also aims to prioritize populations disproportionately impacted by cancer, including diverse racial and ethnic populations, individuals from low socioeconomic backgrounds, and immigrants, as described on page 6.

Despite its statewide reach and services provided through satellite operations in Allston/Brighton, Milford, South Shore, Foxborough, and Merrimack Valley, Dana-Farber’s prioritization of these five neighborhoods within its local service area reflects a commitment to reducing disparities in cancer care and improving the health and well-being of neighborhood residents. Through our collaborative approach, these satellite locations have direct access to Dana-Farber’s Community Benefits Office as part of the Institute’s expanded health equity strategy. Dana-Farber will continue to strengthen collaborations with new and existing partners in these regions to further the cancer prevention agenda and to have greater impact on the health and well-being of local residents.

Figure 3: Dana-Farber’s Priority Neighborhoods for Community Benefits Work
**CHNA Key Findings & Focus Areas:**
The CHNA findings have validated the current community outreach work that Dana-Farber has undertaken as well as helped guide the focus of future initiatives. The following list highlights Dana-Farber’s prioritized areas of focus in addressing the identified community health needs.

1) **Cancer Burden:** Cancer continues to be 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
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.

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

**Focus Area Prioritization Process**

Identifying key areas of focus for Dana-Farber’s Community Benefits work has been conducted through an iterative, multi-phased process as part of the collaborative 2022 Boston CHNA, Dana-Farber’s 2022 Cancer CHNA, and the creation of this Implementation Plan.

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

To achieve health equity across the cancer continuum, Dana-Farber’s Community Benefits activities will continue to focus on the following priority areas:
1. Addressing the cancer burden
2. Reducing access barriers
3. Promoting survivorship, particularly in communities of color
4. Addressing the social determinants of health
5. Leveraging community strengths

These priorities have been reaffirmed as areas of need based on findings from Dana-Farber’s 2022 Cancer CHNA and the 2022 Boston CHNA. In addition, they provide the umbrella under which Dana-
Farber’s community outreach activities are organized and are reflected in this Implementation Plan. These areas reflect a continued commitment to meeting the health needs of medically underserved populations in Dana-Farber’s priority neighborhoods and leveraging the hospital’s unique role in the continuum of care as a comprehensive cancer center. Many of these needs have remained consistent over time.

Since the 2019 CHNA, Dana-Farber has continued to provide a variety of cancer prevention, education, and screening programs to address these ongoing needs. These programs have included tobacco cessation counseling, patient navigation, breast cancer screening and navigation, skin cancer screening and navigation, HPV education and outreach, clinical trials education and outreach, and building and sustaining community partnerships. In addition, Dana-Farber has made significant investments in the community to address the social determinants of health including housing, food insecurity, environmental justice, and economic mobility.

**Stakeholder Engagement**

In September 2022, key findings from both the 2022 Boston CHNA and the 2022 Dana-Farber Cancer CHNA were presented to the Board of Trustees’ Community Programs Committee and the External/DoN Advisory Committee. Following each of these presentations, the attendees were engaged in a discussion and provided feedback on the five priority areas listed above and specific strategies for Dana-Farber’s Community Benefits Office.

Committee members reaffirmed current areas of focus, including building awareness of existing services and resources (cancer prevention, screening, financial support, patient navigation, etc.); focusing on specific neighborhoods and populations of need; building partnerships with community-based and faith-based organizations that serve hard-to-reach populations; better understanding liver cancer inequities; ensuring access to care; and supporting transitions into survivorship. Committee members also recommended key suggestions for future work, including improving access to telehealth; diversifying the healthcare workforce to provide culturally and linguistically appropriate care; focusing on mental/behavioral health needs; and building connections to social services.

Additionally, Dana-Farber reviewed the priority areas that emerged from the Boston CHNA-CHIP Collaborative. These citywide priority areas were considered as important context during the development of this Implementation Plan. In May-June 2022, the Boston CHNA-CHIP Collaborative undertook a collaborative prioritization process to solicit community input on the key strategies for collective impact to focus their 2022 community health improvement plan. These discussions reaffirmed the continued need for an overarching focus on achieving racial and health equity and reaffirmed the following four priority areas for collaborative action:

1. Accessing services
2. Housing
3. Economic mobility and inclusion
4. Mental and behavioral health
CHNA Priorities for Future Programs, Services, and Initiatives

CHNA participants also offered feedback on priorities for future programs, services, and initiatives. This feedback from CHNA participants aligns with the Dana-Farber Community Benefits Office Focus Areas shown below and has guided the Implementation Plan. Examples of suggestions are described in the table below.

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<tr>
<th>Dana-Farber Community Benefits Office Priority Areas</th>
<th>Suggestions from CHNA Participants</th>
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<tbody>
<tr>
<td>1. Addressing the Cancer Burden</td>
<td>• Cancer screening initiatives</td>
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<td>• Community outreach / health education</td>
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<td>• Support groups and caregiver support / resources</td>
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<td>2. Reducing Access Barriers</td>
<td>• Awareness of / access to patient navigators and social workers</td>
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<td></td>
<td>• Gender-inclusive practices</td>
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<td>• Diversifying and training health care professionals</td>
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<td>• Addressing systemic racism and biases</td>
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<td>3. Promoting Survivorship</td>
<td>• Support groups</td>
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<td></td>
<td>• Support for LGBTQIA+ populations after cancer treatment</td>
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<td>• Post-treatment assessments of SDoH</td>
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<td>4. Addressing the Social Determinants of Health (SDoH)</td>
<td>• Access to healthy food, including fresh produce</td>
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<td>• Free transportation</td>
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<td>• Workforce development &amp; economic mobility opportunities for youth and adults</td>
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<tr>
<td>5. Leveraging Community Strengths</td>
<td>• Partnerships with communities to increase community health worker and patient navigator models</td>
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<td>• Community conversations on the topic of cancer</td>
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Other Community Health Needs

While our expertise as a comprehensive cancer center leads us to focus largely on reducing cancer incidence and mortality through our clinical community screening and outreach programs, we participate in numerous community-based activities focused on broader public health issues. Through engagement with local coalitions, partnerships, and neighborhood-based organizations, Dana-Farber participates in meaningful ways in reducing the socioeconomic burdens experienced by residents in our priority neighborhoods. We recognize that other issues such as financial security and behavioral health overlap within the continuum of cancer care and they will be addressed at the individual patient level and through a collective impact approach.

Dana-Farber Implementation Strategies

The strategies and goals outlined in the 2022-2025 Implementation Plan are specifically designed to recognize the milestones we have reached thus far, address new findings based on emerging public health research, and continue the work of achieving the goals we have set to help meet the health needs of our surrounding communities.

As part of our approach to implementing the identified strategies, we will continue our existing community-based programming, which includes assessing the most effective evidence-based interventions, collaborating with community partners to implement community health improvement efforts, and conducting ongoing evaluation of program effectiveness.
**CHNA Key Finding #1: Addressing the Cancer Burden**

There are significant disparities in risk behaviors, screening, cancer incidence, and mortality in our priority neighborhoods and other Boston neighborhoods, particularly among diverse racial and ethnic populations, individuals from low socioeconomic backgrounds, and immigrant populations. Encouraging residents to resume screening following COVID-19 health care access delays is an important priority in the context of the ongoing pandemic.

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

**OBJECTIVES:**

1. **Increase access to mammography services to improve breast cancer early detection rates among medically underserved populations in Boston following COVID-19 screening disruptions.**
   - **Strategy 1.1.1:** Streamline service delivery model for Dana-Farber’s Mammography Van (DFMV) and Mammography Suite at WSHC in order to increase volume.
   - **Strategy 1.1.2:** Partner with community-based organizations serving residents with lower screening rates, including immigrants and racial/ethnic minority populations such as Asian residents, to increase the number of women screened on the van.
   - **Strategy 1.1.3:** Pilot strategy with community health centers to improve mammography screening rates in their practices.
   - **Strategy 1.1.4:** Continue to implement continuous quality improvement efforts to expedite timely diagnostic imaging following abnormal DFMV screenings.

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

3. **Strengthen the Tobacco Treatment Program,** which serves patients of WSHC by providing individual tobacco cessation counseling.
   - **Strategy 1.3.1:** Continue to implement continuous quality improvement efforts to mitigate patient barriers and incentivize engagement using identified strategies for successful program outcomes.
   - **Strategy 1.3.2:** Explore opportunities to expand one-to-one tobacco cessation counseling, particularly for medically complex patient populations.
(4) **Enhance the Sun Safety Education & Screening Program**, which provides free skin cancer prevention education and screenings to community residents and to those at highest risk for skin cancer.

- **Strategy 1.4.1**: Serve at least 1,250 community residents annually through sun safety education and screening events at local beaches, community events and health departments that draw residents from communities of color and other at-risk populations.
- **Strategy 1.4.2**: Recruit and train at least 3 interns each year with an emphasis on interns, medical students, and clinicians who are bilingual and bicultural.
- **Strategy 1.4.3**: Implement continuous quality improvement efforts to strengthen overall program outcomes and reduce risk.

**CHNA Key Finding #2: Reducing Access Barriers**

Cancer patients and survivors deal with significant challenges when encountering health care systems, including the high cost of cancer treatment, navigating care throughout the cancer continuum, language and transportation barriers, fear of cancer diagnosis, and discrimination. 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. When considered through a health equity lens, these access barriers are associated with negative health outcomes, particularly among vulnerable and/or medically underserved patients.

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

**OBJECTIVES:**

1. **Continue to expand community-facing patient navigation model for all major disease centers at Dana-Farber.**
   - **Strategy 2.1.1**: Implement patient navigation model in the GYN, HM and GU disease centers.
   - **Strategy 2.1.2**: Expand community outreach efforts and establish relationships with local organizations that address persistent SDoH needs.
   - **Strategy 2.1.3**: Expand Dana-Farber’s Patient Navigator Program to support satellite facilities in new locations such as Merrimack Valley.

2. **Adapt and expand Dana-Farber’s broad portfolio of health education and outreach programs to better tailor evidence-based early detection strategies for at-risk populations.**
   - **Strategy 2.2.1**: Continue to expand digital health education and outreach efforts to promote prevention, screening and early detection among priority populations with additional health educators.
   - **Strategy 2.2.2**: Operationalize health equity to the creation and dissemination of early detection and precision interventions to people at higher risk of developing cancer.
   - **Strategy 2.2.3**: Launch an educational program to increase awareness about cancer clinical trials targeting our priority neighborhoods and the Merrimack Valley area.
• **Strategy 2.2.4:** Maintain continuous quality improvement efforts across Dana-Farber’s Community Benefits programs to strengthen our portfolio of education and outreach activities.

(3) **Leverage partnerships and participation in community-level coalitions to inform policy, systems, and environmental change strategies.**

• **Strategy 2.3.1:** Lead the Massachusetts HPV Coalition in partnership with Team Maureen to convene statewide partners and to conduct research around educational interventions for vulnerable populations.

• **Strategy 2.3.2:** Continue to partner with BPHC Boston Health Equity Measure Set, the Cancer Advisory Group, Massachusetts Comprehensive Cancer Coalition and internal partners to develop collective action strategies to address systems-level issues across the cancer care continuum and reduce health disparities among Boston residents.

• **Strategy 2.3.3:** Co-lead the Boston CHNA-CHIP Collaborative and work to fully implement the Collaborative’s mission and priorities as outlined in the latest Implementation Plan.

CHNA Key Findings #3: *Advancing Survivorship*

Cancer survivors emphasized the importance of cancer-specific support groups and expressed the need for more groups in different languages serving different populations, including LGBTQ+ patients and caregivers. Focus group participants also expressed a need for more supportive resources earlier on in the cancer journey, including for LGBTQ+ survivors and caregivers, and for providers to incorporate post-treatment assessments of the social determinants of health.

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

**OBJECTIVES:**

1. Create pathways to better support cancer survivors, particularly patients of color and those from medically underserved communities.

• **Strategy 3.1.1:** Increase awareness and access to Dana-Farber’s Survivorship Program to cancer survivors of color and those from vulnerable and/or medically underserved communities.

• **Strategy 3.1.2:** Train patient navigators around best practices for providing survivorship support.
CHNA Key Finding #4: Leveraging Community Strengths

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

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

OBJECTIVES:

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

- **Strategy 4.1.1**: Continue ongoing media efforts to deliver cancer prevention and survivorship messages in multiple languages in digital spaces with a focus on ethnic media, including My Health Fair and UCB Partner Nights.
- **Strategy 4.1.2**: Develop and launch Assess Your Risk tool, an interactive online educational tool for breast and ovarian cancer in English and Spanish which directs individuals to prevention and screening resources.
- **Strategy 4.1.3**: Leverage partnerships with the Prostate Health Education Network (PHEN), Team Maureen, Boston Public Health Commission’s Pink & Black Network, Asian Women for Health (AWFH), Enhancing Asian Community on Health (EACH), Union Capital Boston (UCB), and others, to strengthen patient and community-facing awareness efforts.
- **Strategy 4.1.4**: Continue to support Dana-Farber’s workforce development program and strengthen program for Community Benefits student interns from diverse backgrounds.

CHNA Key Finding #5: Addressing the Social Determinants of Health

Dana-Farber’s priority neighborhoods are dealing disproportionately with challenging situations related to the upstream social and economic factors that impact health, such as poverty, high housing costs, limited affordable physical activity opportunities, and access to nutritious food. 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.

Goal: Leverage partnerships and community investment opportunities to address broader public health issues that go beyond cancer care, such as housing, healthy food access, economic mobility, and other social determinants of health.

OBJECTIVES:

(1) Strengthen collective action efforts across our priority neighborhoods to reduce socioeconomic burdens experienced by residents.
• **Strategy 5.1.1**: Continue to take a leadership role in Boston CHNA/CHIP Collaborative to collectively amplify citywide efforts to address root causes of health inequities and achieve sustainable change in the health of the city.

• **Strategy 5.1.2**: Continue to leverage opportunities for collective action through strategic partnerships and community investment opportunities that mitigate the social determinants of health.

• **Strategy 5.1.3**: Continue to leverage Dana-Farber’s relationship with the United Way of Massachusetts Bay and Merrimack Valley to address socioeconomic issues experienced by residents.

• **Strategy 5.1.4**: Continue to implement and evaluate Dana-Farber’s multi-year Determination of Need Community Health grant initiatives focused on environmental justice, food access, and child homelessness.

**Conclusion**

Cancer remains a leading cause of death in Boston. While the CHNA findings indicate that collective efforts to advance cancer screening and prevention are making a difference, the overall burden of cancer across all types is significant and more effort is needed to reduce the cancer burden and address disparities. As an NCI-designated comprehensive cancer center, Dana-Farber is uniquely qualified to demonstrate measurable outcomes in reducing the burden of cancer in the city of Boston. We acknowledge that a comprehensive approach to addressing the cancer burden must also address upstream social, economic, and environmental factors that influence health, and as such we will continue to partner with local coalitions and neighborhood-based organizations to address broader socioeconomic challenges experienced by residents in our surrounding neighborhoods. The substantial burden of cancer in our surrounding communities as identified in the CHNA highlights the imperative for us to leverage our position as a national leader in cancer care and continue our commitment to improving cancer outcomes and promoting health equity in the city of Boston.

**Related Links**


Approved by DFCI Trustees: 12/13/2022
Approved by DFCI DoN/EAC Committee: 12/15/2022