

FY2001 COMMUNITY BENEFITS REPORT
DANA-FARBER CANCER INSTITUTE

MAY 31, 2002

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I. ABOUT DANA-FARBER CANCER INSTITUTE

Name / Address of Hospital:

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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. (See Section II).

Description of the Institute:

Since its beginning in 1947, Dana-Farber Cancer Institute (DFCI) has committed itself to multidisciplinary activities that encourage collaboration between laboratory scientists and clinical oncology practitioners leading to the development of comprehensive integrated programs in basic and clinical research, training, and patient care.

The National Cancer Institute (NCI) named DFCI as one of the country's seven original comprehensive cancer centers in 1973. Dr. Sidney Farber, who founded DFCI, played an integral role in developing the concept for such centers. Today, NCI recognizes 41 comprehensive cancer centers, including DFCI, which is a member of the Dana-Farber/Harvard Cancer Center. All comprehensive cancer centers are dedicated to the research, prevention, diagnosis, and treatment of cancer and related diseases.

In 1989, the Dana-Farber Cancer Institute was designated as a Center for AIDS Research in recognition of the growing commitment of the Institute to high quality, multidisciplinary research devoted to the pathogenesis, therapeutics, and prevention of AIDS.

In 1996, the formation of DFCI and Partners marked a new era in adult oncology. This collaborative program among three renowned institutions, Dana-Farber Cancer Institute and the founding members of Partners Healthcare System – Brigham and Women's Hospital

(BWH) and the Massachusetts General Hospital (MGH) – is committed to ensuring that its patients receive the finest adult cancer care available anywhere in the world. The program is based at two sites – the Longwood site where inpatient care is based at BWH and most outpatient care at DFCI, and MGH where both inpatient and outpatient services are provided. DFCI and Partners coordinate 12 disease programs focused on endocrine cancer, breast cancer, gynecologic cancer, gastrointestinal cancer, genitourinary cancer, head and neck cancer, hematologic malignancies, melanoma, brain tumors, sarcoma, thoracic cancer, and benign hematology. The goal of the disease programs is to share practice guidelines for clinical care and common research strategies under the direction of the best clinicians, surgeons, medical oncologists, radiation therapists, and supporting specialists in cancer care.

DFCI's Division of Pediatric Oncology has been part of the National Cancer Institute's Pediatric Oncology Group since 1984. The Division has successfully exported innovative trials to the national group and has provided leadership in designing protocols for various leukemias, bone tumors, brain tumors, and lymphomas. Approximately 1,000 children with cancer are enrolled in clinical treatment protocols. These children include the majority of pediatric cancer patients diagnosed in Maine, who are treated on DFCI protocols and have their tissues and tumors studied in DFCI laboratories under the auspices of the Maine Children's Cancer Program. Moreover, children with acute lymphoblastic leukemia from central and western Massachusetts, Maine, Puerto Rico and five collaborating Institutions are all treated on DFCI protocols and have their cells evaluated in DFCI laboratories.

In 1998, DFCI joined with Harvard Medical School, four of its affiliated hospitals, and Harvard School of Public Health to create the collaborative entity Dana-Farber/Harvard Cancer Center (DF/HCC). The DF/HCC, which also includes Beth Israel Deaconess Medical Center, Children's Hospital, BWH, and MGH, unites the major basic, clinical, and population cancer research efforts of the member institutions.

The DF/HCC links more than 800 cancer scientists into an organizational structure designed to foster interaction and collaboration that will lead to new, more effective approaches in cancer prevention, diagnosis, and treatment. Research is carried out in 5 disease-based programs (breast, gynecologic, leukemia, lymphoma, and prostate) and 10 discipline-based programs (biostatistics, cancer cell biology, cancer genetics, cancer immunology, viral oncology, cancer epidemiology, risk reduction, outcomes research, cancer imaging, and experimental therapeutics) that cross both institutional and scientific boundaries. The DF/HCC also provides infrastructure for 18 core facilities that provide shared resources to Center members, facilitating scientific progress. The DF/HCC also supports the infrastructure for a unified system of clinical trials.

In 2000, DFCI and Children's Hospital formalized the close working relationship the two hospitals have had for the past 50 years to create the Dana-Farber/Children's Hospital Cancer Care (DF/CHCC). The formation helps to create a seamless patient care experience for children whose illness requires the full spectrum of inpatient and outpatient hematology or oncology pediatric services. The Jimmy Fund Clinic delivers outpatient pediatric oncology care, and Children's Hospital provides inpatient oncology care. Children's Hospital also offers both inpatient and outpatient hematology services.

II. DANA-FARBER CANCER INSTITUTE COMMUNITY BENEFITS MISSION STATEMENT

Dana-Farber Cancer Institute's community outreach mission is to:

- establish quantifiable and sustainable programs in cancer and AIDS prevention focusing on at-risk and underserved populations in Massachusetts
- provide expertise in cancer care to city and state health departments, community-based agencies and health care providers
- increase accrual of minorities into clinical trials.

Revised: January 1996
Approved: September 1995

III. COMMUNITY BENEFITS PLANNING MECHANISMS

As a federally designated comprehensive cancer center, DFCI has a mandate to serve the residents of Massachusetts and Maine. In keeping with its mission, DFCI defines its community using an illness-specific approach focusing on cancer prevention and risk assessment targeted to underserved and at-risk populations.

The DFCI Board of Trustees Community Programs Committee oversees the development and implementation of our Community Benefits Plan. In their advisory capacity, Committee members have provided leadership and direction to community benefits staff in several areas. Co-chaired by Professor Hubert Jones, Ph.D. and Mr. David Auerbach, the Committee meets semi-annually to review progress and prioritize program initiatives.

Internally, the community benefits staff meets quarterly with our **Community Benefits subcommittee**. Chaired by the DFCI's Community Benefits Administrator, the committee is comprised of physicians, nurses, other clinicians, and administrators who bring a unique blend of technical expertise and outreach experience to our Community Benefits program.

In 1997, DFCI established an **External Advisory Committee** that consists of representatives from community organizations, neighborhood health centers, and city and state health departments who share our commitment to educate and outreach to the communities most in need. To ensure the success of our efforts, the External Advisory Committee members serve as advocates for their respective communities, and assist DFCI in developing effective and sustainable programs in cancer prevention, education, and awareness. The committee, chaired by DFCI's Chief of Staff Stephen Sallan, M.D., meets twice a year.

The DFCI Community Benefits Program is involved in community benefits planning through the following activities:

Massachusetts Department of Public Health (MDPH): Through ongoing partnerships with MDPH's Center for Chronic Disease Prevention, several cancer control priorities have been identified in collaboration with DFCI. Programs in prostate, colorectal, skin, and women's cancers have been established in partnership with MDPH and community agencies across the Commonwealth. Participation in statewide coalitions and working groups, sponsorship of health information forums and symposia, development and implementation of cancer educational initiatives, material and resource development, and provision of technical assistance have enhanced our program's outreach efforts.

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 forum participants.

United Way/Jimmy Fund Collaboration: Now in its ninth year, this collaborative program was established to provide direct support to community-based agencies that provide cancer prevention, education, and outreach services to low-income, underserved, at-risk

communities. Several new partnerships have evolved from this collaboration that have enhanced our ability to reach communities most in need.

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 has established extensive contacts in neighborhood health centers, unions, small businesses, faith-based organizations, health departments, and community based agencies. Community Benefits and CCBR are exploring more avenues for DFCI to continue building collaborative relationships with these organizations.

Dana-Farber Cancer Institute/Partners HealthCare Systems (Partners): DFCI and Partners continue to work together on cancer control outreach activities in the Greater Boston area. In collaboration with Partners-affiliated health centers, a number of initiatives have been further developed this past year.

Dana-Farber/Harvard Cancer Center (DF/HCC): DFCI and the Minority Initiatives Committee of the DF/HCC are working together to address the areas of minority faculty and staff recruitment, clinical trial recruitment, and community outreach. Efforts are in development and underway to hire more ethnically and culturally diverse clinicians and staff and establish cultural competency courses for clinicians. Other initiatives include partnering with diverse organizations such as faith-based organizations to provide opportunities for access to care, participation in clinical trials, and community-wide education about cancer prevention, screening, and treatment.

National Black Leadership Initiative on Cancer (NBLIC): DFCI has been actively involved in the Boston Chapter of NBLIC. NBLIC, a coalition of community-based agencies, cancer survivors, health professionals, and concerned individuals works to mobilize and educate communities of color in the fight against cancer.

Center for AIDS Research (CFAR): The CFAR at DFCI, which includes the collaborative efforts of Beth Israel Deaconess Medical Center and Children's Hospital, engages in HIV and AIDS-related basic and clinical research. In addition to research, the CFAR is building its community outreach efforts as part of its mission. As a member of the CFAR community outreach committee, DFCI is taking an active role in helping to support community-based programs and develop initiatives to raise awareness about prevention and treatment advances.

Boston's Crusade Against Cancer: DFCI has worked closely with the Boston Public Health Commission (BPHC) to implement initiatives as part of Boston's Crusade Against Cancer. Among other programs, DFCI and the BPHC have worked together to address the need for more cancer prevention education, increased screening services, and available transportation, and will continue to partner on future cancer prevention programs.

IV. COMMUNITY BENEFITS PROGRAMS

A. Education, Outreach, Screening, and Advocacy

DFCI's commitment to educating the community about cancer is demonstrated through its collaborative work in local neighborhoods and through statewide public and professional education initiatives. DFCI has been an active partner in a wide range of programs, events, and outreach efforts to help raise awareness about the importance of cancer prevention, outreach, screening, early detection, and research.

1. Community-Based Cancer Control Initiatives

Breast and Cervical Screening Collaborative (BCSC): Screening Services

In July of 2001, the Breast and Cervical Screening Collaborative began its second three-year grant with the Women's Health Network (WHN) program from the Massachusetts Department of Public Health (MDPH). The WHN provides funding for breast and cervical health services for uninsured women. Through the program, seventeen community health centers in the Greater Boston area, along with DFCI and Partners HealthCare System, work collaboratively to promote and enhance the early detection of breast and cervical cancer. DFCI and Partners have provided significant supplemental funding to support the BCSC's central administration, outreach and inreach activities, and additional fundraising efforts.

During FY01, the BCSC provided screening services for women from diverse cultural, linguistic, and socioeconomic backgrounds. Almost 80% of the women served were either Black or Hispanic. Nearly half of the women served had less than a high school education, and more than 60% indicate a language other than English as their primary language. Of the women who received a mammogram, 24% of them reported it was their first one. The BCSC enrolled and provided medical services to more than 1300 women in FY01 and expects to screen more women in future years given the strengthening of operations and expansion of outreach.

Targeted Outreach

The BCSC continued a targeted outreach campaign in FY01. The campaign is designed to provide women, who are not actively engaged in primary care services, with the education and support services that encourage annual breast and cervical screening. The campaign was designed in response to focus groups conducted in the spring of 2000, which highlighted barriers to screening. Participants spoke of the fear and shame associated with cancer, the difficulty prioritizing their personal health care, and the financial and gender barriers in health care. Many of the women are the working poor who are docked salary in order to attend medical appointments.

The outreach campaign is geared to three groups: service-based employers, minority and neighborhood-based media outlets, and faith-based organizations. In FY01, BCSC, with financial assistance from DFCI and Partners, hired a part-time

Community Health Promotion Coordinator to spearhead this effort. Some of the accomplishments to date include:

- Completion of a database of over 300 faith-based institutions in Greater Boston and two mailings with program information on free breast and cervical health services;
- Print advertising campaign on free mammography services in 12 neighborhood and minority-based newspapers;
- Participation in over 10 neighborhood and/or faith-based health fairs;
- 2002 calendar for Latinas highlighting free breast and cervical health services;
- Flyer distribution in more than 25 small businesses in Dorchester, Roxbury, Jamaica Plain, Chelsea, Mattapan, and Salem.

Professional Education

DFCI is committed to extending its world-class professional education programs to primary care providers in local health centers. During FY01, Dana-Farber/Partners CancerCare worked with BCSC to conduct in-service training sessions on-site at health centers. More than 100 providers participated in 7 programs. In addition, scholarships were provided for health center clinicians to attend continuing medical education courses on women's cancers.

Mobile Diagnostic Services (MDS): DFCI and Partners, as part of its corporate sponsorship of MDS, had access to 50 additional days of van services – 40 at BCSC sites and 10 at sites where no other reimbursement was available. The corporate partnership ended in November 2001 due to the closure of MDS. Prior to its closing, MDS had an agreement with the City of Boston to operate the City-owned mammography van. After MDS' closure, DFCI developed an agreement with the City of Boston and assumed operation of the Boston Mammography Van to resume service in spring 2002.

Cancer Screening Initiatives: DFCI and Partners are working with seven health centers, located primarily in Dorchester, Roxbury, South Boston and East Boston, to improve the health status of underserved populations. Health center staff, DFCI, and Partners have worked together to assess baseline cancer screening rates, develop tools to monitor improvements, and pilot and implement electronic tracking programs to remind clinicians and patients when patients are due for follow-up screenings.

Racial and Ethnic Approaches to Community Health (REACH) 2010: DFCI is an active member of the REACH 2010 coalition and has been involved since its inception in 2000. REACH 2010, spearheaded by the Boston Public Health Commission, is a 4-year program funded by the Centers for Disease Control and Prevention (CDC). The program aims to eliminate racial and ethnic disparities in breast and cervical cancer screening and management among Black women and women of African descent in Boston. REACH 2010 was in year 2 during 2001.

The initiative is comprised of multiple components – a case management/outreach model in place at six health care sites in Boston, a public education campaign, a Women’s Health Ambassador outreach program, a radiology technologist scholarship program, and a faith-based outreach component.

DFCI was actively involved in:

- The Request for Proposal process to award small grants to faith-based organizations to engage in cancer education and outreach;
- Providing resource materials to faith organizations and other community-based organizations;
- Development of the public education campaign on breast and cervical health, and;
- Providing tutoring support for Black women students who are pursuing college-level training in the radiology technology field.

Boston’s Crusade Against Cancer: In 2001, DFCI continued its active involvement and support of the Boston Crusade Against Cancer. DFCI has partnered with the Boston Public Health Commission (BPHC) in a number of initiatives including:

- The BPHC-led REACH 2010 coalition (as mentioned previously);
- Distribution of cancer prevention and early detection information at health fairs throughout Boston;
- Contributions to a taxi-voucher program that helps ensure that Boston residents, who are undergoing cancer treatment, can access transportation to and from appointments; and,
- Support for mammography screenings on the BPHC-owned mobile mammography van. As mentioned previously, in 2001, DFCI came to an agreement with BPHC to operate the Boston Mammography Van throughout all Boston neighborhoods. The previous operator, Mobile Diagnostic Services, closed its business in November 2001.

Community Health Fairs and Other Events: DFCI has participated in numerous community events and distributed cancer prevention and screening information. Below is a partial list of events DFCI has supported and attended:

- Boston Race for the Cure
- Making Strides Against Breast Cancer
- YWCA Boston Mothers’ & Daughters’ Brunch for Good Health
- Lena Park Housing Development
- Men’s Health Summit
- Mission Hill Walk for Health
- Festival de Salud
- Taste of Fenway

2. Statewide Initiatives

Colorectal Cancer

Education: DFCI continued its active participation in the Massachusetts Colorectal Cancer Working Group. The Working Group's mission is to reduce colorectal cancer incidence, morbidity, and mortality in Massachusetts by increasing public and professional awareness of risk factors, prevention strategies, and the need for timely and appropriate screening. As a member of the Working Group, DFCI:

- Supported the development and implementation of public and professional education initiatives – mailing of a brochure, “Take Control – Get Tested for Colorectal Cancer” to more than 12,000 clinicians in Massachusetts. Clinicians requested more than 80,000 educational pieces as a result of the mailing.
- Helped select a public relations firm through a competitive process to develop and implement a public relations/media campaign on colorectal cancer in western Massachusetts. The campaign is under development.

DFCI will continue as an active Working Group member and plans to support an emerging initiative to create an informed advocacy network.

Prostate Cancer

Education: DFCI continued its close working relationship with the MDPH's Men's Health Partnership Program. DFCI worked with MDPH to promote educational workshops on prostate health and screening with particular emphasis on reaching audiences of men of color. DFCI provided materials and technical expertise to assist in these educational efforts.

Also in FY01, DFCI began exploring the opportunity to work more closely with a Boston-based community health center to establish a formal prostate cancer education and screening program. DFCI clinicians could provide educational sessions on prostate cancer and screening, and where appropriate, clinicians could perform screenings. Funding would be available to help cover the cost of PSA testing and providing educational materials and learning aids on prostate cancer screening.

Massachusetts Prostate Cancer Symposium: The fourth annual Massachusetts Prostate Cancer Symposium was held in May 2001 in Marlboro, Massachusetts. DFCI co-sponsored the symposium, along with MDPH, ACS, the Massachusetts Prostate Cancer Support Network, prostate cancer survivors, and others. DFCI was involved in the organization of the event, selection of speakers and topics, and media promotion.

The conference featured a panel of experts who discussed issues of diagnosis, treatment, and quality of life. Small afternoon workshops covered topics such as diet, treatment complications, and complementary/alternative therapies. Approximately

600 individuals attended the symposium, and about 60% of them were prostate cancer survivors or newly diagnosed patients.

Skin Cancer

Education: DFCI remained an active member of the Massachusetts Skin Cancer Prevention Collaborative in FY01. The MSCPC is a statewide coalition comprised of more than 25 members, which is committed to promoting the prevention, early detection, and treatment of all types of skin cancer. DFCI worked with coalition members including MDPH, Boston University School of Medicine, Massachusetts Melanoma Foundation, and the Environmental Protection Agency on the following initiatives:

- Development of a skin cancer reference tool for family practice physicians and accompanying patient educational posters and brochures. The reference tool and educational materials will be sent to more than 1000 family practice physicians in Massachusetts in FY02, and an evaluation component has been included to try to determine the effectiveness of these items.
- Distribution of a CD-ROM education curriculum on skin cancer prevention to all public and private schools (K-12) in Massachusetts. The coalition plans to distribute the curriculum during the 2001-2002 academic year.

Social Marketing

DFCI is a member of the Social Marketing Committee of the MDPH Cancer Control Program. DFCI participates in regular meetings with community-based organizations, in which members share information about cancer control activities and seek input into the development of cancer control messages. DFCI clinicians have reviewed educational brochures that are being developed for their clinical content in terms of accuracy and appropriateness. Topics have included cervical cancer and testicular cancer.

Advances in Cancer: Research, Treatment, and Survivor's Perspectives

In FY01, DFCI began working with fellow co-sponsors MDPH, ACS, Harvard Center for Cancer Prevention, and The Leukemia and Lymphoma Society in organizing the fifth annual statewide cancer control conference, "Advances in Cancer: Research, Treatment, and Survivor's Perspectives." DFCI helped to develop program content, identify and invite speakers, coordinate conference logistics, and arrange for continuing education units for clinicians including nurses and social workers. The conference is slated for April 30, 2002 in Braintree, Massachusetts.

3. NCI-Sponsored Activities

Asian-American National Cancer Awareness, Research, and Training

(AANCART): In 2000, NCI awarded a national consortium grant to work on eliminating disparities in cancer outcomes among minority and underserved

populations, including Asian-Americans. DFCI was one of six funded centers with AANCART, and Dr. Frederick P. Li of DFCI serves as the AANCART National Director of Research. In 2001, the group began organizing a second annual AANCART conference on the Korean American population and cancer to be held in Boston in June 2002.

Also, AANCART has awarded a series of small grants for pilot projects by young investigators. The funds supported collection of pilot data in preparation for RO1 grant applications. Recently launched projects included: an analysis of cancer survival by race; determination of representation of minorities at DF/HCC hospitals; and, hospice care for minority cancer patients.

Cancer Information Services (1993-): The Cancer Information Service (CIS) is a nationwide network funded by the NCI to provide accurate information on cancer to the public. The CIS has three main service components. The Partnership Program for the New England regional CIS office has been located at DFCI as a subcontract from Yale Cancer Center since 1993. In 2001, the Partnership Program provided materials and technical assistance to various organizations and agencies that reach medically underserved audiences throughout New England; worked with organizations to disseminate cancer-related information and messages; and prepared and promoted cancer-related messages and information to the media.

National Black Leadership Initiative on Cancer (NBLIC): DFCI has been actively involved in the Greater Boston Chapter of the National Black Leadership Initiative on Cancer for a number of years and continued its ongoing participation in 2001. NBLIC is a coalition of community-based organizations, cancer survivors, health professionals, and concerned individuals that works to mobilize and educate communities of Black and African descent in the fight against cancer. DFCI provided support for NBLIC's infrastructure and program development. Together, DFCI and NBLIC participated in a number of community health fairs and events and distributed numerous educational brochures.

B. Center for Community-Based Research

The Center for Community-Based Research (CCBR) at DFCI conducts research aimed at cancer prevention and control, with a particular emphasis on the development and evaluation of effective educational and policy interventions designed to modify behaviors and practices associated with cancer risk. These interventions ideally are evaluated in randomized, controlled studies, with the intent that these tested models will ultimately be applied broadly through community and health organizations nationally. These public health approaches that target organizations or communities are an important complement to the clinical and basic research also being conducted at DFCI.

To test the effectiveness of community-based educational and policy interventions within defined populations, solid partnerships with community organizations are necessary. Community organizations act as collaborators in our research, providing both study populations, and shaping the interventions.

Another priority of CCBR is to place and mentor students from a range of academic levels and including many from racial and ethnic minorities.

Completed studies and accomplishments include:

Worksite Cancer Prevention: WellWorks –2 (1996-2000): WelllWorks-2 is designed to test the effectiveness of a worksite cancer prevention program that integrates health protection and health promotion. This study responds directly to the challenge of the high concentration of cancer risk among less educated, blue-collar workers and holds substantial promise for reducing cancer risk in this population. The study has been completed and found that blue-collar workers employed in worksites randomly assigned to the intervention receiving the integrated health promotion/health protection intervention were twice as likely to quit smoking as those employed in worksites receiving a “standard care” intervention.

Increasing Utilization of Breast and Cervical Cancer Screening: Despite the availability of screening for breast and cervical cancer, there remains a substantial subset of women who do not receive these screening tests at regular intervals, particularly, women with low levels of education and income. The Woman to Woman study evaluated the impact of a breast and cervical cancer education program in worksites. Twenty-six Massachusetts worksites were recruited and randomized into two groups. The intervention group received a peer-led education program over a 16-month period. They found that, relative to women employed in the comparison worksites, women employed in worksites that received the educational program were more likely to have had regular mammograms, clinical breast exams and Pap smears following the educational program – though the difference was only statistically significant for Pap smears.

Reduction of Exposure to Environmental Tobacco Smoke Among Infants in Low-Income Families: Smoking rates among low-income/under-educated adults are among the highest in the country, and thus these smokers’ children share a disproportionate burden of illness due to environmental tobacco smoke exposure. A study was completed targeting reduction of exposure to ETS among infants in low-income families. The intervention group

received a motivational intervention, delivered in English or Spanish, and received feedback about household levels of air nicotine. The control group received self-help materials. It was found that, at baseline, the average nicotine concentration in the participating households was over ten times the *de manifestis* risk level, or the maximum concentration that would be allowed by the EPA if passive smoking were regulated like other carcinogens. The intervention was found to reduce household exposure to ETS by over 25-30%, while in the self-help group, household exposure levels increased over time.

Best Beginnings: Motivational Intervention for Pregnant Smokers (1996-2000): This study was designed to evaluate the role of outreach in delivering a novel smoking intervention to low-income pregnant women. Women in the intervention condition received monthly visits from a Public Health nurse until one month post-partum. The nurse was available to help the women with all aspects of pregnancy. Two of the monthly visits were devoted primarily to the smoking intervention. Three hundred and two women participated in Best Beginnings, of whom 253 were active smokers at study entry.

Cancer Prevention and Working Teens (Project SMART) (1997-2000): This methods development study funded by NCI aims at developing a model tobacco cessation program for teenagers working in Star Market grocery stores. The program used a peer-led intervention model in which teens were trained to deliver tobacco use prevention and cessation messages to their peers through one to one contacts, displays, group discussion sessions and other channels that are meaningful to teens. Final analyses are currently underway, with two papers already accepted for publication.

Cancer Prevention and Working Teen Girls (Project STRENGTH) (1998-2000): Bristol-Meyers Squibb Foundation, Inc. funded this methods development study. This program also used a peer-led intervention model in which teen girls were trained to deliver tobacco use and cessation, nutrition and physical activity messages through workshops, magazines, displays, and other channels meaningful to teens. Girls were recruited at a local shopping mall where most of the intervention occurred. Final analyses are currently being compiled.

Churches Organized to Save Tomorrow (COST) (1999-2000): This project was a collaboration with a community organization, COST. COST explored the role that churches can play in preventing cancer by evaluating a church-based health education program that provided information about nutrition, exercise, and the importance of early detection through cancer screening. Specialists at each church conducted education sessions with and provided outreach to church members on various topics, including methods for early detection of breast, cervical, and colorectal cancers. The final results for this study are currently being analyzed, and future initiatives with COST are being planned.

Current projects include:

Cancer Prevention Through Small Businesses (1999-2003): This project is part of an NCI-funded Program Project that includes two intervention studies, one policy study and three cores that support the administrative, evaluation, and intervention needs of the projects. The overall theme of the program project is, "Cancer Control in Multi-ethnic Working Class

Populations.” Cancer Prevention Through Small Businesses is designed to test a health protection/health promotion intervention among multi-ethnic “blue collar” workers in small businesses. The educational program will encourage workers to increase fruit and vegetable consumption, decrease red meat consumption, take daily multivitamins and increase physical activity levels. The intervention will also encourage management to decrease the potential for workers’ exposure to hazardous substances. Currently, the intervention is being conducted in 25 small businesses with a range of multi-cultural, multi-lingual manufacturing workers. The four most common languages spoken in study companies include English, Portuguese, Spanish and Vietnamese.

Cancer Prevention Delivered through Health Centers (1999-2003): Cancer prevention through health centers is the second intervention study that is part of the NCI-funded Program Project. This project is being conducted in collaboration with Harvard Pilgrim Health Care, and the intervention has been designed to reach ethnically diverse, working class patients. The intervention includes endorsement of healthful behaviors, i.e., increased consumption of fruit and vegetables, decreased consumption of red meat, daily use of multivitamins, and increases in physical activity. In addition, health educators have developed linkages with community resources that patients can access during and after the conclusion of the study. There have been 2,215 participants recruited into the study; 1,087 as intervention subjects and 1,128 as controls.

Project Prevent: Healthy Choices to Lower Colon Cancer Risk (1998-2002): Project PREVENT is a four-year cancer prevention study, funded by the National Cancer Institute that is being conducted in two sites, Dana-Farber Cancer Institute/Harvard School of Public Health and Duke University in North Carolina. The study is a randomized trial that looks at the impact of a multiple risk-factor intervention. It is intended to help participants lower their risk of colorectal cancer by making changes in their diet, exercise, smoking, and multivitamin habits. A total of 1,247 patients with adenomatous polyps were enrolled in the project. Patient recruitment and intervention delivery are completed.

Cancer Prevention for Unionized Blue-Collar Workers (2000-2004): This project is a collaboration between Laborers Health and Safety Fund of North America – a joint labor-management organization – and CCBR. This partnership provides unique access to the Laborers International Union of North America (LIUNA). Qualitative research and a survey of a national random sample of LIUNA members are being conducted. The program will then be tested in a randomized control study with LIUNA members, to assess the effectiveness of a tailored telephone-based program to help workers quit smoking and make dietary changes.

Smoking Cessation among Childhood Cancer Survivors (1998-2002): Funded by the National Cancer Institute, this study aims to increase smoking-cessation rates among this special population. Participants in the study receive materials that are created just for them, based on the type of cancer they had, the type of treatment they received, how ready they feel to quit smoking, and what their current health concerns are. They also receive up to six phone calls from a peer counselor, who is also a childhood cancer survivor. Of the 796 participants, 424 were male. Leukemia was the most prevalent cancer experienced by this group; followed by Hodgkin’s Disease, central nervous system (CNS) tumors, and non-Hodgkin’s lymphoma.

Organized Labor and Tobacco Control Network (2001-2004):

The Organized Labor and Tobacco Control Network, in cooperation with labor unions and tobacco control organizations seeks to reduce health disparities due to high levels of tobacco use and exposure among working people and their families. The capacity building program aims to increase the capacity of the tobacco control and labor movements to work toward shared goals. The research component aims to find the most effective methods of working with labor unions to reduce tobacco use and promote tobacco control policies in worksites and communities. Seed funding has come from the American Legacy Foundation.

The first research study, “Reaching young workers through apprenticeship programs in the building trades,” will design and test a pilot intervention to reduce tobacco use in one Boston-based building trade union apprenticeship program.

Tobacco Industry Targeting of Young Adults of Low-Socioeconomic Status: Lessons for Public Health (2000-2003):

Funded by the American Cancer Society, this study aims to understand how the tobacco industry targets young adults (age 18-29 years) of lower socioeconomic status. Industry strategies that have been successful in targeting specific market segments are revealed through a systematic analysis of internal company documents that have been made available as a result of various lawsuits brought against the tobacco industry. Using these strategies as a template, the researchers will compare how state-based tobacco control programs use similar methods to target young adults of low-socioeconomic status. Based on the study’s findings, the researchers will develop and disseminate recommendations for more effective counter-marketing strategies to be adopted by state-based tobacco control programs.

Project Watch (2000–2003)

Funded by the Massachusetts Tobacco Control Program, this study is an evidence-based critique of the Master Settlement Agreement’s (MSA) restrictions on advertising and promotion of tobacco products. The MSA restricts, but does not prohibit, sponsorship of events, outdoor advertising, and brand and company name advertising. The aim of this study is to observe and document tobacco industry advertising and promotion strategies over a two-year period in six Massachusetts communities. Based on the study’s findings, the researchers will make policy recommendations for countering the industry’s emerging advertising and promotion strategies.

Physical and Social Hazards: Jobs, Race, Gender and Health (2001-2004): Funded by the National Institute for Occupational Safety and Health, the goal of this study of a population of unionized workers is to generate new knowledge about the distribution of physical and social hazards at work, their patterning by race/ethnicity, gender, and wage level, and their contribution to social inequities in health. This study additionally explores whether the distribution and impact of adverse working conditions are modified by workplace policies.

Factors Associated with Follow-Up of Abnormal Mammograms Among Low-Income Ethnic Minority Women (2002-2003): The purpose of this study is to identify factors associated with delay in receipt of diagnostic follow-up of abnormal mammography results

among low-income minority women. After conducting in-depth interviews with women and key community informants to describe factors that hinder or facilitate follow-up; and surveying women who have had an abnormal mammogram to identify the individual, socio-cultural and institutional factors related to timely diagnostic follow-up; educational materials designed to promote timely follow-up will be developed. Information gathered from this study will inform efforts to reduce disparities in breast cancer survival by improving the delivery of diagnostic and treatment services

Barriers and potential solutions to the delivery of effective prostate cancer care to African American men (2001-2003)

The study will examine the barriers and potential solutions to the delivery of effective prostate cancer care to African American men in the city of Boston. The initiative is a collaboration of the Dana-Farber Cancer Institute, the Greater Boston Chapter of the National Black Leadership Initiative on Cancer and the Black Ministerial Alliance. Information gathered from this study will inform efforts to perform feasible and culturally acceptable patient outreach, and develop materials and recruitment strategies for prostate cancer screening, treatment and clinical trials.

C. United Way/Jimmy Fund Collaboration

During its eighth year in 2001, the United Way/Jimmy Fund Collaboration awarded funds to community-based organizations that provide culturally appropriate cancer prevention, education, and outreach services for at-risk populations in low-income communities. The United Way of Massachusetts Bay and DFCI have been working together to develop ways to strengthen the Collaboration and support the unmet needs of the organizations.

A needs assessment survey is planned for 2002 to help identify the organizations' current and future needs. The survey objectives will be: 1) to identify the range of current cancer-related services, and 2) to identify programmatic priority areas in cancer prevention, education, outreach, and screening. Survey information will be used to design and improve programs, and will be used to identify topics for future roundtable discussions and training sessions for agency recipients.

The following nine community-based organizations received grant awards in 2001:

Boston Asian

Youth Essential Service – a tobacco prevention peer leadership program that provides culturally and linguistically appropriate services for Asian youth (primarily Chinese, Vietnamese, and Cambodian) who are at high risk of tobacco use. Program components include: fitness activities, health education workshops, counseling, and referrals.

Federated Dorchester Neighborhood Houses/Kit Clark Senior Services

Senior Cancer Outreach Prevention and Education (SCOPE) Program – cancer education program that targets low-income, immigrant senior men and women of color, many of whom are originally from Cape Verde, Haiti, other Caribbean countries, Vietnam, and Central America. The program seeks to educate about cancer and provide preventative information on topics such as smoking cessation, healthy eating, exercise, and cancer screening.

Haitian Multi-Service Center

Breast Cancer Prevention Program – program is designed to educate Haitian women age 40 and over, who live in Dorchester, Mattapan, and Roxbury, about breast health. Program components include: workshops, home visits, educational materials, and referrals for mammography.

Latin American Health Institute

Breast Cancer Initiative – a bilingual (Spanish-English) breast cancer education program specifically tailored to Latina women in Boston. Program components include: a public information media campaign, a toll-free health information hotline, community-wide events, and organizing *charlas* (small discussion groups at homes).

Massachusetts Alliance of Portuguese Speakers

Chronic Disease and Cancer Prevention Program – a program that teaches Portuguese speakers in the Somerville/Cambridge area about the cancer-prevention benefits of exercise

and other related healthy behaviors. Components include outreach, newspaper articles, and public service announcements.

Mujeres Unidas en Acción

Cancer Education and Prevention Workshops – a bilingual (Spanish-English) initiative that includes cancer prevention and education courses for Latina women, who range in age from 16-65. Topics such as prevention, screening, and breast health are interwoven into weekly women’s health workshops.

Roxbury Tenants of Harvard/Cornu Management Company

Mammography Screening Program – a program that educates low-income women in four subsidized housing developments in Roxbury, Mission Park, Dorchester, and the South End on the importance of breast health and refers women to four mobile mammography screening days. Resident Social Service Coordinators at each site will recruit women for screening, connect them with other public and social services, and assist with follow-up

YWCA Boston

Encore Plus Program – a breast and cervical cancer education and outreach program, which targets underserved, post-menopausal women of color in Boston. The program offers education on breast and cervical health, teaches women how to ask questions and assert themselves during medical appointments, links uninsured and underinsured women to free screening sites, and provides follow-up and support.

YWCA Malden

Encore Plus Program – a breast and cervical cancer education and outreach program, which targets African-American, Haitian, Latina, and Asian women ages 50 and older in the communities of Malden, Everett, Medford, Chelsea, and Somerville. Specialized services include monthly education sessions, transportation, translation, appointment facilitation, and follow-up.

D. Services to Patients and Families

DFCI offers support groups, which are facilitated by social workers, nurses, and other DFCI staff, and are designed to help patients and family members cope with the challenges that accompany a cancer diagnosis. Seminars and workshops are offered that focus on a particular topic identified by the patient population. DFCI also offers school workshops to educate school personnel on childhood cancer issues.

Examples of some support groups include:

Pediatrics

- Bereavement Day
- Brain Tumor Support Group
- Inpatient Parent Support Group
- Memorial Day Remembrance
- School Workshops
- Sibling Day
- Kids Count Too
- Specialized Support Groups for Childhood Cancer Survivors
- Back-to-School Program

Adults

- Advanced Prostate Cancer Support Group
- Bereavement Support Group
- Post Bone Marrow Transplant (BMT) Patient and Family Education Support Group (for newly discharged patients)
- Breast Cancer Support Group
- Look Good/Feel Better
- One to One: The Cancer Connection (Peer Support)
- Stepping Stones (BMT) {for patients who have undergone bone marrow transplant at least 6 months previously and their families}
- Gynecological Cancer Education/Support Group Series
- Brain Tumor Support Group
- Waldenstrom's Macroglobulinemia Syndrome Support Group

Examples of educational seminars include lectures on nutrition, spirituality, pain and symptom management, and complementary therapies during and after cancer treatment.

Eleanor and Maxwell Blum Patient and Family Resource Center and Satellites: The Patient and Family Resource Center, established in 1996, is located in the hospital lobby and houses brochures, computers, videotapes, compact discs, and over 550 books in its loan library. The Blum Center is a resource for visitors from around the country and the world.

A Clinical Nurse Specialist in Patient Family Education and a team of volunteers are available to assist patients and families access cancer information, identify supportive care services, and provide referrals to housing, hospice, and complementary therapies.

Since its opening in 1997, the Houghton-Mifflin Resource Room in the Gillette Center for Women, which is a satellite of the Blum Patient and Family Resource Center, has offered resources that are specific to women and families coping with cancer.

As part of DFCI and Partners' ongoing efforts to educate patients and families about cancer, a resource room, which opened in 1998, is located on the sixth floor of Brigham and Women's Hospital. The Betty and Marjorie Blum Resource room, which opened in the Jimmy Fund clinic in 1999, has been serving patients and family members of pediatric patients. Also, in 2001, a resource room opened on the oncology floor at the Boston Children's Hospital.

In 2001, the Blum Resource Center and Satellite rooms provided services to more than 11,000 patrons. In addition, there were 5 Blum-sponsored lectures, ranging from topics that included doll-making to angiogenesis research.

Interpreter Services: The DFCI Interpreter Program provides interpreting services to patients and families with limited or no English proficiency. In addition, services are also provided to healthcare providers to insure proper communication and understanding across language and cultures. In 2001, Spanish, Russian, Arabic, Portuguese, and Vietnamese were the most requested languages, representing 88% of interpreting encounters and 85% of interpreting hours.

The Leonard P. Zakim Center for Integrated Therapies: The Zakim Center is a multidisciplinary program that provides complementary therapies to adult and pediatric patients and families; education to patients, families, and staff; and research studies to test the efficacy of complementary therapies in cancer patients. In 2001, the Zakim Center sponsored a number of educational seminars on complementary therapies.

The Wellness Community: Financial support is provided annually to the Wellness Community, a not-for-profit organization that provides psychosocial support to cancer patients and their families, at no cost.

Survivorship Conferences: DFCI plays a major role in sponsoring and/or participating in the planning of cancer survivorship conferences. DFCI has provided financial sponsorship, as well as staff leadership in planning for the Second "Spirit of Survivorship" Conference to be held in November 2002. Patients, families, and representatives from area advocacy and service organizations, as well as staff from other Harvard and community hospitals comprise the planning committee. The upcoming Conference is being modeled after the first Spirit of Survivorship Conference two years ago, which DFCI chaired. The first conference brought together 400 patients and family members to attend a variety of workshops, all of which were co-led by patients and healthcare providers.

E. Pediatric Programs

DFCI programs focus on the patient and family and support our belief in “total patient care” for the body, mind, and spirit. Programs are divided into six major categories:

- 1. Patient and Family Activity Program** is designed to meet a wide range of developmental and emotional needs for patients that range in age from infancy to young adulthood. A full-time patient activity coordinator works with volunteers to engage patients and families in activities to reduce anxiety and stress through creative expression and communication. Examples of activities include:
 - Wildcat Yahoo Weekend
 - Parents’ Night at the Westin
 - Outward Bound
 - Red Sox at Fenway (Teen Group)
 - Holiday Parties – Halloween, Christmas/Winter Holidays
 - Teen Support Group
- 2. Patient and Family Education Program** is an important aspect of providing care to patients and families. When a child has cancer, family members want as much information as possible about the disease, treatment options, and what to expect during treatment. Through the Blum Family Pediatric Resource Room, patients and families have access to computers, as well as written and audiovisual materials. Specific educational materials developed by DFCI staff are available to help explain treatment, manage side effects, and provide care at home, among others.
- 3. Patient and Family Support Groups and Programs** offer a wide range of services for patients and their families. Examples include:

The David B. Perini, Jr. Quality of Life Clinic, which opened in 1992, works to meet the unique medical and psychosocial needs of survivors. Evaluation is provided by a multidisciplinary team of cancer specialists in collaboration with other subspecialists. The clinic serves as a source of support for survivors of childhood cancer and their families. Research projects are designed to reduce and eliminate harmful side effects of treatments for current and future patients.

Some examples of the Perini Clinic’s past year’s programs are:

- **Solid Tumor Survivors’ Weekend at the Hole-in-the-Wall Gang Camp**
In April, the Perini Clinic hosted its second annual program at the Hole-in-the-Wall Gang Camp, focusing on survivors of solid tumors. Speakers and discussion groups addressed the late effects of solid tumors. Survivors, aged 18 - 39, came from throughout New England and New York for a weekend of education and fun. A non-profit, residential summer camp created by actor Paul Newman in 1988, the Hole-in-the-Wall Gang Camp offers programs for children ages 7 to 17 who have cancer and other serious blood diseases. Both Perini Clinic and camp staff

recognize the need for survivorship programs and work together to create this yearly event.

- **IMPACT: IMProving Life After Cancer Treatment**

As adult survivors of childhood cancer travel further into adulthood, many have expressed the need for information specific to an adult population. With this in mind, this past November, the Perini Clinic held a daylong educational workshop focused on the health and survivorship needs of adults who are many years out from their cancer treatment. Survivors over the age of 25 years were invited to attend, along with their spouses, partners or significant others. Pediatric oncologists were joined by adult cardiac, fertility, neuropsychology and endocrine doctors who educated survivors on the best way to manage their health. An adult primary care physician was also on hand to talk about the role of a primary care physician in survivorship care.

- **Focus Group for Parents of Brain Tumor Survivors**

The Perini Clinic and the Stop and Shop Family Pediatric Brain Tumor Clinic co-sponsored a focus group for parents of brain tumor survivors in September of 2001. Both clinics have long recognized the central role of parents in bringing children through cancer treatment, as well as the reality that parents may continue to have stress and concerns related to the illness long after the actual treatment is completed. This focus group facilitated discussions among parents around ongoing health problems and the issues of education and the social well being of their children. This was also a tremendous opportunity for parents to advise staff on developing future programs for parents and families.

Island of Hope

The Island of Hope program is designed to empower youth and their families to face their lives with cancer. The mission is accomplished through experiential-based, outdoor activities reinforced by regularly scheduled follow-up activities. In its sixth year, DFCI provided staff nurses, social workers, and child life specialists to support the campers based at Thompson Island.

4. **Pediatric Psychosocial Unit** convenes many educational and support groups to meet the diverse needs of survivors, which may include fertility issues, stress management, bereavement, and coping with adult challenges for childhood cancer survivors.

5. **Back to School Programs** include several multidisciplinary complementary programs, for example:

- **The School Workshop** is held twice a year for school personnel directly involved with our patients. The workshop focuses on increasing understanding and communication between the child, family, and school personnel. In addition, the long-term challenges faced by children treated for cancer are addressed. Teachers, school nurses, guidance counselors, and school administrators are encouraged to attend.

- **School Liaison Program** is designed to assist children whose cancer or cancer treatment has resulted in learning difficulties or other problems related to attending school. Services include: educating school personnel about cancer, its treatment and long-term effects; facilitating neuropsychological evaluations; consultation with families and school systems to address educational needs; and, educating communities about long-term effects of childhood cancer and treatment.
 - **Back to School Visit Program** is designed to prepare students to return to the classroom and school environment; prepare and assist the student's families to support the child's transition back to the classroom and school environment; teach classmates about cancer and encourage social support and understanding for the returning student; and, provide guidance and support for teachers and school personnel. DFCI staff elicit the school's assistance with the classroom visit and provide consultation to increase their understanding of the educational and psychological issues faced by children with cancer.
6. **Pediatric Advanced Cancer Team** is a multidisciplinary team that promotes quality care at the end of life. The team facilitates discussion of end of life issues among hospital caregivers, home care, hospice, and the family, and it works collaboratively with them to organize a plan for end of life care.

F. Center for AIDS Research

The Community Outreach Program of the Dana-Farber Cancer Institute/Beth Israel Deaconess Medical Center/Children's Hospital Center for AIDS Research (CFAR) has continued to promote its mission to facilitate new advances in the understanding and treatment of HIV and AIDS by expanding its activity beyond the research labs and into neighboring communities. The CFAR Community Advisory Committee aims to work with health centers and community organizations to provide information and education about HIV and AIDS treatment options and prevention.

Some of the treatment options for HIV and AIDS patients are new and being tested in clinical trials. In 2001, the Community Advisory Committee began a project to educate health care providers and patients about HIV and AIDS clinical trials. The project involves conducting focus groups at CFAR-affiliated health centers with patients from communities of color, including African-American and Hispanic men and women, who are being treated for HIV and/or AIDS. The purpose of these groups is to learn about patient perceptions or experiences of clinical trials, barriers or difficulties that could discourage an individual from joining a clinical trial, and how participants would want to be treated in a clinical trial or research study. The focus groups will be held in 2002. Results from the focus groups will be used to develop an educational action plan, which may include workshops for providers and patients about HIV and AIDS clinical trials, as well as the development of educational materials.

The CFAR also continued to promote knowledge of HIV and AIDS research findings and the importance of HIV and AIDS research by providing access to the latest information through seminars and the CFAR website. The Second Harvard Medical School and Centers for AIDS Research Symposium is planned for early Spring 2002, in collaboration with the Partners HealthCare CFAR. This event will feature distinguished HIV/AIDS scientists and a renowned journalist with discussions about the global HIV epidemic and advances in treatment and vaccine development. The Symposium will also include a poster session to showcase research in progress.

In 2002, the CFAR will remain active in the community by supporting outreach programs and disseminating up-to-date information on HIV and AIDS treatment through seminars and the website. The CFAR Community Advisory Committee will continue to support HIV/AIDS community outreach programs and will be looking for ways to collaborate with the Partners CFAR and other community organizations dedicated to increasing awareness and fighting the disease.

G. Community and Workforce Development Programs

Community/City of Boston Support

Fenway and Mission Hill Neighborhoods: Financial support is provided annually to neighboring community health centers and community development corporations in the Fenway and Mission Hill communities. DFCI is also participating in the LMA Forum to discuss ongoing community needs and concerns.

PILOT: DFCI made payments in lieu of taxes and housing linkage payments to the City of Boston.

Employment and Training Initiatives

Madison Park High School: During the 2000-2001 academic year, DFCI provided internships for three Madison Park Technical and Vocational High School students enrolled in the Allied Health and Human Services Academy. The students completed 100 hours of on-site vocational training. Students had hands-on experiences and worked alongside professionals in clinical, research, and administrative areas.

Fenway High School: DFCI and Fenway High School continued to develop a formal partnership. During the summer of 2001, three students worked at the hospital. Their experiences included working in administrative offices and research labs.

Junior Science and Humanities Symposium (JSHS)/Biomedical Science Career Program (BSCP): In an effort to promote increased recruitment, retention, and advancement of underrepresented minority and female physicians and scientists, DFCI collaborated with the Harvard Medical School's Office of Minority Faculty and Development Programs: The Junior Science and Humanities Symposium and the Biomedical Science Career program. DFCI hosted a site visit where JSHS students were invited to see a research lab and learn more about careers in the health and sciences. DFCI supported the BSCP and mentored a number of minority students ranging from high school to graduate school.

Black Achievers: In 2001, DFCI was a corporate sponsor of the Black Achievers program. The Black Achievers recognizes African-Americans in Boston for their accomplishments and demonstrated excellence in their profession. Through the partnership, DFCI and two DFCI staff members, who have been among those recognized as this year's Achievers, have provided youth with opportunities to explore their interests, develop skills, and broaden their access to information and resources.

The Partnership: DFCI is a corporate sponsor of The Partnership Programs. The Partnership works in collaboration with the Boston Chamber of Commerce and its members to increase the number of people of color in leadership roles. DFCI has worked with The Partnership to more effectively attract, retain, and develop leadership among professionals of color. DFCI has sponsored employees to participate in leadership development programs.

YMCA's Training Inc.: In the fall of 2001, DFCI collaborated with the YMCA's Training Inc., a community-based career development training program. Trainees participating in the program were required to complete a 20-hour/week internship. DFCI worked with YMCA to develop internship opportunities that complement and support the curriculum taught in the classroom.

Building Essential Skills Through Training: In collaboration with community-based organizations, educational institutions and other healthcare and research institutions, DFCI has begun the early stages of developing an institute to provide comprehensive training and educational programs for entry level employees.

V. COMMUNITY BENEFIT EXPENDITURES

TYPE	ESTIMATED TOTAL EXPENDITURES FOR FY01	APPROVED PROGRAM BUDGET FOR FY02*
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses [\$174,553] (2) Associated Expenses [\$] (3) Determination of Need Expenditures [\$20,000] (4) Employee Volunteerism [\$] (5) Other Leveraged Resources [\$3,646,649]	[\$] *Excluding expenditures that cannot be projected at the time of the report.
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses [\$117,125] (2) Associated Expenses [\$] (3) Determination of Need Expenditures [\$] (4) Employee Volunteerism [\$] (5) Other Leveraged Resources [\$]	
NET CHARITY CARE or UNCOMPENSATED CARE POOL CONTRIBUTION	[\$ 4,331,134]	
CORPORATE SPONSORSHIPS	[\$96,551]	
	TOTAL [\$8,386,012]	

[Hospitals]:
TOTAL PATIENT CARE-RELATED EXPENSES FOR FY01: [\$ 95,728,441]

[HMOs]:
MASSACHUSETTS PLAN MEMBERS [#]
[FOR PROFIT/NOT-FOR-PROFIT]

VI. FUTURE INITIATIVES

DFCI is committed to developing and supporting culturally and linguistically appropriate cancer and HIV/AIDS education, prevention, outreach, and screening programs in collaboration with community and government partners. Future initiatives include:

- The most significant new initiative is to launch a mobile mammography screening service in partnership with the City of Boston throughout all Boston neighborhoods.
- Supporting the Breast and Cervical Screening Collaborative program and its efforts to reach and provide services to hard-to-reach, underserved women.
- Expanding prostate cancer education and screening programs in collaboration with the MDPH, community-based organizations, and others.
- Developing a pilot program to promote cervical cancer screening and reduce loss to follow-up among at-risk women.
- Continuing our efforts with Partners-affiliated health centers to improve and expand cancer control and prevention programs.
- Continuing to support the National Black Leadership Initiative on Cancer, Boston Chapter and its efforts to promote greater awareness on cancer and clinical trials in communities of color.
- Increasing the accrual of minorities into clinical trials through collaboration with the Dana-Farber/Harvard Cancer Center member institutions.
- Expanding the DFCI Center for AIDS Research community outreach activities, particularly in clinical trials education.
- Strengthening the connection between the new DFCI hospice program and the community.
- Continuing to work with the Colorectal Cancer Working Group to promote public and professional awareness about colorectal cancer screening and prevention strategies.
- Sustaining our ongoing collaboration with MDPH, Partners-affiliated health centers, the BPHC, American Cancer Society, and other community organizations.
- Strengthening the United Way/Jimmy Fund Collaboration by providing training opportunities and creating linkages between programs.
- Generating more opportunities for minority youth and young professionals to complete internships in the medical and research fields.

VII. REVIEW/EVALUATION OF COMMUNITY BENEFITS PLAN

DFCI has evaluated the appropriateness and effectiveness of its programs through the following approaches:

- Data collection through Massachusetts Department of Public Health, Boston Public Health Commission, and other available data sources assist DFCI in designing, monitoring, and evaluating our community outreach programs.
- DFCI staff serve on various statewide committees including the MDPH Cancer Control Advisory Committee, Colorectal, Prostate, and Skin cancer task forces, and committees established through the Boston Public Health Commission.
- DFCI has established a number of committees to assist in program evaluation including the Board of Trustees Community Programs Committee, the External Advisory Committee, and the DFCI Internal Subcommittee.
- DFCI is working with Partners to conduct neighborhood health center-based data collection. The data are used to set baselines, monitor performance, and measure progress against appropriate cancer control performance objectives.
- DFCI leadership serve on the Community Benefits Committee of the Conference of Boston Teaching Hospitals and the Attorney General's Community Benefits Task Force.