



**FY2006 COMMUNITY BENEFITS REPORT**

**DANA-FARBER CANCER INSTITUTE**

**February 28, 2007**

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## **I. ABOUT DANA-FARBER CANCER INSTITUTE**

### **Name / Address of Hospital:**

Dana-Farber Cancer Institute  
44 Binney Street  
Boston, MA 02115

### **Name of Hospital Employee Primarily Responsible for Community Benefit Planning:**

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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:**

In 1947, the late Sidney Farber, MD, founded a Children's Cancer Research Foundation dedicated to providing children with cancer with compassionate, state-of-the-art treatment and simultaneously developing the cancer preventatives, treatments, and cures of the future. The Institute officially expanded its programs to include patients of all ages in 1969, and in 1974 became known as the Sidney Farber Cancer Center in honor of its founder. The long-term support of the Charles A. Dana Foundation was acknowledged by incorporating the Institute under its present name in 1983.

Today, the Institute employs about 3,000 people supporting more than 150,000 patient visits a year, is involved in some 200 clinical trials, and is internationally renowned for its blending of research and clinical excellence. The Institute's expertise in these two arms of the fight to eradicate cancer uniquely positions it to bring novel therapies that prove beneficial and safe in the laboratory setting into clinical use.

Dana-Farber Cancer Institute is a principal teaching affiliate of Harvard Medical School, a federally designated Center for AIDS Research, and a founding member of the Dana-Farber/Harvard Cancer Center (DF/HCC), a federally designated comprehensive cancer center. Providing advanced training in cancer treatment and research for an international faculty, the Institute conducts community-based programs in cancer prevention, detection, and control throughout New England, and maintains joint programs with other Boston institutions affiliated with Harvard Medical School and the Partners Healthcare System, including Brigham & Women's Hospital, Children's Hospital, and Massachusetts General Hospital.

## **II. 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 National Cancer Institute-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 DFCI's Community Benefits Plan. In their advisory capacity, Committee members have provided leadership and direction to community benefits staff in several areas. Co-chaired by Mr. David Auerbach and Ms. Amy Reiner, the Committee meets semi-annually to review progress and prioritize program initiatives.

Three internal committees, each with a slightly different focus, guide DFCI's community benefits program. The community benefits staff meets monthly with the **Community Benefits Subcommittee**. The committee is comprised of physicians, nurses, other clinicians, and administrators who bring a unique blend of technical expertise and outreach experience to DFCI's Community Benefits programs. The DFCI **Health Disparities Committee** provides oversight and coordination of initiatives in research, clinical care, and outreach at DFCI that focus on eliminating cancer-related health disparities; and the **DFCI Diversity Council**, promotes diversity among patients, staff, volunteers, trustees, and friends and identifies programs and practices that maximize DFCI's capacity to (a) provide compassionate and respectful care to patients and families and (b) serve as welcoming resource to the broader community.

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 DFCI's commitment to educate and outreach to communities most in need.

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 colorectal, prostate, skin, and women's cancers have been established in partnership with MDPH and community agencies across the Commonwealth. Participation in statewide coalitions, such as the Massachusetts Comprehensive Cancer Control Coalition, 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 DFCI's outreach efforts.

To ensure **ADA compliance**, the Community Benefits Program is committed to providing access to all individuals interested in attending cancer education programs and makes every reasonable effort to accommodate all forum participants.

**Boston Public Health Commission:** DFCI works closely with the Boston Public Health Commission (BPHC) to implement initiatives to address the need for more cancer prevention

education, increased screening services, and will continue to partner on future cancer prevention programs.

**Boston Mayor’s Task Force to Eliminate Health Disparities:** As a member of the Mayor’s Task Force to Eliminate Health Disparities, DFCI worked alongside fellow health care institutions and other task force partners to address the serious racial and ethnic disparities in health that exist not only in Boston, but throughout the region and the nation.

**United Way/Jimmy Fund Collaboration:** Now in its twelfth 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.

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

**Dana-Farber/Harvard Cancer Center (DF/HCC):** DFCI and DF/HCC are working together in the areas of minority faculty and staff recruitment, community engagement, cultural competency, and research in health disparities. There are ongoing efforts to attract more ethnically and culturally diverse clinicians and staff, as well as to establish and implement cultural competency courses for faculty and staff in all disciplines.

**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 over the past few years.

**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 since its inception in the mid 1990’s. NBLIC is a coalition of community-based organizations, health professionals, cancer survivors, and concerned individuals that works to mobilize and educate communities of Black and African descent in the fight against cancer.

**Prostate Health Education Network (PHEN):** Thomas A. Farrington, a prostate cancer survivor and a member of DFCI’s Board of Trustees, founded PHEN in 2003. DFCI and PHEN have partnered on education and outreach efforts and together sustain a prostate cancer support group that meets at DFCI monthly.

**Harvard University Center for AIDS Research (HU-CFAR):** HU-CFAR represents the culmination of efforts expended over the past three years to replace two existing CFARs (the Partners/Fenway/Shattuck (P/F/S) CFAR and the Dana-Farber Cancer Institute/Beth Israel Deaconess Medical Center/Childrens Hospital Boston (DFCI/BIDMC/CH) CFAR). DFCI participates on the Networking Committee that meets bimonthly and is comprised of staff from the Harvard-affiliated institutions and NIH-sponsored research networks engaged in AIDS clinical research outreach, education, and/or recruitment activities.

## **IV. COMMUNITY BENEFITS PROGRAMS**

### **A. Education, Outreach, Screening, and Advocacy**

DHCI has been an active partner in a wide range of programs and community events to help raise awareness about the importance of cancer prevention, outreach, screening, and early detection.

#### **1. Community-Based Cancer Control Initiatives**

##### **Boston's Mammography Van (BMV):**

Since May 2002, Dana-Farber Cancer Institute and the City of Boston have collaborated to operate and support Boston's Mammography Van, the only mobile mammography van in the Commonwealth of Massachusetts. The Van provides critical breast cancer screening, health education, and follow-up tracking for underserved and uninsured women throughout the City of Boston, regardless of a woman's ability to pay. Ultimately, it aims to decrease breast cancer morbidity and mortality among medically underserved women and increase survival rates for those diagnosed with breast cancer.

Priority populations include women who are uninsured, low-income, elderly, immigrant, non-English speaking, and those of ethnic/racial and other minority backgrounds. Priority neighborhoods in Boston include Roxbury, Mattapan, Jamaica Plain, Dorchester, South End, Fenway, Roslindale, and Hyde Park.

As word has spread about the Van's success and accessibility, patient volume has steadily increased by approximately 10% each year. In its first five years of operation, the BMV has provided more than 14,000 mammograms to nearly 9,000 individual women in the Boston area.

##### 2006 highlights for Boston's Mammography Van:

- 3,585 women received screening mammograms and breast health education in 2006
- 50% of van patients this year were uninsured, 30% publicly insured.
- 40% of van patients in 2006 were enrolled in the Massachusetts DPH Women's Health Network Program.
- 90% of van patients are of ethnic minority and immigrant backgrounds, including African-American, Caribbean, Latina, Eastern European and Asian; 27% self-identified as black and 30% as Latino.
- More than 50% of van patients in 2006 spoke a primary language other than English, with one-third speaking Spanish, 7% Haitian Creole, and 4% Cape Verdean Creole; van patients represent ~25 different languages.
- Joseph M. Smith Community Health Center in Allston was the van's top screening site, referring 20% of all van patients.
- 58% of patients seen on the van this year were re-screened from prior years - the majority of who were rescreened in a timely manner (< 18 months from last mammogram).
- 20% of all van patients in 2006 hailed from Dorchester, with an additional 8% from Roxbury, 7% Roslindale and 5% Mattapan.

Each van screening day is the result of tremendous collaboration between DFCI, the Boston Public Health Commission, Encore Plus/YWCA Boston, the MDPH's Women's Health Network (WHN) and one or more community partners within Boston. Community partners include neighborhood health centers, churches/faith-based organizations, social service agencies, public housing, a women's prison, low-income housing developments, homeless shelters and other community-based groups. In addition to its central purpose of providing breast cancer screening and education, Boston's Mammography Van serves as a point of entry into the health care system; the program helps connect women to primary care by linking those who lack a PCP (primary care provider) with such a provider at the facility of her choice.

The rescreening rate of van patients - 58% in 2006 - demonstrates that Boston's Mammography Van provides an effective way for women to continually monitor their health. Approximately 6% of the women screened on BMV require diagnostic or follow-up services. Of the 14,000 mammograms provided on the van since 2002, thirty-five women with an abnormal finding were subsequently diagnosed with breast cancer.

To supplement its cancer screening activities, the Van collaborates with DFCI's Women's Cancers Program to host a spring and fall series of free community workshops called *What Every Women Should Know: Myths and Facts about Breast and Gynecological Cancers*. Clinicians present on breast and gynecological cancers and cancer screening at local shelters, prisons, public housing units and elderly residences, with the benefit of medical interpreters as appropriate. In an effort to provide attendees with an immediate opportunity to translate their commitment to action, the Van visits the community site, as requested, a couple weeks after the workshop, to provide mammograms.

**Dana Farber/Partners Breast and Cervical Screening Collaborative (BCSC):**

BCSC was established in July 1998. The Collaborative is funded by the Massachusetts Department of Public Health, Dana Farber Cancer Institute, Partners HealthCare, Massachusetts General Hospital Community Benefits Program, MGH Community Health Associates, Avon Foundation and the National Breast Cancer Foundation.

The Collaborative works to increase cancer-screening services among uninsured, low-income women in Greater Boston and provide access to breast and cervical diagnostic and follow up services. The Collaborative's goal is to reduce breast and cervical cancer mortality through early detection. The focus is on reaching women who are medically underserved due to financial, linguistic, ethnic, and/or cultural barriers. In partnership with Dana Farber, Partner HealthCare, Massachusetts General Hospital's Community Health Associates and eleven health centers in Greater Boston, the Collaborative has provided health services to more than 7,000 women since its inception.

In July of 2006, the Collaborative began its ninth year as a Women's Health Network (WHN) provider through the Massachusetts Department of Public Health. The WHN

provides funding for breast and cervical health services for uninsured women to promote and enhance the early detection of breast and cervical cancer.

During FY2006, the BCSC provided screening services to 2,000 women from diverse cultural, linguistic, and socioeconomic backgrounds. The following offers a statistical description of the women served:

- 52 percent were new to the program
- 82 percent between the ages of 40 to 64
- Of those responding, 46 percent were White, 15 percent African American, and 3 percent Asian, 35 percent refused to answer.
- 50 percent self report as Spanish, Hispanic or Latina
- 66 percent reported a primary language other than English
- 8 percent had a screening mammogram which required further evaluation
- 9 percent had a clinical breast exam that required further evaluation
- 26 women were diagnosed with breast cancer
- 7 women were diagnosed with cervical cancer and 42 with precancerous cervical lesions

#### **Blum Family Resource Van:**

Committed to tackling the issues of health disparities in cancer incidence, morbidity, mortality, treatment, and quality of life, and the pressing need for more participants in clinical trials, the Blum Van enables DFCI to expand its mission and share its expertise with the larger community. The Blum Van offers a unique and innovative way to bring cancer education, prevention, and screening to people directly in the communities where they live, work, and play. The Blum Van is equipped with state-of-the-art technology and has been designed to accommodate the multiple needs of the community, ranging from space for small groups to private space for individual needs.

The following is a selected list of initiatives that took place on the Blum Van in 2006:

- **Sun Safety Education:** Twenty-eight sun safety events were implemented in 2006 at beaches, health fairs, agencies, golf courses, and a homeless shelter. Over 1500 adults participated in education sessions in 2006. Additionally using a curriculum developed for the 3<sup>rd</sup> grade classrooms, DFCI in collaboration with Matt Noyes, a meteorologist for New England Cable News, reached 119 adults and 543 children in 8 elementary schools 2006. Two specialized trainings were held for local lifeguards. Sixty-six lifeguards were trained.
- Nutrition classes were offered on the Van in collaboration with The Cancer Project's Food for Life Program and Whole Foods Markets. Cooking demonstrations were carried out by a Food for Life chef and nutrition educator. Eleven classes were carried out in 2006 in the following communities: Framingham, Canton, Dorchester, Roxbury, Boston and Jamaica Plain. There were 320 adult participants in the classes and 19 teens and 24 children.
- Other programs include prostate cancer education and screening (see next section), tobacco cessation classes, and education about gynecologic cancers.

**Prostate Education and Screening Program:**

Prostate cancer is the second leading cause of cancer deaths in African American men. The death rate from prostate cancer is 2.4 times higher in African Americans than in white men. The strong collaboration between DFCI and PHEN (Prostate Health Education Network) made it possible for 15 prostate screening events to be held in 2006 on the Blum Van. 192 men were screened for prostate cancer and 19 were referred for follow-up. In addition, there were 14 prostate education events held at various community locations without the Blum Van. A total of 522 men were educated about prostate cancer at both screening and education events.

DFCI also partnered with PHEN to establish the first-ever, Boston-based, African American men's support group for prostate cancer survivors. This monthly support group includes roundtable discussion of treatment options for those newly diagnosed men, and their spouses and other loved ones, who are considering their treatment options. DFCI, PHEN and NBLIC also partnered to create and execute a successful prostate education and awareness initiative that was funded by the Boston Public Health Commission. This project, which concluded in 2006, reached men in Boston area churches and encouraged screening for early detection.

**Dana-Farber/Brigham & Women's Cancer Center Patient Navigator Program:**

The Patient Navigator Program is part of a strategic initiative to reduce health care disparities among diverse populations. The program was established to address the needs of a target population of women, at risk for, or diagnosed with breast or cervical cancer, who may enter the care system through either the DFCI or the Brigham and Women's Hospital.

The goal of this program is to provide access and identify resources for women from diverse backgrounds, whose socio-economic status, limited English proficiency, disability status, or payment status (uninsured/underinsured) may be a potential barrier to care. The program, which began in May 2005, offers two Patient Navigators, bilingual in Spanish, who assist this patient population by identifying and accessing resources for them, providing education about the importance of follow-up care, and offering support through the health care continuum.

Since the program's inception, the Patient Navigators have worked with approximately 270 patients. The patients referred to the program are thought to be at high-risk for not remaining within the health care system for a variety of reasons. The Patient Navigators provides culturally competent support to their patients, educational information, and assist with identifying resources in order to promote the patient remaining in within the system. A program goal is to provide evaluation and measurement related to the impact of the program.

### **Health Disparities Initiatives:**

DFCI has established a multi-disciplinary health disparities program to enhance and expand the reputation of DFCI as a national leader in the effort to eliminate cancer disparities. In 2006, the DFCI Health Disparities Initiative has undertaken a number of activities including:

- The evaluation of the patient navigation program (described above).
- Compliance with new data collection requirements promulgated by the Boston Public Health Commission (BPHC) and the State Department of Public Health with regard to expanded collection of race, ethnicity and education data.
- Completion in collaboration with PHEN and NBLIC of a Faith-based Prostate Education and Awareness Initiative grant-funded by the BPHC.
- Initiation of a project on obesity and nutrition that will be implemented in three African-American, Boston-based, youth ministries using the NCI-approved Body and Soul curriculum in collaboration with NBLIC and the American Cancer Society. The BPHC has funded this demonstration.

### **National Marrow Donor Program (NMDP):**

The NMDP Donor Center is fully accredited as a transplant center, apheresis and marrow collection center, and donor center. The NMDP at DFCI is part of the world's largest, most diverse registry of volunteer blood stem cell donors. In 2006, donors were recruited in Massachusetts, New Hampshire, Maine and Rhode Island. The donor center staff work with families, communities, businesses and other groups to raise awareness and recruit committed individuals to join the Donor Registry. Recruitment efforts focus on increasing the diversity of tissue types available and registering people who are committed to helping any patient in need. In 2006, a total of 901 persons were recruited through 22 community-based donor drives.

### **Community Education and Health Fairs:**

DFCI placed monthly cancer awareness material in *The Metro* newspaper in 2006. Published materials included information on DFCI-sponsored community events and topical articles on bone marrow donation, and the importance of diet and exercise to cancer prevention. Periodic educational material was also published in *The Bay State Banner*.

Throughout 2006, DFCI 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
- Audre Lorde Cancer Awareness Brunch
- Men's Health Summit
- Mattapan Health Care Revival

- Community Benefits Health Fair held at the State House
- Body & Soul event, Dimock Community Health Center
- Community Partnership Day held at Harvard School of Public Health

## 2. Statewide Initiatives

### **Massachusetts Comprehensive Cancer Control Coalition (MCCCC):**

DFCI is a member of MCCCC and helped identify cancer control priorities and opportunities for greatest impact in addressing cancer incidence, morbidity, mortality, and survivorship issues. Implementation of the cancer control plan is currently underway.

### **Colorectal Cancer Education:**

DFCI, as a member of the Massachusetts Colorectal Cancer Working Group, promoted colorectal cancer awareness across the state. 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.

### **Prostate Cancer Education and Screening:**

DFCI partnered with the MDPH's Men's Health Partnership Program to promote educational workshops on prostate health and screening with particular emphasis on reaching audiences of men of color.

**Skin Cancer Education:** DFCI supported initiatives of the Massachusetts Skin Cancer Prevention Collaborative (MSCPC). 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 has developed skin cancer education and screening programs utilizing the Blum Resource Van.

## 3. NCI-Sponsored Activities

**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 since its inception in the mid 1990's. NBLIC is a coalition of community-based organizations, health professionals, cancer survivors, and concerned individuals that works to mobilize and educate communities of Black and African descent in the fight against cancer.

In 2006, the chapter has worked diligently to foster and strengthen its partnership within the community at large and has continued to develop and implement partnerships and education programs addressing the disparate burden of cancer experienced by constituents of African descent in greater Boston. DFCI continues to provide financial and in-kind support for NBLIC's infrastructure to expand its board and membership and to firmly establish its community programming. Examples of NBLIC program initiatives include a partnership with PHEN to afford both organizations maximal exposure at community events where prostate education is featured and a partnership with Dana Farber/ Harvard Cancer Center that has resulted

in planning for a faith-based meeting to take place in early 2007. The goal for the meeting is to provide African American ministers and their staff with the information and resources necessary to strengthen church-based health ministries in the Boston area.

**The Dana-Farber /Harvard Cancer Center (DF/HCC) Initiative to Eliminate Cancer Disparities (IECD):** DF/HCC is an innovative collaboration between seven participating institutions, including Beth Israel Deaconess Medical Center, Brigham and Woman's Hospital, Children's Hospital Boston, DFCI, Harvard Medical School, Harvard School of Public Health and Massachusetts General Hospital. DF/HCC was formed in 1999 as a formal collaboration expanded from the original Dana-Farber Cancer Center. IECD, a central component of DF/HCC, was launched in 2001.

Key objectives of the IECD include: (1) increased research focused on cancer disparities; (2) increased faculty diversity and training opportunities for students and trainees from under-represented minority backgrounds; (3) increased cultural competence of faculty, clinical and research staff throughout DF/HCC institutions; and (4) increased efforts to effectively engage the community related to cancer prevention and treatment, in a manner that increases trust and sustainable relationships.

To that end, DFCI, one of the founding members of the DF/HCC continues to be fully engaged in multiple initiatives to address health disparities with a primary focus on cancer. A few of these examples include:

Cancer Disparities Research A cooperative planning grant, that partners DFCI and UMass Boston, continues to provide opportunities to increase cancer disparities research in part by expanding the UMass Boston cancer research portfolio and training opportunities.

Cultural Competency: During this past year, a continued emphasis was placed on ensuring that all medical oncologists providing patient care completed an e-learning tool specifically designed to address cultural competency issues within a cancer-related case-study curriculum.

Student Training Programs: In 2006 twenty-two students participated in a training program that exposed them to clinical and/or psychosocial cancer research.

## **B. Center for Community-Based Research**

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

The titles of recently concluded projects include:

- Cancer Prevention Through Small Businesses (1999-2003)
- Cancer Prevention Delivered through Health Centers (1999-2003)
- Cancer Prevention for Unionized Blue-Collar Workers (2000-2005)
- Organized Labor and Tobacco Control Network (2001-2005)
- Tobacco Industry Targeting of Young Adults of Low-Socioeconomic Status: Lessons for Public Health (2000-2003)
- Project Watch (2000–2003)

Current projects include:

### *Tobacco Projects*

#### **Health Promotion for Mobile Workers (2004 – 2007)**

This study is a collaboration with the Motor Freight Carriers' Association and the International Brotherhood of Teamsters. It examines the effectiveness of a program to promote tobacco use cessation and weight management in motor freight workers, including truck drivers and dockworkers.

#### **Identifying Facilitators and Impediments to Adopting US Public Health Service Guidelines for Smoking Cessation Treatment Among Labor-Management Health and Welfare Funds (2004-2007)**

The purpose of this study is to investigate and describe the nature and extent of coverage of smoking cessation by health and welfare funds through a nationally representative sample of funds and to identify factors that impede and facilitate compliance with national guidelines for benefits coverage for smoking cessation treatments.

#### **Smoking Cessation Intervention with Building Trade Unions (2004-2007)**

The aim of this randomized, controlled trial is to assess *the efficacy* of a smoking cessation intervention among unionized apprentices in the building trades.

#### **Developing Measures of Exposure to Tobacco-Related Messages and Media (2006-2007)**

This project will develop and validate a set of "media/message" exposure measures that could be used widely when measuring tobacco-related message exposure,

especially among audience that use “minority” oriented media as well as those who may or may not have access to tobacco-related information because of poverty or other barriers.

**A Web-based Smoking Intervention for Cancer Survivors (2004-2009)**

The aim of this randomized controlled trial is develop and evaluate the efficacy of a Web-based intervention for smoking cessation.

*Screening and Prevention Education*

**Colon Cancer Prevention through Low Income Housing (2003-2008)**

The goal of this project is to evaluate an intervention designed to address colorectal cancer prevention through low-income housing sites.

**Determinants of Cancer Risk in Low-Income Housing (2005 – 2009)**

The purpose of this study is to better understand the social and physical determinants of cancer risk-related behaviors within an ethnically diverse sample of residents of low-income housing.

**Decision Making About Prostate Cancer Screening (2004-2006)**

Funded by the National Cancer Institute, this is an observational study exploring the factors that influence the decision of whether or not to undergo prostate cancer screening and what men experience during the decision making process.

**Computer-Based Prostate Cancer Education in Worksites (2004-2007)**

The purpose of this study is to develop and pretest an educational intervention method that will promote informed and shared decision-making about prostate cancer screening among employed men ages 45-65.

**Prostate Cancer Screening Decision Aid for African-American Men (2004--2007)**

The primary goal of this project is to test a decision aid designed to empower men to participate in shared decision making about prostate cancer screening. This intervention is tailored to be culturally sensitive and appropriate to black men and will be tested in black churches.

**Rest, Stress, and Physical Inactivity (2004-2006)**

The purpose of this study is to investigate the “rest ethic” hypothesis, which suggests that some prioritize rest over physical activity for health promotion purposes.

*Communication and Policy*

**Click to Connect Pilot (2005-2011)**

The goal of the pilot is to track household computer use in order to better understand how people from lower income and educational groups use the Internet in seeking health information.

**Communication about Cancer and the Environment (2006)**

This project examines two main challenges: 1) how to communicate accurate risk information about cancer and the environment while taking into account the information that people receive that competes with and/or contradicts science-based

information, and 2) how to overcome barriers faced by underserved groups in accessing and using risk information about cancer.

#### **Communication Inequality (2006)**

This study examines what communication technologies (cell phones, pagers, computers, etc) are impacting the information and communication strategies of low-income Boston residents. The goal of the study is to identify whether health-related information inequalities exist and how they can best be addressed.

#### **Communicating Sun Protection (2005-2007)**

The goal of this project is to understand how parents, journalists, and community leaders think about sun protection and skin cancer through in-depth interviews with journalists and community leaders, and focus groups with parents.

#### **Electronic Tools for Community-Based Weight Management (2006-2008)**

The primary aim of this project is to determine the feasibility of developing and implementing an interactive electronic diet and physical activity monitoring and feedback system (eSolutions) to promote improvements in diet, physical activity, and weight loss among a lower income, ethnically diverse population attending an urban community recreation center.

#### **Journalists and Health Communication (2006-2007)**

In a series of studies that include a national survey of health journalists and in-depth interviews with local and regional reporters, we are examining beliefs and the occupational practices of medical and health journalists, how they initiate, prioritize, research and develop medical science and health news stories and their training needs.

#### **Well-Informed, Thriving, and Surviving (WITS) Study (2006-2007)**

The specific aims of the project are: 1) to characterize information-seeking patterns of recently diagnosed cancer patients and survivors; 2) to explore differences in information seeking patterns among different racial/ethnic and socioeconomic status groups and how such differences may be related to disparities in cancer care and outcomes.

#### **Family-Responsive Workplace Policies & Practices in Small Businesses with Low-Wage and Racially/Ethnically Diverse Workforces (2005-2008)**

The overarching goal of this project is to conduct a multi-level assessment of workplace family-responsive policies and informal practices, and to examine the associations of these policies and practices to selected employee and family outcomes within small-sized businesses that employ lower-wage and racially/ethnically diverse workforces.

#### **Massachusetts Cancer Prevention Community Research Network (2002-2009)**

CCBR, in collaboration with the Harvard Prevention Research Center (PRC) and the Boston University PRC, is funded by the Centers for Disease Control to conduct the Massachusetts Cancer Prevention Community Research Network (the Network) The purposes of the Network are to foster partnerships among community collaborators and public health researchers, and to facilitate and support collaborations with other networks nationally.

## **C. Workforce Development and Community Programs**

### **Career, Employment, and Training Initiatives**

**Diversity and Workforce Development.** DFCI hired a vice president for diversity in November 2006 who is spearheading the development of a workforce development plan. This will include a multi-faceted diversity recruiting plan (in conjunction with Human Resources), cultural competence and diversity education for all DFCI staff and faculty offered in a variety of modalities.

Currently, DFCI offers career development opportunities for its staff through the following programs:

**Affiliation with University of Massachusetts Boston (UMB):** In 2004, DFCI entered into a new affiliation with UMB that provides nursing students with an advanced understanding of oncology nursing. 16 UMB nursing students from diverse backgrounds completed their community health rotation at DFCI during 2006.

**Boston Health Care and Research Training Institute:** DFCI participates in the Health Care Research and Training Institute and offers comprehensive training and educational programs for entry and mid-level employees. Courses allow employees to build upon existing skills, while helping them to advance along career pathways. DFCI and the Training Institute currently are working on a proposed course of study either in nursing or clinical assistantship. DFCI will provide the space, release time, tuition for employees and clinical instructors. In addition, DFCI is working with the Training Institute to develop specialized pre-employment training in science and in billing/financial work. In 2006, 37 employees have taken classes in ESL Literacy, GED, introduction to computers, effective communications, administrative skills and business writing.

**English as a Second Language (ESL):** In collaboration with nearby health care institutions, DFCI offers ESL classes to its staff. In 2006, nearly 100 employees had attended the program representing 18 countries/languages.

**The Partnership:** DFCI is a corporate sponsor of The Partnership. 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 in the Boston community. In 2006, DFCI participated in two of The Partnership's Leadership Development Programs, the Senior Executive Program and the Boston Fellows Program. These programs support DFCI strategies to effectively attract, retain, and develop leadership among professional staff members of color.

**Black Achievers:** As a 2006 sponsor of the Black Achievers program, DFCI joins the Black Achievers in recognizing African-Americans in Boston for their accomplishments and demonstrated excellence in their profession.

## **Educational Partnerships:**

DFCI maintains educational partnerships with Boston area high schools and colleges to encourage underrepresented students of color to explore and pursue careers in health and science. DFCI works closely with the following schools to match students who have a specific interest in health and science with appropriate internship opportunities.

- Boston Latin School Science Mentorship Program
- Fenway High School
- Madison Park Technical Vocational High School – Allied Health and Human Services Academy

During the 2005-06 academic year and summer 2006, more than 75 Boston Public Schools students from diverse backgrounds worked at DFCI in clinical, research, and administrative departments. A number of students participated through the Boston Mayor's Summer Jobs Program. Students had opportunities to participate in PowerPoint classes, Writing Skills workshops, Customer Service education, engage in site visits at biotech companies, and attend educational seminars. In addition to the schools noted above, students hailed from the following Boston Public Schools:

- Boston Arts Academy
- Boston Latin Academy
- Boston Leadership Academy
- Brighton High School
- Charlestown High School
- Community Academy of Science and Health
- Health Careers Academy
- John D. O'Bryant School of Math and Science
- Muriel Snowden International School
- West Roxbury High School

DFCI actively participates in school-to-work programs with the Boston Private Industry Council (PIC). PIC programs include:

- Classroom at the Workplace – DFCI provides paid internships for high school students who had not passed one or both sections of the statewide test MCAS. Students work up to 40 hours per week with two hours of classroom instruction per day.
- Groundhog Job Shadow Day – Students shadow DFCI employees learning about their job responsibilities, as well as the skills and training needed for their position. One example – a young man via Bridge Over Troubled Waters attended Shadow Day, acquired an unpaid internship in Nuclear Medicine, enrolled in a medical terminology course, and now has a full-time, paid position at DFCI.

## **Community/City of Boston Support**

**Fenway and Mission Hill Neighborhoods:** Financial support is provided annually to community health centers and community development corporations in Boston's Fenway and Mission Hill neighborhoods. DFCI also participates in the Longwood Medical Area 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.

### **Housing:**

- DFCI provides a limited number of low cost rooms, available through two local hotels. Lodging for these rooms is determined based on need.
- DFCI provides support for the Ronald McDonald House – a home away from home for pediatric oncology patients at DFCI and Children's Hospital, Boston
- DFCI provides support for the Hospitality Program, which provides lodging for cancer patients and their families through its network of more than 180 volunteer hosts in the Greater Boston area.

DFCI participates in a variety of other community activities. Examples include:

- Annual food drive sponsored by MASCO. Contributions to the food drive are donated to the food bank operated by Action for Boston Community Development in Mission Hill.
- Caps for Kids Program – Along with BWH, DFCI participates in the annual program. In 2006, more than 200 people donated 2,841 hand knitted items to 23 Boston sites, including elementary schools, shelters for homeless children, community centers and centers for the medically underserved.

#### **D. United Way/Jimmy Fund Collaboration**

During its twelfth year in 2006, the United Way/Jimmy Fund Collaboration awarded funds to 5 community-based organizations that provide culturally appropriate cancer prevention, education, and outreach services for at-risk populations in low-income communities. This year's grantees all received support for programs that addressed nutrition and obesity and their links to cancer-prevention.

The following community-based organizations received grant awards in 2006:

- Massachusetts Alliance of Portuguese Speakers
- Ellis Memorial & Eldredge House
- Sociedad Latina
- Mujeres Unidas en Accion
- Boston Asian: Youth Essential Service

Additionally, the Collaboration was able to provide 7 high school students with paid summer internships, working 30 hours a week at DFCI.

## **E. Services to Patients, Families, and Communities**

DFCI offers a variety of services to patients, families, and the wider community ranging from support groups, workshops, seminars, and educational and referral resources. These services are facilitated and provided by social workers, nurses, and other DFCI staff and are designed to help people cope with the challenges that accompany a cancer diagnosis.

Examples include:

### **Pediatrics**

- Bereavement Day
- Brain Tumor Support Group
- Inpatient Parent Support Group
- Yoga for Kids
- Sibling Day
- Making Music
- Back-to-School Program
- Specialized Support Groups for Childhood Cancer Survivors

### **Adults**

- Prostate Cancer Support Group and Workshops
- Bereavement Support Group
- Telephone Support Group for Young Women with Breast Cancer
- Look Good/Feel Better (presented by American Cancer Society)
- One to One: Connecting with someone who's been there (Peer Support)
- Spirituality in Health and Illness
  - Brain Tumor Support Group
- Carcinoid and Neuroendocrine Support Group
- Caregivers Support Group and Workshops
- Facing Forward After Breast Cancer Treatment Program
- Gastrointestinal Cancer Support Group
- Gestational Trophoblastic Support Group
- Living with Gynecologic Cancer Support Group
- Lung Cancer Support Group
- Melanoma Support Group and Special Events, in collaboration with the Massachusetts Melanoma Foundation
- Multiple Myeloma Support Group
- Metastatic Breast Cancer Support Group
- Pancreatic Cancer Support Forum, in collaboration with the Pancreas Foundation
- Waldenström's Macroglobulemia Support Group
- Family Connections Program: supportive resources, information, and events for parents with cancer and their children
- Light One Little Candle: Connecting through Reading. A partnership with the Light One Little Candle Foundation. Free children's books for parents with cancer.

**Eleanor and Maxwell Blum Patient and Family Resource Center and Satellites:** The Blum Patient and Family Resource Center, which was established in 1996, is located in the DFCI lobby and houses brochures, computers, videotapes, compact discs, and over 550 books in its loan library. The Blum Resource Center provides patients, families, and anyone from around the country and the world seeking services with the most current and useful educational materials available, as well as support, resources, and referrals. More than 10,000 people visit the Blum Resource Center and its 4 satellite rooms annually. The 4 satellite resource rooms include:

- The Houghton Mifflin Patient and Family Resource Room
- The DF/BWCC Inpatient Resource Room
- The Betty Ann Blum and Marjorie Blum Pediatric Resource Room.
- The Pediatric Inpatient Satellite Room.

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

**Interpreter Services:** The DFCI Interpreter Program provides interpreting services to patients and families with limited or no English proficiency as well as to healthcare providers to ensure proper communication and understanding across languages and cultures. In FY06, nearly 6,105 interpreting encounters were made, representing 3,640 interpreting hours. In FY 2006 the most requested languages were Spanish, Russian, Cantonese, Arabic, Greek, Portuguese representing 82 % of interpreting encounters and 71% of interpreting hours.

**The Leonard P. Zakim Center for Integrated Therapies:** The Zakim Center is a multidisciplinary program that (1) provides clinical therapies to adult and pediatric cancer patients and their families and to staff; (2) offers education to patients, families staff and the public; and (3) conducts research testing the efficacy and safety of these therapies. In 2006, the Center now offers seven different individual modalities, including acupuncture, massage therapy, reiki, music therapy, yoga and integrative medicine and nutritional consults as well as group programs in music therapy, meditation and chi gong.

**Survivorship Conferences, Education Series and Clinic:** At an October 20, 2006 conference local researchers shared their current work and highlighted future directions of cancer survivorship research. Seventeen institutions participated in the conference. The survivor education series is designed to be an educational forum for adult survivors of childhood and adult onset cancers. Topics included, Nutrition for Survivors, Coping After Cancer, Learning from Survivorship, Exercise and Survivorship, Cardiac Health, Fertility Issues for Survivors and Health Insurance Issues for Cancer Survivors. The Lance Armstrong Foundation Adult Survivorship Clinic serves the needs of adult cancer survivors and provides patients with a complete assessment of their survivorship needs, with referrals to specialists as appropriate.

**Schwartz Rounds:** DFCI began Schwartz Rounds in 2001. The Schwartz Center Rounds are a multidisciplinary forum where caregivers discuss important emotional and social issues that arise in caring for seriously ill patients

## **F. Pediatric Programs**

DFCI programs focus on the patient and family and support the belief in “total patient care” for the body, mind, and spirit. Programs are divided into the following 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. Activities are provided within the clinic and in the community. Examples of activities include:
  - Teen Red Sox Weekend at Camden Yards, Baltimore, MD
  - Outward Bound
  - Family Day at Fenway Park
  - Summer and Winter Festivals
  - Variety of craft and creative activities
  
- 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. Several major programs are run out of the Pediatric Resource Room including:
  - Pediatric Entertainment Program: Tickets to local venues, such as museums, Duck Boats, and the Aquarium, are distributed to patients and families in order to provide some diversion from the rigors of treatment.
  - Teen Look Good Feel Better: This program, which is jointly sponsored by DFCI and ACS, provides teen cancer patients with tips about health coverings, make-up, and nutrition during treatment. Sessions are offered for both male and female patients.
  - “Making Music” Program: a licensed music therapist runs weekly classes for pediatric patients using music as a form of healing.
  - Parent Education Classes: Weekly parent education classes are held to teach parents about caring for a central line, managing side effects, pediatric nutrition, home care, and blood counts

**Patient and Family Support Groups and Programs** offer a wide range of services for patients and their families. Examples include:

3. The **Perini Family Survivors' Center** was launched in 2004 to serve as an umbrella organization for survivorship activities. The Center houses two clinical programs for cancer survivors. The **David B. Perini, Jr. Quality of Life Clinic** is in its 14<sup>th</sup> year of operation as a multidisciplinary pediatric survivorship program. The Perini Clinic works to meet the unique medical and psychosocial needs of childhood cancer survivors through biweekly clinic sessions. Evaluation is provided by a multidisciplinary team of experts in childhood cancer survivorship in collaboration with other sub-specialists. The clinic also serves as a source of information and support for survivors of childhood cancer and their families through many educational programs held throughout the year. The Perini Program's research efforts are designed to reduce and eliminate harmful effects of treatments for past, current and future patients.

Highlights of the Perini Clinic's 2006 educational and support programs are:

- **Healthy Lifestyles**  
This family event was held in May. Patients between the ages of 6 and 14 who had completed treatment for ALL along with their parents were invited to attend. The event focused on nutrition, exercise and behavior modification to promote health.
  - **Living Proof: Celebrating Survivorship**  
Held in early June, this weeklong celebration of survivorship featured informational tables set up throughout the week in the Dana Lobby and outside of the Jimmy Fund Clinic. Tables were staffed by volunteers and educational handouts and giveaways were provided. Workshops ranging from health insurance, advocacy, acupuncture and meditation took place through out the week. The week concluded with a speaker series and cocktail reception. The speaking program included a range of speakers including a breast cancer survivor, an 18 year-old brain tumor survivor and her father and two men who survived cancer.
  - **Finding Strength from Adversity**  
Eva Grayzel, a professional storyteller and motivational speaker for 18 years, brought her inspirational folklore and personal story of surviving cancer to Dana-Farber. Her talk highlighted skills for helping through life's most difficult times through creative acts of kindness that are easy, thoughtful, simple, and rewarding.
4. 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.
  5. The **Stop & Shop Family Pediatric Brain Tumor Clinic** has been addressing the many medical and psychosocial concerns of children with brain and spinal cord

tumors for over a decade. The multi-disciplinary team, comprised of highly trained clinicians and allied health professionals, focuses on the complex needs of these patients. The program spans diagnosis and management, including surgery, radiation therapy, chemotherapy, and other components that address the needs of patients and families.

The **Neuro-Oncology Outcomes Clinic** provides specialized care for children who have completed brain and spinal cord therapy and may be experiencing late effects of treatment.

Additionally, the Brain Tumor Program routinely has parent, teen, and young adult groups that focus on educating patients and families about late effects, provide psychosocial support, and opportunities for building relationships between families facing similar life long issues as a result of the patient's tumor and treatment.

6. **The Division of Pediatric Psychosocial Services** is a multidisciplinary group of psychologists, social workers, resource counselors, and a special educator who provide comprehensive psychosocial services to patients and their families. The mission of the division is to reduce the potential emotional and psychosocial complications of pediatric cancer and to maximize the child's and family's psychological and emotional adjustment to the illness. An assessment is done for each family at the time of diagnosis. Individual, family, couples therapy, and behavioral work can be provided. Crisis intervention and triage are also available. The division has several educational and support programs to meet the diverse needs of patients and their families. Some examples are:
  - **School Liaison Program** is designed to assist children after treatment 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.
  - **The School Workshop** is offered annually by the School Liaison Program for school personnel who are directly involved with our patients. The workshop focuses on increasing understanding and communication between the child, family, and school personnel. The long-term challenges faced by children treated for cancer and their siblings are also addressed.
  - **Parent Night Series** is a series of educational forums where parents receive important information regarding school issues, such as neuropsychological assessment, parent skill-building in collaboration with schools, and relevant facts about the Special Education Laws as they pertain to pediatric patients. The program both educates and empowers parents to help their children succeed in school.
  - **Sibling Programs** are designed to provide group support for siblings of patients. DFCI plans an annual Sibling Day and other events that use of puppet shows and group activities to illustrate the special needs and concerns of siblings and identify ways of addressing sibling needs.

- **Bereavement Day** is an annual workshop for bereaved parents to provide them support, to help them network with one another, and to offer psycho-education about the bereavement process. There is also a one-day parent group offered during the holidays to help parents find and use coping strategies to support them in getting through a potentially difficult time.
- **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.
- **The Back To School Program:** is a program developed in 1997 to assist the patient, family, and school community with the sometimes difficult transition from active treatment back to the school. Nurses, social workers, psychologists, and child life specialists travel to the child's school and provide age appropriate education about pediatric cancer to the child's classmates, teachers, and parents. These visits alleviate anxiety and encourage sensitivity and support for the child experiencing cancer

**G. Harvard University Center for AIDS Research (HU-CFAR):** HU-CFAR represents the culmination of efforts expended over the past three years to replace two existing CFARs (the Partners/Fenway/Shattuck (P/F/S) CFAR and the Dana-Farber Cancer Institute/Beth Israel Deaconess Medical Center/Childrens Hospital Boston (DFCI/BIDMC/CH) CFAR). DFCI participates on the Networking Committee that meets bimonthly and is comprised of staff from the Harvard-affiliated institutions and NIH-sponsored research networks engaged in AIDS clinical research outreach, education, and/or recruitment activities.

**V. COMMUNITY BENEFIT EXPENDITURES**

| TYPE   | TOTAL EXPENDITURES FOR FY06   |
|--|---|
| COMMUNITY BENEFITS PROGRAMS                              | (1) Direct Expenses [\$1,205,443]<br>(2) Associated Expenses [\$]<br>(3) Determination of Need Expenditures<br>(4) Employee Volunteerism [\$]<br>(5) Other Leveraged Resources[\$4,478,970] |
| COMMUNITY SERVICE PROGRAMS                               | (1) Direct Expenses[\$130,635]<br>(2) Associated Expenses [\$]<br>(3) Determination of Need Expenditures [\$]<br>(4) Employee Volunteerism [\$]<br>(5) Other Leveraged Resources [\$]       |
| NET CHARITY CARE or UNCOMPENSATED CARE POOL CONTRIBUTION | [\$] 7,113,065  |
| CORPORATE SPONSORSHIPS                                   | [\$] 169,850  |
|  | <b>TOTAL [\$13,097,963]</b>   |

**[Hospitals]:**  
**TOTAL PATIENT CARE-RELATED EXPENSES FOR FY06: [\$189,047,058]**

**[HMOs]:**  
**MASSACHUSETTS PLAN MEMBERS [# - N/A]**  
**[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 health care, community, and government partners. DFCI is also dedicated to addressing the pervasive and growing cancer-related health disparities affecting its surrounding communities and across the nation. Initiatives include:

- A firm commitment to sustaining existing DFCI programs that have served to provide cancer education and screening to Boston-area residents including programs such as:
  - The Blum Family Resource Van
  - The mobile mammography screening service in partnership with the City of Boston
  - The Breast and Cervical Screening Collaborative program
  - The United Way/Jimmy Fund Collaboration
- Establishment of a DFCI Disparities Initiative that will marshal valuable resources from across the Institute in order to identify and implement programming that reduces cancer-related health disparities. This initiative includes data collection efforts and evaluation of DFCI programs for the purposes of program planning and expansion of services intended to reduce health disparities, such as the Patient Navigator Program and the Prostate Education Program.
- Expansion of DFCI's smoking cessation program offerings to communities through the greater Boston area utilizing the Blum Family Resource Van. Tobacco use is a leading cause of death and disease in Massachusetts, and dramatic tobacco-related disparities exist among low income, resource-poor populations. By taking cessation programs out into the community, DFCI hopes to heighten awareness about the dangers of tobacco and reduce the burden of tobacco-related cancers.
- As a new initiative to expand its community outreach, DFCI is exploring the possibility of developing new cancer control programs in partnership with the Whittier Street Health Center (WSHC). WSHC is planning a new and expanded health center that will be constructed as part of an urban renewal effort along Tremont Street in Roxbury. DFCI will plan to lease space in this facility, with the amount of space and lease terms to be determined, and which will be subject to institutional approvals. WSHC and DFCI will commence a planning process to generate possible implementation plans for utilizing the space in ways that best meet the needs of WSHC patients and the local community.

## **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, hospital tumor registries, focus groups, and other available data sources assist DFCI in designing, monitoring, and evaluating our community outreach programs.
- DFCI staff serve on various statewide and regional committees including the Massachusetts Comprehensive Cancer Control Coalition, and Boston-based groups such as the Mayor's Task Force to Eliminate Health Disparities.
- DFCI has established a number of committees to assist in program evaluation including the Board of Trustees Community Programs Committee, the External Advisory Committee, DFCI Internal Subcommittee, Health Disparities Committee, and Diversity Council.
- DFCI has commenced an independent evaluation of the Patient Navigator Program with the intention of implementing best practices across appropriate patient care areas.