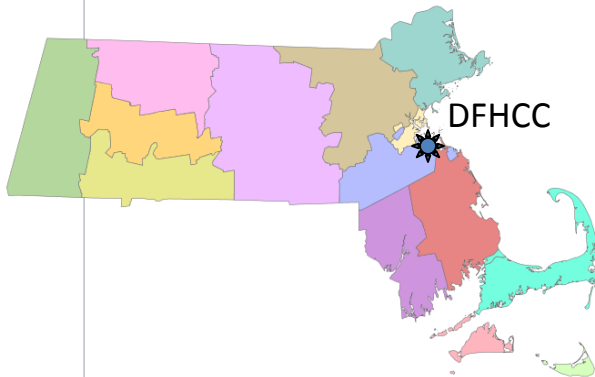# Population Health Assessments: Dana-Farber/Harvard Cancer Center(DF/HCC) Grantee Meeting Update

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Dana-Farber Cancer Institute
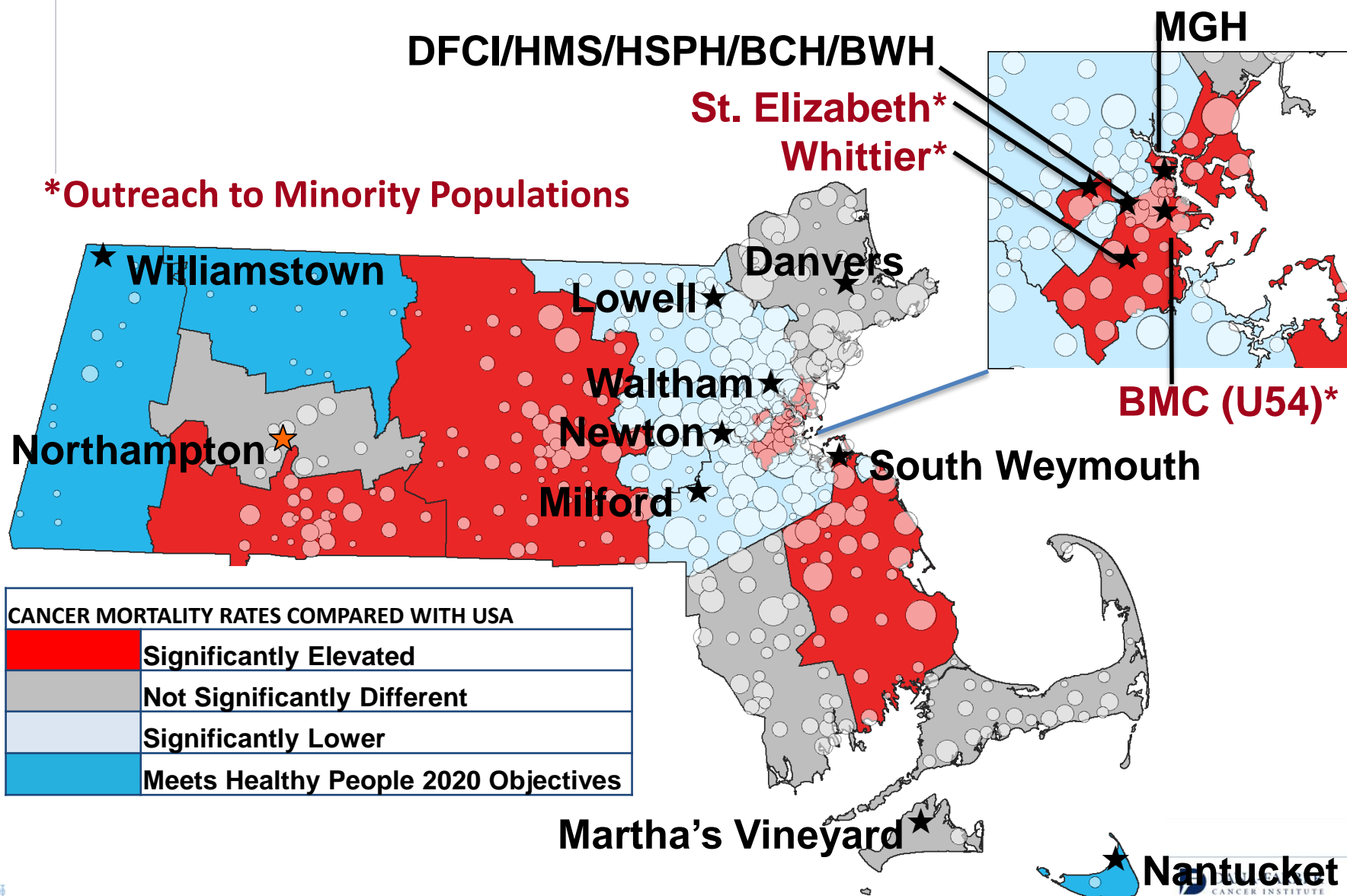Dana-Farber/Harvard Cancer Center

DF/HCC Catchment Area: Massachusetts

- 6.5 million residents
- 78% of new DFHCC patients reside in MA
- >50% of cancer patients in each of the 14 counties in MA are seen at DFHCC.
- Strong networks with community practice sites: surgery, medical, radiation oncology and primary care.

	Incidence (age adjusted per 100,000)		Mortality (age adjusted per 100,000)	
	MA	US	MA	US
Overall	496	454	179	176
White	500	453	183	180
Black	417	469	203	210
Hispanic	NE	360	105	122
Asian	301	289	102	109

NE = Not Estimable due to small numbers   Source: NCI, 2010 US Census

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DF/HCC Points of Catchment Area Connectivity

MGH

DFCI/HMS/HSPH/BCH/BWH

St. Elizabeth*

Whittier*

*Outreach to Minority Populations

Williamstown

Danvers

Lowell ★

Waltham ★

Newton ★

Milford ★

BMC (U54)*

Northampton

South Weymouth

CANCER MORTALITY RATES COMPARED WITH USA	
(red)	Significantly Elevated
(gray)	Not Significantly Different
(light blue)	Significantly Lower
(blue)	Meets Healthy People 2020 Objectives

Martha's Vineyard ★

Nantucket

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Specific Aims and Target Groups

1) To conduct a survey of a sample of Massachusetts residents to examine their cancer communication behaviors

2) To conduct supplementary, in-person data collection involving "hard to reach" groups

Goal is to provide adequate sub-samples of diverse, low SEP groups to 1) analyze communication behaviors and inequalities and 2) provide data on cancer incidence and screening rates in the catchment area

Survey Constructs

- **Core survey (delivered to all participants)**
  - Information engagement (seeking, avoidance)
  - Information exposure and attention
  - Preventive and screening behaviors
  - SEP, Poverty and demographics
  - Core measures identified by workgroup
  - Items of interest identified by DF/HCC
  - Psychological well-being

- **Technology module (delivered to a subset)**

- **Psychological Wellbeing module (delivered to a subset)**

Survey Development

- **Modules focus on testing new and adapted items**
  - Technology module
    - Items will provide insight in communication behaviors and challenges in diverse groups
      - Types of devices used (smartphones, fitbits, etc)
      - Social media engagement
      - Connectivity barriers (internet and smartphone)
      - Detailed account of health app use and barriers to use
  - Psychological wellbeing/Innovation module
    - Items will assess how chronic disease patients or caregivers innovate coping strategies for their disease
    - More detailed psychological well-being measures

Sampling Plan

Sample 1: Statewide sampling (n=1,000)

- **Conducted in collaboration with GfK, a market research firm**
  - Maintains a panel drawn from address-based and random digit dialing (RDD) sampling, including cell phone lines
- **GfK will sample 500 panel members and 500 additional MA residents**
  - Oversample of rural MA residents
- **Surveys will be administered over the internet**

Sample 2: In-person data collection (n=500)

- **Focus on specific population sub-groups typically considered "hard-to-reach"**
  - Hispanics, African Americans, Low SEP groups, Homeless, Blue collar workers
- **Will recruit in Boston and Lawrence, MA through the help of our community partners**
  - Lab has extensive experience implementing surveys in community settings
- **Surveys will be administered via tablet or desktop computer**

DF/HCC Identified Strategies to Minimize the Cancer Burden in Massachusetts

Surveillance and Priority Setting	**What are the cancer burdens in our population?**
Partnership and Capacity Building	**Whom do we engage to address problems in our catchment area?**
Catalyzing and Conducting Research	**What are the optimal strategies to reduce the burden of malignancy in our population?**

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Data Contributions of this Supplement

Surveillance and Priority Setting	**Provides data on cancer burden of MA residents from diverse backgrounds. HINTS-based questions will also identify geographic areas or specific populations in which screening is suboptimal.**
Partnership and Capacity Building	**Identifies barriers to healthcare access among catchment area residents. DF/HCC requested items also will help to identify the sources residents look to for cancer care.**
Catalyzing and Conducting Research	**DF/HCC requested questions target interest in clinical trials. Health engagement items can identify promising media channels for future health communication research.**

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Additional Contributions

- **Will provide needed data on the communication practices and barriers of diverse groups**
  - Technology use
  - Internet and phone connectivity challenges
  - Communication inequalities
  - Sources of health information
  - Detailed social media use
- **Emphasis on hard to reach populations (e.g. homeless) will allow detailed data collection on populations often underrepresented on communication surveys**

Timeline

- **IRB**
  - IRB application for the cognitive testing protocols and the GfK survey will be submitted next week
    - Awaiting final DF/HCC sign off on survey components
- **Survey Fielding**
  - Cognitive testing will begin in early March
  - Phase 1 (GfK) will be conducted in March-April
  - Phase 2 (in-person) will be conducted in the late spring