



Resource Guide 2024

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Foreword

Started in 1999, Denise Bentley, a former Fenway Health employee, founded the event in honor of her late wife Lorraine “Faye” Fayette Johnson. She created a space to honor two warrior women who battled breast cancer: her wife and Audre Lorde, a self-described “Black, lesbian, mother, warrior, poet” who dedicated her life to addressing the injustices of racism, sexism, and homophobia. **Denise recognized that cancer uniquely affects women of color and the LGBTQIA+ community and established a venue to discuss these health disparities, build community, and celebrate life.**

Intersectionality, a term coined by Kimberlé Crenshaw (1989), is a critical framework for understanding how various social identities such as race, gender, and sexual orientation intersect to create unique experiences of oppression and privilege (Collins & Bilge, 2020). In the context of cancer health disparities, intersectionality helps to illuminate how individuals who are BIPOC (Black, Indigenous, and People of Color), women, and/or LGBTQIA+ face compounded challenges in accessing healthcare, receiving equitable treatment, and achieving positive health outcomes (Bowleg, 2012; Williams et al., 2019).

Audre Lorde, a Black lesbian feminist and cancer survivor, provides a poignant example of how intersectionality plays a role in cancer health disparities (Lorde, 1980).

- **Racial Disparities:** Lorde's experiences as a Black woman navigating the healthcare system underscore the racial biases that can affect diagnosis, treatment, and care (Lorde, 1980; Wailoo, 2011). BIPOC individuals often face systemic racism that can lead to delayed diagnoses and inadequate treatment options (Smedley et al., 2003; Institute of Medicine, 2003).
- **Gender and Sexual Orientation:** As a woman and a member of the LGBTQIA+ community, Lorde's narrative also sheds light on the gendered and heteronormative assumptions within medical practices (Lorde, 1988; Jain, 2013). Women, particularly those who identify as LGBTQIA+, may encounter healthcare providers who lack understanding or sensitivity to their specific needs, leading to disparities in care (Quinn et al., 2015; Kamen et al., 2015).

- **Economic and Social Barriers:** Lorde's reflections also touch on the economic and social barriers that intersect with race, gender, and sexual orientation (Lorde, 1980; Lorde, 1988). These barriers can include lack of access to health insurance, financial constraints, and social stigmatization, all of which can exacerbate health disparities (Adler & Newman, 2002; Williams & Mohammed, 2009).

Through her writings, **Audre Lorde emphasizes the importance of recognizing and addressing these intersecting identities to improve health outcomes and achieve equity in cancer care (Lorde, 1980; Lorde, 1988).** Her work calls for a more inclusive and comprehensive approach to healthcare that acknowledges and addresses the diverse experiences of marginalized communities (King, 1988; Crenshaw, 1991).

The cancer awareness experience serves as a space to encourage people living with cancer, survivors, caregivers, allies, and supporters, to unite in solidarity, and practice self-care, healing, and racial and social justice.

Sources:

- Adler, N. E., & Newman, K. (2002). Socioeconomic disparities in health: Pathways and policies. *Health Affairs*, 21(2), 60-76.
- Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality—an important theoretical framework for public health. *American Journal of Public Health*, 102(7), 1267-1273.
- Collins, P. H., & Bilge, S. (2020). *Intersectionality*. Polity Press.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139-167.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299.
- Institute of Medicine. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. National Academies Press.
- Jain, S. L. (2013). *Malignant: How cancer becomes us*. University of California Press.
- Kamen, C., Smith-Stoner, M., Heckler, C. E., Flannery, M., & Margolies, L. (2015). Social support, self-rated health, and lesbian, gay, bisexual, and transgender identity disclosure to cancer care providers. *Oncology Nursing Forum*, 42(1), 44-51.
- King, D. K. (1988). Multiple jeopardy, multiple consciousness: The context of a Black feminist ideology. *Signs: Journal of Women in Culture and Society*, 14(1), 42-72.
- Lorde, A. (1980). *The cancer journals*. Aunt Lute Books.
- Lorde, A. (1988). *A burst of light: Essays*. Firebrand Books.
- Quinn, G. P., Sanchez, J. A., Sutton, S. K., Vadaparampil, S. T., Nguyen, G. T., Green, B. L., & Kanetsky, P. A. (2015). Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. *CA: A Cancer Journal for Clinicians*, 65(5), 384-400.
- Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. National Academies Press.
- Wailoo, K. (2011). *How cancer crossed the color line*. Oxford University Press.
- Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: Evidence and needed research. *Journal of Behavioral Medicine*, 32(1), 20-47.
- Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, 40, 105-125.

Solidarity in the Fight Against Cancer: Health Risks and Disparities for individuals who are BIPOC, Women, and LGBTQIA+

When accessing healthcare, individuals who are BIPOC, women, and the LGBTQIA+ community face social and economic barriers as a result of racism, sexism, and homophobia. These factors, or social determinants of health, include limited access to resources, such as education, employment, housing, health care services, and food. Historical barriers to these resources negatively affect the health outcomes of people of color and LGBTQIA+ women in the fight against cancer. Striving to overcome these health disparities also brings our communities together. This section will explore the health risks and disparities faced by people of color and LGBTQIA+ women.

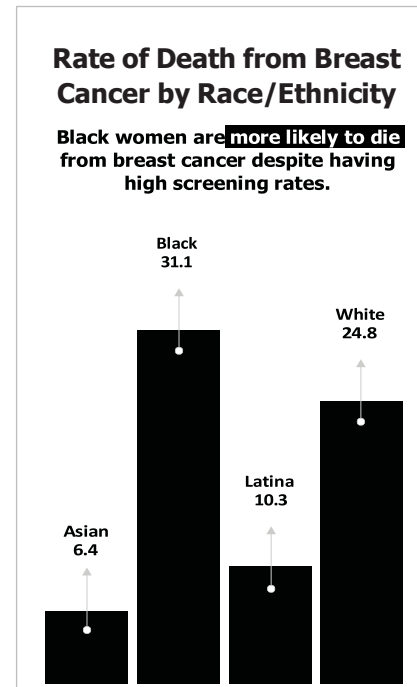
Individuals who are BIPOC

Cancer is the overall leading cause of death among Boston residents, regardless of race and ethnicity. Below we explore how cancer has affected individuals who are BIPOC in Boston, specifically Latiné, Asian, and Black individuals, over the past 20 years. These outcomes highlight the progress as well as pervasive social, economic, and systemic barriers individuals who are BIPOC.

“These outcomes highlight the progress as well as pervasive social, economic, and systemic barriers for individuals who are BIPOC.”

Breast Cancer

Despite similar screening rates, breast cancer deaths are disproportionately high among women of color. Between 1999 and 2013, the death rates for Latinas and White women Boston residents have decreased. However, the incidence of breast cancer for Asian women has increased by 89%. Deaths among Black women under 65 is higher than those of White women. Today, women of color are still more likely to die at an earlier age from breast cancer. Also, Black and White women have similar rates of breast cancer diagnosis, but Black women are more likely to die from the disease.



Cervical Cancer Screenings by Race/Ethnicity

Race/Ethnicity	Percentage
Asian	62%
Black	86%
Latino	84%
White	92%

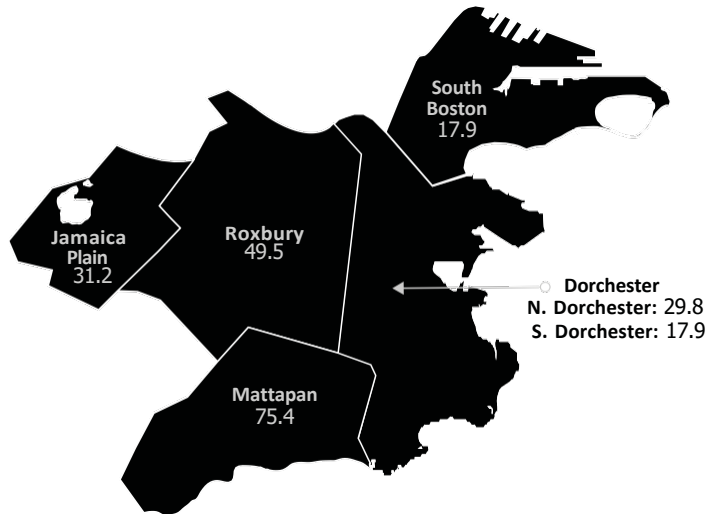
Cervical Cancer

Cervical cancer screening rates are generally high across Boston, but they are much lower among Asian women. In 2013, 92% of White women reported having a pap smear, compared to 62% of Asian women in Boston. Today, Asian women are almost 20% less likely than Black and Latina women to receive cervical cancer screenings. These disparities for Asian women can, in part, be attributed to cultural, social and economic factors, such as the amount of time lived in the U.S., citizenship status, English language skills, and income. These factors affect the community’s access to preventive care.

Colon Cancer

In the city of Boston, colon cancer is the third leading cancer-related cause of death for men and women. Between 1999 and 2013, the number of diagnoses

Top Five Boston Neighborhoods with the Highest Prostate Cancer Mortality Rates per 100,000 Population



remained the same for Latiné residents and decreased for White, Asian, and Black residents. Today, colon cancer deaths are the highest in neighborhoods of color, specifically, North Dorchester,

prostate cancer incidence and mortality rates decreased across all races and ethnicities. But Black men are still more likely to be diagnosed and die from prostate cancer than any other racial and

Roxbury, South Dorchester and the South End. This can be attributed, in part, to lack of access to quality food, physical activity in a safe environment, and access to comprehensive preventive health care in these neighborhoods.

Prostate Cancer

Prostate cancer is the second leading cause of cancer-related deaths among male residents in Boston. Between 1999 and 2013,

ethnic group. Today, neighborhoods of color, such as Roxbury and Mattapan, experience the highest rates of deaths caused by prostate cancer, at almost two and three times the rate of Boston. Latino men in Boston are one and a half times more likely to face prostate cancer compared to White men, while Asian men have a lower rate.

Lung Cancer

In Boston, lung cancer is the leading cause of cancer-related deaths for all residents, regardless of race, ethnicity, and sex. From 1999 to 2013, the lung cancer incidence rate decreased among Black and White residents. Latiné residents had the lowest lung cancer mortality rates, yet they were the only group to experience an increase in deaths. Today, although white individuals have the highest rates of lung cancer in Boston, the highest mortality rates occur in Mattapan, a predominantly African American community, at almost twice the city’s average lung cancer death rate. This is a prime example of social determinants of health serving as barriers to care.

Lung Cancer Mortality by Race/Ethnicity, 1999-2013

Race/Ethnicity	Change (%)
Latino	23%
Asian	-8%
White	-22%
Black	-28%

Only Latiné individuals experienced an increase in deaths from lung cancer over time.

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Sources

- "2016 Community Health Needs Assessment." Dana-Farber Cancer Institute. <http://www.dana-farber.org/uploadedFiles/Library/about-us/community-outreach/chna-report-2016.pdf>.
- Gomez, Scarlett G. et al. "Disparities in Mammographic Screening for Asian Women in California: A
- Cross-Sectional Analysis to Identify Meaningful Groups for Targeted Intervention." BMC Cancer 7 (2007): 201. PMC.
- Wang, Judy H. et al. "Disparities in Cervical Cancer Screening between Asian American and Non-Hispanic White Women." Cancer Epidemiology Biomarkers and Prevention 17.8 (2008). 1968-1973.
- "Health of Boston Special Report: Cancer Among City of Boston Residents 1999-2013." Boston Public Health Commission. [http://www.bphc.org/healthdata/health-of-boston-report/Documents/BPHC_HOB_CancerReport2018_V3\[1\].pdf](http://www.bphc.org/healthdata/health-of-boston-report/Documents/BPHC_HOB_CancerReport2018_V3[1].pdf).

Women

Cancer significantly impacts women in the United States, with breast cancer being a major concern. In 2024, it is estimated that there will be 310,720 new cases of breast cancer among women, accounting for 15.5% of all new cancer cases, and 42,250 deaths, representing 6.9% of all cancer deaths.

Cancer morbidity and mortality disparities among women with marginalized identities in the United States are significant and multifaceted. Women from marginalized groups, including those defined by race, ethnicity, gender identity, and socioeconomic status, often experience worse outcomes in terms of cancer incidence, treatment access, and survival rates.

For example, Black women have a 40% higher mortality rate from breast cancer compared to White women, despite having a slightly lower incidence rate of the disease. This disparity is indicative of broader systemic issues, including differences in access to quality healthcare and treatment options.

In the context of ovarian cancer, disparities in survival, stage at diagnosis, and treatment have been documented among various racial, ethnic, and socioeconomic groups. Moreover, women with marginalized identities, such as those who are currently incarcerated or experiencing homelessness, have not been adequately studied, leaving gaps in understanding their specific cancer-related challenges.

Overall, the evidence suggests that social, environmental, and economic disadvantages contribute to the disproportionate burden of cancer morbidity and mortality among these populations. Information is missing on specific statistics or studies focusing on the intersection of cancer disparities and marginalized identities beyond those mentioned.

LGBTQIA+ Women

LGBTQIA+ women face their own unique challenges and health disparities with regard to cancer. Unfortunately, cancer research has not included uniform data collection regarding sexual orientation and gender identity. This lack of research creates a gap in understanding the effects of cancer on LGBTQIA+ communities. However, researchers and activists in the community are starting to make strides in analyzing the communities' cancer health risks and barriers to care.

Barriers to Healthcare

The LGBTQIA+ community faces barriers to healthcare that

contribute to lower cancer screening rates and therefore higher risks of late stage cancer diagnosis than the general population.

Health Risk Factors

Gender identity and sexual orientation discrimination as well as limited social and economic resources, such as health insurance, create barriers for LGBTQIA+ individuals seeking cancer screenings and treatment. In response to these stressors, lesbian and bisexual women may engage in coping strategies (for example, smoking, binge eating, or alcohol/drug use) that have health risks, including cervical, colon, lung, and uterine cancer.

In addition, lesbian and bisexual women are more likely than heterosexual women to delay childbirth until after age 30, or to not have biological children at all, which increases the risk of breast, ovarian, and uterine cancer.

1 in 5 transgender patients has been turned away by a health care provider...

Transgender Women

Within the LGBTQIA+ community, transgender women face the most profound barriers to both social and economic resources, which may lead to higher rates of cancer and cancer deaths. These barriers include:

- Lack of access to affirming care
- 1 in 5 transgender patients has been turned away by a health care provider
- Lowest insurance rates among LGBTQIA+ communities
- Procedures or cancer screenings that are inconsistent with the gender marked on the insurance card are rarely covered by insurance, such as a prostate exam for a transgender woman
- High rates of smoking & alcohol use

Sources

- National LGBT Cancer Network: <http://cancer-network.org>
- The National LGBT Cancer Project: <http://lgbtcancer.org>
- Cancer Care LGBT Resources: <https://cancercare.org/tagged/lgb> "LGBT Cancer Information." Cancer Network. <https://cancer-network.org/cancer-information>
- "New Report Reveals Rampant Discrimination against Transgender People by Health Providers, High HIV Rates and Widespread Lack of Access to Necessary Care." National LGBTQIA+ Task Force. <http://www.thetaskforce.org/new-report-reveals-rampant-discrimination-against-trans-gender-people-by-health-providers-high-hiv-rates-and-widespread-lack-of-access-to-necessary-care-2>

LGBTQIA+ People

The impact of cancer on LGBTQIA+ individuals in the United States is significant, characterized by higher incidence rates, unique healthcare disparities, and varying mortality outcomes.

Research indicates that LGBTQIA+ populations may experience a higher risk of certain cancers compared to heterosexual and cisgender individuals. For instance, gay and bisexual men have higher rates of anal, prostate, testicular, and colon cancers, while lesbian and bisexual women face increased risks for breast and cervical cancers, often linked to lower screening rates and misconceptions about HPV transmission.

Healthcare disparities contribute to these elevated risks. Factors such as discrimination, lack of cultural responsiveness among healthcare providers, and inadequate insurance coverage create barriers to accessing timely and appropriate cancer care. These barriers can lead to delayed diagnoses and treatment, exacerbating health outcomes for LGBTQIA+ individuals.

The absence of comprehensive data collection on sexual orientation and gender identity in national health surveys limits the understanding of cancer incidence and prevalence within this community.

LGBTQIA+ individuals often face worse health outcomes compared to their non-LGBTQIA+ peers, highlighting the need for targeted public health initiatives and improved healthcare access.

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Cancer Screenings: What Screenings Do You Need?

Cancer screenings are medical tests used to look for cancer before the development of symptoms. These procedures can save lives by detecting cancer early, allowing for treatment to begin when the disease is easier to treat. These screenings are especially important for women of color and LGBTQIA+ women who face health disparities concerning cancer. The table below specifies the age to begin and frequency at which to get cancer screenings.

Please note that these screening recommendations are for individuals at average risk for each of these cancers. Advocate for yourself by talking to your provider about your risks and the right screening approach for you.

Insurance coverage: Contact your insurance company to discuss coverage. If you are not insured, contact your local community health center to enroll.

Rule of thumb: If you have the organ and fall into the age categories, get screened!

Cancer	Screening	Age	Frequency of Screening
Breast Cancer	Mammography	40–74 years old*	Every 1-2 years
Cervical Cancer	Pap Test or HPV Test	21–65 years old	Every 3 or 5 years
Colon Cancer	Multiple Screening Options	45–75 years old	Every 1, 3 or 10 years
Lung Cancer	Low-Dose CT	For smokers and ex-smokers 50–80 years old	Discuss with provider
Prostate Cancer	PSA Blood Test	Discuss with provider	Discuss with provider

* Individuals between the ages 40–49 can start to ask their doctors about mammograms. Sources

U.S. Preventative Services Task Force. <https://www.uspreventiveservicestaskforce.org>

"2016 Community Health Needs Assessment." Dana-Farber Cancer Institute. <http://www.dana-farber.org/uploadedFiles/Library/about-us/community-outreach/chna-report-2016.pdf>

How to Stay Healthy

In addition to following cancer screening guidelines, you can reduce your risk of cancer by making healthy choices. Here are some tips and resources to help you get started.



Eat a healthy diet

Focus on increasing fruits, vegetables, and whole grains. Limit intake of salt, sugar, and processed and red meat. Check out the nutrition and fitness resources on page 20 for accessible, affordable services.



Get active

Engage in 150 minutes of moderate intensity activity each week, such as yoga, walking, softball, and water aerobics. You can also engage in 75 minutes of vigorous intensity activity each week, such as jogging or running, basketball, hiking, and biking. Make exercise fun by involving friends or family, playing music, understanding your body's limits, and scheduling time for exercise. Check out the nutrition and fitness resources on page 20 for accessible, affordable services.



Stay away from tobacco

Smoking can cause cancer and other health risks. Quitting smoking and tobacco use can be hard. Check out the tobacco cessation resources on page 21 to access local, judgment-free tobacco cessation programs to help you quit smoking.



Limit alcohol

Drink no more than 1-2 drinks per day. If you are struggling with alcohol use, contact your local community health center or talk to your provider for referrals to addiction recovery services.



Use sunscreen with SPF 30 or more

Sunscreen provides a level of protection against the sun by absorbing or blocking its damaging ultraviolet rays. People of color are still at risk for skin cancer and are not as rapidly diagnosed, which leads to more deaths. Check out the article "The Best Sunscreen for Women of Color" by *Teen Vogue* for affordable sunscreen options.

Sources

"Stay Healthy." American Cancer Society. <https://www.cancer.org/healthy.html>.

"The Best Sunscreen for Women of Color." *Teen Vogue*. <http://www.teenvogue.com/story/best-sunscreen-for-women-of-color-spf-misconceptions>.

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Resources for Cancer Survivors and Patients of Color

Patient Navigation and Cancer Care Services

Patient navigators provide advocacy and case management to cancer patients who face barriers to care. They meet with patients to link them to a broad range of services, including insurance, interpreter services, transportation, financial assistance, and other community resources.

Asian Women for Health

 **PHONE**
617.767.1071

A peer-led, community-based network that provides breast and cervical health education and peer support leaders who speak various Asian languages.

 **WEBSITE**
asianwomenforhealth.org

AstraZeneca Hope Lodge Center Jamaica Plain

 **PHONE**
800.227.2345

This state-of-the-art facility serves as a “home away from home” for patients traveling 40+ miles to their outpatient treatments. There is no charge to stay at Hope Lodge for patients or caregivers.

 **WEBSITE**
cancer.org/support-programs-and-services/patient-lodging/hope-lodge/boston.html

Breast Health Outreach Program, Codman Square Health Center Dorchester

 **PHONE**
617.822.8147

The Breast Health Outreach Program at Codman Square Health Center features screenings, education, and outreach around breast health.

 **WEBSITE**
codman.org/services/radiology.html

Breast Health Program, Mattapan Community Health Center Mattapan

 **PHONE**
617.322.8037

The Breast Health Program provides mammograms, referrals for patients, and case management.

 **WEBSITE**
mattapanchc.org/services/mammography

Cancer Care Center, Boston Medical Center The South End

 **PHONE**
617.638.64

Boston Medical Center offers support groups, fitness and nutrition classes, community events, acupuncture, interpreter services, and patient navigation.

 **WEBSITE**
bmc.org/cancer

Cancer Center, Beth Israel Deaconess Medical Center Longwood Medical Center

 **PHONE**
617.667.1900


The Cancer Center at BIDMC provides an online community, interpreter services in +30 languages, support groups, Chinese-speaking patient navigator, nutrition therapy, and more.

 **WEBSITE**
bidmc.org/centers-and-departments/cancer-center

Community Cancer Center, Whittier Health Center Roxbury

 **PHONE**
617.989.3183

The center is a partnership between Whittier Health Center and Dana-Farber Cancer Institute. The partnership features coordination of care, tobacco cessation, social work support, interpreter services, and cancer education and screenings.

 **WEBSITE**
wshc.org/programs/cancer-survivorship-primary-care-clinic/

Dana-Farber Cancer Institute  **Longwood Medical Center**

Dana-Farber Cancer Institute offers nutrition services, support groups, a sexual health program, fitness classes, financial counselors and patient navigators, LGBTQIA+ patient support, language interpreters, disability services, and more.

 **PHONE**
617.632.3000

 **WEBSITE**
dana-farber.org

Facing Cancer Together  **Multiple Locations**

Facing Cancer Together provides free support groups for individuals with cancer, bereavement, caregivers, multicultural groups, writing, and other wellness programming.

 **PHONE**
617.332.5777

 **WEBSITE**
facing-cancer.org

Massachusetts General Hospital Cancer Center  **Beacon Hill**

The Cancer Center at MGH offers fitness classes, support groups, nutrition counseling, educational workshops, and social workers.

 **PHONE**
617.726.5130

 **WEBSITE**
massgeneral.org/cancer

Chinese Cancer Survivor and Family Support Group, Boston Chinese Evangelical Church

This group provides resources and support for the community on the third Saturday 2-4pm.

 **CONTACT**
Joan Kwok

 **EMAIL**
kwok410@gmail.com

Portuguese-Speaking Support Group, Facing Cancer Together and Brazilian American Center (BRACE)

Open to Portuguese speaking individuals who have experienced cancer and their caregivers. The meeting is held at the Brazilian American Center in Framingham every Tuesday from

6:30-8:30 p.m.

 **CONTACT**
Paulo Torrens

 **PHONE**
857.389.3738

 **EMAIL**
ptorrens@facing-cancer.org

Portuguese-Speaking Support Group, Facing Cancer Together and Brazilian American Center (BRACE)

Open to Portuguese speaking individuals who have experienced cancer and their caregivers. The meeting is held at the Brazilian American Center in Framingham every Tuesday from 6:30-8:30 p.m.

 **PHONE**
617.638.7540

 **EMAIL**
cancersupport@bmc.org

Spanish-Speaking Support Group, Boston Medical Center

Open to Latina/o individuals who have experienced cancer and their supporters. Dinner, parking validation, and

Support Groups

All of the support groups are free. To register, please contact the names listed.

Facing Cancer Together, Multiple Locations

The purpose of this educational group is to provide information and resources about cancer prevention, screening, treatments, & survivorship.

 **CONTACT**
Nancy Gaulin

 **PHONE**
617.332.5777

 **WEBSITE**
facing-cancer.org/

assistance with transportation home are provided. The meeting is held 5-7pm on the last Tuesday of the month at Boston Medical Center in the Moakley 3rd Floor Conference Room.

Spanish-Speaking Support Group, Boston Medical Center

Open to Latina/o individuals who have experienced cancer and their supporters. Dinner, parking validation, and assistance with transportation home are provided. The meeting is held 5-7pm on the last Tuesday of the month at Boston Medical Center in the Moakley 3rd Floor Conference Room.

Haitian Creole-Speaking Support Group, Boston Medical Center

 **PHONE**
617.638.7540

 **EMAIL**
cancersupport@bmc.org

Open to Haitian individuals who have experienced any type of cancer and their supporters. Dinner, parking validation, and assistance with transportation home provided. The group is held 5-7pm on the last Thursday of the month at Boston Medical Center in the Moakley 3rd Floor Conference Room.

Círculo de Vida: Support Group in Spanish for Women with Cancer, Dana-Farber Cancer Institute

 **CONTACT**
Rachel Allende

 **PHONE**
617.632.3301

Support for women Spanish-speaking patients with all cancer diagnoses. Círculo de Vida es un grupo de apoyo para mujeres latinas con cáncer.

Prostate Cancer Support Group, Prostate Health Education Network

 **PHONE**
617.481.4020


 **WEBSITE**
prostatehealthed.org

The Prostate Health Education Network focuses on needs of black men diagnosed with prostate cancer.

Financial Assistance

CancerCare Financial Assistance Program

 **PHONE**
1.800.813.4673

 **WEBSITE**
cancercare.org/financial_assistance

CancerCare is the leading national organization that provides financial assistance and co-payment assistance to help with treatment and related costs, such as transportation, home care, and childcare.

CHAT Program, Center for Community Health and Health Equity, Brigham and Women's Hospital


 **CONTACT**
Natacha Johnson

 **PHONE**
617.582.0191

 **EMAIL**
njohnson4@partners.org

The CHAT Program assists women with breast cancer who have insufficient income and insurance coverage to pay for necessary services and treatment related to breast cancer diagnosis.

Ellie Fund

 **PHONE**
781.449.0100

 **WEBSITE**
elliefund.org

 **EMAIL**
info@elliefund.org

The Ellie Fund provides essential support services for breast cancer patients, including transportation to medical appointments, childcare, housekeeping, groceries and nutritious prepared/ delivered meals.

Financial and Insurance Matters, American Cancer Society

 **WEBSITE**
cancer.org/cancer/financial-insurance-matters.html

Joe Andruzzi Foundation (JAF)

JAF provides New England cancer patients and their families with gift cards to various regional grocery stores. and free transportation with Lyft, a rideshare mobile application, to provide discounted transportation to and from cancer treatment.

 **WEBSITE**

<https://joeandruzzifoundation.org>
/

Learn about the different types of health insurance, laws that govern health insurance in the United States, and how to manage the costs of cancer treatment.

 **PHONE**
800.532.5274

 **WEBSITE**
patientadvocate.org

Patient Advocate Foundation (PAF)

PAF offers one-on-one personal advocate services to patients battling serious disease, a Co-Pay Relief Program & Financial Aid Funds.

Nutrition and Fitness

Community Servings Jamaica Plain

Community Servings provides home-delivered meals and nutrition services to individuals and families living with critical and chronic illnesses.

 **PHONE**
617.522.7777

 **WEBSITE**
servings.org/meal-delivery

Daily Table Dorchester

Daily Table is a non-profit retail store that offers the community a variety of tasty, convenient and affordable foods.

 **PHONE**
617.506.0219

 **WEBSITE**
dailytable.org

Ethos Jamaica Plain

Ethos is a nonprofit organization that assists the elderly and disabled in various Boston neighborhoods to live at home and provides nutrition, fitness classes, case management, and other services.

 **PHONE**
617.522.6700

 **WEBSITE**
ethocare.org

Fair Foods Dorchester

Fair Foods is a non-profit food rescue organization dedicated to providing surplus goods at low or no cost to those in need in neighborhoods across Boston.


 **PHONE**
617.288.6185

 **WEBSITE**
fairfoods.org/index.php

YMCAs of Greater Boston Multiple Locations

YMCAs across Boston offer fitness classes, financial assistance, child care, nutrition education, and LiveStrong, a free 12-week group exercise program that helps adult cancer survivors reclaim their health.

 **PHONE**
617.536.7800

 **WEBSITE**
ymcaboston.org

Tobacco Cessation Programs

Smoking and other forms of tobacco use can cause cancer and other health risks. Quitting smoking and tobacco use can be hard. See below for local, judgment-free tobacco cessation programs to help you quit smoking. An asterisk (*) indicates that the program only services new or existing patients.

Massachusetts Smokers Hotline

 **PHONE**
1.800.784.8669

cancer.org/cancer/risk-prevention/tobacco/empowered-to-quit.html

American Cancer Society Empowered to Quit Program – a free email-based program to help you quit smoking.

Smoking Cessation Program, Boston Medical Center The South End

 **PHONE**
617.638.7480

 **WEBSITE**
bmc.org/programs/smoking-cessation

*Smoking Cessation Program, Dorchester House Health Dorchester

**Healthworks Community
Fitness Dorchester**

Healthworks Community Fitness is a nonprofit organization dedicated to providing fitness opportunities and health education for women and children in low-income neighborhoods.

 **PHONE**
617.825.2800

 **WEBSITE**
healthworkscommunityfitness.org

 **PHONE**
617.740.2320

 **WEBSITE**
www.dorchesterhouse.org

**Smoking Cessation Program, South Boston
Community Health Center**  **South Boston**

 **CONTACT**
Kathleen
Tolland

 **PHONE**
617.464.7477

*Smoking Cessation Program, Tufts Medical Center
📍 Chinatown

📞 PHONE
617.636.5400

Smoking Cessation Program, Arbour Counseling
📍 Allston

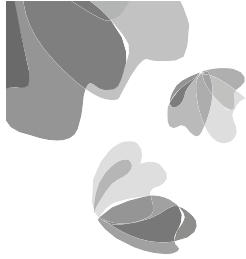
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“I am not free while **any woman is unfree**, even when her shackles are very different from my own.

— Audre Lorde

