



THE DISPARITIES SOLUTIONS CENTER

One Goal – High Quality Care for All

Celebrating 5 years of eliminating racial and ethnic disparities in health care.



WELCOME

It brings me great pleasure to celebrate the five-year anniversary of the Disparities Solutions Center with you and all those who share our passion and commitment for ensuring quality and equity in health care. The Disparities Solutions Center (DSC) was founded on a simple idea—that we could contribute both locally and nationally to the elimination of racial and ethnic disparities in health care. We were determined to make a difference, and as we look back now, we feel proud that we have. Over the last five years we have both taught and learned from leaders across the country who share our dedication to eliminate disparities at their hospitals, health plans, and health centers as part of our Disparities Leadership Program; we've impacted patient's lives through our quality and safety work at Massachusetts General Hospital (MGH); in partnership with our colleagues at our MGH-affiliated health centers, we've implemented our culturally competent disease management programs in diabetes and colon cancer screening in Chelsea and Revere, Massachusetts; and we've communicated locally and nationally on key issues related to disparities

through our DSC Web Seminar Series, Keeping Current Seminar Series, and our Film Series. Along the way we have managed to conduct research, publish in peer-reviewed literature, provide tools for the field, and become a trusted source for the media. None of this could have been accomplished without the incredible support of the leadership of MGH, external support from foundations, private industry, the government, and our patients, and the hard-work and commitment of our talented, diverse DSC team. As we look toward the future, we remain both optimistic and hopeful that through our efforts at the DSC we will ultimately achieve our one goal – high quality care for all.

With a heartfelt thanks,

Joseph R. Betancourt, MD, MPH
Director, The Disparities Solutions Center

DISPARITIES LEADERSHIP PROGRAM GAINS MOMENTUM

A Disparities Solutions Center program aimed at training and supporting health care leaders has made significant progress this year, attracting its largest class of participants and additional funding. The Disparities Leadership Program, launched in 2007, provides education and guidance to leaders from hospitals, health plans and other health care organizations who are implementing practical strategies to eliminate ethnic and racial disparities. This year, 34 participants from around the country will work on projects ranging from developing strategic plans to creating and implementing specific interventions.

“This allows us to help people in a practical way,” said DSC director Joseph R. Betancourt, MD. “We equip them with the tools and skills they need to make changes.” The yearlong program begins with a multi-day seminar that provides an overview of the issue of disparities and highlights successful interventions. It introduces program participants to some of the latest research and helps them connect with others in the field. Participants work on their project during the year and return to present them to each other. Throughout the year, participants are given guidance on how to present the issue of disparities to influence decision makers within their organization.

The program provides an important forum to discuss the issue of disparities and to gain insight from others who are working on the issue, said James W. Walton, DO, vice president and chief health equity officer of Baylor Hospital System in Texas. “There are not a lot of people in the field who are thinking about it and talking about it every day,” he said. Baylor was a member of the first class of the program and has returned every year since to participate in the opening seminar. Initially, Walton said he was interested in disparities around access to health care at Baylor. As he explored the issue, however, he realized there was more to be concerned about in how care was being provided.

In addition to drawing more participants this year, the program has attracted funding. The Amgen Foundation has provided a two-year grant totaling \$249,382, Merck, Inc. has provided a one-year grant of \$48,205, and the Agency for Healthcare Research and Quality (AHRQ) has provided a three-year grant totaling \$240,000. The grants not only help offset the cost to participants but also provide a validation of the program, Betancourt said. “When we started, we tried to get funding but people wanted proof of concept,” he said. “We have certainly shown that this is a successful model and that it meets the need to reach people who are in the field working to reduce disparities.”

“This allows us to help people in a practical way... We equip them with the tools & skills they need to make changes.”

— DSC Director Joseph R. Betancourt, MD, MPH



IMPROVING CARE FOR DIABETIC PATIENTS

The goal of the Disparities Solutions Center is to move beyond research and take action. This led to the creation of two disease management programs to help diabetes patients at risk of serious health complications. Due to language barriers and cultural differences, these patients were not getting adequate care. The programs combine group educational classes and individual coaching to help patients understand diabetes and find ways to care for themselves within the context of their lives.

The first program, launched at the MGH Chelsea HealthCare Center, initially focused on Latino patients, but is open to all. Using this as a model, a second program geared towards Cambodian patients was created at the MGH Revere HealthCare Center. “These programs grew out of the many daily challenges patients face when trying to manage a complex illness like diabetes, and the impossibility for physicians to manage these issues on their own,” said Alexander R. Green, MD, Disparities Solutions Center associate director. “This is all magnified when there are cultural, socioeconomic and linguistic differences.”



SUPPORTING DIABETES MANAGEMENT IN CHELSEA

A diabetic patient struggling to manage her diabetes had an entrenched habit of drinking soda several times a day. Although she knew it contributed to her problem, she had a great deal of stress in her life and the thought of giving up soda was overwhelming.

A special coach assigned to her through the Chelsea Diabetes Management Program listened carefully as the patient described her problems. Perhaps she could cut back by just one soda, the coach suggested. The patient agreed and started on the small goal. Within weeks, she built on her progress and completely replaced the sodas with a healthier non-sugar drink. “This program allows us to find new and creative ways to reach our patients and to motivate them,” said diabetes coach Eddie Horta. “Sometimes it is helping them to set more realistic goals.”

Many of the patients speak little or no English, have low incomes and work long hours, which can make it difficult to manage their disease. Some are immigrants and may be undocumented. “Our goal is to meet them where they are and find the best ways to help them,” Horta said. “All of these factors combine together...if they don’t make much money, they still have to pay rent and help out their families so they fall back on the cheapest food they can get. And, they’re working long hours so they are too tired to exercise.”

Through the program, participants meet with a diabetes coach and a nurse practitioner to learn more about diabetes and how it affects them. The coach can take the time to learn more about the individual and the hurdles he or she faces. Solutions range from helping patients set attainable goals to finding them food aid. Patients also attend six educational classes that address such things as nutrition, the psychological adjustment of diabetes, and exercise. They can also join either a Spanish speaking or English-speaking support group. “They love it so much that they hardly miss a meeting,” Horta said. “They know there is someone out there who understands what they’re going through.”

REACHING OUT TO CAMBODIANS IN REVERE

In a conference room overlooking Revere Beach, a group of Cambodian patients gathered around a table laden with fruit and bagels. They talked among themselves in their own language as if they were old friends gathered at a coffee shop. In reality, however, they are diabetic patients who have had troubles controlling their disease and are at risk of serious complications. They had gathered to hear from a dietician about how to improve their eating habits.

The first question asked by a patient was which foods are good and which are bad. This is in a sense a loaded question. The dietician answered carefully with a keen understanding of her audience. Foods are not “good” or “bad,” although some will impact blood sugar levels while others do not. What’s important, she said, is to balance them. This is an important message for patients whose main staple is rice, which is one of the foods that can send blood sugars soaring.

A translator carefully relayed the message. It’s a delicate task that requires not just translating words, but restructuring sentences. The workshop is part of the Cambodian Diabetes Project, funded by Tufts Health Plan Foundation. These patients have been hard to reach with traditional health care programs because of language and cultural differences, said diabetes coach Sophalina S. Tim who works with the patients. “In some cases, they do not understand what physicians and nurses are telling them about how to manage their disease,” she said. “Sometimes the instructions do not fit with their daily lifestyle.”

The program combines individual coaching sessions with seminars to address the specific needs of the Cambodian patients. Caretakers approach patients with a thorough understanding of their background and biases. The coaching and the meetings have helped Sarin Suong to manage his disease, but that’s not the most important thing, he said. “It means a lot that someone is taking the time to teach me what I need to know,” Suong said.

FILM SERIES SPARKS HEALTH CARE DISPARITIES DISCUSSIONS



Sometimes the best way to understand a problem is to look at it from a completely different perspective. This is the goal of the film series sponsored by the Disparities Solutions Center, the MGH Multicultural Affairs Office and the Schwartz Center.

Films in this popular series have launched discussions about health care disparities as they relate to topics such as community health centers, childhood obesity, and providing care across cultures. The films and the discussions that follow encourage care givers to pay more

attention to the cultural background of their patients, and empower them with the tools they need to more effectively care for patients from diverse backgrounds.

“We are using film as a medium for educating people and helping them to understand the very complex issue of disparities,” said Aswita Tan-Mcgrory, Disparities Solutions Center operations manager. “It’s an opportunity for us to get creative and to think outside of the box.”

A documentary, *Nourishing the Kids of Katrina: The Edible School Yard*, helped address the challenges of improving nutrition and reducing childhood obesity in impoverished communities. This film follows the creation of a garden in a schoolyard through an effort led by renowned chef Alice Waters. In the process, the children learned about vegetables and influenced the buying habits of their parents, who started choosing more fresh produce. “This film, like others in the series, helps to get at the bigger picture,” Tan-Mcgrory said. “It

helps people think about and understand what patients are facing outside of the doctor’s office that directly influences their health.”

S21: The Khmer Rouge Killing Machine, focused on the experience of Cambodian refugees and immigrants. The film documents the reunion of two survivors of the Khmer Rouge’s Tuoi Sleng Prison with former prison guards when they return to the site. The audience discussion that followed focused on the unique aspects of providing care to this community.

Out in the Rural: A Health Center in Mississippi led to a discussion about how community health care centers can be used to address the social determinants of health, and focused on how providers can learn from this model to provide high-quality, cross-cultural care.

Information about upcoming films in the series is available at the DSC website:

www.mghdisparitiessolutions.org

HEALTH CARE DISPARITIES WEB SEMINARS QUICKLY REACH BROAD AUDIENCES

The media reports on the recent federal health care reform package focused primarily on such things as its cost and how many people would be insured. The new law, however, also contains several measures that will directly address health care disparities. There are data collection requirements, for example, that will provide crucial information to discover where disparities exist, and incentives to develop strategies to address them. There are also grants to support community-based health care programs.

Pulling together a seminar to discuss the new law could have taken months. The Disparities Solutions Center was able to do it within just weeks through the Web Seminar Series launched five years ago. “These Webinars allow us to quickly facilitate conversations about timely issues,” said Joseph Betancourt, MD, MPH. “An important part of our mission is to disseminate information and to bring people together from across the health care field. This allows us to have a real world impact in real time.”

In hosting several seminars each year, the DSC has been able to cover a wide variety of very practical topics such as how to collect race and ethnicity data, how to develop strategies to address disparities in chronic disease management, and how the use of health information technology could be deployed to aid these efforts. In addition, DSC web seminars cover important policy issues, such as the economics of inequalities in health care and their impact both on the health care system and society in general.

The DSC web seminars feature leaders from hospitals, health plans, government agencies, professional societies, trade organizations, and accrediting bodies, to name a few. They are also interactive with a question and answer session at the end, and remain available as archives on the DSC website. Participants also earn CME/CEU credits if they are interested.

Archived Webinars are available through the Disparities Solutions Center website: www2.massgeneral.org/disparitiessolutions/web.html