



MASSACHUSETTS  
GENERAL HOSPITAL

# THE DISPARITIES SOLUTIONS CENTER

## ANNUAL REPORT

JULY 2008 - JUNE 2009

Mongan Institute for Health Policy

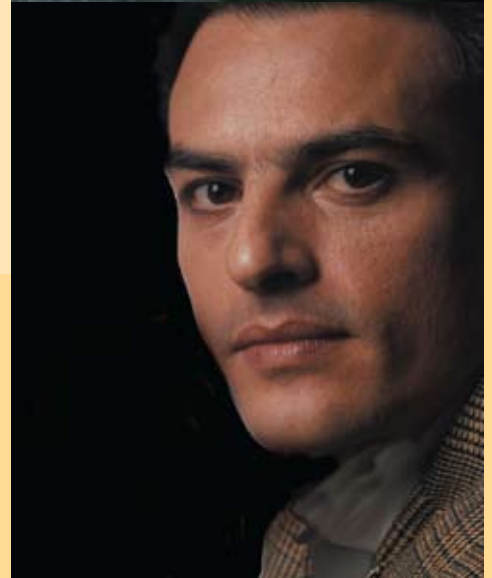
Massachusetts General Hospital

Partners HealthCare

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[www.mghdisparitiessolutions.org](http://www.mghdisparitiessolutions.org)



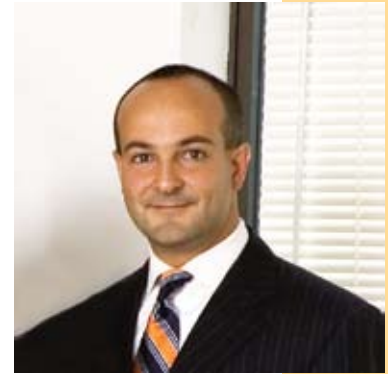


**IT IS WITH GREAT PLEASURE** that we present The Disparities Solutions Center's fourth Annual Report. The Disparities Solutions Center, through its balance of service and scholarship, aspires to be the catalyst that brings practical strategies to eliminate disparities directly to key health care stakeholders – including health plans, hospitals, provider organizations, cities and states, foundations and industry leaders. It also seeks to answer key policy and practice-relevant questions that can pave the way for action to eliminate disparities.

We think we're making progress towards achieving these goals.

Over the course of our fourth year we are pleased to report many significant accomplishments. These include:

- Providing leadership and expanding MGH projects focused on identifying and addressing disparities, especially in diabetes and colorectal cancer screening
- Conducting our third Disparities Leadership Program, targeting leaders from hospitals, health plans and community health centers from around the country
- Developing new areas of research in preventing metabolic syndrome in minority populations, identifying “high-risk” patient safety situations for hospitalized limited-English proficient patients, and exploring the use of health information technology to identify and address racial/ethnic disparities in health care
- Leading several web seminars on prominent, timely technical issues and research findings
- Publishing 10 papers in national and international journals
- Releasing “Improving Quality and Achieving Equity: A Guide for Hospital Leaders” and “Assuring Healthcare Quality: An Equity Blueprint” in collaboration with the Institute for Healthcare Improvement
- Welcoming our third Aetna Disparities Fellow



We also continue to play a role in the media, with quotes from the Disparities Solutions Center Staff in several newspapers and trade newsletters, as well as on several television and radio programs. There is no doubt that we are thrilled with our progress to date, and are proud to say that we continue to add to our seed funding graciously provided to us by Partners HealthCare and Massachusetts General Hospital.

We remain optimistic that have built a one-of-a-kind Center that is making a significant impact on the way health care is delivered in this country. Ultimately, given the issues we will address, we expect that our work will not only improve the care for minority patients, but for *all* citizens of Boston, the state of Massachusetts and the United States.

Thank you for your support and interest in our work.

A handwritten signature in black ink, appearing to read "Joseph R. Betancourt". The signature is stylized and somewhat cursive.

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

## MISSION

The Disparities Solutions Center (DSC) is dedicated to the development and implementation of strategies that advance policy and practice to eliminate racial and ethnic disparities in health care. The DSC will achieve this mission by:

- Serving as a change agent by developing new research and translating innovative research findings into policy and practice
- Developing and evaluating customized policy and practice solutions for health care providers, insurers, educators, community organizations and other stakeholders
- Providing education and leadership training to expand the community of skilled individuals dedicated to eliminating health care disparities

## ABOUT THE CENTER

The DSC is the first to be based in a hospital, which supports its practical focus on moving the issue of disparities in health care beyond research and into the arenas of policy and practice. The Center will serve as a national, regional and local resource for hospitals, physician practices, community health centers, medical schools, other health professions schools, health plans and insurers, consumer organizations, state and local governments, foundations and other key health care stakeholders.

The DSC received an initial funding commitment from Massachusetts General Hospital (MGH) and Partners HealthCare. Housed within the Mongan Institute for Health Policy, the Center is affiliated with Harvard Medical School's Department of Medicine and the MGH Division of General Medicine.

## MOTIVATION

The creation of the DSC follows and builds upon a commitment by MGH to eliminate health care disparities. MGH first established a system-wide Committee on Racial and Ethnic Disparities in 2003 to focus internal attention on the challenge of disparities, improve the collection of race/ethnicity data, and implement quality improvement programs to reduce disparities. The Center has been established in response to the national and local calls to action to address disparities in health care.

**National.** In March 2002, the Institute of Medicine (IOM) released the landmark report *Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care*. The IOM report revealed striking disparities in the quality of health care services delivered to minority and white patients. As a result, the IOM urged the development of interventions and educational efforts to eliminate disparities.

**Boston.** Following a two-year process involving health experts, community leaders and city residents, on June 23, 2005, Boston Mayor Thomas M. Menino launched a citywide project aimed at eliminating disparities in health care. The Mayor's recommendations include concrete action steps for hospitals and other health care organizations.

# MAJOR ACCOMPLISHMENTS AND PARTNERSHIPS

## NATIONAL

### **The Robert Wood Johnson Foundation**

The Institute of Medicine Reports *Crossing the Quality Chasm* and *Unequal Treatment* both stress the importance addressing racial/ethnic disparities in health care by improving quality. Despite this, there are few examples of hospitals that have eliminating disparities high on the leadership agenda or that have tools to identify and address disparities in health care. Furthermore, there is no venue for end-users, such as hospitals, to stay current on key issues related to eliminating racial/ethnic disparities in health care. To meet these needs we (1) developed a *Disparities Leadership Toolkit* that makes the “case” to hospital leaders for why and how they should address disparities within their organizations; and (2) we conducted the final Web Seminar out of a series of six to broadly disseminate current, practical, actionable strategies to track and address disparities.

#### **1. *Improving Quality and Achieving Equity: A Guide for Hospital Leaders.***

This guide, targeted to hospital leaders, includes a thorough review of the peer-reviewed literature, key informant interviews with hospital leaders, and case studies of innovative approaches that hospitals are undertaking to identify and address disparities and achieve equity.

The goals of the guide are to:

- Highlight the evidence for racial and ethnic disparities in health care and provide the rationale for addressing them – with a focus on quality, cost, risk management and accreditation.
- Highlight model practices – hospitals and leaders who are actively engaged in addressing disparities and achieving equity.
- Recommend a set of activities and resources that can help hospital leaders initiate an agenda for action in this area.

#### **2. *Web Seminar, December 18, 2008 – Improving Quality and Achieving Equity: A Guide for Hospital Leaders.***

Lead authors, Drs. Joseph Betancourt, Alexander Green and Roderick King of the DSC were joined by Ron J. Anderson, MD, MACP, CEO Parkland HHS, Board of Trustees of American Hospital Association (AHA) and Edward L. Martinez, MS, Senior Healthcare Consultant for National Association of Public Hospitals and Health Systems (NAPH). Panelists gave an overview of the guide including a summary of key findings and how health care leaders can utilize the guide at their organizations to address disparities.

### **Aetna Foundation**

The DSC, in collaboration with the Aetna Foundation, designed and implemented a program focused on developing new leaders and empowering existing leaders interested in disparities reduction efforts. The program includes a one-year HealthCare Disparities Fellowship designed to train new leaders in the areas of cultural competence, community oriented research and the elimination of racial/ethnic disparities in health care.

Lenny Lopez, MD, MDiv, MPH, joined the DSC as our second Aetna/DSC HealthCare Disparities Fellow. As part of the DSC/Aetna Fellowship, Dr. Lopez completed an investigation into racial and gender differences in emergency department triage and presented findings at the Society of General Internal Medicine’s Annual Meeting in Miami, Florida and at the DSC’s *Racial and Ethnic Disparities Keeping Current Seminar Series* in June 2009.

## Disparities Leadership Program

To address the need for leaders with expertise in addressing racial/ethnic disparities in health care, the DSC created the Disparities Leadership Program (DLP) in 2007. The DLP is a year-long executive education program designed for leaders from hospitals, health plans and other health care organizations – such as executive leaders, medical directors, directors of quality, directors of community benefits or multicultural affairs offices – who wish to implement practical strategies to eliminate racial and ethnic disparities in health care, particularly through quality improvement. Goals of the DLP include:

- The creation of a cadre of leaders in health care equipped with 1) in-depth knowledge of the field of disparities, including root causes and research to date; 2) cutting-edge quality improvement strategies for identifying and addressing disparities; and 3) the leadership skills to implement these strategies and help transform their organizations.
- Helping individuals from organizations – who may be at the beginning stages or in the middle of developing or implementing an action plan or project to address disparities – to further advance or improve their work in a customized, tailored fashion.

The DLP is jointly sponsored by the National Committee on Quality Assurance and supported by Joint Commission Resources (an affiliate of the Joint Commission).

### 1. 2008-2009 DLP Class.

The DSC hosted the second meeting of the 2008-2009 Disparities Leadership Program on February 4th and 5th in Redondo Beach, CA. Participants who began this year-long executive education program in April of 2008 were re-convened to present to the large group their projects, with a specific focus on their progress to date, challenges and successes, and next steps. The meeting was attended by 21 participants from 16 organizations – including four health plans, 10 hospitals, and two community organizations – from 13 different states. The meeting also included presentations by DLP faculty on leading organizational change, providing participants with tools to move forward with their projects upon returning to their institutions, and a presentation on *Improving Quality and Achieving Equity: A Guide for Hospital Leaders*, a guide for health care leaders created by the DSC.



## SPOTLIGHT

**Concilio de Salud de Loiza, Puerto Rico.** The Concilio de Salud de Loiza is a Federally Qualified Health Center (FQHC) community health center whose mission is to provide comprehensive health care to its underserved community in Loiza, Puerto Rico. This year they joined the Disparities Leadership Program through the gracious support of several key donors. They are focusing on identifying and addressing disparities in diabetes. Dr. Betancourt, who spent a summer working at this health center when he was a medical resident in 1997, states:

*“We are thrilled to have Concilio de Salud de Loiza as part of our DLP this year. This health center serves an underserved, indigent population and we are looking forward to the opportunity to assist them in any way we can.”*

## **2. 2009 – 2010 DLP Class.**

The DSC launched the 2009-2010 class by hosting the first meeting on May 27th and 28th, 2009 at the Le Meridian Hotel in Cambridge, Massachusetts. Twenty-four participants from 12 organizations attended the opening meeting including:

- *Community Health Centers*  
Concilio de Salud Integral de Loiza, Loiza, Puerto Rico  
St. Thomas Community Health Center, New Orleans, LA
- *Health Plans*  
BlueCross BlueShield of TN, Chattanooga, TN  
Keystone Mercy Health Plan, Philadelphia, PA  
Neighborhood Health Plan, Boston, MA
- *Hospitals*  
Alameda County Medical Center, Oakland, CA  
Centers for Medicare and Medicaid Services, Baltimore, MD  
Children's Hospital Boston, Boston, MA  
Children's Mercy Hospital and Clinics, Kansas City, MO  
HealthEast Care System, St. Paul, MN  
Kaiser Permanente Northern California, Fremont, CA  
University of New Mexico Hospitals, Albuquerque, NM

## **3. Addressing Health Care Disparities: A View from the Field.**

Dr. Joseph Betancourt directed a Learning Lab at the Institute for Healthcare Improvement's 20th Annual National Forum on Quality Improvement in Healthcare on December 8, 2008 in Nashville, TN. The session presented the progress of three participants – a hospital, a health plan and a community health center – in the DSC's Disparities Leadership Program. Co-presenters included Aswita Tan-McGrory, of the DSC; Sarah Rafton, MSW, of Seattle Children's Hospital; Jenifer Fabian, MPH, of ACCESS Community Health Network; and Terri Amano of WellPoint, Inc./HMC.

## **Web Seminar – Improving Quality and Addressing Disparities: Accreditation Standards, Market-Strategies and Levers for Action – Nov. 20, 2008**

The panel of experts included:

- Amy Wilson-Stronks, MPP, CPHQ, Principal Investigator, *Hospitals, Language and Culture: A Snapshot of the Nation*, a study from the Joint Commission
- Jessica Briefer French, MHSA, Senior Consultant, Research and Analysis, from the National Committee for Quality Assurance
- Leah Trahan, MPH, CHES, Program Analyst, Center for Prevention and Health Services, from the National Business Group on Health

This webinar highlighted work in progress from the Joint Commission, the National Committee on Quality Assurance and the National Business Group on Health, with a focus on the development of accreditation standards and market strategies that will foster the development of strategies to identify and address racial/ethnic disparities in health care, as well as improve the care that is provided to culturally diverse populations.

## LOCAL: MASSACHUSETTS GENERAL HOSPITAL/PARTNERS HEALTHCARE SYSTEM

### ***Racial and Ethnic Disparities: Keeping Current Seminar Series***

The DSC is committed to disseminating the latest information on disparities interventions, findings from important disparities research and health policy updates regarding disparities reduction efforts. In order to disseminate this information to the broadest possible audience in a stimulating and interactive manner, the DSC hosts several discussion forums each year. These events feature informative presentations from experts in the field; context, perspectives and opinions from key health care stakeholders; and opportunities for discussion between presenters and attendees.

#### ***1. Disparities in Diabetes Care: “Physician Performance and Racial Disparities in Diabetes Mellitus Care” – October 8, 2008.***

Thomas Sequist, MD, MPH, Assistant Professor of Medicine and Assistant Professor of Health Care Policy at Brigham and Women’s Hospital and Harvard Medical School, presented his paper “Physician Performance and Racial Disparities in Diabetes Mellitus Care,” followed by questions and answers.

#### ***2. The Role of Community Health Centers in Addressing Racial/Ethnic Disparities in Health Care – April 22, 2009.***

LeRoi Hicks, MD, MPH, Instructor in Health Care Policy and Associate Professor at Harvard Medical School, and Zoila Torres Feldman, RN, MSPH, Executive Director of Kit Clark Senior Services and Former President and Chief Executive Officer of Great Brook Valley Health Center, presented on the role of community health centers in addressing racial and ethnic disparities in health care. The seminar aimed to provide insight into the challenges and successes of implementing and evaluating community-based quality improvement programs from both a research and “in the field” and evaluation perspective.

#### ***3. Racial and Gender Disparities in Emergency Room Triage – June 3, 2009.***

Lenny Lopez, MD, MDiv, MPH, Attending Physician, Brigham and Women’s Hospital, Instructor in Medicine, Harvard Medical School, and Aetna/Disparities Solutions Center HealthCare Disparities Fellow presented his current work looking at racial and gender differences in emergency room triage and test ordering among patients presenting with chest pain. Although disparities in cardiac management and outcomes are well known, this study looks at potential sources for disparities early in the clinical process.

### ***Racial and Ethnic Disparities: Looking Back Seminar Series***

This year, the DSC continued its *Looking Back* Seminar Series, a counterpart to the DSC’s *Keeping Current* Seminar Series, which focuses on key historical topics related to race and the U.S. health care system and highlights how they impact disparities today. These seminars are led by Linda Clayton, MD, MPH, and Michael Byrd, MD, MPH, authors of the Pulitzer-prize nominated volumes “American Health Dilemma” which provide the history and experience of African-Americans in the U.S. health system.

#### ***1. U.S. Hospitals: Historical Legacies and Health Disparities – February 17, 2009.***

This presentation traced the historical development of the American hospital system from the colonial era to the present by focusing on key structural and health policy landmarks and the medical and social implications that have led to unequal treatment.



### **DSC/Multicultural Affairs Office/Schwartz Center Film Series**

The DSC and the MGH Multicultural Affairs Office (MAO) collaborated in 2007 to launch a film series. The ultimate goal of the series is to raise the quality of medical care through the improvement of communication during the medical encounter with particular regard to cultural competence. Each film is followed by a panel discussion, a question and answer period, and, where possible, participants are invited to engage in small group discussions and given tools that correlate to the material in the film for use in their subsequent professional and academic work.

#### **1. *“Becoming American” part of UNNATURAL CAUSES: Is Inequality Making Us Sick?* – October 7, 2008.**

The film highlights the positive aspects of health and culture that newly arriving Latino immigrants bring to the U.S. Following the film, guest panelists Byron Garcia, MD, medical director at Westwood Lodge Hospital and the Lowell Center, and Enrique Caballero, MD, director of Medical Affairs and Professional Education at the Joslin Diabetes Center, and moderator Alexander Green, MD, MPH, of the DSC, commented on the issues that were raised in the film and responded to questions from the audience.



In 2009, the Schwartz Center graciously joined the DSC and the MAO, and co-sponsored the film series. With the added collaboration, we successfully expanded the scope and reach of the film series with “Return to the Killing Fields” and we will continue this effort with two more screenings in 2009.

#### **2. *Return to the Killing Fields: Cross Cultural Care and the Cambodian Experience* – April 14, 2009.**

The fourth event in this series took place in the Amphitheater at the Joseph B. Martin Conference at Harvard Medical School. The event focused on the experience of Cambodian refugees and immigrants during the Khmer Rouge period, the impact of the experience on survivors and the unique aspects of providing health care to this community. Selections from two documentaries were shown: “Return to the Killing Fields,” which provides an overview and history of the Khmer Rouge regime, and the award-winning “S21: The Khmer Rouge Killing Machine,” which documents the reunion of two survivors of the Khmer Rouge’s Tuol Sleng Prison and the former prison guards when they return to the site. Following the excerpts from the documentaries, there was a discussion on providing cross-cultural care to Cambodian patients with two panelists, Dr. Richard Miller, Medical Director of Khmer Health Advocates, and Chhan Touch, Family Nurse Practitioner at Metta Health Center in Lowell, MA. In a follow-up survey, 100 percent of attendees who are direct care providers agreed that the film series increased their knowledge about the Cambodian community and increased their awareness of culturally sensitive and appropriate services for patient care.

### **MGH Committee on Racial and Ethnic Disparities**

The MGH Committee on Racial and Ethnic Disparities in Health Care was created in 2003 with the goal of identifying and addressing disparities wherever they might exist at MGH. Dr. Joseph Betancourt co-chairs the committee with Joan Quinlan, MPH, of the MGH Center for Community Health Improvement. Faculty and staff from the DSC provide staffing and technical support to the Committee, which meets twice a year. The Committee oversees various projects including the Training and Patient Experience Summits, the MGH CLAS Self-Assessment and Measure Development Pilot Projects.

**1. *Training Summit – Cultural Competency and Diversity Training for all Staff.***

Convened by the MGH Committee on Racial and Ethnic Disparities, the Training Summit is working to develop uniform goals and objectives for training offered in the area of disparities and cross-cultural care at the hospital. The summit regularly convenes representatives from departments throughout the hospital that provide disparities-related and cross-cultural care trainings to their staff. The goal of the summit is to develop a core set of learning objectives and unifying principles that can provide a foundation for training hospital staff from all backgrounds (clinicians, non-clinical staff, service staff, etc.).

**2. *Patient Experience Summit – Capturing Racial and Ethnic Minority Patients’ Experiences.***

The Patient Experience Summit is working to develop reporting mechanisms that more accurately assess patient experience, particularly for racial and ethnic minority patients. For example, a pilot project with Medical Interpreter Services has recently been implemented to help identify clinical situations that might lead to medical errors in patients with limited-English proficiency.

**3. *MGH CLAS Self-Assessment – Culturally and Linguistically Appropriate Services (CLAS).***

In 2001, the U.S. Department of Health and Human Services, Office of Minority Health, released national standards on the provision of culturally and linguistically appropriate services (CLAS). In order to formally record and document efforts throughout MGH to address the CLAS standards, members of the Committee are coordinating an assessment of MGH’s services in relation to the CLAS standards. Key departmental and committee leaders were asked to describe their services/initiatives and to highlight strengths and areas of improvement as related to the CLAS standards.

**4. *Measure Development Pilot Project – Pain Management in the Emergency Department and Wait Times for Renal Transplantation.***

A pilot project was implemented to explore if racial and ethnic disparities in pain management for long bone fracture exist in the Emergency Department at MGH. Data from the United Network of Organ Sharing (UNOS) is being reviewed to determine if there are disparities in wait time for renal transplantation by race/ethnicity at MGH, and whether a standard quality measure can be constructed to monitor this routinely.

**5. *Disparities Dashboard.***

Under the auspices of the Massachusetts General Hospital Committee on Racial and Ethnic Disparities, the DSC helped develop and disseminate the hospital’s third annual Racial and Ethnic Disparities Dashboard. The goal of the Disparities Dashboard is to monitor several key components of quality by race and ethnicity by providing a variety of quality measures by patient race/ethnicity, identifying key areas for quality improvement and report on the progress of initiatives addressing disparities at MGH. The Dashboard provides an overview of the diversity of the hospital’s patients and how they are distributed among hospital services, data regarding interpreter services, clinical quality measures for both inpatient and outpatient services by race/ethnicity and patient experiences with care for different racial and ethnic groups. Equity measures are posted externally on the MGH Quality and Safety Website.

**6. *Chelsea Diabetes Management Program.\****

The DSC in collaboration with the MGH Chelsea HealthCare Center, the Massachusetts General Physicians Organization (MGPO) and the MGH Center for Community Health Improvement, developed a culturally competent and comprehensive diabetes management program for patients with poorly controlled diabetes at the MGH Chelsea HealthCare Center. The Chelsea Diabetes Management Program (CDMP) is based on a culturally and linguistically competent disease management model involving individual (one-on-one) bilingual (English and Spanish) coaching sessions and group education sessions taught by a nurse practitioner. Support group sessions co-facilitated by a mental health professional and the diabetes coach are also offered to reinforce program learning and promote a community-based peer support system.

**7. *Colorectal Cancer Screening Disparities Program.\****

In 2006, MGH found disparities in colorectal cancer (CRC) screening between Latinos and whites at the MGH Chelsea HealthCare Center. To address this disparity, the DSC, the MGH Gastroenterology Unit, the Center for Community Health Improvement and the MGH Chelsea HealthCare Center designed the Chelsea Colorectal Cancer Screening Program, a quality improvement and disparities reduction intervention. The program focuses on patient education, provider education and overcoming logistical, financial and other system barriers to colonoscopy screening. Outreach workers and interpreters at the health center were trained to become navigators. Results from a randomized control trial show that patients in the intervention group (receiving navigator services) were more likely to undergo CRC screening than patients receiving usual care services and the higher screening rate resulted in the identification of more polyps in the intervention group. The CRC navigator program is currently available to all patients at MGH Chelsea.

**8. *Disparities and Mental Health.\****

The DSC collaborated with the MGH Department of Psychiatry to investigate where disparities in mental health service utilization exist throughout MGH. Led by Albert Yeung, MD, SciD, and Nhi-Ha Trinh, MD, MPH, a pilot project was implemented to promote mental health services to high-risk MGH minority populations. The team used computerized medical records across the Partners HealthCare System to analyze the utilization of services for depression by the minority outpatient populations at MGH. The team participated in a demonstration project with a cohort of high-cost Medicare patients by training nurse case managers in culturally competent psychiatric care. These patients have significant chronic medical and psychiatric co-morbidity. By evaluating its efficacy in improving patient and clinician satisfaction and patient outcomes, the results of this pilot have enabled the team to develop a blueprint for the larger MGH community.

\* Projects supported by a grant from Jane's Trust

**9. *Developing and Implementing a Culturally Competent Diabetes Management Program***

Through generous funding from the Tufts Health Plan Foundation, the DSC in collaboration with MGH Revere HealthCare Center developed a culturally competent diabetes management program for Cambodians, which is modeled after an award-winning program at MGH Chelsea HealthCare Center. Focus groups were conducted with providers, hospital staff and

patients to assess the barriers to diabetes management among Cambodian patients with diabetes. Four primary themes emerged relating to patients' barriers to diabetes control: 1) limited understanding of diabetes disease processes (specifically the relation between diet and blood sugar); 2) beliefs and perspectives about diabetes treatment (e.g. emphasis on finding a cure versus disease management); 3) impact of language barriers and time restrictions on the provision of care; and 4) patients' deferent style of communication. These findings informed the development of the diabetes program, which includes individual coaching sessions with a bilingual Cambodian diabetes coach, as well as group education sessions, both of which are tailored to the specific needs of the Cambodian population. The program opened to patients in June 2009.

### **The Impact of Health Care Reform on Minority Populations and Their Providers**

The Massachusetts Medical Society (MMS) and its Committee on Diversity in Medicine in collaboration with Boston University Medical Campus and the Disparities Solutions Center sponsored a special program on March 26th 2009. The program looked at the recent state of health insurance coverage in Massachusetts and the demographics of those enrolled. Special attention was given to the care of racial and minority populations since the implementation of health care reform in Massachusetts, with a particular focus on workforce diversity and access to primary care and other services.

### **Harvard Medical School Cross-Cultural Care Committee**

Dr. Alexander Green is chair and Dr. Joseph Betancourt is vice-chair of the Cross-Cultural Care Committee at Harvard Medical School (HMS) and DSC staff members provide support for the activities of the committee. The committee coordinates efforts to further integrate issues of culture and how culture impacts health and health care into the HMS curriculum and faculty development. The committee graciously received support from Blue Cross-Blue Shield to carry out its efforts around cultural competence at Harvard Medical School. With this support, Dr. Green will be leading a longitudinal study beginning in the fall of 2009 to assess the educational curriculum at HMS and students' preparedness to provide effective cross-cultural care.

#### **1. *Introduction to the Professions* – August 2008.**

Introduction to the Professions is a two-week course designed to prepare students for the upcoming four years of their medical education: ultimately getting students to appreciate that the cornerstones of a doctor's life are intellectual development, emotional development and professional development. Drs. Green and Betancourt provided a curriculum for all incoming students, focusing on issues of cross-cultural care and health care disparities. All incoming students were required to read the novel entitled *The Spirit Catches You and You Fall Down* and complete on-line cognitive tests called *Implicit Association Tests* to examine their own unconscious biases prior to the workshop. The program began with the screening of a documentary film called *Hold Your Breath*, which tells the story an Afghani man with gastric cancer and the daily struggles and cross-cultural challenges that he, his family and his health care team face in fighting this illness. After the screening of the film, Drs. Green and Betancourt, and approximately 20 other faculty members, as well as several members of the HMS Cross-Cultural Care Committee, facilitated small group discussion sessions with the students to review the themes from the book, the test and the film.

## INFRASTRUCTURE

### Website

The DSC website, [www.mghdisparitiessolutions.org](http://www.mghdisparitiessolutions.org), provides information about the DSC team, its background and mission, current projects, awards and several interactive resources for the public. Major developments to the website include an expansion of the “Resources” page. This page was extensively redeveloped to include an interactive and web-based version of *Improving Quality and Achieving Equity: A Guide for Hospital Leaders*. Additional resources and toolkits have been added such as *Assuring Healthcare Quality: A Healthcare Equity Blueprint*. The “DSC Projects” page was redeveloped to provide an archive of our web seminars and our *Racial and Ethnic Disparities Keeping Current* and *Looking Back Seminar Series*.

The website has had 601,554 visits in the past year – a 15-fold increase over the last year.

### Distribution List and E-Newsletter

The DSC continues to distribute its monthly E-Newsletter to inform interested parties of upcoming events, recent developments and other news from the DSC. The number of subscribers continues to grow and this year now totals nearly 3,500 members from the health care community from across the country. The scope of the newsletter has expanded to include pertinent announcements from other leading health care organizations and is a mechanism for the national dissemination of disparities-related news and events. Registration for the list is mediated through the DSC website.

## SPOTLIGHT

### **New Partners supported through donations to the DSC.**

#### **St. Thomas Community Health Center, New Orleans, LA.**

St. Thomas Community Health Center is among the largest and most comprehensive primary care facilities serving both insured and uninsured patients in the New Orleans area. Since the re-opening of St. Thomas clinic in 2005 after Hurricane Katrina, the clinic has provided ongoing comprehensive primary care, but has also begun to function as a “safety net clinic for patients.” This year St. Thomas Community Health Center joined the Disparities Leadership Program through the gracious support of several key donors. They are focusing on the collection of race and ethnicity data. Dr. Donald Erwin, CEO, states

*“The DSC has provided [a] skilled, experienced team to help translate our subjective impressions of disparities and barriers to care into hard data. Transforming impressions into data is critical for St. Thomas CHC to move further in being able to identify, and reduce, racial and ethnic disparities and to assure an ongoing strategy for equity.”*

# FUNDING AND DONATIONS

The DSC was founded with a \$3 million grant from Massachusetts General Hospital and Partners HealthCare in 2005. In addition, the Center has been awarded the following grants and contracts:\*

## **Year 1: July 2005 - June 2006**

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The Robert Wood Johnson Foundation	511,250
Blue Cross Blue Shield of Massachusetts Foundation	55,639
The State of Delaware	45,830
The California Endowment	28,854
Boston Public Health Commission	25,000
The Robert Wood Johnson Foundation	
Cultural Competence Consultation	15,000
Harvard Medical School	15,000
<b>Total</b>	<b>696,573</b>

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## **Year 2: July 2006 - June 2007**

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Jane's Trust	125,000
National Committee for Quality Assurance	15,498
Blue Cross Blue Shields of Massachusetts Foundation	25,334
HMS Academy Center for Teaching and Learning	10,000
Merck, Inc.	50,000
Robert Wood Johnson Foundation	499,644
Aetna Foundation	300,000
Patient Donation	40,000
<b>Total</b>	<b>1,065,476</b>

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## **Year 3: July 2007 - June 2008**

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Jane's Trust	100,000
Tufts Health Plan Foundation	99,979
Massachusetts Department of Public Health	7,500
HMS Academy Center for Teaching and Learning	15,000
Merck	50,000
University of Puerto Rico	14,871
MGH Multicultural Affairs Office	15,700
Patient Donations	55,250
<b>Total</b>	<b>358,300</b>

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## **Year 4: July 2008 - June 2009**

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Tufts Health Plan Foundation	149,990
Boston Public Health Commission	7,500
Schwartz Center	10,000
Aetna Foundation	99,620
HMS Academy Center for Teaching and Learning	15,000
MGH Multicultural Affairs Office	10,000
Patient Donations	105,550
<b>Total</b>	<b>397,660</b>

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*\*Please note that these awards may be for multiple years, but each is listed only once in the reporting period that it was granted.*

# ACADEMIC PUBLICATIONS AND PRESENTATIONS

## Academic Publications

Dogra N, Betancourt JR, Park ER, Sprague-Martinez L. The relationship between drivers and policy in the implementation of cultural competency training in health care.

J Natl Med Assoc. 2009; 101(2):127-33. PMID: 19378628

Green AR. The globalization of cross-cultural medical education and patient-centered care.

Bratisl Lek Listy. 2008; 109(5):238. PMID: 18630809

Green AR, Betancourt JR, Park ER, Greer JA, Donahue EJ, Weissman JS. Providing culturally competent care: residents in HRSA Title VII funded residency programs feel better prepared.

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Green AR, Betancourt JR, Park ER, Greer JA, Donahue EJ, Weissman JS. Providing culturally competent care: residents in HRSA Title VII funded residency programs feel better prepared.

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## Academic Presentations

Betancourt JR. The Disparities Leadership Program: Empowering Leaders, Getting to Solutions. Sixth National Conference on Quality Health Care for Culturally Diverse Populations. Minneapolis, MN; September 2008.

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Green AR, Renfrew MR, Horta A, Chase BB, Sanchez E, Figueroa J, and Betancourt JR. Reducing Racial and Ethnic Disparities in Diabetes: Results from an Innovative and Culturally Competent Quality Improvement Program. Society for General and Internal Medicine: Annual Meeting. Miami, FL; 2009.

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## **Popular Media Coverage**

### ***Boston Globe*** –

“Research Shows Key Role for Unconscious Bias.” July 30, 2009

### ***Bay State Banner*** –

“For Latinos, Diabetes an Emerging Health Threat.” March 5, 2009

“New Hospital Guide Pushes Plan to Address Disparities.” January 22, 2009

### ***Kaiser Family Foundation*** –

“Guide Seeks to Help Hospital Leaders Address Health Care Disparities, Improve Quality, Equity.” January 27, 2009

### ***Robert Wood Johnson Foundation*** –

“Massachusetts Hospital Unveils Guide for Reducing Care Disparities.” January 22, 2009

### ***TuBoston*** –

“MGH Leads Other Hospitals in Efforts to End Health Care Disparities with Launch of new Guide.” December 19, 2008





# AWARDS AND RECOGNITION

## **2008 Harold Amos Diversity Award**

On Wednesday, March 11th, 2009, Dr. Alexander Green, Associate Director of the Disparities Solutions Center, received the Harold Amos Diversity Award from Harvard Medical School in recognition of his significant achievements in moving Harvard Medical School toward being a diverse and inclusive community. This award was established to recognize Harvard Medical School/Harvard School of Dental Medicine faculty who demonstrate a significant commitment to enhancing diversity above and beyond their role and/or responsibilities.



*Photo by Liza Green*

## **2008 PowerMeter: Award from El Planeta**

*El Planeta*, the largest Hispanic newspaper in Massachusetts, named Dr. Betancourt of the Disparities Solutions Center one of the Most Influential Individuals in the Massachusetts Hispanic community. Recipients were selected based on their achievements and contributions through their work and fields to the advancement of the Hispanic community in Massachusetts in 2008.

## **Leonard Tow Humanism in Medicine Award**

Dr. Joseph Betancourt, Director of the Disparities Solutions Center, was awarded the Leonard Tow Humanism in Medicine Award by the Harvard Medical School Graduating Class of 2008. He was presented the award on Thursday, June 5th in recognition of his outstanding contributions.

# SPONSORSHIPS

The DSC provided financial support in sponsorship of the following events:

- A Picture is Worth a Thousand Words – Harvard Medical School
- Anniversary Gala Event - Encuentro Latino
- Health Care for All
- Rock the Boat 2009 – Mattapan Community Health Center
- 12th Annual Health Care Revival – Mattapan Community Health Center

# DISPARITIES SOLUTIONS CENTER

## FACULTY AND STAFF



### **Joseph R. Betancourt, MD, MPH – Director**

Dr. Betancourt is the director of the Disparities Solutions Center, senior scientist at the Institute for Health Policy and director of Multicultural Education at Massachusetts General Hospital (MGH). He also is an assistant professor of Medicine at Harvard Medical School, and a practicing internist at MGH. He has served on several Institute of Medicine (IOM) Committees, including those that produced “Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care,” “Guidance for a National Health Care Disparities Report,” and “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce.” He served on the Boston Public Health Commission’s Disparities Committee, the Massachusetts State Disparities Committee, and now co-chair’s MGH’s Disparities Committee and is on the Massachusetts State Disparities Council.



### **Alexander R. Green, MD, MPH – Associate Director**

Dr. Green is the associate director of the Disparities Solutions Center and senior scientist at the Institute for Health Policy at Massachusetts General Hospital. He is also chair of the Cross-Cultural Care Committee at Harvard Medical School. His work focuses on programs designed to eliminate racial and ethnic disparities in care, including the use of culturally competent quality improvement interventions, leadership development and dissemination strategies. He has studied the role of unconscious biases and their impact on clinical decision-making, language barriers and patient satisfaction, and innovative approaches to cross-cultural medical education. He has also served on several national panels on disparities and cultural competency including the Joint Commission’s “Hospitals, Language, and Culture” project.



### **Roderick K. King, MD, MPH – Faculty**

Dr. King is currently senior faculty at the Disparities Solutions Center and an instructor in the Department of Global Health and Social Medicine at Harvard Medical School. Dr. King’s work focuses on leadership and workforce development, and improving health systems performance as they relate to addressing health disparities and improving the health of underserved populations. In addition, Dr. King was recently selected as one of two Inaugural Institute of Medicine Anniversary Fellows, where he serves on the Board on Global Health, which oversees the study, “The U.S. Commitment to Global Health.” He also serves on the Board on Population Health and Public Practices, which oversees the IOM “Roundtable for Racial and Ethnic Disparities.” He most recently served as the director for the Health Resources and Services Administration, Boston Regional Division, and as a Commander in the U.S. Public Health Service, U.S. Department of HHS.

**Aswita Tan-McGrory, MSPH – Operations Manager**

Ms. Tan-McGrory is the operations manager at the Disparities Solutions Center. Her interests are in providing equitable care to underserved populations and she has over 15 years of professional experience in the areas of maternal/child health, elder homelessness and HIV testing and counseling. She received her Master of Science in Public Health from Tulane University School of Public Health and Tropical Medicine with a concentration in tropical medicine and parasitology. Prior to receiving her Masters, she spent two years in rural Nigeria, West Africa, on water sanitation and guinea worm eradication projects with the Peace Corps. She received a Bachelor of Arts degree in biology and art history from Trinity University in San Antonio, Texas, and is currently working on her MBA at Babson College.



**Megan Renfrew, MA – Project Coordinator**

Ms. Renfrew oversees the implementation and evaluation of the community-based health intervention programs. Prior to joining the Disparities Solutions Center, Ms. Renfrew was a project director/associate research scientist at New England Research Institutes, Inc. (NERI) in the Institute for Community Studies and in the Center for Qualitative Research. She received a Masters Degree in Gender and Cultural Studies from Simmons College with a focus in adolescent health and sexuality education. Currently, Ms. Renfrew is a PhD candidate in Sociology at Brandeis University with a focus in medical sociology, qualitative research methods and the sociology of families.



**Marina Cervantes, BA – Research Assistant**

Ms. Cervantes graduated with a Bachelor of Arts in Ecology and Evolutionary Biology and a certificate in Spanish and Portuguese Languages and Cultures from Princeton University. While at Princeton she was president of Chicano Caucus and was involved in research on environmental health policy, immigration and diabetes.



**Wanda Vega – Program Assistant**

Ms. Vega recently completed four years with the Clinical Care Management Unit at the Massachusetts General Hospital, which provides the infrastructure necessary for MGH to analyze and improve the quality and efficiency of its clinical services. She transferred to the Clinical Care Management Unit from the Center for Integration of Medicine & Innovative Technology's (CIMIT), where she coordinated The Forum, a vital tool used to create collaborations for patient benefit. Prior to working at MGH, Ms. Vega completed ten years of government service with the Environmental Protection Agency.



**DISPARITIES SOLUTIONS CENTER FELLOW**

**Lenny Lopez, MD, MDiv – Aetna/Disparities Solutions Center (DSC) HealthCare Disparities Fellow**

Dr. Lopez received his BA in Religion and an MD from the University of Pennsylvania. He also received a Master of Divinity and a Master of Public Health from Harvard University. He completed his Internal Medicine residency at Brigham and Women's Hospital. After residency, he completed a Commonwealth Fund Fellowship in minority health policy and is focusing his research on cardiovascular health in Latinos. He was a General Medicine research fellow at Harvard and an associate physician at Brigham and Women's Hospital.



## **Program Description**

In order to respond to national and local calls to action to address disparities in health care, it is essential for the DSC to build a strong network of experts and researchers to broaden its skill set and talents. As a result, the DSC has developed an Associates Program, following the principles of partnership and collaboration.

The DSC Associates are a diverse group of health care professionals – including health policy experts, health service researchers, among others – who are committed to developing concrete, practical solutions to reduce racial and ethnic health disparities. The associates work with the DSC senior staff on projects that build on their joint expertise, and serve to meet the needs of the field.

DSC Associates benefit from:

- Access to new funding opportunities
- Access to center expertise for project collaboration
- Two-year renewable appointments

DSC Associates' responsibilities include:

- Attending one strategic planning meeting per year with DSC faculty and other associates
- Attending major DSC-sponsored events
- Promoting the DSC and the Associates Program when opportunities arise
- Initiation of at least one collaborative project with DSC during two-year tenure

To enter the program, potential associates must be recommended by a DSC faculty member and:

- Must have a demonstrated interest in eliminating disparities through research, quality improvement, leadership or other efforts that can build on the DSC's efforts
- Must have either MD, RN, PhD or similar degree (note: extensive experience will be taken into consideration in place of degree)

## **2006-2009 DSC Associates**

### **Alexy Arauz-Boudreau, MD, MPH**

Instructor, Harvard Medical School

Assistant in Pediatrics, Massachusetts General Hospital

Areas of Interest: Determining effective means to reduce health care disparities for vulnerable children through the structure of health care systems and provider level interventions

### **Steven J. Atlas, MD, MPH**

Associate Director, MGH Primary Care Operations Improvement Program

Co-Director, MGH Primary Care Practice-Based Research Network

Assistant Professor of Medicine, Harvard Medical School

Areas of Interest: Understanding patterns of care and designing efficient models of care to improve quality for patients seen in primary care practice networks

**W. Michael Byrd, MD, MPH**

Division of Public Health Practice, Harvard School of Public Health  
Beth Israel Deaconess Medical Center

Areas of Interest: Health policies and concerns impacting African American and other disadvantaged minorities in the United States health system

**Eric G. Campbell, PhD**

Senior Scientist, Institute for Health Policy, Massachusetts General Hospital  
Assistant Professor, MGH Department of Medicine and Harvard Medical School

Areas of Interest: Science policy, academic industry relations

**Linda A. Clayton, MD, MPH**

Associate Medical Director, Division of Medical Assistance of the Commonwealth of Massachusetts

Division of Public Health Practice, Harvard School of Public Health  
Beth Israel Deaconess Medical Center

Areas of Interest: Health policy and concerns impacting African American and other disadvantaged minorities in the United States health system

**Katherine L. Flaherty, ScD**

Director, Health Access and Community Partnerships, Community Benefit Programs, Partners HealthCare System

Areas of Interest: Access to health services for low-income and uninsured populations, program development, management and evaluation, and public policy development and analyses in areas such as maternal and child health and disease management

**Fidencio Saldana, MD, MPH**

Clinical and Research Fellow in Cardiology, Brigham and Women's Hospital

Area of interest: Racial disparities and outcomes in cardiovascular disease, Recruitment of underrepresented minorities to the health professions

**Valerie E. Stone, MD**

Director, Primary Care Residency Program, Massachusetts General Hospital

Director, Women's HIV/AIDS Program, Massachusetts General Hospital

Associate Chief, General Medicine Unit, Massachusetts General Hospital

Associate Professor of Medicine, Harvard Medical School

Areas of Interest: Racial and ethnic disparities in HIV/AIDS

**Nhi-Ha Trinh MD, MPH**

Post-Doctoral Fellow, Harvard Medical School

Graduate Assistant, Massachusetts General Hospital and Geriatric Psychiatry Fellow,

McLean Hospital

Areas of Interest: Mental Health Disparities for Depression in Minority Patients, Geriatric and Community Psychiatry

**Joel S. Weissman, PhD**

Senior Health Policy Advisor to the Secretary, MA Executive Office of Health and Human Services

Areas of Interest: Racial and ethnic disparities and access to care for the uninsured, delays in treatment, preventable hospitalizations, quality and patient safety, health care financing including uncompensated care, drug policy and academic-industry relationships in biomedical research

**Winfred W. Williams, MD**

Director, Multicultural Affairs Office, Massachusetts General Hospital

Areas of Interest: Hypertension, end-stage renal disease, liver transplantation and racial and ethnic disparities in renal transplantation

**Albert Yeung, MD, ScD**

Director of Primary Care Studies at the MGH Depression Clinical and Research Program  
Assistant Professor of Psychiatry, Harvard Medical School

Areas of Interest: Integrating primary care and mental health services to improve treatment of depression, mental health issues of underserved populations, and using complementary and alternative treatment for mood disorders



# ANNUAL REPORT

JULY 2008 - JUNE 2009



## THE DISPARITIES SOLUTIONS CENTER

*at* MASSACHUSETTS GENERAL HOSPITAL

*Dedicated to eliminating racial and ethnic disparities in health care*

Mongan Institute for Health Policy

Massachusetts General Hospital

Partners HealthCare

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Boston, MA 02114

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