





**THE DISPARITIES  
SOLUTIONS CENTER**

*One Goal - High Quality Care for All*

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THE DISPARITIES  
LEADERSHIP PROGRAM  
THE DISPARITIES SOLUTIONS CENTER  
at MASSACHUSETTS GENERAL HOSPITAL

Agenda



Daniel Driscoll



# Welcome

IT IS WITH GREAT PLEASURE that we present The Disparities Solutions Center's seventh Annual Report. This has been a very exciting year for The Disparities Solutions Center, as we aim to improve quality and achieve equity with partners both locally and nationally which includes health plans, hospitals, and health centers, among others. We continue to expand our partnerships and certainly feel we're making progress, especially in a time of rapid healthcare transformation.

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

- ▶ Conducting our sixth Disparities Leadership Program, targeting leaders from hospitals, health plans, and community health centers from around the country, and welcoming our second international participant (Switzerland) with support from the Amgen Foundation, the Agency for Healthcare Research and Quality, and a private donor
- ▶ Developing tools to help identify and address medical errors affecting hospitalized limited-English proficient patients
- ▶ Leading several national web seminars on prominent and timely topics in collaboration with the Health Research and Educational Trust of the American Hospital Association
- ▶ Publishing nine papers in national and international journals
- ▶ Continuing our local portfolio of programs that includes our Racial and Ethnic Disparities *Keeping Current* Seminar Series and our inaugural participation in the *Stand Against Racism™* event

We also continue to play a role in the media, with quotes from the Disparities Solutions Center Staff in several newspapers and trade publications, and have added to our seed funding graciously provided by Partners HealthCare and Massachusetts General Hospital.

Special thanks go to MGH President, Dr. Peter Slavin, and Dr. Lisa Iezzoni, Director of the Mongan Institute for Health Policy, for their continued support of the DSC.

We remain optimistic about our efforts to facilitate the elimination of racial and ethnic disparities in health care. Ultimately, given the issues we address, we expect that our work will not only improve the care for minority patients, but for all patients everywhere. As we approach our eighth year, we remain as committed as ever to this principle.

Thank you for your support and interest in our work.



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

# Overview

## 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 disparities action-oriented center to be based in a hospital, which supports its practical focus of moving the issue of disparities in health care beyond research and into the arenas of policy and practice. The Center serves 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 builds upon a commitment by MGH to eliminate racial and ethnic disparities in health care. 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 was established in response to national and local calls 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 patients, when compared to the majority. 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 included concrete action steps for hospitals and other health care organizations.



# Major Accomplishments and Partnerships

## National

### 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.

The goal of the DLP is to create a cadre of health care leaders who have:

- An in-depth knowledge of the causes and research surrounding health care disparities
- Cutting-edge, quality improvement strategies and skills to address disparities
- The tools to help their organizations prepare to meet new standards and regulations from the Joint Commission, the National Committee on Quality Assurance, and the Patient Protection and Affordable Care Act
- The leadership skills to implement solutions and help transform organizations

The DSC is 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). This year, the Disparities Leadership Program received external funding to support the program from The Amgen Foundation, the Agency for Healthcare Research and Quality (AHRQ), and a patient donor.



### 2011-2012 DLP Class

The DSC hosted the closing meeting of the 2011-2012 Disparities Leadership Program on February 8th and 9th in Santa Monica, CA. Participants began the program in May of 2011 and re-convened to present their projects, progress to date, challenges, successes, and next steps to the entire group. The meeting was attended by 34 participants from 16 organizations – including 1 health plan, 10 hospitals, 3 community health centers, and 2 professional organizations from 12 different states and Switzerland. The meeting also included presentations by DLP faculty on leading organizational change and providing participants with tools to move forward with their projects upon returning to their organizations.

At the February meeting, 4 teams received either the Most Improved Project Award or the Best Overall Project Award.

The Most Improved Project Award is based on various criteria, including the trajectory of the project since its starting point and demonstration of the greatest progress and increased clarity on the project over the course of the year. Recipients of this award include:

- St. Mary's Health Care (Trinity Health), Grand Rapids, MI
- AnMed Health, Anderson, SC

The Best Overall Project Award is based on various criteria, including the breadth of impact of the project on the organization, use of Disparities

# Major Accomplishments and Partnerships

Leadership Program tools and skills, and overall achievements over the course of the year.

Recipients of this award include:

- The Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE
- Jewish Hospital & St. Mary's Healthcare and the Louisville Metro Department Of Public Health, Louisville, KY

## *2012 - 2013 DLP Class*

The DSC launched the 2012-2013 class by hosting the first meeting on May 17th and 18th, 2012 at the Le Meridian Hotel in Cambridge, Massachusetts. Thirty-eight participants from 16 organizations attended the opening meeting:

### *Hospitals*

Allina Hospitals and Clinics, Minneapolis, MN  
Bay Pines VA Healthcare System, Bay Pines, FL  
Erlanger Health System, Chattanooga, TN  
Mount Carmel Health System, Columbus, OH  
Nationwide Children's Hospital, Columbus, OH  
Texas Health Resources, Arlington, TX  
University Hospital Basel, Basel, Switzerland  
University of CA, Davis Health System, Sacramento, CA

### *Health Plans*

Blue Cross Blue Shield of MA, Boston, MA  
Kaiser Permanente, Oakland, CA  
LA Care Health Plan, Los Angeles, CA  
ODS Health Plan, Portland, OR

### *Community Health Centers*

Presence Health, Mokena, IL

### *Academic Institutions*

University of FL, Institute for Child Health Policy, Gainesville, FL

### *Professional Organizations*

American Cancer Society, National Home Office, Atlanta, GA  
American Cancer Society, South Atlantic/ Mid-South Divisions, Greenbelt, MD

## *Disparities Leadership Program: Strategies to Address Disparities in Health Care*

The DSC and two DLP organizations presented their projects at the Institute for Healthcare Improvement's Annual National Forum on Quality Improvement in Healthcare on December 6, 2011 in Orlando, FL. Presenters included Joseph Betancourt, MD, MPH, of the DSC, Juana Slade, BA, CFF and Suzanne



Wilson, MBA, RNA, of AnMed Health, and Bev Beckman, RN, CHAM, CPHQ, ACM, of Jewish Hospital and St. Mary's Healthcare.

### *The DLP Web Seminar Series*

On November 22, 2011, the DSC continued with its Disparities Leadership Program Web Seminar Series, which offers a set of more focused and smaller web-based seminars that are open only to DLP participants and alumni. This year's program was entitled "The Future of Disparities Measurement: Lessons from the Field" and featured: Joseph Betancourt, MD, MPH, of the DSC and Joel S. Weissman, PhD, Deputy Director/Chief Scientific Officer at the Center for Surgery and Public Health at Brigham and Women's Hospital. They provided recommendations on how to identify, explore, and monitor new disparity sensitive measures using current National Quality Forum measures.

### **Building Leadership to Promote Equity in Health Care: Evaluating the Impact of the DLP**

With support from the Aetna Foundation, the DSC commissioned an external evaluation conducted by the Leadership Learning Community to assess the impact of the DLP over the past five years on participating organizations' efforts to address healthcare disparities. Study participants include all organizational teams that participated in the DLP from 2008-2011. Data sources include an online survey, key informant interviews, and site visits to develop in-depth case studies on participating organizations' experiences during and beyond the DLP.

The goals of the DLP evaluation are to:

- Assess the skills and knowledge participants gained from the program
- Evaluate participants' progress on their disparities-related project or organizational planning efforts
- Determine the overall impact of the program on participating organizations' capacity to better plan for, identify, and implement models to address disparities and achieve equity
- Identify ways to improve the overall quality of the program

This evaluation will provide in-depth information on the impact of the DLP on participating organizations' efforts to reduce disparities and will provide guidance to health plans, hospitals, health centers, and other organizations interested in developing similar programs.

### **Health Care Disparities Measurement**

The DSC received funding from the National Quality Forum to develop the report on Healthcare Disparities Measurement, which provides practical recommendations for healthcare organizations to increase their portfolio of race, ethnicity, and language data collection strategies and consequently, utilize that data to develop disparities-sensitive measures. This report guides organizations in disparities and quality measurement through the following strategies:

1. Data Collection: Building the Foundation
2. Disparities Measures and Indicators: What to Measure
3. Methodological Approaches to Disparities Measurement: How to Measure and Monitor
4. Priorities and Options for Quality Improvement and Public Reporting of Healthcare Disparities

### **Centers for Medicare and Medicaid Services – Data for Race and Ethnicity (DARE)**

Congress enacted the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) which requires the Department of Health and Human Services to evaluate how Centers for Medicare & Medicaid Services (CMS) currently collects race, ethnicity and gender data on Medicare beneficiaries. The DSC has been subcontracted to do the following:

- Review and compile CMS' current policies, procedures, methods and sources for the collection of Medicare race and ethnicity data
- Recommend standardized methods and sources for collecting Medicare race and ethnicity data

# Major Accomplishments and Partnerships

- Recommend standardized methods and sources for the collection of data for gender, primary language and disability status of Medicare beneficiaries

As part of the Data for Race and Ethnicity (DARE) project, the DSC is collaborating with Innovative Management Strategist and HCD International to conduct an environment scan and an extensive literature search focusing on current methods for collecting data. The team will also develop a business process model that will include recommendations for cost-effective methods and sources for collecting data for race, ethnicity, gender, primary language, and disability status of Medicare beneficiaries.

## **Improving Patient Safety – System Implementation for LEP Patients**

The Disparities Solutions Center, in collaboration with Abt Associates, Inc. in Cambridge, MA, was awarded a four-year contract by the Agency for Healthcare Research and Quality (AHRQ) to develop tools to reduce medical errors and improve care for limited English proficiency (LEP) patients in hospitals. The project uses a robust mixed methods approach to 1) identify the role of language and cultural barriers on patient safety events; 2) document how hospitals are addressing the safety of LEP and culturally diverse patients; and 3) provide guidance and tools for how hospitals can address these issues. The final products, currently in development, include a Hospital Guide and a TeamSTEPS Training Module focused on improving team communication to reduce medical errors for LEP patients.

The Hospital Guide will provide quality and safety leaders within hospitals a variety of key guidelines and strategies for identifying, reporting, and addressing medical errors that occur as a result of language barriers in LEP and culturally diverse patients. The Guide will also provide hospital leaders with systems-level information on how to develop reporting systems that can successfully capture medical errors that predominantly affect LEP patients as well as modalities that can be

implemented to prevent errors for LEP and culturally diverse patients. The TeamSTEPS training module is designed for the full interprofessional care team, including interpreters, and includes a case-based video vignette of an LEP patient in the emergency room. The goal of the Module is to help the interprofessional care team acquire the knowledge, attitudes, and behaviors needed to reduce the number and severity of patient safety events that affect LEP and culturally diverse patients. These tools will be available in the fall of 2012.

## **Interprofessional Curriculum: Providing Safe & Effective Care for Patients with LEP**

Health professions students do not typically receive formal training on the key principles of patient safety and the prevention of medical errors, and there exist few, if any, curricula that focus on safety for patients with LEP. The lack of training in this area affects the preparedness of medical and nursing students, residents, and ultimately practicing clinicians to care for the growing number of patients with LEP in the U.S.

To address this, the Disparities Solutions Center, in collaboration with the MGH Institute of Health Professions and with the support of The Josiah Macy Jr. Foundation is developing an interprofessional curriculum to educate students in the health professions to:

- Understand the evidence of disparities and high rate of medical errors, particularly for patients with limited English proficiency
- Work effectively with interpreters and other care team members to ensure safe, high quality care for patients with LEP
- Explore how systems of care can be improved to ensure quality and safety for patients with LEP in a team environment

The curriculum will be built on a web-based teaching platform with associated classroom sessions and online group assignments. Curriculum content and teaching approaches are being developed based on focus group feedback from Harvard Medical School and

MGH IHP School of Nursing students and faculty. The course will be pilot tested with an interprofessional group of students from Harvard Medical School and the MGH IHP School of Nursing in 2013.

Ultimately, this curriculum aims to promote transformation of the healthcare system toward prioritizing the needs of culturally diverse patients with LEP and to contribute to advancing the field of interprofessional education and team-based care.

### **DSC Web Seminar Series**

In an effort to disseminate the latest information on disparities interventions, findings from important disparities research, and health policy updates regarding disparities reduction efforts, the DSC hosts regular web-based seminar series. The series is comprised of web seminars that feature informative presentations from leaders in the field. Following the presentation is a facilitated discussion and question-and-answer session with panelists and audience members. This web seminar was developed with funding generously provided by Merck Inc.

#### *Diabetes: Practical Approaches to Preventing Diabetes Complications in Vulnerable Populations – March 22nd, 2012*

This web seminar showcased practical approaches for addressing racial/ethnic disparities in diabetes management and innovative strategies to address and prevent diabetes complications, with a particular focus on multicultural and minority populations.

The panel of experts included:

- Joseph Betancourt, MD, MPH – Director, The Disparities Solutions Center at Massachusetts General Hospital, Boston, MA
- Athena Philis-Tsimikas, MD – Corporate Vice President, Scripps Whittier Diabetes Institute, San Diego, CA
- Lenny López, MD, MDiv, MPH – Senior Faculty, The Disparities Solutions Center at Massachusetts General Hospital, Boston, MA

- Robert Havasy – Project Specialist and mHealth Strategist at the Center for Connected Health at Massachusetts General Hospital

### **DSC Web Seminar Series in Partnership with the Health Research and Educational Trust of the American Hospital Association (HRET)**

Focusing on strategies to reduce disparities in care and improving health care equity is more important for hospitals and health systems than ever before. To provide the latest information on disparities interventions and findings from important disparities research, the Health Research and Educational Trust of the American Hospital Association and the Disparities Solutions Center at Massachusetts General Hospital jointly hosted a webinar.

#### *Improving Quality and the Patient Experience: Creating Culturally Competent Healthcare Organizations – May 3rd, 2012*

This web seminar highlighted activities being taken by healthcare leaders to assure that they are training their staff and building the systems needed so that their organizations are culturally competent and prepared to meet the needs of diverse populations. The panelists provided key perspectives on real-world initiatives in cultural competence, and how they are linked to quality and patient experience.

The panel of experts included:

- Joseph Betancourt, MD, MPH – Director, The Disparities Solutions Center at Massachusetts General Hospital, Boston, MA
- Arie Nettles, PhD, NCSP, HSP – Associate Professor of Clinical Pediatrics, Monroe Carell Jr. Children's Hospital at Vanderbilt
- Kirk Dabney, MD – Pediatric Orthopaedic Surgeon, Nemours/Alfred I. duPont Hospital for Children
- Brenda Battle, RN, MBA – Director, Center for Diversity and Cultural Competence, Barnes Jewish Hospital

# Major Accomplishments and Partnerships

## Local: Massachusetts General Hospital/ Partners Healthcare System

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

The DSC hosts regular discussion forums to disseminate the latest information on interventions, findings from research, and health policy updates regarding disparities efforts. These discussion forums feature informative presentations from experts in the field as well as context, perspectives, and opinions from key healthcare stakeholders. Following the presentation is a facilitated discussion period between presenters and attendees.

### *Bridging the Digital Divide in Health Care: The Role of Health Information Technology (HIT) in Addressing Racial and Ethnic Disparities – November 29, 2011*

Dr. Lenny López, Attending Physician, Brigham and Women's Hospital, Instructor in Medicine, Harvard Medical School, Assistant at Mongan Institute for Health Policy, and Senior Faculty at the Disparities Solutions Center at Massachusetts General Hospital presented recommendations for how health care organizations might adopt, expand, or tailor their HIT systems to better address disparities. Dr. Adrian Zai, Clinical Director of Population Informatics at Massachusetts



General Hospital and instructor in Medicine at Harvard Medical School, provided commentary and discussed where the field is heading.

### Stand Against Racism

The Disparities Solutions Center, the Multicultural Affairs Office, the Center for Community Health Improvement, the Department of Emergency Medicine, and the Patient Care Services came together to host this year's Annual YWCA Stand Against Racism Event. *Stand Against Racism™* is a national movement that was initiated in 2007 to raise awareness that racism still exists in our communities. The objective of these "Stands" is to bring organizations around the nation together to unite and eliminate racism.

### *Annual YWCA Stand Against Racism Event – April 27, 2012*

This event featured a lecture from Charlotte Kahn, co-founder and director of the Boston Indicators Project. The Project analyzes and publicizes data in 10 subjects – ranging from economics to health – for Boston, its neighborhoods and the surrounding region. In her presentation, "Widening Income Inequality and its Effects on Racial/Ethnic Disparities in Boston and Beyond," Ms. Kahn revealed some unsettling local statistics – including that Suffolk County is among the top 50 most unequal counties in the nation. To read Boston Indicators Project reports, visit [www.bostonindicators.org](http://www.bostonindicators.org).

### 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 within 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 hospital-based efforts to identify and reduce health care disparities, as outlined below.

### *Training Summit – Cultural Competency and Diversity Training for all Staff*

Convened by the MGH Committee on Racial and Ethnic Disparities, the Training Summit developed uniform goals and objectives for trainings offered in the area of disparities and cross-cultural care at the hospital. The Summit convened representatives from departments throughout the hospital that provide disparities-related and cross-cultural care trainings to their staff. The goal of the Summit was to develop a core set of hospital-wide guidelines, key learning objectives and unifying principles that will be used in the training of all MGH faculty and staff (clinicians, non-clinical staff, service staff, etc.). Five core competency areas were identified, and recommendations were disseminated in the summer of 2012.

### *Annual Report on Equity in Health Care Quality*

Under the auspices of the Massachusetts General Hospital Committee on Racial and Ethnic Disparities, the DSC helped develop and disseminate the hospital's fifth annual Racial and Ethnic Disparities Dashboard renamed the Annual Report on Equity in Health Care Quality. The goal of the AREHQ is to monitor key components of quality by race and ethnicity, identifying key areas for quality improvement, and reporting on the progress of initiatives addressing disparities at MGH. The AREHQ provides an overview of the diversity of the hospital's patients and data regarding interpreter service use, 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: <http://qualityandsafety.massgeneral.org/>

### *MGH Disparities Forum featuring Dr. Augustus A. White – November 30, 2011*

The 2011 MGH Disparities Forum was the fifth forum sponsored by the MGH Committee on Racial and Ethnic Disparities since 2006 and featured Dr. Augustus A. White, MD, MPH, Orthopaedic Surgeon-in-Chief, Emeritus at Beth Israel Deaconess Medical Center and the Ellen and Melvin Gordon Distinguished Professor of Medical Education and Professor of Orthopaedic Surgery at Harvard Medical School. He has conducted extensive research and interviews with leading physicians for his book, *Seeing Patients: Unconscious Bias in Health Care*, to show how subconscious stereotyping influences doctor-patient interactions, diagnosis, and treatment. This forum presented current issues and topics around disparities and health to MGH and the local community. The Disparities Forum was co-sponsored by The Disparities Solutions Center, The Center for Community Health Improvement, Patient Care Services, the Multicultural Affairs Office, the Association of Multicultural Members of Partners, and the Massachusetts General Physicians Organization.

### *Improving Care for Patients with Limited English Proficiency (LEP)*

As part of the DSC's efforts to develop strategies and systems to prevent medical errors among patients with limited English proficiency, we began piloting the following initiatives: 1) interpreter rounds; 2) executive quality & safety rounds focused on LEP; and 3) interpreter training initiatives.

- Interpreter Rounds – With oversight and training from the Manager of Interpreter Services, select interpreters have been trained to conduct rounds on a random sample of patients with LEP. The purpose of these rounds is to assess

# Major Accomplishments and Partnerships

patients' knowledge of interpreter services and whether patients' language needs are being met during inpatient hospital stays. Results are pending, and data from this pilot project will be used to inform further quality and safety initiatives focused on LEP patient care.

- Executive Quality & Safety Rounds – The Director of Interpreter Services accompanies the Center for Quality and Safety team and Senior Executive on an intermittent basis on Walk Rounds to various inpatient and ambulatory practice units. The rounds include targeted questions for staff on their concerns and questions regarding care for patients with LEP. If a number of issues are raised, the Director of Interpreter Services will return to the unit for follow-up education.
- Training Initiatives – The DSC created a targeted and collaborative training program for interpreters on improving care for patients with LEP. The goal is for interpreters to be aware of patient safety events and to feel empowered as critical members of the care team.

## *Exploring Patient Experience: Racial and Ethnic Minority Patients*

In 2012, the DSC conducted a targeted survey to racial/ethnic minority patients, which included questions related to standard patient experience domains (e.g. experience of scheduling, health care services, referrals, unmet needs) and disparities-related issues (e.g. experiences of perceived discrimination or unfair treatment). This survey is based on a previous survey conducted in 2004 among racial and ethnic minority patients at MGH and includes questions drawn from a number of national surveys on patient experience, cultural competency, bias and discrimination, and patient/provider communication.

## *Patient Activation Campaign*

In 2011, MGH launched a poster campaign modeled after the Joint Commission and Centers for Medicare and Medicaid Services' Speak Up campaign. Speak Up urges patients to take an active role in preventing health care errors by becoming involved and informed participants of their health care team. At MGH, posters encouraging patients to become partners in their care were posted in English and Spanish in main lobbies of the hospital and outpatient centers, as well as MGH community-based health centers in the Boston area.

## *Chelsea Diabetes Management Program*

The DSC, in collaboration with the MGH Chelsea Health Care 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 Health Care 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 lessons and promote a community-based peer support system.

As of September 2011, more than 700 patients have been reached by the program. This includes visits with a bilingual coach and bilingual nurse educator, as well as group classes, support groups and clinical visits with a nurse practitioner. The Chelsea Diabetes Management Program is transitioning into the new team-based care management model and includes all chronic diseases for all health center patients.

### *Colorectal Cancer Screening Disparities Program*

In 2006, MGH found disparities in colorectal cancer (CRC) screening between Latinos and whites at the MGH Chelsea Health Care Center. To address this disparity, the DSC, the MGH Gastroenterology Unit, the Center for Community Health Improvement, and MGH Chelsea Health Care Center designed the Chelsea Colorectal Cancer Screening Program, a quality improvement and disparities reduction intervention. The program focuses on patient 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.

### *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. A pilot project led by Albert Yeung, MD, SciD and Nhi-Ha Trinh, MD, MPH 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. As part of a demonstration project, the team trained nurse case managers in culturally competent psychiatric care. These nurse case managers care for a cohort of high-cost Medicare patients with 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. They also received a grant from The Robert Wood Johnson Foundation “Finding Answers” program to test a new culturally competent approach to address disparities in depression.

### **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). DSC staff members provide support for the activities of the committee. The mission of the Cross-Cultural Care Committee (CCCC) is to foster the development of curricula and faculty to prepare Harvard medical students with the knowledge, skills and attitudes needed to provide the highest quality of care for patients of all social and cultural backgrounds, and to work towards the elimination of disparities in health and health care.

### *Educational Experiences*

The CCCC developed a range of learning experiences on cross-cultural care and integrated them into several required courses, including: the Introduction to the Profession sequence for all entering Harvard medical students; the Patient-Doctor course sequence focusing on history taking and communication skills; and Pathophysiology. Using simulated patient cases, the CCCC teaches cross-cultural issues to students who now complete a 2-hour interactive e-learning program on cross-cultural care. In addition, the CCCC educates teachers by providing several faculty development seminars and workshops on cross-cultural care each year. This has led to a core group of highly trained faculty with expertise in teaching these issues.

# Major Accomplishments and Partnerships

## Harvard Medical School Student Survey

Dr. Green led the development of a four-year survey to assess HMS students' preparedness and skill to provide cross-cultural care, and to assess the educational curriculum at HMS. The electronic survey was distributed to all HMS students in the fall of 2009, 2010, and 2011 with an overall response rate of 60.2 percent. The survey tracked students' attitudes, skills, and level of preparedness, across different levels of medical education, regarding the provision of cross-cultural care. The role of the HMS curriculum in shaping students' perspectives and experiences in this area are also being explored. Findings from the survey were shared internally and will be used to inform further development of the HMS curriculum. Publications using the survey data are in process.

## Dissemination

### 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 resources for the public. The website has had over 71,200 visits in the past year. DSC resources and tools continue to be downloaded from the website. Improving Quality and Achieving Equity: A Guide for Hospital Leaders was one of our most downloaded and accessed resource. During this year, it was downloaded over 1,200 times.

### Distribution List and E-Newsletter

The DSC distributes 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 we have over 4,000 members from the health care community throughout the country. The distribution list allows us to provide pertinent announcements from other leading health care organizations and is a mechanism for the national dissemination of disparities related news and events.

The screenshot shows the homepage of the The Disparities Solutions Center (DSC) website. At the top left is the Massachusetts General Hospital (MGH) logo. The main header reads "THE DISPARITIES SOLUTIONS CENTER". Below this is a navigation menu with links: Home, About Us, Projects, Expertise, Resources, News and Events, Opportunities, and Feedback. A banner image shows two people in a clinical setting. To the right of the banner, the text reads "THE DISPARITIES SOLUTIONS CENTER at MASSACHUSETTS GENERAL HOSPITAL" and "Dedicated to eliminating racial and ethnic disparities in healthcare". On the left side, there is a "Quick Links" section with a list of links: Sign Up, Donate, Speakers, Contact Us, Directions, Search, and Site Map. Below the quick links are social media icons for Facebook and YouTube. The main content area features a "Welcome" section with a paragraph of text and a bulleted list of three key mission areas: "Serving as a change agent", "Developing and evaluating customized policy and practice solutions", and "Providing education and leadership training". At the bottom, there is a paragraph describing the center's goal and its composition of multidisciplinary experts.

# 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\*:

## I. Year 1: July 2005 - June 2006

Blue Cross Blue Shield of Massachusetts Foundation	123,818
Boston Public Health Commission	25,000
Harvard Medical School	15,000
The California Endowment	14,427
The Robert Wood Johnson Foundation	511,250
The Robert Wood Johnson Foundation	
Cultural Competence Consultation	15,000
The State of Delaware	51,678
<b>Total</b>	<b>756,173</b>

## II. Year 2: July 2006 - June 2007

Aetna Foundation	300,000
HMS Academy Center for Teaching and Learning	10,000
Jane's Trust	125,000
Merck, Inc.	50,000
National Committee for Quality Assurance	23,361
Patient Donation	40,000
Robert Wood Johnson Foundation	499,644
<b>Total</b>	<b>1,048,005</b>

## III. Year 3: July 2007 - June 2008

HMS Academy Center for Teaching and Learning	15,000
Jane's Trust	100,000
Massachusetts Department of Public Health	7,500
Merck	50,000
MGH Multicultural Affairs Office	15,700
Patient Donations	55,250
Tufts Health Plan Foundation	99,979
University of Puerto Rico	43,648
<b>Total</b>	<b>387,077</b>

## IV. Year 4: July 2008 - June 2009

Aetna Foundation	199,200
Boston Public Health Commission	7,500
HMS Academy Center for Teaching and Learning	15,000
MGH Multicultural Affairs Office	10,000
Patient Donations	86,159
Schwartz Center	14,998
Tufts Health Plan Foundation	149,990
<b>Total</b>	<b>482,847</b>

# Funding and Donations

## V. Year 5: July 2009 - June 2010

AHRQ	240,000
AHRQ/Abt	224,055
Aligning Forces For Quality	27,000
Amgen Foundation	249,386
Centers for Medicare and Medicaid Services	36,689
HMS Academy Center for Teaching and Learning	15,000
Merck, Inc.	48,205
MGH Multicultural Affairs Office	10,000
Patient Donations	132,000
<b>Total</b>	<b>982,335</b>

## VI. Year 6: July 2010 - June 2011

HMS Academy Center for Teaching and Learning	15,000
MGH Multicultural Affairs Office	7,000
National Quality Forum	34,995
Patient Donations	81,990
<b>Total</b>	<b>138,985</b>

## VII. Year 7: July 2011 - June 2012

Aetna Inc.	25,000
Aetna Foundation	199,504
Amgen Foundation	313,168
California HealthCare Foundation	20,000
DentaQuest	25,000
The Commonwealth Fund	19,875
Macy Foundation	289,779
Merck	27,125
<b>Total</b>	<b>919,451</b>

\*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

Betancourt JR, Renfrew MR. Unequal treatment in the US: lessons and recommendations for cancer care internationally. *J Pediatr Hematol Oncol* 2011;33 Suppl 2:S149-53.

Lapatin S, Gonçalves M, Nillni A, Chavez L, Quinn RL, Green A, Alegria M. Lessons from the Use of Vignettes in the Study of Mental Health Service Disparities. *Health services research* 2012;47(3pt2):1345-1362.

López L, Grant RW. Closing the Gap: Eliminating Health Care Disparities among Latinos with Diabetes Using Health Information Technology Tools and Patient Navigators. *Journal of diabetes science and technology* 2012;6(1):169.

López L, Green AR, Tan-McGrory A, King R, Betancourt JR. Bridging the digital divide in health care: the role of health information technology in addressing racial and ethnic disparities. *Jt Comm J Qual Patient Saf* 2011;37(10):437-45.

López L, Jha AK. Outcomes for Whites and Blacks at Hospitals That Disproportionately Care for Black Medicare Beneficiaries. *Health Services Research* 2013;48(1):114-128.

Roberts SR, Crigler J, Lafferty WE, Bonham AJ, Hunter JL, Smith AJ, Banderas JW, Early GL, King RK. Addressing social determinants to improve healthcare quality and reduce cost. *J Healthc Qual* 2012;34(2):12-20.

Rodriguez F, Joynt KE, López L, Saldana F, Jha AK. Readmission rates for Hispanic Medicare beneficiaries with heart failure and acute myocardial infarction. *Am Heart J* 2011;162(2):254-261 e3.

Rodriguez F, Peralta CA, Green AR, López L. Comparison of C-reactive protein levels in less versus more acculturated Hispanic adults in the United States (from the National Health and Nutrition Examination Survey 1999-2008). *Am J Cardiol* 2012;109(5):665-9.

Teal CR, Gill AC, Green AR, Crandall S. Helping medical learners recognise and manage unconscious bias toward certain patient groups. *Medical education* 2012;46(1):80-88.

## Media

### *Popular Media Coverage*

Spasifik Magazine - June 2012

“GPS Conference Searches to Break Healthcare Barriers”

Courier-Journal - May 2, 2012

“Nationally-recognized Louisville Program Helps the Poor Stay Healthy”

Neighborhood Health Plan Pressroom - April 18, 2012

“Neighborhood Health Plan to Partner with Greater Lawrence Family Health Center to Improve ‘Postpartum and Well Child Visit Rates in Latina Community’ “

eHarlem TV - September 23-24, 2011

“Diversity Doctor 2011”

Great Boards Newsletter, the American Hospital Association - Fall 2011

“A Call to Action; A Time for Leadership”

Minnesota Hospital Association - May 13, 2011

“Allina’s Wheeler, Johnson selected for Disparities Leadership Program”

Disparities Solutions Center at MGH - April 19, 2011

“16 health care organizations selected for national leadership program to eliminate racial and ethnic disparities in health care”

# Awards, Recognition and Sponsorships

## Awards and Recognition

### *2011 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. Dr. Betancourt has been on the Powermeter since its inception in 2005. Recipients were selected based on their achievements and contributions through their work and fields to the advancement of the Hispanic community in Massachusetts in 2011.

### *2011-2012 Fulbright Regional Network for Applied Research (NEXUS) Scholar from the Fulbright Program*

**Dr. King** has been selected as one of the 2011-2012 Fulbright Nexus Scholars from the United States. Fulbright NEXUS was launched in August 2010 and is organized through the U.S. State Department's Bureau of Educational and Cultural Affairs. The Fulbright NEXUS Program supports U.S. foreign policy priorities by sharing best practices to fight poverty and encourage innovation in creative, market-driven and socially responsible ways.

### *2012 SNMA Legacy Award for Outstanding Achievement*

The Student National Medical Association (SNMA) awarded **Dr. Landry** the 2012 SNMA Legacy Award. SNMA is committed to supporting current and future underrepresented minority medical students, addressing the needs of underserved communities, and increasing the number of clinically excellent, culturally competent and socially conscious physicians.

### *2012 MACEP Distinguished Service Award*

The Massachusetts College of Emergency Physicians (MACEP) is dedicated to advancing excellence in emergency care, and advocating for emergency physicians, their patients and the health of the community. MACEP was proud to recognize **Dr. Landry** for his representation of Emergency Physicians with the Boston Public Health Commission's NeighborCare and Equity Dashboard task groups.

## Sponsorships

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

- Mattapan Community Health Center's 15th Annual Health Care Revival

# Faculty and Staff

## Joseph Betancourt, MD, MPH – Director

Dr. Betancourt directs the Disparities Solutions Center, which works with healthcare organizations to improve quality of care, address racial and ethnic



disparities, and achieve equity. He is an Associate Professor of Medicine at Harvard Medical School, Director of Multicultural Education for Massachusetts General Hospital (MGH), Senior Scientist at the Mongan Institute for Health Policy at MGH, and an

expert in cross-cultural care and communication. Dr. Betancourt served on several Institute of Medicine committees, including those that produced *Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care* and *Guidance for a National Health Care Disparities Report*. He has also advised federal, state and local government, foundations, health plans, hospitals, health centers, professional societies, trade organizations, pharma, and private industry on strategies to improve quality of care and eliminate disparities. He has received grants from foundations and the federal government, and published extensively in these areas. He is a practicing internist, co-chairs the MGH Committee on Racial and Ethnic Disparities, and sits on the Boston Board of Health as well as Health Equity Committee and the Massachusetts Disparities Council.

## Alexander Green, MD, MPH – Associate Director

Dr. Green is the Associate Director of the Disparities Solutions Center and Senior Scientist at the Mongan 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.

## Aswita Tan-McGrory, MBA, MSPH – Deputy Director

In her role as Deputy Director at the Disparities Solutions Center, Ms. Tan-McGrory



is a key member of the senior management team and supervises the broad portfolio of projects and administration of the Center. In addition, she works closely with the Director to chart the DSC's future growth and strategic

response to an ever-increasing demand for the Center's services. Her interests are in providing equitable care to underserved populations and she has over 18 years of professional experience in the areas of disparities, maternal/child health, elder homelessness, and HIV testing and counseling. She received her Master of Business Administration from Babson College and her Master of Science in Public Health, with a concentration in tropical medicine and parasitology, from Tulane University School of Public Health and Tropical Medicine. Ms. Tan-McGrory is a Returned Peace Corps Volunteer where she spent 2 years in rural Nigeria, West Africa, on water sanitation and Guinea Worm Eradication projects.

## Roderick King, MD, MPH – Senior 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 & workforce development, and improving health systems performance as they relate to addressing health disparities and

# Faculty and Staff

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 US Commitment to Global Health". In addition, 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 US Public Health Service, U.S. Department of HHS.

## **Lenny López, MD, MPH, MDiv - Senior Faculty**

Dr. López is Senior Faculty at the Disparities Solutions Center, an internist trained at the Brigham and Women's Hospital (BWH) and an Assistant at the Mongan Institute for Health



Policy at Massachusetts General Hospital (MGH). Dr. López was the former Aetna/Disparities Solutions Center (DSC) Healthcare Disparities Fellow and completed the Commonwealth Fund Fellowship in Minority Health Policy at the Harvard

School of Public Health and received his MPH in 2005. He joined the Mongan Institute for Health Policy in 2008 after his two year fellowship in epidemiology and statistics at the Harvard School of Public Health. His research interests extend across a range of issues relating to racial and ethnic disparities including language barriers and patient safety, quality measurement and improvement in hospital care and the impact of health information technology on disparity reduction. He has several publications from his fellowship research on these topics, as well as publications relating to his interests in the ethics of health care delivery and graduate medical education. Dr. López received his medical

degree from University of Pennsylvania in 2001, completed his residency at Brigham and Women's Hospital, Boston, MA in 2004, and received a Master of Divinity from the Harvard Divinity School in 1999.

## **Alden Landry, MD, MPH - Senior Faculty**



Dr. Landry is Senior Faculty at the Disparities Solutions Center at Massachusetts General Hospital, and an emergency medicine physician at Beth Israel Deaconess Medical Center. He also holds other academic positions including Associate

Director of the Office of Multicultural Affairs at Beth Israel Deaconess Medical Center and Faculty Assistant Director of the Office of Diversity Inclusion and Community Partnership at Harvard Medical School. He received his BS from Prairie View A&M University in 2002, MD from the University of Alabama in 2006 and completed his residency in Emergency Medicine at the Beth Israel Deaconess Medical Center in 2009. In 2010, he earned an MPH from the Harvard School of Public Health. He completed the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy in 2010 as well. He was also awarded the Disparities Solutions Center/Aetna Fellow in Health Disparities award in 2010-2011. In addition to his clinical interests, Dr. Landry is involved in research on emergency department utilization trends, disparities in care, and quality of care. He co-instructs two courses at Harvard School of Public Health and teaches cultural competency to residents. He works with numerous organizations to eliminate health disparities and increase diversity in the health care workforce. Dr Landry mentors students from high school to medical school encouraging careers in the health professions.

**Megan Renfrew, MA – Senior Project Coordinator**

Ms. Renfrew is a Senior Project Coordinator at the Disparities Solutions Center and oversees the implementation and evaluation of the community-based health intervention programs. Ms. Renfrew has over eight years of professional experience in public health research, project management, and program evaluation, with a specialization in qualitative methods. She received a Masters Degree in Gender and Cultural Studies from Simmons College.



community health clinic in East Los Angeles and a sexual health course instructor for juvenile offenders at a central Los Angeles probationary school. Before joining the DSC, he researched the use of web-based interactive multimedia for HIV prevention in the minority MSM community.

**Matthew Bondaryk – Research Assistant**

Mr. Bondaryk is a Research Assistant at the Disparities Solutions Center. He received his Bachelor of Arts in Political Science from Davidson College in North Carolina. As a registered Emergency Medical Technician, Mr. Bondaryk volunteered in a variety of community health efforts in both Boston and Davidson, North Carolina. Prior to joining the Center, he served as a Peace Corps Volunteer in the southern African country of Mozambique. He worked with a community-based association that organized home-based care visits for People Living with HIV/AIDS. In 2011, he led a youth HIV prevention and communications project that offered HIV educational services to over 600 Mozambicans across the country.



**Jacob Nudel, BA – Research Assistant**

Mr. Nudel is a Research Assistant at the Disparities Solutions Center. He graduated with a Bachelor of Science in Anthropology from Bates College in Maine. During his time at Bates he was the President of the Immigrant Rights Advocacy Group and a co-founder of the Refugee Volunteers program. Jake’s senior thesis analyzed the gendered nature of local struggles over development in a Tanzanian village. After graduating, he worked with a Tanzanian women’s NGO to develop a dairy farm and micro-lending program for poor farmers. Before joining the DSC he researched anxiety disorders at the Yale University Child Study Center.



**Wanda Vega – Program Assistant**

Ms. Vega is a Program Assistant at the Disparities Solutions Center and is presently working on her Bachelor of Science in Human Services/Management from the University of Phoenix Online. During Ms. Vega’s career at the Massachusetts General Hospital, she worked with the Clinical Care Management Unit, providing the infrastructure necessary for MGH to analyze and improve the quality and efficiency of its clinical services. She also worked with the Center for Integration of Medicine & Innovative Technology (CIMIT), where she coordinated their Weekly 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’s Boston Office.



**Jason Duong – Research Assistant**

Mr. Duong is a Research Assistant at the Disparities Solutions Center. He received his Bachelor of Science in Health Promotion and Disease Prevention Studies and his Bachelor of Arts in Spanish from the University of Southern California (USC). While at USC, he was the director of the Political Student Assembly, coordinating events for the student body, including a visit from President Barack Obama. Mr. Duong was also actively involved in community health efforts in the Los Angeles area, serving as a Spanish language interpreter and health liaison for a student-run



# DSC Associates Program

## 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
- 2-year renewable appointments

DSC Associates responsibilities include:

- Attending one 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 2-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)

## 2011-2012 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*

Director, Practice-Based Research &  
Quality Improvement Network  
General Medicine Division  
Associate 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

*Allison Bryant Mantha, MD, MPH*

Instructor, Harvard Medical School  
Assistant in Gynecology and Obstetrics,  
Massachusetts General Hospital

*Areas of Interest:* Improving interconception health and health care, including achieving adequate birth spacing, to reduce racial/ethnic and socioeconomic disparities in birth outcomes.

*Jay Bhatt, DO, MPH, MPA*

Fellow, University of Michigan Dept. of Geriatrics/  
Internal Medicine

*Areas of Interest:* Improving care for vulnerable populations through strengthening primary care, advocacy, systems redesign, quality improvement, and community engagement.

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

Director, Institute for Optimizing Health and Health Care (IOHHC)

Health Policy Researcher, Harvard School of Public Health

Clinical Instructor, Department of OB/GYN, Beth Israel Deaconess Medical Center, Harvard Medical School

*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

Associate Professor of Medicine, Harvard Medical School

*Areas of Interest:* Science policy, academic industry relations

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

Senior Associate Medical Director, Office of Clinical Affairs/Office of Medicaid and MassHealth

Health Policy Researcher, Harvard School of Public Health

Clinical Instructor, Department OB/GYN, Beth Israel Deaconess Medical Center, Harvard Medical School

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

**Katherine L. Flaherty, ScD**

Principal Associate, Public Health & Epidemiology, Health Division, Abt Associates, Inc.

*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

**Elizabeth Goodman, MD**

Associate Chief for Community-Based Research, MassGeneral Hospital *for Children*

Associate Director, MGH Center for Child and Adolescent Health Policy

Visiting Professor of Pediatrics, Harvard Medical School

*Areas of interest:* Pathways through which social inequalities in health accrue with a particular focus on understanding biopsychosocial determinants of risk and their interactions in adolescence

**Clemens S. Hong, MD, MPH**

Instructor, Harvard Medical School

Assistant in Medicine, Massachusetts General Hospital

*Areas of Interest:* Developing primary care integrated care management strategies (including the use of community health workers) to address disparities in health care; primary care transformation and the patient centered medical home with a focus on community health centers and safety-net systems; limited English proficiency and disparities in health care; incarceration and health and post-release health care delivery to formerly incarcerated patients.

**Inyang Isong, MD, MPH, SM**

Health Services Researcher, The Center for Child and Adolescent Health Policy, Massachusetts General Hospital

*Areas of interest:* Evaluating family and community determinants of children's oral health status and access to care, and understanding their role in oral health disparities

**Sanja Percac-Lima, MD, PhD, DMD**

Instructor, Department of Medicine, Harvard Medical School

Assistant Physician, Medicine, Massachusetts General Hospital

*Areas of Interest:* Improving colorectal cancer screening rates by lowering barriers in low income and non-English speaking populations

# DSC Associates Program

## *Andrew Loehrer, MD*

Surgical Resident, Massachusetts General Hospital  
Research Fellow, Massachusetts General Hospital  
Codman Center for Clinical Effectiveness in Surgery

*Areas of Interest:* Measurement of surgical quality and the impact of health policy reform on the delivery of surgical care for low-income and minority populations.

## *Fidencio Saldana, MD, MPH*

Faculty Assistant Dean for Student Affairs in the Office of Recruitment and Multicultural Affairs, Harvard Medical School

Attending Physician in Medicine and Cardiology, Brigham and Women's Hospital

*Areas of interest:* Racial disparities and outcomes in cardiovascular disease, and recruitment of underrepresented minorities to the health professions

## *Nhi-Ha Trinh MD, MPH*

Post-Doctoral Fellow, Harvard Medical School

Graduate Assistant,  
Massachusetts General Hospital

Geriatric Psychiatry Fellow, McLean Hospital

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

## *Winfred W. Williams, MD*

Co-Chair, Multicultural Affairs Office Advisory Board, Massachusetts General Hospital

Associate Faculty Member,  
MGH Center for Human Genetic Research  
MGH Transplant Center/Broad Institute of MIT and Harvard

*Areas of Interest:* Genetics of renal disease (genetics of diabetic nephropathy, end stage renal disease, and transplant organ rejection and tolerance); liver transplantation (extracorporeal liver assist device therapy) and racial and ethnic disparities in renal transplantation and health policy in 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 under-served populations, and using complementary and alternative treatment for mood disorders



**THE DISPARITIES  
SOLUTIONS CENTER**

*One Goal - High Quality Care for All*



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Massachusetts General Hospital  
Partners Healthcare  
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