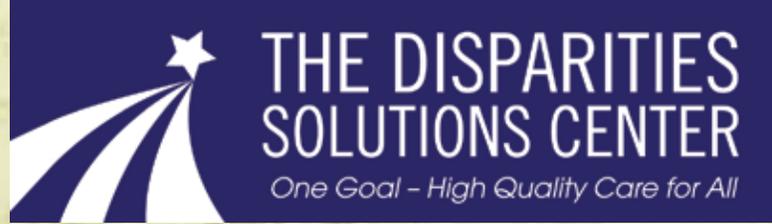




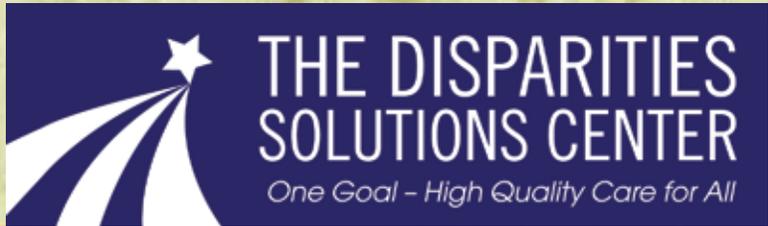
MASSACHUSETTS  
GENERAL HOSPITAL



ANNUAL REPORT  
July 2010 - June 2011

## The Disparities Solutions Center

Mongan Institute for Health Policy  
Massachusetts General Hospital  
Partners Healthcare  
50 Staniford Street, 9th Floor  
Boston, MA 02114



**THE DISPARITIES  
SOLUTIONS CENTER**

*One Goal - High Quality Care for All*



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## Welcome

IT IS WITH GREAT PLEASURE that we present The Disparities Solutions Center's sixth 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 sixth year we are pleased to report many significant accomplishments. These include:

- ▶ Providing leadership and expanding MGH projects focused on identifying and addressing disparities
- ▶ Conducting our fifth Disparities Leadership Program, targeting leaders from hospitals, health plans, and community health centers from around the country, and welcoming our first international participant (Switzerland) with support from the Amgen Foundation, the Agency for Healthcare Research and Quality, Merck, Inc., 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, timely topics in collaboration with the Health Research and Educational Trust of the American Hospital Association
- ▶ Developing a uniform city-wide disparities dashboard with 8-10 measures of primary care access and Emergency Department use in partnership with the Robert Wood Johnson Foundation's Greater Boston Aligning Forces for Quality initiative,
- ▶ Publishing eight papers in national and international journals

- ▶ Continuing our local portfolio of programs that includes our Keeping Current and Looking Back Seminar Series, as well as our Cross-Cultural Film Series
- ▶ Welcoming our fourth Aetna Disparities Fellow, Alden Landry, MD, MPH
- ▶ Welcoming our new research assistant, Jacob Nudel, to the DSC team

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.

Special thanks go to MGH President Dr. Peter Slavin, Dr. Lisa Iezzoni, and the leadership of the Mongan Institute for Health Policy for their continued support of the DSC. We also take a moment to remember Dr. Jim Mongan, who passed away this year. In addition to being an important and influential health care leader nationally and internationally, Dr. Mongan was a strong supporter of the DSC and a key person at Partners HealthCare system who supported our creation. It was a great honor to have his support, and we plan to continue to honor him by carrying out our shared vision of improving quality and achieving equity.

We remain optimistic that we 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. As we approach our seventh 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

#### **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 eliminating disparities. The program includes a one-year HealthCare Disparities Fellowship focused on training in the areas of cultural competence, community oriented research and the elimination of racial/ethnic disparities in health care.

Alden Landry, MD, MPH, joined the DSC as our fourth Aetna/DSC HealthCare Disparities Fellow. As part of the DSC/Aetna Fellowship, Dr. Landry surveyed patients in the emergency room to explore why they use the emergency department services. Dr. Landry's *Keeping Current* Seminar Series presentation focused on patient demographics of emergency department utilization for primary care treatable conditions, patients' rationales for emergency department use, and issues that impact patients' choice of where to receive care.

In addition, the DSC expanded the program this year to include a formal program evaluation by an external consultant which included interviews with all four fellows.

#### **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
  - In-depth knowledge of the field of disparities, including root causes and research to date
  - Cutting-edge quality improvement strategies for identifying and addressing disparities
  - The leadership skills to implement these strategies and help transform their 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, Merck Inc., and Agency for Healthcare Research and Quality (AHRQ).



#### **2010-2011 DLP Class**

The DSC hosted the second meeting of the 2010-2011 Disparities Leadership Program on February 2nd and 3rd in Santa Monica, CA. Participants began the program in May of 2010 and re-convened to present to their projects, progress to date, challenges, successes, and

## Major Accomplishments and Partnerships

next steps to the entire group. The meeting was attended by 29 participants from 15 organizations – including 3 health plans, 6 hospitals, 4 community health centers, and 2 community organizations from 11 different states. 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.

### *2011 – 2012 DLP Class*

The DSC launched the 2011-2012 class by hosting the first meeting on May 19th and 20th, 2011 at the Le Meridian Hotel in Cambridge, Massachusetts. Thirty-two participants from sixteen organizations attended the opening meeting including our first international participant:

#### *Community Health Centers*

Cermak Health Services, Chicago, Illinois  
Mattapan Community Health Center,  
Boston, Massachusetts  
One Love Center for Health,  
Oakland, California

#### *Health Plans*

ODS Health Plan, Portland, Oregon

#### *Hospitals*

Alameda County Medical Center,  
Oakland, California  
Allina Hospitals & Clinics,  
Minneapolis, Minnesota  
AnMed Health, Anderson, South Carolina  
Baylor Health Care System, Dallas, Texas  
Gallup Indian Medical Center,  
Gallup, New Mexico  
Jewish Hospital & St. Mary's Healthcare and  
Louisville Metro  
Department of Public Health,  
Louisville, Kentucky  
Lausanne University Outpatient Clinic (PMU),  
Lausanne, Switzerland  
North Shore Long Island Jewish Health System,  
Lake Success, New York  
St. Mary's Health Care (Trinity Health),  
Grand Rapids, Michigan

The Nemours/Alfred I. duPont Hospital for  
Children, Wilmington, Delaware

#### *Academic Institutions*

University of New Mexico Health Sciences  
Center, Office of Diversity, Albuquerque,  
New Mexico

#### *Professional Organizations*

International Medical Interpreters  
Association, Boston, Massachusetts



### *DiversityRx 2010: The Seventh National Conference on Quality Health Care for Culturally Diverse Populations*

On October 18-21, 2010, sixteen alumni, participants and DSC/DLP faculty participated in 11 panels and 2 poster sessions at the DiversityRx Conference in Baltimore, Maryland. The DSC also hosted an informal networking dinner with 25 representatives from four DLP classes.

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

The DSC and three DLP participants presented their projects at the Institute for Healthcare Improvement's Annual National Forum on Quality Improvement in Healthcare on December 7, 2010 in Orlando, FL. Presenters included Joseph Betancourt, MD, MPH, and Aswita Tan-McGrory, MSPH of the DSC, Sheila Owens-Collins, MD, MPH, MBA, of Community First Health Plan, Robert Faillace, MD, ScM, of St. Joseph's Regional Healthcare System, and Brenda Battle, RN, MBA, of Barnes-Jewish Hospital.

### *The DLP Web Seminar Series*

On December 9, 2010, the DSC launched its Disparities Leadership Program Web Seminar Series. This new series offers a set of more focused and smaller web-based seminars that are open only to DLP participants and alumni. To create and support the peer network learning and living laboratory that is the DLP, this series invites DLP alumni to share their journey and lessons learned with the current participants and other alumni. Our first program was entitled “Keys to Advancing Your Project: Lessons Learned and Models of Change from Disparities Leadership Program Alumni” and featured: Pamela Siren, RN, MPH, Vice President of Quality and Compliance at Neighborhood Health Plan; and Jamie Silva-Steele, RN, BSN, MBA, Administrator of Ambulatory Services, and Susana Rinderle, MA, Manager, Diversity, Equity & Inclusion (DEI) at University of New Mexico Hospitals.

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

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 collaborated to host a pair of webinars in early 2011.

### *Tools for Measuring and Monitoring Equity in Quality: The Hospital Perspective – January 27th, 2011*

The panel of experts included:

Joseph Betancourt, MD, MPH – Director, The Disparities Solutions Center at Massachusetts General Hospital, Boston, MA

James Walton, DO, MBA – Vice President and Chief Health Equity Officer, Baylor Health Care System, Dallas, Texas.

Sarah Rafton, MSW - Director, Center for Diversity and Health Equity, Seattle Childrens Hospital, Seattle, WA

Susana Rinderle, MA – Manager, Diversity, Equity and Inclusion, University of New Mexico Hospitals, Albuquerque, NM

A decision by hospitals to collect race, ethnicity and language data invites an array of new issues and choices. In this webinar, a panel of experts answered questions about moving forward with data collection and reporting quality measures by race, ethnicity and language. In particular, this discussion focused on how this work is related to measuring the patient experience and satisfaction, and to the use of internal and external disparities dashboards to measure and report outcomes.

### *Addressing Disparities in Hospital Readmissions: Developing Strategies for Diverse Populations – April 28th, 2011*

The panel of experts included:

Joseph Betancourt, MD, MPH – Director, The Disparities Solutions Center at Massachusetts General Hospital, Boston, MA

Brian Jack, MD – Professor and Vice Chair, Department of Family Medicine, Boston University School of Medicine/Boston Medical Center, Boston, MA

Richard Balaban, MD – Assistant Director of Hospital Medicine, Cambridge Health Alliance; Assistant Professor of Medicine, Harvard Medical School; and BOOST Mentor, Society of Hospital Medicine, Cambridge, MA

Rohit Bhalla, MD, MPH – Chief Quality Officer, Montefiore Medical Center, Bronx, NYC

As the nation moves towards health care reform, payment reform, and accountable care organizations, preventing unnecessary readmissions will be a key focus of quality improvement and cost control. Recent research highlights that minorities are more

## Major Accomplishments and Partnerships

likely to be readmitted for several conditions, including congestive heart failure, than their white counterparts. Hospitals are now devising system-wide initiatives to prevent readmissions, but a one-size-fits-all approach is unlikely to address disparities in this area. Specific strategies will be necessary to improve quality of care for diverse populations, and prevent avoidable readmission. In this DSC-AHA web seminar, we presented the latest evidence on racial/ethnic disparities in hospital readmission rates, and showcased innovative strategies to address and prevent them, with a particular focus on multicultural and minority populations.

### **Patient Safety Systems for Limited English Proficient (LEP) Patients – Improving Care for LEP Patients**

The Disparities Solutions Center, in collaboration with Abt Associates, Inc. in Cambridge, MA, has been 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 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 TeamSTEPPS 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 with 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 TeamSTEPPS 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 2012.



## **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 presentations is a facilitated discussion period between presenters and attendees.

#### *Patient Characteristics and Physician Quality Scores: Implications for Racial/Ethnic Disparities - March 17th, 2011*

This seminar featured a presentation from Clemens Hong, MD, MPH, a physician researcher in the General Medicine Division at MGH, and a primary care practitioner at the

MGH Charlestown HealthCare Center, as well as a DSC Associate. Dr. Hong presented on how a providers' patient panel impacts his or her clinical performance measures and Pay-for-Performance. In addition, Dr. Hong discussed the impact of provider-level performance measurement on resource allocations to physicians serving vulnerable patients.

#### *Emergency Department Utilization: Who uses the Emergency Department and Why? - June 16, 2011*

Alden Landry, MD, MPH, emergency medicine physician and Director of Outreach for the Office of Multicultural Affairs at Beth Israel Deaconess Medical Center, and Aetna/Disparities Solutions Center HealthCare Disparities Fellow, discussed his current work on emergency department utilization for low acuity complaints. The presentation focused on patient demographics of emergency department utilization for primary care treatable conditions, patients' rationales for emergency department use, and issues that impact patients' choice of where to receive care.

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

In 2008, the DSC launched the Looking Back Seminar Series, a counterpart to the DSC's *Keeping Current Seminar Series*. The *Looking Back Seminar Series* focuses on key historical topics related to race and the health care system, and highlights how they impact disparities today. These seminars are led by Drs. Michael Byrd and Linda Clayton, authors of the Pulitzer-prize nominated volumes, "American Health Dilemma," and nationally known health policy experts whose work heavily focuses on the medical history and health experience of African-Americans and other disadvantaged populations in the U.S. health system.

#### *Racial and Ethnic Disparities and Dysfunction in Health and Health Care: Historical and Contemporary Issues - October 5, 2010*

In this third event of the *Racial and Ethnic Disparities: Looking Back Seminar Series*, Drs. W. Michael Byrd and Linda A. Clayton's



## Major Accomplishments and Partnerships

presentation explored how racial and ethnic disparities originated and evolved over time, including how root causes initiating the need for cultural competence in the context of the U.S. health system's eleven structural components. They include health care financing, medical and social culture, health system function/dysfunction, and other variables, such as social determinants.

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

The DSC and the MGH Multicultural Affairs Office (MAO) collaborated in 2007 to launch a new film series with the goal of engaging participants in topics that impact the quality of medical care. The film series focuses on increasing awareness about disparities, and exploring ways to improve communication through cultural competence. Each film is followed by an expert panel discussion, a question and answer period, and, when possible, small group discussions. Participants are also given tools and resources for their professional and academic work.

### *Crash: Stereotypes in Society ... and Healthcare? - December 15, 2010*

This event featured two short film segments from the movie *Crash* and ABC's *20/20: Race and Sex - What We Think (but Can't Say)* to highlight the issue of unconscious bias. These segments generated discussions around how stereotypes and discrimination permeate our environment in both conscious and unconscious ways. Two expert panelists led the discussion and linked them to health care: Alexander Green, MD, MPH, Associate Director of the Disparities Solutions Center and author of the article "Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients"; and LeRoi Hicks, MD, MPH, Assistant Professor in Medicine in the Division of General Medicine and Primary Care at Brigham and Women's Hospital and a Lecturer in Health Care Policy at the Harvard Medical School.

### *Cross-Cultural Care: Caring for Transgender Patients - March 30th, 2011*

As part of LGBT Health Awareness Week at MGH, the DSC/MAO Film Series explored the topic of transgender health and barriers to care, including a discussion of culturally competent approaches to care delivery. We featured the short film, "TRANSforming Healthcare: Transgender Cultural Competency for Medical Providers." Speakers included Ruben Hopwood, MDiv, Coordinator of the Transgender Health Program at Fenway Health; Pam Klein, RN, a nurse at Boston Health Care for the Homeless; Patricia Raney, MD, staff physician at Fenway Health, and Elizabeth Rivera-Valentine, Community Organizer & Web Designer of TransCEND; A New Program of AIDS Action Committee.



### **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 projects including the Training and Patient Experience Summit and the Patient Activation Poster Campaign.

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

Convened by the MGH Committee on Racial and Ethnic Disparities, the Training Summit develops uniform goals and objectives for trainings 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 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 have been identified and proposed recommendations are in final stages of development.

### *Patient Experience Summit - Capturing Racial and Ethnic Minority Patients' Experiences*

The Patient Experience Summit develops reporting mechanisms that more accurately assess patient experience, particularly for racial and ethnic minority patients. For example, a pilot project with Medical Interpreter Services was implemented to help identify clinical situations that might lead to medical errors in patients with limited-English proficiency. A range of issues were documented, including several incidents with major implications for quality and safety (e.g. misuse of interpreter services, informed consent without interpreters, providers using poor language skills) and several other incidents related to cultural issues and professionalism. These findings are being used to support a host of hospital-wide initiatives to address patient safety for LEP and culturally diverse patients.

### *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.

### *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 fourth annual Racial and Ethnic Disparities Dashboard. The goal of the Disparities Dashboard 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 Dashboard 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.

### *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

## Major Accomplishments and Partnerships

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.

### *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. 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. 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 recently received a grant from The Robert Wood Johnson Foundation "Finding Answers" program to test a new culturally competent approach to address disparities in depression.

### *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 Health Care Center developed a culturally competent diabetes management program for Cambodians, modeled after an award-winning program at MGH Chelsea Health Care Center. The team conducted focus groups 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. Since its launch in 2009, the coach has made contacts in person via phone and home visits. The navigator conducted eight 90-minute group sessions, including a provider education

session. The coach continues to expand her outreach efforts to further grow the program.

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

Dr. Alexander Green is chair and Dr. Joseph Betancourt 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.

#### *Harvard Medical School Student Survey*

Dr. Green is leading 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 and 2010 with an overall response rate of 61.8% and will continue to be offered to students over the course of the next two years. The survey

tracks 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.

### **Greater Boston Aligning Forces for Quality (GBAF4Q)**

GBAF4Q is composed of diverse stakeholders from across the continuum of health care delivery, public health, and community settings in the Boston area. As part of the Robert Wood Johnson Foundation's Aligning Forces for Quality initiative, GBAF4Q has identified a specific focus on reducing preventable emergency department (ED) visits and associated admissions. In partnership with GBAF4Q and the Boston Public Health Commission, the DSC developed a uniform measurement framework, or disparities dashboard, to establish ongoing measurement and monitoring of disparities. This disparities dashboard included 8-10 measures of primary care access and ED use and was presented at a city-wide stakeholder meeting through the Boston Public Health Commission.



## 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 resources for the public. The website has had over 42,000 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* (2008) continues to be our most downloaded and accessed resource. During this year, it was downloaded over 3,400 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 nearly 4,700 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.



## 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

The Robert Wood Johnson Foundation	511,250
Blue Cross Blue Shield of Massachusetts Foundation	123,818
The State of Delaware	51,678
The California Endowment	14,427
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>756,173</b>

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

Jane's Trust	125,000
National Committee for Quality Assurance	23,361
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>1,048,005</b>

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

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	43,648
MGH Multicultural Affairs Office	15,700
Patient Donations	55,250
<b>Total</b>	<b>387,077</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.

## Funding and Donations

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

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

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

AHRQ/Abt	224,055
AHRQ	240,000
Amgen Foundation	249,386
Aligning Forces For Quality	27,000
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

National Quality Forum	34,995
HMS Academy Center for Teaching and Learning	15,000
MGH Multicultural Affairs Office	10,000
Patient Donations	81,990
<b>Total</b>	<b>141,985</b>

## Academic Publications and Presentations

### Academic Publications

Lopez L, Wilper AP, Cervantes MC, Betancourt JR, Green AR. Racial and sex differences in emergency department triage assessment and test ordering for chest pain, 1997-2006. *Acad Emerg Med*. Aug 2010;17(8):801-808.

Green AR, Tan-McGrory A, Cervantes MC, Betancourt J. Leveraging quality improvement to achieve equity in health care. *Joint Commission Journal on Quality and Patient Safety*. 2010;36(10):435-442.

Carrasquillo O, Betancourt J. Massachusetts health disparities: key lessons for the nation. *J Gen Intern Med*. Dec 2010;25(12):1266-1267.

Ly DP, Lopez L, Isaac T, Jha AK. How do black-serving hospitals perform on patient safety indicators? Implications for national public reporting and pay-for-performance. *Med Care*. Dec 2010;48(12):1133-1137.

Althaus F, Hudelson P, Domenig D, Green AR, Bodenmann P. Compétences cliniques transculturelles et pratique médicale: Quels besoins, quels outils, quel impact? *Forum Médical Suisse*. 2010;10(5):79-83.

Weinick RM, Elliott MN, Volandes AE, Lopez L, Burkhart Q, Schlesinger M. Using standardized encounters to understand reported racial/ethnic disparities in patient experiences with care. *Health Serv Res*. Apr 2011;46(2):491-509.

Rodriguez F, Cohen A, Betancourt JR, Green AR. Evaluation of Medical Student Self-Rated Preparedness to Care for Limited English Proficiency Patients. *BMC Med Educ*. Jun 1 2011;11(1):26.

Rodriguez F, Joynt K, López L, Saldana F, Jha A. Readmission rates for hispanic medicare beneficiaries with heart failure and acute myocardial infarction. *Am Heart J*. 2011. Accepted.



## Media

### Popular Media Coverage

*New England Ethnic News* - July 2, 2010

"Health Disparities Center in Boston Toasts 5th Anniversary"

*Bay State Banner* -

"MGH program helps close gap in health disparities" - July 8, 2010

*TuBoston.com* -

"Celebran aniversario del Centro para Solucionar Disparidades médicas de MGH" - July 6, 2010

*Commonwealth/WBUR Online* - September 24, 2010

"Having Chest Pain While Black: MGH Finds Triage Bias"

*Cardiovascular Business* - September 29, 2010

"AEM: Race, ethnicity may play role in ER decisions"

*HealthDay News* - September 29, 2010

"Not all Chest Pain Treated Equally in U.S. Hospitals: Study"

*Medill Reports* - October 5, 2010

"Study Reveals Heart Attack Treatment Disparities Begin in the Emergency Room"

*New York Times* - November 1, 2010

"Respecting Muslim Patients' Needs"

*DiversityBoston/Boston.com* - December 5, 2010

"Critical Care: Women and minorities have been overlooked by the Health system, but what can we do?"

*The Old Gold and Black/Wake Forest University's Newspaper* - March 24, 2011

"Racial Divide Apparent in Continuing Health Care Debate"

*Hospitals & Health Networks Daily*

"ACHE 2011: Disparities Reduction Moves From Luxury to Necessity" - March 23, 2011

"Fighting Disparities, Improving Care for Everyone (Video)" - April 11, 2011

*National Journal* - April 12, 2011

"Lost in Translation: Interpreters Can Tackle Health Disparities"

*Hospitals & Health Networks Daily* - May 2011

An Action Plan to Improve Equity, Quality

*HealthLeaders Media* - May 5, 2011

How Can Physicians Close the Disparity Gap?

*Hartford Courant* - May 5, 2011

"Disparities in Minorities' Health Care is Focus of Seminar"

*Minnesota Hospital Association* - May 13, 2011

"Allina's Wheeler, Johnson selected for Disparities Leadership Program : May 13 2011"

*Harvard Gazette* - May 13, 2011

"Using medical technology wisely: Speaker says challenge now is to spread benefits nationally"

*Hospitals & Health Networks Daily* - June 2, 2011

Clancy: Slow Progress on Disparities 'Is Not Acceptable'

## Awards, Recognition and Sponsorships

### 2010 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 2010.

### Sponsorships

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

- ▶ International Medical Team (to Haiti) – Circle of Hope, Inc.
- ▶ Harvard Medical Language Initiative
- ▶ LMSA National Scholarship Committee – National Board of LMSA (Latino Medical Student Association)
- ▶ Mattapan Community Health Center’s Health Care Revival & Rock the Boat event



## Disparities Solutions Center Faculty and Staff

### Joseph R. 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 R. 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.

### Roderick K. 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

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 Lopez, MD, MPH, MDiv - Senior Faculty

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

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

In her role as Operations Manager at the Disparities Solutions Center, Aswita Tan-McGrory is part of the senior management team and supervises the broad portfolio of projects and



day-to-day activities of staff. Her interests are in providing equitable care to underserved populations and she has over 16 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 2 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 – 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.

**Elizabeth Taing, BA – Research Assistant**

Ms. Taing is a Research Assistant at the Disparities Solutions Center. She received her Bachelor of Arts in Social Justice & Inequality and



American Studies from Wellesley College. While at Wellesley, Ms. Taing conducted research on immigration, cultural identity, and social policy, with a focus on race, class, and gender. After completing her undergraduate studies, she spent two years in rural Guyana, South America, with the Peace Corps working on projects promoting access to health care, community health education, and youth and women's empowerment.

**Jacob D. Nudel, BA – Research Assistant**

Jacob D. Nudel is 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**

Wanda 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

## DSC Associates Program

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.

### *Disparities Solutions Center Fellow*

#### **Alden Landry, MD, MPH - Aetna /Disparities Solutions Center (DSC) Healthcare Disparities Fellow**

Dr. Landry is the 2010-2011 Aetna/Disparities Solutions Center HealthCare Disparities fellow. He received his 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. Dr. Landry also serves as the Director of Outreach for the Office of Multicultural Affairs at Beth Israel Deaconess Medical Center. In addition to his clinical interests, Dr. Landry is involved in research on emergency department utilization trends and quality of care. 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.

### **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 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 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)

## 2010-2011 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

### **Jaya Aysola, MD, MPH**

*Research Fellow, Department of Health Care Policy,  
Harvard Medical School*

*Associate Physician,  
Department of General Medicine and Primary Care,  
Brigham Women's Hospital*

**Areas of Interest:** Health care disparities in the context of primary care delivery

### **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

### **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

## DSC Associates Program

### **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

### **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





Mongan Institute for Health Policy  
Massachusetts General Hospital  
Partners Healthcare  
50 Staniford Street, 9th Floor  
Boston, MA 02114

