Health Equity Leadership Program

Empowering Leaders. Getting to Solutions.

Thank you for your interest in applying to participate in the 2026-2027 class of the Health Equity Leadership Program (HELP). To learn more about the Disparities Solutions Center and the HELP, please visit our website at www.mghdisparitiessolutions.org.

APPLICATION INSTRUCTIONS :

- The deadline for the **Intent to Apply Form** is **August 14, 2026.** Submission of this form is optional but strongly encouraged. Please submit your Intent to Apply Form as a Word (.doc) file.
- Please be sure to complete all 5 sections of the **Full Application Form** as listed below. Please submit your completed full application as a Word (.doc) file.
- The only pages of the application that may be sent as a PDF or JPEG file are the Senior Leadership and Team Members Signature Pages (Parts C & D).
- Please send your completed application to:

Mackenzie Clift
Project Manager, The Disparities Solutions Center
Massachusetts General Hospital
100 Cambridge Street, Suite 1600
Boston, MA 02114
Email: mclift@mgh.harvard.edu
Phone: (617) 724-4613

APPLICATION CHECKLIST — COMPLETE:

- ❑ Intent to Apply Form (Due **August 14, 2026**) _____
- ❑ Full Application Form (Accepted on an ongoing basis until **September 4, 2026**):
  - Cover Sheet _____
  - Part A: Summary Information _____
  - Part B: Essay questions _____
  - Part C: Senior Leadership Signature Page _____
  - Part D: Team Members Signature Page _____

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Due August 14, 2026

Intent to Apply Form

Please submit only one form per organization as a Word file (.doc).

Name(s):

Title(s):

Organization:

Address:

Email:

Phone:

1. What type of organization are you currently employed in?
   - ❑ Hospital
   - ❑ Health Plan
   - ❑ Physician Organization
   - ❑ Community Health Center
   - ❑ Other:_____

2. Please provide your preliminary thoughts on the strategic plan/project you would plan to advance as part of the Health Equity Leadership Program (please limit to a few sentences):

3. How did you hear about the Health Equity Leadership Program?
   - ❑ DSC Monthly E-Newsletter
   - ❑ DSC website
   - ❑ Social media
   - ❑ Presentation by DSC faculty member
   - ❑ Referral from Health Equity Leadership Program alumni
   - ❑ Word of mouth
   - ❑ Other: _____

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Full Application Form

Cover Sheet

Please submit only one application per organization as a Word file (.doc).

Name of organization

Name of project

What type of organization are you currently employed in?

- ❑ Hospital
- ❑ Health Plan
- ❑ Physician Organization
- ❑ Community Health Center
- ❑ Other:_____

How did you hear about the Health Equity Leadership Program?

- ❑ DSC Monthly E-Newsletter
- ❑ DSC website
- ❑ Social media
- ❑ Presentation by DSC faculty member
- ❑ Referral from Health Equity Leadership Program alumni
- ❑ Word of mouth
- ❑ Other:_____

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Full Application Form

PART A – Summary Information

Please submit only one application per organization as a Word file (.doc).

1. *Name of first team member (**primary contact**)*

Name	
Title	
Organization	
Address	
Billing Address (if different from address above)	
Phone	
Email	

2. *Name of second team member*

Name	
Title	
Organization	
Address	
Billing Address (if different from address above)	
Phone	
Email	

3. Name of 3rd team member (if applicable):

Name	
Title	
Organization	
Address	
Billing Address (if different from address above)	
Phone	
Email	

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Full Application Form

PART B – Essay Questions

Please submit only one application per organization as a Word file (.doc).

We will review answers to the following questions to help select candidates for the Health Equity Leadership Program (HELP). These questions apply to those organizations/institutions interested in developing a strategic plan over the course of the year, or a specific health equity project.

1. Please include a brief description of your organization (limit 500 words). Please be sure to include the following:
    A. Type of organization (e.g. Medicaid health plan, public or private hospital, FQHC community health center, federal or local government agency)
    B. Demographics of the population your organization serves
    C. Type of services your organization provides
    D. Geographic location of services provided
    E. Mission of the organization as relevant to the HELP

2. Please describe the focus of the strategic plan or project you will take on through the HELP (limit 500 words). You may choose to address broad systemic issues (e.g. developing a strategic plan to improve equity in quality, collecting demographic data, or stratifying quality metrics by demographic data) or a particular health equity intervention you have identified (e.g. population management in diabetes, preventable readmissions, colorectal cancer screening).

3. Please describe how you plan to develop or implement your plan/project, including specific goals and activities you hope to achieve (limit 500 words). We encourage you to focus your goals and activities on what can realistically be achieved in one year. We recommend no more than 2-3 milestones.

4. What resources (institutional infrastructure, human resources, time and/or financial) are available for this effort? (limit 250 words)

5. Please describe your organization's commitment to this effort (limit 250 words). What level of leadership is involved? How will the effort be promoted within the organization? What will be done to help the project succeed?

6. Who would attend the HELP? Please provide a high-resolution photo and brief biography for each team member that includes a description of their current position within the organization and their role in disparities efforts.

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Full Application Form

PART C – Senior Leadership Signature Page

Please submit this form as a Word (.doc), a PDF, or a JPEG file.
Only one completed senior leadership signature page per organization is required.

Important – the following must be signed by senior leadership or a board member of your organization.

I have reviewed this application for the **Health Equity Leadership Program** and authorize release time for the applicant(s) and financial support for the tuition of $11,500 per person and travel expenses.

Signature of Sr. Leader/Board Member	Title
Print Name	Date

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Full Application Form

PART D – Team Member's Signature Page

Please submit this form as a Word (.doc), a PDF, or a JPEG file.
Only one completed team member's signature page per organization is required.

Important – the following must be signed by each member of the team.

1. *I have reviewed this application for the DSC Health Equity Leadership Program and am committed to attending all activities and dates of the HELP. In addition, I have reviewed and understand the tuition fee of $11,500 per person and the cancellation policy of the HELP.*

Signature of team member #1	Title
Print name	Date
Signature of team member #2	Title
Print Name	Date
Signature of team member #3	Title
Print Name	Date