



# THE DISPARITIES SOLUTIONS CENTER

*One Goal – High Quality Care for All*

2016–2018 ANNUAL REPORT



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A photograph of the Massachusetts General Hospital building, featuring modern glass and steel architecture with multiple stories and a prominent entrance. The image is overlaid with a semi-transparent blue filter. A yellow rectangular banner is positioned across the middle of the image, containing the word 'WELCOME' in white capital letters.

WELCOME

MASSACHUSETTS GENERAL HOSPITAL

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It is with great pleasure that we  
present the 12th Annual Report of  
the Disparities Solutions Center.

This is an important time for us to celebrate what we've accomplished with our partners, and redouble our efforts to expand our portfolio as we strive to improve quality and achieve equity in an exciting time of health care transformation. Our work with health plans, hospitals, and health centers, among others, continues to grow; momentum is building, and we are creating a movement among organizations nationally and internationally dedicated to high-quality care for all.

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

- ★ Working with the Centers for Medicare & Medicaid Services (CMS) Office of Minority Health and NORC at the University of Chicago to implement the CMS Equity Plan for Improving Quality in Medicare, the first plan of its kind to address health equity for racial and ethnic minorities, patients with limited English proficiency, sexual and gender minorities, and people with disabilities.
- ★ Conducting our twelfth Disparities Leadership Program, engaging leaders from hospitals, health systems, and health plans from around the country.
- ★ Hosting our third Healthcare Quality and Equity Action Forum, with 150 attendees. The goal of the Forum was to provide guidance on how to advance equity as part of healthcare transformation and value, with a focus on access and accountability.
- ★ Closing the Healthcare Quality and Equity Action Forum with a panel discussion with the family of Henrietta Lacks in collaboration with HUBweek.
- ★ Leading national web seminars in collaboration with the American Hospital Association on Health Care Reform and the Path to Equity.

- ★ Publishing thirteen papers in national and international journals.
- ★ Continuing our local portfolio of programs, including the Racial and Ethnic Disparities: Keeping Current Seminar Series and Stand Against Racism events.
- ★ Collaborating with the Vincent Obstetrics and Gynecology Service and the Department of Nursing to host the Vincent Obstetrics and Gynecology Grand Rounds Program, "Eliminating Black Maternal Health Disparities: Why Slavery, Segregation and Racism Matter."
- ★ Welcoming our new research assistant, Surie Johnson, to the DSC team.
- ★ We also continue to play a role in the media, with quotes from the Disparities Solutions Center staff in several news outlets and trade publications. We are pleased to report that we continue to add to our seed funding graciously provided by Partners HealthCare and Massachusetts General Hospital.

Special thanks go to MGH President, Dr. Peter Slavin, Chair of the Department of Medicine and Physician-in-Chief, Dr. Katrina Armstrong, and Director of the Mongan Institute Health Policy Center, Dr. Lisa Iezzoni, for their continued support of the DSC.

We remain very optimistic about the course this work is taking. With each passing year, efforts to improve quality and achieve equity are garnering increasing attention locally and nationally. We aim to stay on that cutting edge, working with anyone who is interested in achieving high-value healthcare. As we approach our twelfth year, we are 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**

A photograph of the Massachusetts General Hospital building, featuring a modern glass and steel facade with multiple stories and a prominent entrance. The image is overlaid with a semi-transparent blue filter. A yellow rectangular banner is positioned across the middle of the image, containing the word "OVERVIEW" in white capital letters.

# OVERVIEW

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## 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:

- ★ **Creating change** by developing new research and translating the findings into policy and practice.
- ★ **Finding solutions** that help health care leaders, organizations, and key stakeholders ensure that every patient receives high-value, high-quality health care.
- ★ **Encouraging leadership** by expanding the community of health care professionals prepared to improve quality, address disparities, and achieve equity.

## 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. Launched in 2005, 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, 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 and 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, former Boston Mayor Thomas M. Menino launched a citywide project aimed at eliminating disparities in health care. Menino's recommendations included concrete action steps for hospitals and other health care organizations.





# CREATING A NATIONAL MOVEMENT

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## DISPARITIES LEADERSHIP PROGRAM

To address the need for leaders with expertise in addressing racial and 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.

Through the DLP, we aim to create leaders prepared to meet the challenges of health care transformation by improving quality for at-risk populations who experience disparities. The program has three main goals:

- ★ **Equip health care leaders with a rich understanding of the causes of disparities** and the vision to implement solutions and transform their organization to deliver high-value health care. Solutions are specifically focused on identifying disparities impacting the quality and value of care within high-cost, high-risk areas such as preventing readmissions and avoidable hospitalizations; improving patient safety and experience; and excelling in population health.
- ★ **Help leaders create strategic plans** or projects to advance their work in reducing disparities in a customized way, with practical benefits tailored to every organization.
- ★ **Align the goals of health equity with health care reform and value-based purchasing.** We support the organizational changes necessary to respond to national movements, including health care reform and value-based purchasing, as well as exceed quality standards (such as the CLAS standards) and meeting regulations (such as those from the Joint Commission, the National Committee for Quality Assurance, and the National Quality Forum).

The DSC has the unique advantage of twelve years of experience developing, coordinating, and operating the DLP, the only program of its kind in the nation. To date, the DLP has trained twelve cohorts that include a total of 416 participants from 175 organizations (96 hospitals, 44 health plans, 20 community health centers, 5 professional organizations, 2 hospital trade organizations, 2 schools of medicine, 2 dental benefits administrators, 2 federal government agencies, 2 state government agencies, 1 city government agency, and 9 others) representing 33 states, Washington D.C., the Commonwealth of Puerto Rico, Canada and Switzerland. The DLP underwent a robust external evaluation that was extremely positive and is available upon request.

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

## 2016-2017 DLP CLASS

The DSC hosted the West Coast meeting of the 2016–2017 Disparities Leadership Program on March 1–2, 2017 at the Loews Hotel in Santa Monica, CA. Participants began the program in May 2016 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 5 health plans, 6 hospitals, 1 pediatric hospital, and 4 others from 12 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.



## 2017-2018 DLP CLASS

The DSC launched the 2017–2018 class by hosting the East Coast meeting on May 11–12, 2017 at the Seaport Hotel in Boston, MA. This class marked our eleventh class since the start of the program. At this meeting, there were 38 participants from 13 organizations and 10 different states.

### Hospitals

Beaumont Health, Royal Oak, MI  
Cone Health, Greensboro, NC  
MGH Fellowship Program in Rural Health Leadership, Rosebud, SD  
North Shore Medical Center, Salem, MA  
Sutter Health, San Francisco, CA  
West Tennessee Healthcare, Jackson, TN  
Zuckerberg San Francisco General Hospital and Trauma Center, San Francisco, CA

### Health Plans

AmeriHealth Caritas, Philadelphia, PA  
DentaQuest, Boston, MA  
Kaiser Foundation Health Plan, Oakland, CA  
Tufts Health Plan, Watertown, MA  
UnitedHealthcare Community Plan of Ohio, Cleveland, OH

### Physician Organizations

Northwell Health, Great Neck, NY

### Community Health Centers

West Side Community Health Services, St. Paul, MN

### Other

Biogen, Cambridge, MA  
Planned Parenthood Minnesota, North Dakota, South Dakota, St. Paul, MN

The West Coast meeting for the 2017–2018 class was held at the Loews Hotel in Santa Monica, CA on February 14–15, 2018. This meeting highlighted the disparity interventions the class designed throughout the course of the year. Additionally, DLP faculty shared concrete methods to improve and achieve equity in their respective organizations.

## 2018-2019 DLP CLASS

The 2018–2019 DLP class commenced with the East Coast meeting at the Seaport Hotel in Boston, MA on May 23–24, 2018. This is the twelfth DLP class since the program began. At this meeting, there were 36 participants from 12 organizations, 10 different states, and Washington, DC.

### Hospitals

Aurora Health Care, Elm Grove, WI  
Boston Children's Hospital, Boston, MA  
Children's Health, Dallas, TX  
Children's Hospital at Montefiore, Bronx, NY  
Greenville Health System, Greenville, SC  
Nemours/Alfred I. DuPont Hospital for Children, Wilmington, DE

### Health Plans

Gateway Health, Pittsburgh, PA  
Harvard Pilgrim Health Care, Wellesley, MA  
Health Net, Inc., Glendale, CA

### Other Organizations

Montgomery County (OH) Alcohol, Drug Addiction and Mental Health Services, Dayton, OH  
Planned Parenthood Federation of America, Washington, DC  
University of Virginia Health System, Charlottesville, VA

## DISPARITIES LEADERSHIP PROGRAM: HIGH-VALUE HEALTH CARE FOR DIVERSE POPULATIONS

The DSC and three DLP Alumni presented their projects at the Institute for Healthcare Improvement's Annual National Forum on Quality Improvement in Health Care on December 4–7, 2016, in Orlando, Florida. Presenters included Joseph Betancourt, MD, MPH and Aswita Tan-McGrory, MBA, MSPH of the Disparities Solutions Center, Vince Ford, MS of Palmetto Health, Larry Weems II, MD of Novant Health, and Rick Foster, MD of South Carolina Hospital Association.



## PEDIATRIC HEALTH EQUITY COLLABORATIVE (PHEC)

On June 24–26, 2017, 21 leaders in health equity and academic medicine and pediatrics convened for their 4th annual meeting. Nationwide Children's Hospital in Columbus, Ohio hosted the meeting. The purpose of this meeting was to further develop a charter and membership guidelines to formalize the structure of the collaborative and guide the development of future projects. The group also discussed how to advance the work of health equity in a pediatric setting and how to develop a health equity office. The group created membership guidelines and application and discussed opportunities for education, training, data collection, and advocacy. This group, which first convened in 2013, came together with the goals of establishing sample practices, lessons learned, and recommendations for the field with regard to race, ethnicity, language, and other demographic data collection in pediatric care settings. PHEC is currently working to publish a paper outlining best practices for creating a pediatric health equity office.



## THE HEALTHCARE QUALITY AND EQUITY ACTION FORUM: MOVING TOWARDS ACCESS AND ACCOUNTABILITY



The third Healthcare Quality and Equity Action Forum took place in Boston, MA on September 29–30, 2016. The Forum had 150 attendees and served as a dissemination and implementation conference developed and led by the DSC, as well as alumni from the Disparities Leadership Program. The goal of the forum was to provide the background, key drivers, and essential strategies to improve quality and achieve equity in a time of rapid healthcare system change. The Forum provided participants with the tools and skills to identify and address racial and ethnic disparities in health care, with the goal of empowering them to implement these strategies and transform their organizations to focus on quality and equity.

The agenda included panel sessions and action-oriented workshops. Topics from the conference included:

- ★ Driving Change: Leadership in Health Care Equity
- ★ Big Data and Health Disparities: Mapping a Strategy for Access and Accountability
- ★ Bringing Care to Communities: Innovations in Population Health
- ★ Strengthening the Link: Addressing Disparities in Oral Health Care
- ★ Strategies and Tools of the Trade: Preventing Readmissions in Diverse Populations
- ★ Community Health and Health Equity: Dispatches from the Front Line
- ★ Forging an Equity Strategy: The Path Ahead

The Healthcare Quality and Equity Action Forum also included an evening event, *Looking Back and Forging Ahead: A Conversation on Racial and Ethnic Disparities in Healthcare* with the family of Henrietta Lacks, in collaboration with HUBweek.

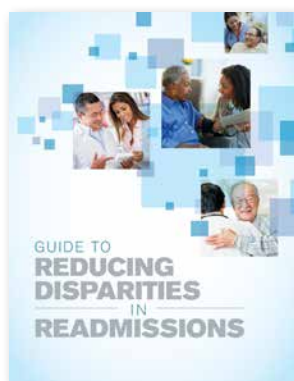
In this program, held in Boston's historic Faneuil Hall, David Lacks, Jr., and Victoria Baptiste, RN, presented about Henrietta Lacks' extraordinary contribution to medical science and their family's role, her legacy, and the future of research. The program also called attention to the DSC's efforts to create a national network of trained healthcare providers and policy makers committed to providing the highest quality care for all and improving racial and ethnic disparities in health and healthcare. The event was well attended with over 1,000 registrants.

## CENTERS FOR MEDICARE & MEDICAID SERVICES EQUITY PLAN FOR IMPROVING QUALITY IN MEDICARE

The DSC is working with the Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) and NORC at the University of Chicago to plan, design, implement, and evaluate effective culturally and linguistically appropriate programs, interventions, and initiatives to reduce health disparities for vulnerable Medicare and dual eligible populations. The DSC has been subcontracted to:

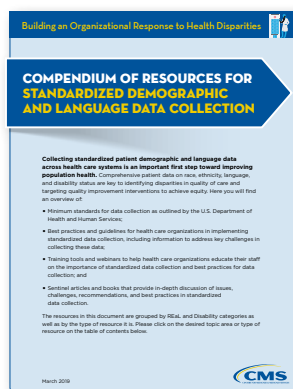
- ★ Identify current and emerging programs and initiatives that can be replicated by CMS to reduce disparities
- ★ Implement interventions to improve quality and reduce health disparities
- ★ Design an evaluation plan tailored to each intervention
- ★ Develop and disseminate recommendations to reduce readmissions for the top conditions within the CMS Hospital Readmissions Reduction program

As part of the CMS Equity Plan for Improving Quality in Medicare, the DSC developed a guide to support key stakeholders with strategies to address avoidable readmissions for diverse populations. The guide was disseminated nationally to key stakeholder organizations in healthcare.



*Guide to Reducing Disparities in Readmissions:*  
[cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH\\_Readmissions\\_Guide.pdf](https://cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Readmissions_Guide.pdf)

Additionally, the DSC developed a compendium of existing resources on race, ethnicity, and disability data collection. This resource is updated annually by the DSC to reflect the current guidance and tools to support REaL and disability data collection.



*Compendium of Resources for Standardized Demographic and Language Data Collection:*

[cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Collection-Resources.pdf](https://cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Collection-Resources.pdf)

## DSC/AHA 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 a regular web-based seminar series in collaboration with the American Hospital Association. The series features informative presentations from leaders in the field, as well as facilitated question-and-answer sessions with panelists and audience members.

### 2016-2018 Web Seminars

#### *A Look Behind the Curtain: Health Care Reform and the Path to Equity—Tuesday, November 8, 2016*

This webinar was presented by Daniel Dawes, JD, Executive Director of Government Affairs and Health Policy at Morehouse School of Medicine, lecturer of health law and policy at the Satcher Health Leadership Institute and author of *150 Years of ObamaCare* and facilitated by Joseph R. Betancourt, MD, MPH, Director, The Disparities Solutions Center. The webinar discussed the creation, impact, and future of the Affordable Care Act (ACA), one of the most sweeping equalizers in the history of American health care. The presenter discussed the history of the health equity movement, the historic passing and implementation of the ACA, and what was at stake for health care access in the 2016 election. The presentation also provided guidance and strategies for healthcare organizations to manage healthcare policy transformation in the United States. The webinar was well attended with a total of 340 participants.



#### *Language Data Collection: The Key to Quality and Safety for LEP Populations—Tuesday, April 24, 2018*

This webinar was presented by Vonessa P. Costa, CoreCHI, Manager, Multicultural Affairs and Patient Services, Cambridge Health Alliance and Ranjani Paradise, PhD, Research and Evaluation Scientist, Institute for Community Health, and facilitated by Aswita Tan-McGrory, MBA, MSPH, Deputy Director, Disparities Solutions Center at Massachusetts General Hospital. This webinar discussed how patients with Limited English Proficiency (LEP) face language barriers that can have adverse effects on safety and quality of care. Language data collection is necessary to identify language needs, provide a professional medical interpreter, and analyze health equity. Currently, hospitals collect information on patient preferred spoken and written language. However, health care organizations will need to demonstrate how a patient's language needs are met. The presenters also discussed the development and implementation of a Language Services Documentation Tool at Cambridge Health Alliance. The webinar was attended by a total of 61 participants.

## GORDON AND BETTY MOORE FOUNDATION

The DSC worked with the Gordon and Betty Moore Foundation to develop a white paper focused on *Addressing Disparities in Diagnostic Errors and Medication Safety in the Home*. The paper highlights the key issues and offers recommendations to meet the needs of racially and ethnically diverse populations. As part of this work, the DSC:

- ★ Completed an environmental scan on disparities in diagnostic errors and medication safety in the home;
- ★ Conducted key informant interviews with quality and safety leaders who have expertise in diagnostic errors and medication safety in the home;
- ★ Led a telephonic town hall meeting on diagnostic error and medication safety in the home with a diverse group of quality and safety leaders from across the nation;
- ★ Identified promising practices and models for reducing diagnostic errors and improving medication safety in the home, as well as critical success factors and areas where additional research is necessary; and
- ★ Produced a white paper with recommendations for addressing disparities in diagnostic errors and medication safety in the home that was disseminated nationally.

## CALIFORNIA HOSPITAL IMPROVEMENT INNOVATION NETWORK

The DSC worked with the Health Services Advisory Group (HSAG) and Hospital Improvement Innovation Network (HIIN) hospitals in California to identify and address gaps in the race, ethnicity, and language (REaL) data collection processes among hospitals in the HIIN. The DSC worked with HSAG HIIN to:

- ★ Systemically examine race, ethnicity, and language data for HIIN hospitals to identify challenges, gaps, and opportunities for improving data collection processes;
- ★ Conduct key informant interviews with a sample of California hospitals in the HIIN to deepen understanding of REaL data collection gaps and report on key findings;
- ★ Conduct a series of webinars with strategies to address common gaps in REaL data collection, as well as strategies to reduce disparities and prevent avoidable readmissions; and
- ★ Integrate health equity and REaL data collection strategies into HIIN education and trainings.



MONITORING +  
ADDRESSING  
DISPARITIES  
LOCALLY

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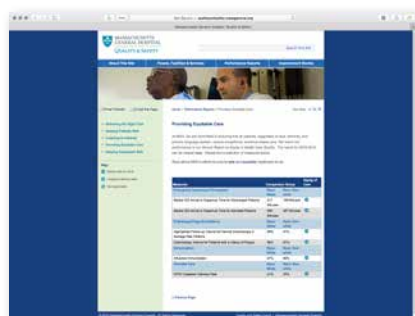
## ANNUAL REPORT ON EQUITY IN HEALTH CARE QUALITY

Since 2006, the DSC and the Edward P. Lawrence Center for Quality and Safety have collaborated with departments across the hospital to produce MGH's Annual Report on Equity in Health Care Quality (AREHQ). The report examines key quality measures by patient race, ethnicity, and language to identify opportunities to ensure equitable care for all patients. The report also includes progress on initiatives to address disparities at MGH. The AREHQ provides an overview of the diversity of the hospital's patients, as well as data on interpreter service use, clinical quality measures for inpatient and outpatient services, and patient experiences of care. The AREHQ has expanded to include a new focus on readmissions, as well as new measures for OB/GYN, a service line where MGH sees a high proportion of minority patients. The AREHQ was the first of its kind in the nation and establishes MGH as a leader in monitoring and addressing disparities and promoting high quality care.

The AREHQ is available publicly on the DSC and MGH Quality and Safety websites:



[mghdisparitiessolutions.org/the-annual-report-on-equity-in-healthcare-quality](http://mghdisparitiessolutions.org/the-annual-report-on-equity-in-healthcare-quality)



[qualityandsafety.massgeneral.org/measures/equitable.aspx?id=4](http://qualityandsafety.massgeneral.org/measures/equitable.aspx?id=4)

## PARTNERS HEALTH EQUITY & QUALITY COMMITTEE

Created in 2015, the Partners Health Equity & Quality Committee aims to support the identification and elimination of disparities – beginning with those focused on race and ethnicity, and language – and ensure the delivery of equitable care across all settings within Partners HealthCare. Dr. Joseph Betancourt, MD, MPH, Director of the Disparities Solutions Center, co-chairs the committee with Dr. Thomas Sequist, MD, MPH, Chief Quality and Safety Officer of Partners HealthCare. The goals of the committee are to:

- ★ **Communicate of the importance of health equity** as it fits in the quality framework with leadership, in order to encourage prioritization of equity as part of the Partners strategic agenda.
- ★ **Promote a culture of transparency and improvement** among Partners institutions by leveraging Epic and the Enterprise Data Warehouse (EDW) to measure and report on indicators of health equity and quality.
- ★ **React to and provide advice** on internal and external policy and regulation.

The Partners Health Equity and Quality Committee aims to communicate the importance of health equity and quality to leadership within institutions; establish system standards for collection of social determinants of health data; propose standard sets of quality measures to monitor health equity; create a draft of an Epic-specific dashboard; develop a set of recommendations to address health equity within the PHS employee/family population; and achieve system-wide success related to the AHA Pledge for Equity.

### 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 LEP, we continued to support the following initiatives at MGH: 1) Interpreter rounds and 2) Clinical Process Improvement Leadership Program (CPIP) on the Pediatric floors.



**Interpreter Rounds.** Mass General Medical Interpreter Services partnered with Volunteer Services to create a program to round on newly admitted patients with LEP to introduce them to the language services available at Mass General, provide business cards in their language with phone numbers on how to contact Interpreter Services, and inform them of their right to a professional medical interpreter at no cost. Additional resources for patients include Point to Talk booklets in their language and Video Phones on a Pole (VPOPs). The objective is to ensure that patients and families know that language assistance is available 24/7 in a variety of modalities and make it easy for clinicians to work with a professional medical interpreter by ensuring that devices for interpretation are readily available in the room.

### Clinical Process Improvement Leadership Program (CPIP) on the Pediatric Floors.

An interdisciplinary group including nursing, residents, hospitalists, and support staff on the pediatric inpatient floors was formed as part of the CPIP program to identify and address the needs of patients with LEP and their families. Based on feedback from a staff survey, certain barriers to care were identified: the time required to locate and connect IPOPs/VPOPs (Interpreter Phones on a Pole and Video Phones on a Pole), and the length of time for an in-person interpreter to arrive on the floor. During FY17 dual handset Bluephones replaced patient bedside phones. These phones gave providers direct access to interpreters by pushing two buttons. Education was provided to nursing, residents, and pediatric hospitalists regarding accessing interpreter services and indications for placement of phones. Through a series of PDSA cycles (Plan, Do, Study, Act) a trend toward an increased number of interpretations per day was identified. Based on these efforts the program was expanded to include the Pediatric Intensive Care Unit and the Pediatric Emergency Room so they can identify and address similar disparities.



### TRAINING FOR HEALTH CARE PROVIDERS TO ENSURE SAFE AND EFFECTIVE CARE FOR PATIENTS WITH LEP

The DSC, in collaboration with the MGH Institute of Health Professions, developed the interprofessional curriculum, *Providing Safe, Effective Care for Patients with Limited English Proficiency*. The program consists of three e-learning modules that address the evidence of disparities and high rate of medical errors for patients with LEP, provide training on concrete skills for working with professional interpreters as integral members of the care team, and explore how systems of care can be improved for patients with LEP. Following a successful pilot with physicians and midwives in the Department of Obstetrics in 2014, the module on working with interpreters was rolled out as part of the MGPO's mandatory training requirements in FY 2016 and FY 2017 for MDs, PhDs, trainees, physician assistants, nurse practitioners, and ambulatory nurses. The training has reached a total of 6,046 Mass General employees to date. In FY 2017, all three modules were adapted for broader roll-out throughout the Partners Healthcare system. Modules will be assigned to providers, frontline staff, and non-patient facing employees at other Partners Healthcare institutions.

### UNDERSTANDING THE PERSPECTIVES OF PATIENTS, HEALTH CARE PROVIDERS, AND REGISTRARS ON COLLECTING SEXUAL ORIENTATION AND GENDER IDENTITY DATA IN A HOSPITAL SETTING

The DSC is conducting a research study about the collection of sexual orientation and gender identity (SO/GI) data in health care settings. The 2011 Institute of Medicine report, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*, highlighted the unique health care needs and disparities among LGBT populations. A key recommendation of the report promotes collecting SO/GI data in electronic health records as a first step toward improving care for LGBT populations. There is now broad recognition that this data is necessary for understanding the demographic profile of patients and ensuring equitable care regardless of sexual orientation and gender identity. The DSC is conducting a mixed methods study (surveys and in-depth interviews) to understand the attitudes and opinions of patients, registration staff, and health care providers responsible for the provision, collection, and use of SO/GI data. Results of this study will inform the development of recommendations and key considerations for operationalizing SO/GI data collection in hospital settings.



# RAISING AWARENESS LOCALLY

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## **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 health care stakeholders. Following the presentation is a facilitated discussion period between presenters and attendees.

### *Reducing Disparities in Kidney Transplant Allocations: An Innovative Strategy to Match Minority Patients with Donors—Wednesday, October 12, 2016*

This seminar was presented by Winfred W. Williams, MD, a DSC Associate, Co-Chair of the Center for Diversity and Inclusion Advisory Board at MGH, and Associate Chief of the MGH Division of Nephrology. As chair of the Minority Affairs Committee (MAC) for the United Network of Organ Sharing (UNOS), Dr. Williams helped design the first “variance of practice” protocol to increase transplantation rates for blood group B patients by matching them with a special subgroup of blood group A donors. Historically, blood group B patients, the majority of whom are ethnic minorities, are less likely to receive a kidney transplant than candidates from other blood groups. The presentation examined the results of this study and explored the potential impact that this approach has on increasing equity in the allocation of kidney transplants among minority patients. This event was open to the public and received a total of 49 registered attendees.

### *Racial and Ethnic Disparities in Obesity—Tuesday, April 4, 2017*

This seminar was presented by Fatima Cody Stanford, MD, MPH, MPA, FAAP, FTOS, a DSC Associate and Instructor in Medicine and Pediatrics at MGH/Harvard Medical School (HMS). In the presentation, Dr. Stanford discussed racial and ethnic disparities in the prevalence and treatment of obesity, as well as the pathophysiology of obesity. Dr. Stanford also explored issues surrounding obesity and socioeconomic status, education level, weight perception, provider diagnosis, medical expenditures, pharmacotherapy, and bariatric surgery. This event was open to the public, and received a total of 142 registered attendees.

### *Vincent Obstetrics and Gynecology Department Grand Rounds Program—Eliminating Black Maternal Health Disparities: Why Slavery, Segregation, and Racism Matter, May 4, 2017*

The Disparities Solutions Center, the Vincent OB/GYN Service, and the Department of Nursing hosted the Vincent Obstetrics and Gynecology Department Grand Rounds Program on May 4th, 2017. In this session, Professor Vernellia Randall, BSN, MSN, JD, described the health status of African Americans relative to White Americans (with specific attention on maternal and neonatal health), defined race and racism, and explained the role of race and racism in health care disparities. She discussed the interaction of embedded social/racial inequalities and personal behavior on health status with particular attention on the impact of racial stress on maternal health. Professor Randall also discussed discrimination in health care and its role in health disparities, as well as the role of the law in eliminating racism and discrimination. Finally, she explored how racism impacts diversity in the midwifery, medical, and nursing professions and thus health disparities.

*Racial Disparities in Access and Utilization of Neurologic Care—Tuesday, November 7, 2017*

This seminar was presented by Altaf Saadi, MD, former chief resident in Neurology at MGH. Dr. Saadi is currently a fellow at the UCLA National Clinical Scholars Program. Dr. Saadi presented research on national racial and ethnic disparities in access and utilization of neurologic care in the United States—disparities that persist even after accounting for several demographic factors, health insurance, and health status. Dr. Saadi also explored potential causes of these disparities among neurology patients, including physician implicit biases, mistrust of the health care system, different cultural beliefs about aging and disease, and limited local access to neurologists. This event was open to the public and received a total of 39 registered attendees.



**THE ANNUAL YWCA  
STAND AGAINST RACISM**

Stand Against Racism™ is a national movement that was initiated in 2008 to raise awareness that racism still exists within our communities. The objective of these “Stands” is to bring organizations around the nation together to unite and eliminate racism. Each year MGH hosts Stand Against Racism events, co-sponsored by: The Disparities Solutions Center, Center for Diversity and Inclusion, Center for Community Health Improvement, Department of Emergency Medicine, Department of Psychiatry Center for Diversity, Executive Committee on Community Health, Executive Committee on Diversity, Patient Care Services, and Police, Security and Outside Services.

*Healing Racism: Skill Building through Crucial Conversations—April 26, 2017*

This event included opening remarks by Peter Slavin, MD, President of MGH, followed by a dynamic workshop with Teja Arboleda, M.Ed., President & Creative Director, Entertaining Diversity, Inc. Through interactive responses, role play, and group discussion, participants learned practical skills for engaging in crucial conversations involving race and racism in the healthcare workforce. This event was open to the public and received a total of 264 registered attendees.

*Discussion Series, Part 1: Conversations on Racism in Our MGH Community—April 26th, 2018*

In the wake of the *Boston Globe* Spotlight Series on Race in Boston in 2017, discussions centered around race were brought to the forefront throughout the city and within the MGH community. This event presented an opportunity to continue this important dialogue. Members of the *Globe* Spotlight team and MGH leadership discussed their perspectives regarding the series. The speakers delved into access to health care, one of the key issues raised in the series, through an interactive audience question and answer session. This event was open to the public and received a total of 318 registered attendees.

SPEAKERS

**Patricia Wen**, Editor of the Spotlight Team  
*Boston Globe*

**Liz Kowalczyk**, Reporter, *Boston Globe*

**Peter Slavin**, MD, MBA, President, MGH

**O'Neil Britton**, MD, Chief Medical Officer, MGH

**Aswita Tan-McGrory**, MBA, MSPH  
Deputy Director, Disparities Solutions Center, MGH

MODERATOR

**Joseph Betancourt**, MD, MPH, Director  
Disparities Solutions Center, MGH

OPPORTUNITY DAY

As part of broader efforts to create a diverse pipeline, the DSC introduced students to careers in the health professions by hosting them for Opportunity Day at MGH.

*Prospect Hill Academy (PHA) Charter School—May 4, 2018*

Sixth grade students from PHA connected with and learned from key health care leaders at MGH, including O'Neil Britton, SVP and Chief Medical Officer, Shea Asfaw, Chief of Staff, President's Office, Chris Kirwan, Clinical Director, Medical Interpreter Services, Carla Polonsky, CMI, Spanish Interpreter, and Andrea Zhu, CHI, Chinese Mandarin and Cantonese interpreter. Students interviewed these leaders and gained insight on careers in the health professions and hospital operations. Opportunity Day also included a history lesson and tour of the MGH surgical amphitheater, now known as the Ether Dome, where a physician performed a surgical procedure using ether as an anesthetic for the first time in public. Students also had a chance to view Padihersef, an Egyptian mummy gifted to MGH by the city of Boston.



# DISSEMINATION

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## WEBSITE

The DSC website, [mghdisparitiessolutions.org](http://mghdisparitiessolutions.org), provides information about the DSC team, its history and mission, upcoming events, programs, awards, and resources for the public. As part of the Disparities Solutions Center's 10th anniversary celebration, the website was redesigned with an enhanced interface. The new website has had over 92,751 views since it was launched in September 2015. The Annual Report on Equity in Healthcare Quality has been the most frequently accessed resource with 2,893 views.

## 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 remains high with over 5,214 members from the health care community throughout the country. The newsletter provides pertinent announcements from other leading health care organizations and is a mechanism for the national dissemination of disparities-related news and events.

## SOCIAL MEDIA

The DSC also has an active presence on social media. To date, we have 440 followers on Facebook, and 758 followers on Twitter. Posts include DSC updates, as well as disparities-related news and research.



# FUNDING SOURCES

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**T**he 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 in the past five years. Please note that awards may be for multiple years, but are listed only once in the reporting period that it was granted.

#### **JULY 2012–JUNE 2013**

American Cancer Society .....	10,000
Amgen Inc. ....	40,000
Centers for Medicare and Medicaid Services .....	208,150
Daniel Hanley Center for Health Leadership .....	35,000
Language Line .....	5,000
Office of Minority Health .....	31,815
<b>TOTAL .....</b>	<b>\$329,965</b>

#### **JULY 2013–JUNE 2014**

AAMC .....	5,000
Amgen Inc. ....	343,093
Aetna .....	35,000
Blue Cross Blue Shield of Massachusetts ....	10,000
The California HealthCare Foundation .....	15,000
Trinity Health .....	5,000
DentaQuest .....	24,999
The Gold Foundation .....	150,000
Harvard Pilgrim Health Care .....	15,000
Health Leads .....	1,000
Kaiser Permanente .....	5,000
Language Access Network .....	5,000
Language Line/Pacific Interpreters .....	3,500
The Josiah Macy Jr. Foundation .....	10,000
The Monroe Carell Jr. Children's Hospital at Vanderbilt .....	3,500
Neighborhood Health Plan .....	3,000
North Shore LIJ Health System .....	2,000
Office of Minority Health at CMS .....	25,000
One Step Foundation .....	23,000
UnitedHealthcare .....	10,000
<b>TOTAL .....</b>	<b>\$694,092</b>

#### **JULY 2014–JUNE 2015**

Amgen, Inc. ....	100,000
National Opinion Research Center & Centers for Medicaid and Medicare Services .....	2,577,325
<b>TOTAL .....</b>	<b>\$2,677,325</b>

#### **JULY 2015–JUNE 2016**

Aetna, Inc. ....	25,000
Aetna Foundation .....	39,906
Blue Cross Blue Shield of Massachusetts ....	10,000
DentaQuest .....	25,000
Harvard Pilgrim Health Care .....	15,000
The Josiah Macy Jr. Foundation .....	10,000
The Monroe Carell Jr. Children's Hospital at Vanderbilt .....	3,500
Sodexo .....	5,000
Trinity Health .....	3,000
UnitedHealthcare .....	10,000
University of Puerto Rico, Medical Sciences Campus, School of Medicine .....	39,936
Patient Donation .....	70,000
Friends .....	25,000
<b>TOTAL .....</b>	<b>\$281,342</b>

#### **JULY 2016–JUNE 2017**

Gordon and Betty Moore Foundation .....	82,718
Health Services Advisory Group, Inc. ....	65,000
Institute for Healthcare Improvement .....	23,382
Massachusetts General Hospital .....	500,000
University of Puerto Rico, Medical Sciences, School of Medicine .....	40,000
<b>TOTAL .....</b>	<b>\$711,000</b>

#### **JULY 2017–JUNE 2018**

Abt Associates/MassHealth .....	TBD
HANYS .....	9,128
American Hospital Association .....	22,000
University of Puerto Rico, Medical Sciences, School of Medicine .....	40,000
<b>TOTAL .....</b>	<b>\$71,128</b>



# ACADEMIC PUBLICATIONS

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# AWARDS AND RECOGNITION

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### **2018 DR. JOSEPH BETANCOURT DAY**

April 13, 2018 was proclaimed Dr. Joseph Betancourt Day in the city of Boston by Mayor Martin J. Walsh. As stated in the official proclamation, Joseph Betancourt, MD, MPH, director of the MGH Disparities Solutions Center, “has established himself as a national leader in addressing health disparities and cross-cultural medicine. He has served on Boston’s Board of Health since 2009 and has been instrumental in establishing the Boston Health Equity Measure Set quality metrics. Betancourt’s advocacy has kept Boston at the leading edge of emerging local policy.”

### **2018 ALFRED FRECHETTE AWARD**

Alden M. Landry, MD, MPH, Senior Faculty at the Disparities Solutions Center, has received the 2018 Alfred Frechette Award. Landry teaches cultural competency to medical students and residents and works with numerous organizations to eliminate health disparities and increase diversity in the health care workforce. His accomplishments include founding Motivating Pathways, a nonprofit that promotes careers in the health professions, and being co-director for the Tour for Diversity in Medicine. The Alfred Frechette Award is presented annually to a young person (age 40 or younger) of high accomplishment and promise in the health field in Massachusetts.

### **2018 MICHAEL SHANNON, MD, MPH, EXCELLENCE IN MENTORING AWARD**

Alden M. Landry, MD, MPH, Senior Faculty at the Disparities Solutions Center, is this year’s recipient of the Michael Shannon, MD, MPH, Excellence in Mentoring Award. The Student Mentorship Program at Harvard Medical School voted to name this mentorship award the Michael Shannon, MD, MPH, Excellence in Mentoring Award in memory of Dr. Shannon, who died in March 2009. Dr. Shannon was a pediatrician for more than 25 years. He served as chief emeritus of Emergency Services at Boston Children’s Hospital (BCH) and was the first African American to be named a full professor of pediatrics at Harvard Medical School. The award was named in his honor to

recognize Dr. Shannon’s contributions as a teacher and as a mentor over his two decades at Harvard Medical School. The Michael Shannon, MD, MPH, Excellence in Mentoring Award recognizes the efforts of individuals who have made significant contributions to mentoring socioeconomically disadvantaged students.

### **2017 GET KONNECTED 50 AWARD**

Joseph Betancourt, MD, MPH, Director of the Disparities Solutions Center, has been chosen as one of The 50 Most Influential People of Color in the Healthcare & Life Sciences. Colette Phillips Communications, Inc. (CPC) and Get Konnected! have partnered with Neighborhood Health Plan and Partners Healthcare to produce GK50: Boston’s 50 Most Influential People of Color. In creating this list, they invited both people within the Healthcare and Life Sciences industry and the general public to identify and nominate individuals with culturally diverse backgrounds who have distinguished themselves in the following Healthcare and Life Sciences areas: Administration; Artificial Intelligence; Biotech; Community; Innovation; Legal Counsel; Patient Care; Pharmaceutical; Research; and Teaching.

### **2017 ALLIANCE FOR ACADEMIC INTERNAL MEDICINE’S DIVERSITY AWARD**

Joseph Betancourt, MD, MPH, Director of the Disparities Solutions Center, was selected for the 2017 AAIM Diversity Award. AAIM is an organization that represents departments of internal medicine at medical schools and teaching hospitals across the United States and Canada. The AAIM Diversity Award is presented to an individual who has effectively improved diversity within a medical school or who has worked to ensure patients of all races and ethnicities receive the highest quality of care. Dr. Betancourt is recognized for his achievement and efforts to improve diversity, health equity, and cultural competency in academic medicine.

#### **2017 WOLTERS KLUWER UPTODATE AUTHOR CONTRIBUTIONS AWARD**

Joseph Betancourt, MD, MPH, Director of the Disparities Solutions Center, was selected for Wolters Kluwer UpToDate Author Contributions Award. UpToDate is a clinical decision support resource used by over one million clinicians worldwide. Individual topics are commonly viewed tens of thousands, and in some cases hundreds of thousands, of times per year. Topics are evidence-based and peer reviewed, and the information is published continuously. Deputy Editors have recognized Dr. Betancourt as one of their best authors in Primary Care. Attributes that make an UpToDate author outstanding include: command of the evidence and clinical expertise in the field, and the ability to communicate both; thoughtful and conscientious effort in the initial writing and continuing topic updates (articles in UpToDate are referred to as topics); a willingness to engage in back-and-forth dialogue with editors in their own and other specialties until the content is correct; and an ability to meet deadlines.

#### **2017 MGH YMCA ACHIEVER AWARD**

The YMCA Achiever Program awarded Aswita Tan-McGrory, MBA, MSPH, Deputy Director of the Disparities Solutions Center, the 2017 MGH YMCA Achiever Award. Over the years, the MGH has partnered with the YMCA of Greater Boston to recognize more than 80 multicultural employees for their community and professional achievements. Now in its 42nd year, the YMCA Achiever Program celebrates multicultural employees who selflessly give of themselves and make a difference for youth within communities of color. Aswita Tan-McGrory, along with other recipients, were recognized as Achievers at the hospital's annual Martin Luther King, Jr. celebration on January 27, 2017 and at the 42nd annual YMCA Achievers Recognition Awards Gala on May 23, 2017.

#### **2016 SPRINGERLINK TOP 100 MOST CITED PAPERS IN HEALTH CARE DISPARITIES**

Joseph Betancourt, MD, MPH, Director of the Disparities Solutions Center, was recognized by SpringerLink for having one of the Top 100 Most Cited Papers in Health Care Disparities. Dr. Betancourt's article entitled *Defining Cultural Competence: A practical framework for addressing racial/ethnic disparities in health and health care* is the 26th most cited article in healthcare disparities.

#### **2016 LOUIS STOKES ACHIEVEMENT AWARD**

Alden Landry, MD, MPH, Senior Faculty at the Disparities Solutions Center, was awarded the Louis Stokes Achievement Award at the Congressional Black Caucus Health Braintrust.





# FACULTY AND STAFF

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**Joseph Betancourt, MD, MPH  
Director**

Dr. Betancourt is the founder and director of the Disparities Solutions Center (DSC), Senior Scientist at the Mongan Institute

for Health Policy Center at Massachusetts General Hospital, an Associate Professor of Medicine at Harvard Medical School and a practicing Internal Medicine physician. He is also the founder and leader of Quality Interactions, an industry-leading company that focuses on training in cross-cultural communication for health care professionals. Dr. Betancourt is a nationally and internationally recognized expert in health care disparities and cross-cultural medicine, and has served on several Institute of Medicine Committees on this topic, including the one that produced the landmark report, *Unequal Treatment*. Dr. Betancourt has secured grants and contracts that have led to over 50 peer-reviewed publications, and advises private industry, government, and not-for-profit health systems on approaches to eliminating racial and ethnic disparities in health care. He sits on the Board of Trinity Health, a large national health system; and sat on the Boston Board of Health and Board of Neighborhood Health Plan in Boston. He is a 2015 Aspen Institute Health Innovator Fellow.

Dr. Betancourt received his Bachelor of Science from the University of Maryland, his medical degree from Rutgers-New Jersey Medical School, and completed his residency in Internal Medicine at the New York Hospital-Cornell Medical Center. Following residency, he completed The Commonwealth Fund-Harvard University Fellowship in Minority Health Policy, and received his Master's in Public Health from the Harvard School of Public Health



**Aswita Tan-McGrory, MBA,  
MSPH, Deputy Director**

In her role as Deputy Director at the Disparities Solutions Center, Ms. Tan-McGrory works closely with the Director to chart the

Center's future growth and strategic response to an ever-increasing demand for the Center's services. She is a key member of the senior management team and supervises the broad portfolio of projects and administration of the Center. These include collaborations with internal and external partners on guidance on collecting race, ethnicity, language and other social determinants of health data; developing disparities dashboards that stratify quality measures by race, ethnicity, and language; and developing recommendations for data collection in pediatric patients. In addition, Ms. Tan-McGrory currently serves on the MA Executive Office of Health and Human Services' Quality Measurement Alignment Taskforce.

Ms. Tan-McGrory also oversees the Disparities Leadership Program, an executive-level leadership program on how to address disparities, as well as the Healthcare Quality and Equity Action Forum, a national conference for healthcare leaders interested in addressing disparities in quality. Ms. Tan-McGrory serves on several executive committees, including the MGH Diversity Committee, the MGH Executive Committee on Community Health and the Partners Health Equity and Quality Committee. In addition, Ms. Tan-McGrory sits on the board of the Massachusetts Public Health Association.

Her interests are in providing equitable care to underserved populations and she has over 20 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.

Ms. Tan-McGrory received a YMCA Achievers award in 2017 for community service and professional achievement, and in 2016 was selected as a Pioneer as part of a groundbreaking Children's Wellbeing initiative by Ashoka Changemakers and the Robert Wood Johnson Foundation.



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

Dr. Lenny López is Senior Faculty at the Disparities Solutions Center, Chief of Hospital Medicine and

Associate Professor of Medicine at the University of California San Francisco. Dr. López is an internist trained at the Brigham and Women's Hospital (BWH), who completed the Commonwealth Fund Fellowship in Minority Health Policy at the Harvard School of Public Health and a Hospital Medicine fellowship at BWH. Dr. López joined the Mongan Institute for Health Policy (MIHP) in 2008 after his research fellowship in General Internal Medicine at Massachusetts General Hospital (MGH) and was an Assistant Professor of Medicine at Harvard Medical School until 2015. With an ultimate goal of reducing healthcare disparities in cardiovascular disease and diabetes, his current research addresses issues relating to patient safety and language barriers, optimizing primary care clinical services for Latinos with cultural and linguistic barriers, and using health information technology to decrease disparities. A second line of research is investigating the epidemiology of acculturation among Latinos in the US and its impact on the prevalence and development of cardiovascular disease and Type II diabetes. This research will help inform how to better design clinical interventions for improving chronic disease management among Latinos. Finally, Dr. López also teaches medical students and residents, with lectures and preceptorships. Dr. López received his medical degree from University of Pennsylvania in 2001, and completed his residency at Harvard Medical School, Brigham and Women's Hospital, Boston, in 2004. At Harvard University, he received a Master of Divinity in 1999 and a Master of Public Health in 2005.



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

Alden M. Landry, MD, MPH is an assistant professor in Emergency Medicine physician at Beth Israel Deaconess

Medical Center and is the founder of Motivating Pathways Inc. He also serves as Faculty Assistant Director of the Office for Diversity Inclusion and Community Partnership, Associate Director and Advisor for the Castle Society at Harvard Medical School, Director of Health Equity Education at Harvard Medical School, and Senior Faculty at the Disparities Solutions Center at Massachusetts General Hospital. 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 a course at Harvard TH Chan School of Public Health and teaches cultural competency to medical students and 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.



**J. Emilio Carrillo  
Senior Faculty**

Dr. Carrillo is Senior Faculty at the DSC, Clinical Associate Professor of Medicine at the Weill Cornell Medical College,

and Clinical Associate Professor of Epidemiology and Health Services Research at the Weill Cornell Graduate School of Medical Sciences. Dr. Carrillo previously served as Vice President of Community

Health at New York-Presbyterian Hospital, where he led the development and implementation of fourteen Patient Centered Medical Homes, the Office of Care Management, and the clinical operations of NYP's DSRIP Performing Provider System—New York State's groundbreaking Medicaid redesign program.

Dr. Carrillo is a Board member of the United Way of New York City and has served in many State and Federal advisory councils, including the National Cancer Institute, National Heart Lung and Blood Institute, National Center for Health Statistics, Agency for Health Research and Quality, CMS, and advisory groups to the Governors of Massachusetts and New York State. Also, he is currently a member of the NQF Standing Committee on Disparities and the Health and Wellbeing Expert Panel.

Dr. Carrillo graduated from Columbia College and received his MD and MPH degrees from Harvard University, and subsequently trained in Internal Medicine at the Cambridge and Massachusetts General Hospitals. For ten years he served in the faculties of Harvard Medical School and Harvard School of Public Health, where he practiced, taught medicine, and administered primary care programs.

Dr. Carrillo's research and collaborations during his years at Harvard laid the foundation for Patient Based Cross-Cultural Healthcare. He designed and collaborated in the implementation and application of a cross-cultural medicine curriculum that has been adopted by many Medical Centers around the nation and has helped to define the fields of Cultural Competency and Cross-Cultural Communication. Dr. Carrillo recently received the AMA's 2015 Excellence in Medicine Award – Pride in the Profession for his work in population health and dedication to improving cross-cultural health care. He has published widely, received numerous awards and has been appointed as a Fellow of the New York Academy of Medicine.



**Roderick King, MD, MPH  
Adjunct Faculty**

Dr. King is currently faculty in the Department of Global Health and Social Medicine at Harvard Medical School, Adjunct Faculty at the Massachusetts General Hospital Disparities Solutions Center, and a Fulbright Regional Network for Applied Research (NEXUS) Scholar. In 2014, he was appointed Chair of the Advisory Committee on Minority Health in the Office of Minority Health (OMH) at the U.S. Department of Health and Human Services. He is also Executive Director of the Florida Public Health Institute and Associate Professor in the Department of Public Health and Epidemiology at the University of Miami's Miller School of Medicine. His academic work/teaching and key consulting roles focus on improving the health of underserved communities via leadership and organizational development, and human capital development. In particular, Dr. King has worked to improve the health of communities nationally and internationally via training and facilitating collaborative leadership efforts to support leaders in creating aligned actions and measurable results for underserved communities. Prior to his current work, Dr. King was the New England Regional Director for the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, a Commander in the U.S. Public Health Service and former Senior Advisor to the Bureau of Primary Health Care, HRSA.



**Zoila Torres Feldman, MSc,  
RN, Adjunct Faculty**

Zoila Torres Feldman is the Chief Expansion Officer at North End Waterfront Health (NEWH), a federally qualified health center, a certified PCMH, recognized nationally for its work on health care policy and as an early implementer organization. In her role, she is expanding the center's reach to the underserved. Presently, Zoila is also an independent health care management consultant with MSGC Inc. with a focus on compliance with administrative and governance federal requirements and Federal Torts

Claims Act. Most recently she was the Executive Director of Commonwealth Care Alliance Clinical Group and their Vice President for Health Care Delivery Systems, where her first responsibility was the implementation of a state-wide interdisciplinary complex care management initiative for a managed care population. Prior to this position, Zoila was the Executive Director of Kit Clark Senior Services, a comprehensive service organization for elders in Dorchester, Massachusetts where she focused her efforts on improving systems of care, quality and sustainability. She is best known for her many years of work at Great Brook Valley Health Center, and her accomplishments related to creating an integrated primary care and public health model of care. Under her leadership GBVHC, now the Edward M. Kennedy health center was recognized for its work related to identifying and implementing systems to eliminate racial and ethnic disparities through the use of data and attention to public health imperatives. She has been an advocate for universal access to care and has participated and offered testimony in forums related to universal access, disparities, cultural competency, population-based medicine, mental and oral health, and refugee and immigrant health. Zoila is a Registered Nurse with a Bachelor in Psychology and a Master of Science in Health Policy and Management. She is fluent in English and Spanish.



**Michele Garand, MS  
Adjunct Faculty**

Michele Garand is Adjunct Faculty at the Disparities Solutions Center and the head of Business Operations

for Healthcare Management reporting to the Senior Vice President of Healthcare Management at ConnectiCare Inc. She is the business lead responsible for managing business results, strategic and operational planning, financial and budgetary management and management of other complex projects in support of the SVP of HCM.

Prior to joining ConnectiCare Inc., Michele Garand was the Business Senior Director for Aetna's Office of the Chief Medical Officer. In this role, Ms. Garand managed operations and health policy

research for the Office of the CMO. Ms. Garand was also responsible for the program management and operational execution of initiatives focused on health policy issues. In this role, she facilitated applied research and execution of initiatives to improve health care quality and outcomes for Aetna's membership. Examples include: Racial and Ethnic Equality, Childhood Obesity (GetNHealthy with Aetna), Value Based Insurance Design, and Genomics Initiatives.

Ms. Garand received her B.S. in Business Management from Boston University, and an M.S. in Business Management at Rensselaer Polytechnic Institute.



**Karey Kenst, MPH  
Senior Program Manager**

Karey Kenst, MPH, is the Senior Program Manager at the Disparities Solutions Center.

They joined the DSC in 2012 with ten years of professional experience in the areas of international humanitarian response, LGBT health, and sexual violence prevention and response. At the DSC, they manage a range of projects, including: production of MGH's Annual Report on Equity in Healthcare Quality; research on sexual orientation and gender identity data collection in clinical settings; development and implementation of an educational program on caring for patients with limited English proficiency; and implementation of key components of the CMS Office of Minority Health's equity plan. They also contribute to local policy and educational initiatives to improve quality and equity of care for racially and ethnically diverse populations and sexual and gender minorities. Karey brings a social justice lens to working with institutions and communities and believes in collaborative, interdisciplinary approaches that reach beyond clinical settings to address the social determinants of health. They earned a Master of Public Health with a concentration in Social and Behavioral Sciences from the Boston University School of Public Health and a Bachelor of Arts in sociology from the University of Wisconsin.



**Andrea Madu, Former Senior Research Assistant**

Andrea Madu is the Senior Research Assistant for the Disparities Solutions Center. She received her Bachelor of

Arts in Psychology and Studies of Women, Gender, and Sexuality from Harvard University. Prior to working with the DSC, she interned at the Harvard Center for AIDS Research developing a national survey to uncover the behaviors, stigmas, beliefs, and education surrounding HIV/AIDS within the black community. In 2011, she also volunteered with Health Leads at Boston Medical Center, providing food, employment, education, and housing resources to low-income mothers in the nursery. As an undergrad, she also both authored and edited personalized stories for children in orphanages around the world and taught lessons about the Civil Rights Movement in New York Charter Schools.



**Thuy Phan, Former Research Assistant**

Thuy Phan is a Research Assistant for the Disparities Solutions Center. She received her Bachelor of

Arts in Social Anthropology from Harvard University in 2012. Prior to joining the DSC, Ms. Phan worked as a fundraiser at National Dance Institute, a nonprofit that provides free arts education programs for New York City children. From 2012-2013, she served as an AmeriCorps member at Mass Mentoring Partnership in Boston, where she managed and coordinated training and capacity-building projects to strengthen youth mentoring programs throughout Massachusetts. She also previously worked as a nursing assistant in the cardiovascular/thoracic surgical unit at Lahey Hospital & Medical Center. Ms. Phan currently volunteers as an Ambassador of the Young Nonprofit Professionals Network of Boston, and performs contemporary ballet in Boston and Cambridge as a company member of DanceVisions, Inc.



**Surie Johnson Research Assistant**

Surie Johnson is a Research Assistant for the Disparities Solutions Center. She received her Bachelor of

Arts in Human Services from the University of Massachusetts Boston. Ms. Johnson has experience in management, social services and community outreach which covers over 10 years of advocacy for underserved children and parents. Prior to joining the DSC, Ms. Johnson worked at Clarendon Early Education Services, Inc. as an Office Administrator who specialized in voucher and contract management as well as connecting families with home daycare educators. She has worked at Whittier Street Health Center, ABCD Head Start and Children's Services and The Women's Lunch Place helping low-income families gain access to supplemental food, sustenance education, health services and other resources. As an undergrad, Ms. Johnson worked at Youth Opportunity Boston where she was responsible for overseeing the development of a resource manual that at-risk youth could fit in their pocket. She also volunteered in Honduras with Partners in Education Roatan in their e-learning center reading to English and Spanish language learners, supporting them with computer-based games and encouraging basic math and writing skills.



# DSC ASSOCIATES PROGRAM

MASSACHUSETTS GENERAL HOSPITAL

ENTRANCE

EMERGENCY

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 and 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 DSC 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 the DSC during their 2-year tenure

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

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

## 2016-2018 DSC ASSOCIATES

### **Albert Yeung, MD, ScD**

Director of Primary Care Research at Depression Clinical and Research Program at Massachusetts General Hospital; Associate Professor of Psychiatry, Harvard Medical School

**AREAS OF INTEREST:** Integrating primary care and mental health services to improve treatment of depression, mental health issues of underserved populations, and using complementary and alternative treatment for mood disorders.

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

Instructor, Harvard Medical School; Assistant Professor 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.

### **Andrew Loehrer, MD**

Clinical Fellow in Complex General Surgical Oncology, MD Anderson Cancer Center; Assistant Professor, Dartmouth-Hitchcock

**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.

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

Co-Founder and Executive Board Member, Transitions Clinic Network; Co-Founder and Chief Science & Innovation Officer, Anansi Health; Medical Director, Community Health Improvement, Los Angeles County Department of Health Services

**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.

**Elsie Taveras, MD, MPH**

Chief, Division of General Pediatrics, Department of Pediatrics Director, Pediatric Population Health Management, Director, Raising Health Hearts Clinic, Mass General Hospital for Children Associate Professor of Pediatrics and Population, Medicine Harvard Medical School

**AREAS OF INTEREST:** Understanding determinants of obesity in women and children and developing interventions across the lifecourse to prevent obesity, especially in underserved populations.

**Eric G. Campbell, PhD**

Professor of Medicine & Director of Research, Center for Bioethics and Humanities, University of Colorado Anschutz Medical Campus

**AREAS OF INTEREST:** Science policy and academic industry relations.

**Fatima Cody Stanford, MD, MPH, MPA**

Instructor of Medicine and Pediatrics, Harvard Medical School, Obesity Medicine Physician Scientist and Assistant in Medicine and Pediatrics, Massachusetts General Hospital

**AREAS OF INTEREST:** Obesity (Adult & Pediatric), Health Policy, Health Disparities, Minority Health, Exercise (Physical Activity), and Nutrition.

**Fidencio Saldaña, MD, MPH**

Dean for Students Office of Student Affairs, Harvard Medical School; Cardiologist, Brigham and Women's Hospital

**AREAS OF INTEREST:** Racial disparities and outcomes in cardiovascular disease, and recruitment of underrepresented minorities to the health professions.

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

Pediatrician, Division of General Pediatrics, Boston Children's Hospital and Martha Elliot Health Center; Instructor in Pediatrics, Harvard Medical School

**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.

**Jay Bhatt, DO, MPH, MPA**

SVP & Chief Medical Officer, American Hospital Association; Staff Physician, Erie Family Health Center

**AREAS OF INTEREST:** Improving care for vulnerable populations through strengthening primary care, advocacy, systems redesign, quality improvement, and community engagement.

**Joan Quinlan, MPA**

Vice President for Community Health, Massachusetts General Hospital

**AREAS OF INTEREST:** Community health and socioeconomic barriers to health care access.

**Karen Donelan, ScD, EdM**

Senior Scientist, Mongan Health Policy Center; Associate Professor of Medicine, Harvard Medical School

**AREAS OF INTEREST:** Patient and provider experience, and barriers in healthcare delivery.

**Katherine L. Flaherty, ScD**

Principal, Katherine Flaherty Consulting; Senior Lecturer, Tufts University School of Medicine, Department of Public Health and Community Medicine

**AREAS OF INTEREST:** Health equity, patient safety and quality of care, Medicaid, women's health, and maternal and child health.

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

Associate Medical Director, Division of Medical Assistance, Commonwealth of Massachusetts; Instructor and Senior Research Scientist, Harvard School of Public Health; Instructor and Staff Physician, Beth Israel Deaconess Medical Center

**AREAS OF INTEREST:** Health policy and concerns impacting African American and other disadvantaged minorities in the United States health system.

**Marcus M. McKinney, DMin, LPC**

President, Reimagining Care; Assistant Professor, Uconn Health; Baptist Minister (practicing) Psychotherapist, licensed in Connecticut

**AREAS OF INTEREST:** Pastoral psychotherapy, depth psychology and community health.

**Nhi-Ha Trinh, MD, MPH**

Director, MGH Psychiatry Center for Diversity Director of Clinical Services and Multicultural Studies, Depression Clinical and Research Program Massachusetts General Hospital; Assistant Professor of Psychiatry, Harvard Medical School

**AREAS OF INTEREST:** Mental Health Disparities for Depression in Minority Patients, and Geriatric and Community Psychiatry.

**Nicte Mejia, MD, MPH**

Assistant Professor of Neurology; Director, Neurology Community Health Diversity and Inclusion Initiatives, Massachusetts General Hospital

**AREAS OF INTEREST:** Interventions to provide timely neurological diagnoses, excellent neurology care, and optimal neurologic health to people from non-English speaking and other minority communities.

**Nwamaka D. Eneanya, MD, MPH, FASN**

Assistant Professor, University of Pennsylvania School of Medicine

**AREAS OF INTEREST:** Palliative care, informed decision-making, racial disparities, and end-of-life care among patients with kidney disease.

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

Primary Care Physician, Massachusetts General Hospital; Assistant Professor in Medicine, Harvard Medical School

**AREAS OF INTEREST:** Improving colorectal cancer screening rates by lowering barriers in low income and non-English speaking populations.

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

Director, Primary Care Research & Quality Improvement Network 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.

**Winfred W. Williams, MD**

Director of Program in Interventional Nephrology for Transplantation Unit; Founding Director, MGH Center for Diversity and Inclusion ; Co-Chair, Center for Diversity and Inclusion Advisory Board Massachusetts General Hospital

**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), racial and ethnic disparities in renal transplantation, and health policy in transplantation.

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

Instructor and Senior Research Scientist, Harvard School of Public Health; Consultant Physician, Beth Israel Deaconess Medical Center

**AREAS OF INTEREST:** Health policies and concerns impacting African American and other disadvantaged minorities in the United States health system



## MASS GENERAL DIVERSITY AND INCLUSION STATEMENT

Diversity is the richness of human differences. Inclusion is when everyone is valued, engaged, and feels connected. At Massachusetts General Hospital, we believe that because of diversity we will excel; through inclusion we will respect; focused on equity we will serve, heal, educate and innovate.

Because of diversity we will excel. We think broadly about diversity and everything that makes us unique. It is core to our mission. Our differences make the MGH a more interesting and distinctive environment in which to work and are an important means of providing the very best care to every one of our patients, regardless of race, ethnicity, gender, gender identity, religion, age, sexual orientation, disability, life experiences, geographic backgrounds, skills and talents among others. We will not excel without recognizing and appreciating everyone's perspectives.

Through inclusion we will respect. Together we work hard to make this hospital a diverse and inclusive place of healing. Encouraging a broad range of opinions, ideas and perspectives drives creativity, innovation and excellence. Our continued engagement in our nationally recognized initiatives and programs highlights our commitment to diversity and inclusion. But this ongoing work will not be complete until every employee, every patient, every family member, every visitor feels safe, respected, welcome, comfortable, supported and accepted within our walls.

Focused on equity we will serve, heal, educate and innovate. Our job is to improve health and save lives, regardless of what our patients or colleagues look like, where they come from, what they believe, or who they love. Issues of equity and justice are not separate but rather intertwined with patient care, education, research, and community health. Targeting inequality enhances the quality of care for all. We believe in treating our patients and each other with the dignity that every human being deserves.

Massachusetts General Hospital: strengthened by diversity, unified through inclusion, committed to equity. Everyone is appreciated and valued here.



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THE DISPARITIES SOLUTIONS CENTER  
MASSACHUSETTS GENERAL HOSPITAL  
100 CAMBRIDGE STREET, SUITE 1600  
BOSTON, MA 02114