

The Disparities Leadership Program

Empowering Leaders. Getting to Solutions.

Application

All interested applicants are also encouraged to visit our website www.mghdisparitiessolutions.org to learn more about The Disparities Solutions Center.

Complete applications must be submitted by email. Signature pages can be faxed to us, or scanned in and send to us by email. **Intent to Apply Form** is due **Dec 10, 2010**, and is optional, but applicants are strongly encouraged to send this in. **Applications** are due by **Friday, Feb 11, 2011**. Please send your applications to:

Aswita Tan-McGrory – Operations Manager
The Disparities Solutions Center – MGH Mongan Institute for Health Policy
50 Staniford Street, 9th Floor, Suite 901
Boston, MA 02114
Email: atanmcgrory@partners.org
Phone: (617) 643-2916
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APPLICATION CHECKLIST

Complete:

Prior to submission of complete application (Due Dec 10, 2010)	_____
Intent to Apply Form (optional but strongly encouraged)	
Application Form (Due February 11, 2011):	
Signature page: senior leadership at your institution	_____
Signature page all team members- commitment to DLP dates, tuition and cancellation policy	_____
Part A: Summary Information	_____
Part B: Essay questions	_____
Application Form Attachments (due Monday, Feb, 2010):	
Attachment 1: Curriculum Vitae	_____

Disparities Leadership Program
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Due December 10, 2010

Intent to Apply Form

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 Disparities Leadership Program (please limit to a few sentences):

3. How did you hear about the Disparities Leadership Program?

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Due February 11, 2011

Application Submission Form

Cover Sheet

Please submit only one application per organization

Name of organization

Name of project

Team Member(s)

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PART A – Summary Information

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

<i>Name:</i>	
<i>Title:</i>	
<i>Organization:</i>	
<i>Address:</i>	
<i>Phone:</i>	
<i>Email:</i>	
<i>Fax:</i>	

2. *Name of second team member:*

<i>Name:</i>	
<i>Title:</i>	
<i>Organization:</i>	
<i>Address:</i>	
<i>Phone:</i>	
<i>Email:</i>	
<i>Fax:</i>	

3. *What type of organization is your current employer?*

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

4. *How did you hear about the Disparities Leadership Program?*

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Application Submission Form

Please only submit one application per organization

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

I have reviewed this application for the **Disparities Leadership Program** and authorize release time for the applicant(s) and financial support for tuition and travel expenses.

Signature of Sr. Leader/Board Member

Title

Print Name

Date

Disparities Leadership Program

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Application Submission Form

Please only submit one application per organization

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

- 1. I have reviewed this application for the DSC Disparities Leadership Program and am committed to attending all activities and dates of the DLP. In addition, I have reviewed and understand the tuition and cancellation policy of the DLP.*

Signature of team member

Title

Print name

Date

- 2. I have reviewed this application for the DSC Disparities Leadership Program and am committed to attending all activities and dates of the DLP. In addition, I have reviewed and understand the tuition and cancellation policy of the DLP.*

Signature of team member

Title

Print Name

Date

Disparities Leadership Program

Moving Towards Disparities Solutions

Due February 11, 2011

Application Submission Form

PART B – Essay Questions

The answers to the following questions will be reviewed to help select candidates for the DLP. These questions apply to those organizations/institutions interested in developing a strategic plan over the course of the year, or a specific disparities project.

1. Please include a brief overview and/or description of your organization. (Limit 250 words). In your description please make sure to also include the following:
 - If your organization is a **hospital** please include information about the number of beds you have, the racial/ethnic mix population you serve (if available), the type of services you provide (tertiary or quaternary services), as well as the number of admissions and outpatient visits you have per year.
 - If your organization is a **health plan**, please include information about the number of members you serve, the states you have business in, the racial/ethnic mix population you serve (if available), and whether you have any disease management programs in place (please specify if they target disparities).
 - If your organization is a **community health center**, please include information about whether you're a Federally Qualified Health Center, the number of unduplicated users you serve in a year, the racial/ethnic mix population you serve (if available), and the type of services you provide (dental, ophthalmology, other).
 - If your organization **doesn't fit in the categories above**, please provide similar detailed information (such as population served, type of services etc.).

2. Please describe the area, or specific racial/ethnic disparity you plan to address. For example, you may choose to address a systemic issues (developing a strategic plan to address disparities, collecting race/ethnicity data, or implementing disparities monitoring tools) or a particular disparity you have identified (e.g. a certain racial/ethnic or socioeconomic group of patients that are doing more poorly on their diabetes measures or outcomes when compared to another. (Limit 350 words).

3. Please describe how you plan to address the area or specific racial/ethnic disparity you mentioned above. Include specific goals and activities you hope to achieve by the end of the

year. We encourage you to focus your goals and activities on what you can realistically be achieved in one year. For example, you might choose to develop a strategic plan for disparities; you may choose to develop race/ethnicity data collection tools or a disparities dashboard; or you may choose to develop or improve on an intervention to address a disparity by race/ethnicity among your patients with asthma or diabetes. (Limit 400 words).

4. What resources (institutional infrastructure, human resources, time and/or financial) are available for and will be devoted to this effort. (Limit 250 words)?

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

6. Who would attend the *DLP*? Please provide a brief, one-paragraph biography for each team member and include a description of their current position within the organization and role in disparities efforts.