



Disparities Leadership Program

Empowering Leaders. Getting to Solutions.

**Developed and led by
The Disparities Solutions Center at Massachusetts General Hospital**



**MASSACHUSETTS
GENERAL HOSPITAL**

**Jointly sponsored by
The National Committee for Quality Assurance**



**And supported by
Joint Commission Resources, Inc. (An Affiliate of The Joint Commission)**



**This program is supported in part by an unrestricted educational grant from
Amgen Foundation.**



One of the primary goals of the Disparities Solutions Center is to provide education and leadership training to develop a national network of skilled individuals dedicated to eliminating racial/ethnic disparities in health care. Through the Disparities Leadership Program we hope to move this from a goal to a reality.

---Joseph R. Betancourt, MD, MPH
Director, The Disparities Solutions Center at Massachusetts General Hospital

Background

The Institute of Medicine Reports *Crossing the Quality Chasm* and *Unequal Treatment* highlight the critical nexus between improving quality and eliminating racial and ethnic disparities in health care. Combined, they provide a blueprint for addressing disparities that can only be achieved if a concerted, coordinated effort towards health systems change can be achieved. This will require leaders in quality improvement who have the tools and skills to move their organizations forward toward the elimination of racial and ethnic disparities in care.

The Disparities Leadership Program

The Disparities Leadership Program (DLP) is a year-long executive education program designed for leaders from hospitals, health plans and other health care organizations who want a) **develop a strategic plan** * or b) **advance a project** to eliminate racial and ethnic disparities in health care, particularly through quality improvement. The DLP has three overarching goals:

1. To create a cadre of leaders in health care equipped with a) in-depth knowledge of the field of disparities, including root causes and research to date; b) cutting-edge quality improvement strategies for identifying and addressing disparities; and c) the leadership skills to implement these strategies and help transform their organizations.
2. To help individuals from organizations—who may be at the beginning stages or in the middle of developing or implementing a strategic plan or project to address disparities—further advance or improve their work in a customized, tailored fashion.
3. To assist healthcare organizations so that they can be prepared to meet new standards and regulations from the Joint Commission, the National Committee on Quality Assurance, and health care reform and the Patient Protection and Affordable Care Act (health care reform).

The DLP faculty will consist of a team of leaders who are action-oriented and have practical experience implementing organizational and quality improvement strategies aimed at eliminating racial and ethnic disparities in health care. It focuses on the lessons learned and expertise gained from the development and evolution of programs currently in place at the Massachusetts General Hospital (www.mghdisparities.org), as well as at several leading health plans across the country. The DLP will be led by national experts from The Disparities Solutions Center (DSC) at Massachusetts General Hospital (www.mghdisparitiessolutions.org).

Sponsors

This program is jointly sponsored by the National Committee for Quality Assurance (NCQA). It is supported by Joint Commission Resources (JCR), an affiliate of The Joint Commission.

This program is supported in part by an unrestricted educational grant from Amgen Foundation.

My expectation was that this would be ground-breaking! It exceeded my thoughts... a powerful personal experience shared with like minds/hearts driven by social equity for health communities. Much learning, many things affirmed, many things to do... I feel prepared to make change, initiate movement. Thank you for the gift!

----Participant, The Disparities Leadership Program - Class of 2008

Who should apply to the DLP?

The DLP is designed for leaders from hospitals, health plans, physician organizations, community health centers, and other health care organizations who want to implement strategies to eliminate racial and ethnic disparities in health care. Participants may include, but are not limited to: executive leadership, medical directors, directors of quality, and directors of multicultural affairs or community benefits. To maximize the benefits of the year-long DLP, participants should have strong commitment from their organization, as well as resources available, to advance an action plan to address disparities. Teams of two participants per organization are encouraged, though not required.

Why apply to the DLP?

- The Institute of Medicine's landmark report *Crossing the Quality Chasm* highlighted equity as one of the essential pillars of health care quality. For an organization to improve quality for all patients it must be able to measure disparities by race/ethnicity and develop interventions to address them.
- The National Committee for Quality Assurance (NCQA) and the Joint Commission made bold moves to incorporate issues of disparities and cultural and linguistic competency into their standards for hospitals and health plans. The DLP will help health care leaders put their organizations ahead of the curve on this important emerging issue.
- Eliminating disparities in health care requires leadership, vision, teamwork, and an understanding of the issues and potential intervention strategies. The DLP is

designed to build participants' knowledge and skills in these essential areas while developing a network of leaders focused on the same goals.

- Between now and the year 2050, racial/ethnic minorities will account for 90% of the projected increase in the U.S. population. Thus, most new growth in the health care market will come from minorities. Addressing racial/ethnic disparities in care will help health care organizations gain a competitive edge in a changing market.

The Disparities Solutions Center at MGH

The Disparities Solutions Center at Massachusetts General Hospital is dedicated to developing and implementing strategies to eliminate racial and ethnic disparities in health care through innovative policy and practice. Created and led by Dr. Joseph Betancourt, the DSC is made up of a multidisciplinary team of health care professionals with expertise in the area of racial/ethnic data collection, performance measurement and reporting, disparities interventions, and evaluation. The DSC strives to:



- Serve as a change agent by developing new research and translating innovative research findings into policy and practice
- Develop and evaluate customized policy and practice solutions for health care providers, insurers, educators, community organizations and other stakeholders
- Provide education and leadership training to expand the community of skilled individuals dedicated to eliminating health care disparities

Health disparities among ethnic and racial minorities are some of the greatest challenges our health delivery system faces. I'm thrilled that a facility as respected as Massachusetts General Hospital has chosen to make health disparities a focal point of its work. This center will be an invaluable tool in helping us to reduce disparities.

---Peter J. Koutoujian
Massachusetts Representative
House Chair of the Legislature's Joint Committee on
Public Health and Co-chair of the Commission to
Eliminate Racial and Ethnic Health Disparities

The DSC has significant, practical, real-world experience in the area of addressing racial/ethnic disparities in health care. For example, the leadership of the DSC has worked with several leading health plans across the country to develop strategies to identify and eliminate disparities. In addition, DSC faculty have staffed the Massachusetts General Hospital Committee on Racial and

Ethnic Disparities, pioneering activities such as the Disparities Dashboard, an innovative way to identify and monitor disparities, as well as the development of two culturally

competent diabetes disease management program. This experience, along with the active role the DSC faculty have played in the now well-recognized effort among Boston hospitals to eliminate disparities under the leadership of Mayor Menino, uniquely positions them to provide training to those interested in addressing disparities through quality improvement.

How is the DLP organized?

The DLP has four major activities:

1. Formal Skills Curriculum



The DLP begins with a two-day intensive training session focused on defining disparities and root causes; developing cutting-edge quality improvement strategies to identify and address disparities; and fostering leadership skills to implement these strategies and help transform their organizations. Faculty includes national experts at the DSC, leadership from the MGH, and leadership from several health plans and community health centers across the country who are at the cutting-edge of the disparities field. Some of the topics covered during the training include:

- *Racial and Ethnic Disparities in Health Care:* Background on the issue of racial and ethnic disparities in health care, including a review of root causes and strategies to address them
- *Getting Disparities on the Leadership Agenda:* Encouraging leaders in the organization to become invested in identifying and addressing racial/ethnic disparities in health care, including the presentation of the business and quality case for addressing this issue
- *Where to Begin:* Tools and activities to help organizations get started with efforts to identify and address disparities, including the strategies, techniques and technology for collecting race and ethnicity data
- *Analyzing and Comparing Your Race and Ethnicity Data:* How to compile data in a meaningful and effective way, and create comparative benchmarks
- *Creating Disparities Measures and Reporting Mechanisms:* Guidance on how to stratify quality measures by race and ethnicity, and report them appropriately via dashboards, scorecards, or other standard or innovative mechanisms
- *Adding the Community, Patient, and Staff Voice to the Disparities Agenda:* Strategies for bringing in key perspectives to disparities and patient safety work, including those of the community, the patient, and the health care staff
- *Developing Disparities Interventions:* Developing and implementing innovative approaches to address disparities organizationally and through quality improvement
- *Disparities and Health Information Technology:* Planning for the current and future use of health information technology as a mechanism for identifying and addressing disparities

- *Identifying and Preventing Medical Errors in Limited-English Proficient Patients:* Strategies to identify clinical situations that are high-risk for medical errors among limited-English proficient patients, as well as mechanisms to address them
- *Making Systems Responsive to the Needs of Diverse Populations:* Review of tools to improve the cultural competency of the health care delivery system and capacity to address the needs of patients with limited English proficiency
- *Communicating Broadly and Clearly:* Developing an approach to communicating the issue of disparities both internally and externally
- *Organizational Transformation and Assuring Sustainability:* How to assure pilot programs become standard practice within the organization and how to disseminate successes broadly

2. Disparities Strategic Plan/Project

The DLP is seeking to stimulate and promote the development of strategic plans or the advancement of a component of a project designed specifically to eliminate racial and ethnic disparities in health care within health care organizations. As a condition of entry, participants in the DLP must either:

- A. Develop a strategic plan to address disparities over the course of a year. They should use learnings from the DLP to develop a blue print to address disparities in the near future. This can be a more simple, basic, conceptual strategic plan (approximately 10 pages), or a more detailed, traditional strategic plan.
- B. Or advance a component of a project that addresses disparities. By advance a component of a project, we mean moving one step forward on a project that is already underway, or taking the first step on a new project. We understand it is difficult to complete an entire project over the course of one year. Examples of the types of projects considered include:
 - Implementing a system to collect patient's race/ethnicity and language data
 - Stratifying and reporting quality data by race/ethnicity
 - Developing a culturally competent disease management program
 - Evaluating a disparities intervention
 - Expanding disparities interventions across conditions and populations

In either case, applicants must propose the ways in which they would like to advance this work over the course of the year through participation in the DLP. Again, participants can be in various stages of development in their program, ranging from developing a strategic plan to evaluating disparities interventions.

3. Technical Assistance

The DSC will work with DLP participants to achieve their disparities project goals through various modalities of technical assistance, including three interactive web-based conference calls for the entire group, and two interactive web seminars on additional learning topics tailored to the most pressing needs of participants. In addition, participants will receive assistance through one-on-one calls with faculty. Participants will also be invited to participate in other DSC activities on an on-going basis (such as teleconferences on current disparities issues, additional web seminars, etc.) as part of the DLP network.

4. *Closing Session, Group Learning and Dissemination*

The DLP continues with a two-day closing meeting where participants will present their work and lessons learned and individual strategic plans or projects. They will also have the opportunity to network with and learn from like-minded peers at this time and over the course of the year. DLP participants will receive continuing education credits, as well as a certificate for completing the program. All DLP projects



will be highlighted on the DSC website (www.mghdisparitiessolutions.org). Some may be featured in web seminars and case studies published and distributed by the DSC. Three projects will be chosen to receive an award for innovation and success and will be featured in press releases about the DLP. A selection of projects may have the opportunity to present their work at national meetings on quality including Institute for Healthcare Improvement's National Forum on Quality Improvement in Health Care (www.IHI.org).

What are the Learning Objectives of the Disparities Leadership Program?

At the conclusion of this program, the learner will be able to:

1. Identify ways to secure buy-in by having health care leaders better understand the issues of disparities and become invested in doing something to address them.
2. List techniques and technology for race and ethnicity data collection and disparities performance measurement.
3. Identify interventions to reduce disparities in health care.
4. Identify ways to message the issue of disparities both internally and externally.
5. Describe a concrete step that their organization will take toward the elimination of racial/ethnic disparities in care.

Who will be selected to participate in the DLP?

While we anticipate being able to accommodate most applicants to the DLP, we are limiting the program in order to maintain an effective learner to faculty ratio. In order to ensure the success of the program we will review applications based on the following criteria:

- ❑ Level of organizational commitment to the applicants' efforts as measured by
 - Letter of support signed by a member of senior leadership or board of the applicant's organization authorizing release time to commit to the DLP and support for tuition and travel expenses (templates will be provided)
 - Resources available (time and financial) to start or advance the applicants' efforts
- ❑ Commitment and ability of applicant/team to address racial and ethnic disparities at their organizations as described in the short essay responses
- ❑ Professional position and capacity of the applicant/team to move their organizations forward towards identifying and eliminating racial and ethnic disparities

Note: Preference will be given to organizations that can send at least a two-person team (individuals are still encouraged to apply).

Current and Past DLP Participants

Current 2010-2011 Class

Hospitals	Barnes-Jewish Hospital Cape Fear Valley Health System Monroe Carell Jr. Children's Hospital at Vanderbilt St. Joseph's Regional Medical Center VA Boston Healthcare System Wake Forest University Baptist Medical Center
Health Plans	Community First Health Plan Denver Health Medical Plan Kaiser Foundation Health Plan
Community Health Centers	Baystate Brightwood Health Center Codman Square Health Center One Love Center for Health San Ysidro Health Center Whittier Street Health Center
Professional Organizations	American Cancer Society Arkansas Foundation for Medical Care

2009-2010

Hospitals	Alameda County Medical Center, Oakland, CA Centers for Medicare and Medicaid Services, Baltimore, MD
Health Plans	Children's Hospital Boston, Boston, MA Children's Mercy Hospital and Clinics, Kansas City, MO HealthEast Care System, St. Paul, MN Kaiser Permanente Northern California, Fremont, CA University of New Mexico Hospitals, Albuquerque, NM BCBS of Tennessee, Chattanooga, TN Keystone Mercy Health Plan, Philadelphia, PA Neighborhood Health Plan, Boston, MA
Community Health Centers	Concilio de Salud Integral de Loiza, Loiza, Puerto Rico St. Thomas Community Health Center, New Orleans, LA

2008-2009

Hospitals	Alameda County Medical Center, Oakland, CA Children's Hospitals and Clinics of Minnesota, Minneapolis, MN Seattle Children's Hospital, Seattle, WA Christiana Care Health System, Newark, DE East Orange General Hospital, East Orange, NJ Greater NY Hospital Association, New York, NY Inova Health System, Springfield, VA NYC Health and Hospitals Corporation, New York, NY ProMedica Health System, Toledo, OH University of Mississippi Medical Center, Jackson, MS
Health Plans	Gateway Health Plan, Pittsburg, PA Humana, Louisville, KY New York Presbyterian Community Health Plan, New York, NY WellPoint Inc./HMS, Chatsworth, CA
Community Health Centers	ACCESS Community Health Network, Chicago, IL Lowell Community Health Center, Lowell, MA Multicultural AIDS Coalition, Boston, MA

2007-2008

Hospitals	Baylor Health Care System, Dallas, TX Boston Medical Center, Boston, MA Mt. Sinai Hospital Medical Center, Chicago, IL Tufts New England Medical Center, Boston, MA St. Luke's Hospital of Kansas City, Kansas City, MO
Health Plans	BCBS of MA, Boston, MA

Community

Health New England, Springfield, MA
Kaiser Permanente Institute for Culturally Competent Care, Oakland, CA
Presbyterian Health Plan, Albuquerque, NM
ACCESS Community Health Network, Chicago, IL
Center for Health Equity, Louisville Metro Dept of Public Health and Wellness, Louisville, KY
Great Brook Valley Health Center, Worcester, MA
Harbor Health Services, Boston, MA

Timeline

We encourage interested parties to submit an Intent to Apply form prior to submitting a complete application.

Friday, December 10, 2010	Intent to Apply Due (recommended but not required)
Monday, February 11, 2011	DLP Application due
Friday, March 18, 2011	DLP applicants are notified
Friday, April 1, 2011	Deadline for applicants to confirm acceptance into the program
Friday, April 29, 2011	Tuition is due
Thurs & Fri, May 19-20, 2011	Two day opening meeting in Boston, MA, at Le Meridien Cambridge (www.hotelatmit.com)
February, 2012	Two day meeting – date and specific West Coast location to be determined

Tuition

Tuition is due upon acceptance into the *Disparities Leadership Program*, and is \$9,500 per person per organization. After organizations are notified of their acceptance into the program, the tuition is due on **April 29, 2011**. This covers all program activities (two two-day training sessions—one in Boston, MA, the other location on the West Coast; conference calls, web seminars, and program materials) as well 2 night hotel stays and meals at the opening and closing session. **Participants are responsible for all travel costs to and from the sessions.**

Cancellations or withdrawals

Please submit any cancellation or withdrawal in writing. Cancellation notices received after **April 1, 2011** but before **April 29, 2011**, will be charged a 25% processing fee. Cancellations made after **April 29, 2011**, will not be refunded their tuition.

Scholarships

Partial scholarships may be available for individuals and teams. If you are interested in receiving a scholarship, please attach a brief letter to your completed application, explaining your need for financial assistance and the amount requested.

Continuing Education Credit

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the National Committee for Quality Assurance (NCQA) and Massachusetts General Hospital. This activity has been approved for *AMA PRA Category 1 Credit™*.

NCQA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Continuing nursing education contact hours will be provided to participants.

To successfully complete this activity and receive CME or CNE credit, you must: sign the participant roster, remain for the entire program, and complete and submit a program evaluation.

A certificate of completion specifying applicable credits will be available for each participant after the program.

Special Note for the Disabled

The Disparities Solutions Center at Massachusetts General Hospital (MGH) considers all applicants and program participants without regard to race, color, national origin, age, religious creed, sex or sexual orientation. MGH is an Equal Opportunity Employer. We encourage participation by all individuals. If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please describe your particular needs in writing and include it with this application.

For further information

Please visit our website at www.mghdisparitiessolutions.org for information on the *Disparities Leadership Program* and other Disparities Solutions Center activities.

Or contact

Aswita Tan-McGrory, MSPH

Operations Manager of The Disparities Solutions Center

Massachusetts General Hospital

50 Staniford Street, 9th Floor, Suite 901

Boston, MA 02114

Email: atanmcgrory@partners.org

Phone: (617) 643-2916

Fax: (617) 726-4120

Faculty and Staff

Disparities Solutions Center Faculty:

Joseph R. Betancourt, MD, MPH, is the Director of the Disparities Solutions Center, Senior Scientist at the Institute for Health Policy, and Director of Multicultural Education at Massachusetts General Hospital (MGH). He is also an Associate Professor of Medicine at Harvard Medical School, and a practicing internist at MGH. He has served on several Institute of Medicine (IOM) Committees, including those that produced *“Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care”*, *“Guidance for a National Health Care Disparities Report”*, and *“In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce.”* He served on the Boston Public Health Commission's Disparities Committee, the Massachusetts State Disparities Committee, and now co-chair’s MGH’s Disparities Committee and is on the Massachusetts State Disparities Council.

Alexander R. Green, MD, MPH, is the Associate Director of the Disparities Solutions Center and Senior Scientist at the Institute for Health Policy at Massachusetts General Hospital. He is also Assistant Professor and Chair of the Cross-Cultural Care Committee at Harvard Medical School. His work focuses on programs designed to eliminate racial and ethnic disparities in care, including the use of culturally competent quality improvement interventions, leadership development, and dissemination strategies. He has studied the role of unconscious biases and their impact on clinical decision-making, language barriers and patient satisfaction, and innovative approaches to cross-cultural medical education. He has also served on several national panels on disparities and cultural competency including the Joint Commission's "Hospitals, Language, and Culture" project.

Roderick R. King, MD, MPH, is currently Senior Faculty at the Disparities Solutions Center and an Instructor in the Department of Global Health and Social Medicine at Harvard Medical School. Dr. King’s work focuses on leadership & workforce development, and improving health systems performance as they relate to addressing health disparities and improving the health of underserved populations. In addition, Dr. King was recently selected as one of two Inaugural Institute of Medicine Anniversary Fellows, where he serves on the Board on Global Health, which oversees the study, *“The US Commitment to Global Health”*. In addition, he also serves on the Board on Population Health and Public Practices which oversees the IOM *“Roundtable for Racial and Ethnic Disparities.”* He most recently served as the Director for the Health Resources and Services Administration, Boston Regional Division and as a Commander in the US Public Health Service, U.S. Department of HHS.

Lenny Lopez, MD, MDiv, MPH, is currently Senior Faculty at the Disparities Solutions Center. Dr. Lopez received his BA in Religion and an M.D. from the University of Pennsylvania. He also received a Master of Divinity and a Master of Public Health from Harvard University. He completed his Internal Medicine residency at the Brigham and

Women's Hospital. After residency, he completed a Commonwealth Fund Fellowship in minority health policy and is focusing his research on cardiovascular health in Latinos and hospital patient safety. He was a General Medicine research fellow at Harvard, a Aetna/DSC Healthcare Disparities Fellow at the DSC, and is an Associate Physician at Brigham and Women's Hospital.

Below is the list of additional faculty

Peter Slavin, MD, President of Massachusetts General Hospital (MGH)

Allison Rimm, MS, Senior Vice President of Strategic Planning and Information Management, MGH

Gregg Meyer, MD, Senior Vice President for Quality and Patient Safety, MGH

Elizabeth Mort, MD, MPH, Associate Chief Medical Officer, Vice President of MGH

Thomas Sequist, MD, MPH, Assistant Professor of Medicine and Health Care Policy, Brigham Women's Hospital and Harvard Medical School

Wayne Rawlins, MD, MBA, National Medical Director, Aetna Inc.

Jim Walton, MD, Chief Health Equity Officer, Baylor Healthcare System

Rhonda Moore Johnson, MD, MPH, Medical Director and Chief Health Equity Officer, Highmark, Inc.

Daniel Driscoll, MRP, CEO/President, Harbor Health Services

Zoila Torres Feldman, Vice President for Care Delivery System, Commonwealth Care Alliance

Nancy Connery, MS, Director of Admitting and Registration Services at MGH

Kathy Campbell, Senior Product Manager, Consumer Directed Health Plans at Aetna, Inc.

Hugo Alvarez, MD, Deputy Medical Officer, UM/QI Associate Medical Director, ACCESS Community Health Network

Claire Spettell, Msc, Director of Information Services, Aetna, Inc.

Katherine Flaherty, ScD, Principle Associate, Public Health & Epidemiology, Abt Associates, Inc.

Robert Hoch, MD, Director, Information Systems, Harbor Health Services

Heidi Behforouz, MD, Director of Prevention and Access to Care and Treatment (PACT), Brigham and Women's Hospital

Cy Hopkins, MD, Director, Office of Quality and Patient Safety at MGH

Jamie Silva-Steele, RN, BSN, MBA, Administrator of Ambulatory Services, University of New Mexico Hospitals

Karen Donelan, PhD, Senior Scientist, Institute for Health Policy, MGH

Lourdes Sanchez, MS, Consultant

Gwen Cochran Hadden, Senior Diversity and Cultural Competency Consultant, Boston Medical Center

Vanessa McClinchy, M. Ed, Consultant

Lee Chelminiak, Vice President of Public Affairs, Partners HealthCare

Suzanne Kim, Senior Public Affairs Officer at MGH

Joan Quinlan, MPA, Director of Center for Community Health Improvement at MGH

Terri Amano, Culturally Competent Services, WellPoint Inc./HMS

Michele Toscano, MS, Head, Office of the Chief Medical Officer Business Management, Planning and Reporting, and Program Manager, the Racial and Ethnic Equality Initiative Aetna, Inc.

Ellen Hafer, MBA, MTS, Executive Vice President and COO, Massachusetts League of Community Health Centers, Inc.

Cheryl McMahon-Walraven, MSW, Informatics Manager, Aetna, Inc.

Tonya Strader, Hospital Specialist, Gateway Health Plan

Valerie Ward, MD, MPH, Co-Chair Diversity and Cross-Cultural Care Committee, Children's Hospital Boston

Disparities Solutions Center staff:

Aswita Tan-McGrory, M.S.P.H. – Operations Manager

In her role as Operations Manager at the Disparities Solutions Center, Aswita Tan-McGrory is part of the senior management team and supervises the broad portfolio of projects and day-to-day activities of staff. Her interests are in providing equitable care to underserved populations and she has over 16 years of professional experience in the areas of maternal/child health, elder homelessness, and HIV testing and counseling. She received her Master of Science in Public Health from Tulane University School of Public Health and Tropical Medicine with a concentration in tropical medicine and parasitology. Prior to receiving her Masters, she spent 2 years in rural Nigeria, West Africa, on water sanitation and Guinea Worm Eradication projects with the Peace Corps. She received a Bachelor of Arts degree in biology and art history from Trinity University in San Antonio, Texas, and is currently working on her MBA at Babson College.

Megan Renfrew, M.A. – Senior Project Coordinator

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

Elizabeth Taing – Research Assistant

Ms. Taing is a Research Assistant at the Disparities Solutions Center. She received her Bachelor of Arts in Social Justice & Inequality and American Studies from Wellesley College. While at Wellesley, Ms. Taing conducted research on immigration, cultural identity, and social policy, with a focus on race, class, and gender. After completing her undergraduate studies, she spent two years in rural Guyana, South America, with the Peace Corps working on projects promoting access to health care, community health education, and youth and women's empowerment.

Jake Nudel – Research Assistant

Mr. Nudel is a Research Assistant with the Disparities Solutions Center. He graduated with a Bachelor of Science in Anthropology from Bates College. While at Bates, Mr. Nudel led the Immigrant Rights Advocacy Group and co-founded the Refugee Volunteers program. He spent a year in Tanzania studying the politics of development in a rural village and building a micro-lending program for poor farmers. Before joining the DSC, Mr. Nudel was a Research Assistant at the Yale Child Study Center.

Wanda Vega – Program Assistant

Wanda Vega is a Program Assistant at the Disparities Solutions Center and is presently working on her Bachelor of Science in Human Services/Management from the University of Phoenix Online. During Ms. Vega's career at the Massachusetts General Hospital, she worked with the Clinical Care Management Unit, providing the infrastructure necessary for MGH to analyze and improve the quality and efficiency of its clinical services. She also worked with the Center for Integration of Medicine & Innovative Technology (CIMIT), where she coordinated their Weekly Forum, a vital tool used to create collaborations for patient benefit. Prior to working at MGH, Ms. Vega completed ten years of government service with the Environmental Protection Agency's Boston Office.

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
Fax: (617) 726-4120

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
Empowering Leaders. Getting to Solutions.
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?

Disparities Leadership Program
Empowering Leaders. Getting to Solutions.
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)

Disparities Leadership Program
Empowering Leaders. Getting to Solutions.
Due February 11, 2011

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?*

Disparities Leadership Program

Empowering Leaders. Getting to Solutions.

Due February 11, 2011

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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Due February 11, 2011

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.