# THE DISPARITIES SOLUTIONS CENTER

One Goal - High Quality Care for All

Dedicated to eliminating racial and ethnic disparities in health care.













ANNUAL REPORT

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# WE ARE BUILDING A ONE-OF-A-KIND CENTER THAT WILL MAKE A SIGNIFICANT IMPACT ON THE WAY HEALTH CARE IS DELIVERED IN THIS COUNTRY.

- DSC Director Joseph R. Betancourt, MD, MPH

# WELCOME



It is with great pleasure that we present The Disparities Solutions Center's fifth Annual Report. The Disparities Solutions Center, through its balance of service and scholarship, aspires to be the catalyst that brings practical strategies to eliminate disparities directly to key healthcare stakeholders — including health plans, hospitals, provider organizations, cities and states, foundations, and industry leaders. It also seeks to answer key policy and practice-relevant questions that can pave the way for action to eliminate disparities. We think we're making progress towards achieving these goals.

On the anniversary of our fifth year, we are pleased to report many significant accomplishments. These include:

- Providing leadership and expanding MGH projects focused on identifying and addressing disparities, especially in diabetes
- Conducting our fourth Disparities Leadership Program, targeting leaders from hospitals, health plans, and community health centers from around the country
- Identifying and developing tools to identify and address medical errors in hospitalized patients with limited English proficiency
- Exploring the use of health information technology to identify and address racial/ethnic disparities in health care
- Leading several national web seminars on prominent, timely topics and research findings
- Publishing eight papers in national and international journals
- Continuing our local portfolio of programs that includes our Keeping Current Seminar Series and our Cross;-Cultural Film Series
- Welcoming our third Aetna Disparities Fellow
- Welcoming our new research assistant, Elizabeth Taing, to the DSC team

We also continue to play a role in the media, with quotes from the Disparities Solutions Center Staff in several newspapers and trade newsletters, as well as on several television and radio programs. There is no doubt that we are thrilled with our progress to date, and are proud to say that we continue to add to our seed funding graciously provided to us by Partners HealthCare and Massachusetts General Hospital. Special thanks go to MGH President Dr. Peter Slavin, and Dr. Lisa lezzoni and the leadership of the Mongan Institute for Health Policy for their continued support of the DSC. We remain optimistic that we have built a one-of-a-kind Center that is making a significant impact on the way health care is delivered in this country. Ultimately, given the issues we will address, we expect that our work will not only improve the care for minority patients, but also for all citizens of Boston, the state of Massachusetts, and the United States. As we approach our fifth year anniversary, we remain a committed as ever to this principle.

Thank you for your support and interest in our work.



Joseph R. Betancourt, MD, MPH Director, The Disparities Solutions Center

# OVERVIEW

# MISSION

The Disparities Solutions Center (DSC) is dedicated to the development and implementation of strategies that advance policy and practice to eliminate racial and ethnic disparities in health care. The DSC will achieve this mission by:

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

## ABOUT DSC

The DSC is the first disparities action-oriented research center to be based in a hospital, which supports its practical focus of moving the issue of disparities in health care beyond research and into the arenas of policy and practice. The Center serves as a national, regional, and local resource for hospitals, physician practices, community health centers, medical schools, other health professions schools, health plans and insurers, consumer organizations, state and local governments, foundations, and other key health care stakeholders.

The DSC received an initial funding commitment from Massachusetts General Hospital (MGH) and Partners HealthCare. Housed within the Mongan Institute for Health Policy, the Center is affiliated with Harvard Medical School's Department of Medicine and the MGH Division of General Medicine.

# MOTIVATION

The creation of the DSC follows and builds upon a commitment by MGH to eliminate health care disparities. MGH first established a system-wide Committee on Racial and Ethnic Disparities in 2003 to focus internal attention on the challenge of disparities, improve the collection of race/ethnicity data, and implement quality improvement programs to reduce disparities. The Center has been established in response to the national and local calls to action 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 and white patients. As a result, the IOM urged the development of interventions and educational efforts to eliminate disparities.

BOSTON. Following a two-year process involving health experts, community leaders, and city residents, on June 23, 2005, Boston Mayor Thomas M. Menino launched a citywide project aimed at eliminating disparities in health care. The Mayor's recommendations included concrete action steps for hospitals and other health care organizations.



# NATIONAL

### **AETNA FOUNDATION**

The DSC, in collaboration with the Aetna Foundation, designed and implemented a program focused on developing new leaders and empowering existing leaders interested in disparities reduction efforts. The program includes a one-year HealthCare Disparities Fellowship designed to train new leaders in the areas of cultural competence, community oriented research and the elimination of racial/ethnic disparities in health care.

Lina Pabon-Nau, MD, MPH, joined the DSC as our third Aetna/DSC HealthCare Disparities Fellow. As part of the DSC/Aetna Fellowship, Dr. Pabon-Nau is developing and implementing a survey to assess Spanish speaking patients' views on different modes of interpretation. At the Society for General Internal Medicine Regional Meeting in Boston in April and at the DSC Keeping Current Seminar Series, Dr. Pabon-Nau presented on anxiety and depression and their effect on cancer screening in Hispanics of different levels of acculturation.

### DISPARITIES LEADERSHIP PROGRAM

To address the need for leaders with expertise in addressing racial/ethnic disparities in health care, the DSC created The Disparities
Leadership Program (DLP) in 2007. The DLP is a year-long executive education program designed for leaders from hospitals, health plans and other health care organizations — such as executive leaders, medical directors, directors of quality, directors of community benefits or multicultural affairs offices — who wish to implement practical strategies to eliminate racial and ethnic disparities in health care, particularly through quality improvement. Goals of the DLP include:

The creation of a cadre of leaders in health care equipped with:

- In-depth knowledge of the field of disparities, including root causes and research to date
- Cutting-edge quality improvement strategies for identifying and addressing disparities
- The leadership skills to implement these strategies and help transform their organizations

The DLP is helping individuals from organizations — who may be at the beginning stages or in the middle of developing or implementing an action plan or project to address disparities — to further advance or improve their work in a customized, tailored fashion.

# DISPARITIES LEADERSHIP PROGRAM

The DLP is jointly sponsored by the National Committee for Quality Assurance and supported by Joint Commission Resources (an affiliate of the Joint Commission). This year, the Disparities Leadership Program received external funding to support the program from The Amgen Foundation, Merck Inc., and Agency for Healthcare Research and Quality (AHRQ).

### 1. 2009-2010 DLP CLASS

The DSC hosted the second meeting of the 2009-2010 Disparities Leadership Program on February 3th and 4th in Santa Monica, CA. Participants began this year-long executive education program in May of 2009 and re-convened to present to the large group their projects, with a specific focus on their progress to date, challenges and successes, and next steps. The meeting was attended by 20 participants from 11 organizations — including 2 health plans, 7 hospitals, and 2 community organizations from 8 different states and Puerto Rico. 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.

### 2. 2010 – 2011 DLP CLASS

The DSC launched the 2010-2011 class by hosting the first meeting on May 19th and 20th, 2010 at the Le Meridian Hotel in Cambridge, Massachusetts. Thirty-four participants from sixteen organizations attended the opening meeting including:

### **COMMUNITY HEALTH CENTERS**

Baystate Brightwood Health Center Codman Square Health Center One Love Center for Health San Ysidro Health Center Whittier Street Health Center

### **HEALTH PLANS**

Community First Health Plan Denver Health Medical Plan Kaiser Foundation Health Plan

### **HOSPITALS**

Barnes-Jewish Hospital Cape Fear Valley Health System Monroe Carell Jr. Children's Hospital at Vanderbilt St. Joseph's Regional Medical Center Veterans Affairs Boston Healthcare System Wake Forest University Baptist Medical Center

### PROFESSIONAL ORGANIZATIONS

American Cancer Society
Arkansas Foundation for Medical Care

# 3. ADDRESSING HEALTH CARE DISPARITIES: A VIEW FROM THE FIELD

The DSC hosted a Networking Lunch at the Institute for Healthcare Improvement's Annual National Forum on Quality Improvement in Healthcare on December 8, 2008 in Orlando, FL. The session presented the progress of three participants — a hospital, a health plan, and a community health center — in the DSC's Disparities Leadership Program. Presenters include Alexander Green, MD, MPH, and Aswita Tan-McGrory, MSPH, of the DSC, Anne Berger, PhD, MBA, of Children's Hospital Boston, David Newhouse, MD, of Kaiser Permanente Northern California, and Pamela Siren, RN, MPH of Neighborhood Health Plan.



This was my first time listening to a webinar from the Disparities Solutions Center. The speakers were very informative. Information was thorough yet concise. I look forward to participating in future programs sponsored by the Disparities Solutions Center.

Web Seminar Attendes

# THE DSC 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 web-based seminar series. The series is comprised of regular web seminars that feature informative presentations from leaders in the field. Following the presentation is a facilitated discussion and question-and-answer session with panelists and audience members. This year the DSC hosted three web seminars.

- 1. ADDRESSING DISPARITIES THROUGH HIT: CURRENT EFFORTS & A LOOK TOWARDS THE FUTURE, MARCH 30TH, 2010 This web seminar focused on the use of Health Information Technology (HIT) to address disparities.
  - The panel of experts included: David Hunt, MD, FACS, CMO of Office of the National Coordinator for Health IT, Neil Calman, MD, ABFP, FAAFP, President and CEO of the Institute for Family Health, Adrian Zai, MD, PhD, MPH, Clinical Director of Population Informatics at MGH.
- 2. THE LAW OF THE LAND: HEALTH CARE REFORM AND IMPLICATIONS FOR DISPARITIES IN HEALTH AND HEALTH CARE, APRIL, 29TH, 2010 This web seminar reviewed the key provisions of the recently enacted health care reform bill, "Patient Protection and Affordable Care Act,"

that target racial and ethnic disparities in health and health care. Speakers provided an overview of key provisions and the impact such provisions will have on addressing disparities.

The panel of experts included: Daniel E. Dawes, *JD, of Premier Healthcare Alliance,* Carlos Jackson *of American Hospital Association,* Joseph R. Betancourt, *MD, MPH, Director of the DSC.* 

- 3. THE COST OF INACTION: GOING BEYOND THE BUSINESS CASE FOR ADDRESSING RACIAL & ETHNIC DISPARITIES. MAY 11TH. 2010
  - This web seminar reviewed recent research on the cost of disparities, and called into question whether the premise should be "Is there a business case to address disparities?" but instead an acknowledgment of the incredible cost of inaction in addressing them.
  - The panel of experts included: Thomas LaVeist, *PhD, Professor of Health Policy and Management, and Director of the Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health,* Wayne Rawlins, *MD, MBA, National Medical Director at Aetna,* Patrick Hagan, *MHSA, President and COO at Seattle Children's Hospital.*



### LOCAL: MASSACHUSETTS GENERAL HOSPITAL/PARTNERS HEALTHCARE SYSTEM

# RACIAL & 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 reduction efforts. These discussion forums feature informative presentations from experts in the field and context, perspectives, and opinions from key healthcare stakeholders. Following the presentations is a facilitated discussion period between presenters and attendees.

- DISPARITIES IN CANCER TREATMENT AND OUTCOMES FOR PEOPLE WITH DISABILITIES — SEPTEMBER 10TH, 2009 Lisa lezzoni MD, MSC, Director of the Mongan Institute for Health Policy, Massachusetts General Hospital, and Professor of Medicine, Harvard Medical School. Dr. lezzoni presented on disparities in cancer treatment and outcomes for people with disabilities.
- 2. EMERGING TRENDS AND CHALLENGES IN HEALTH CARE DELIVERY FOR LESBIAN, GAY, BISEXUAL, TRANSGENDERED (LGBT) PATIENTS MARCH 31ST, 2010
  Graham McMahon MD, M.M.Sc., Assistant Professor of Medicine at Harvard Medical School and faculty in the division of endocrinology, diabetes and hypertension at Brigham & Women's

at Harvard Medical School and faculty in the division of endocrinology, diabetes and hypertension at Brigham & Women's Hospital, and Jennifer Potter, MD, Director of the Women's Health Center at Beth Israel Deaconess Medical Center, Director of Women's Health at Fenway Community Health Center presented an overview of disparities in care, unique health needs, as well as practical clinical recommendations to improve care delivery for LGBT patients.

# 3. MENTAL HEALTH, ACCULTURATION, AND CANCER SCREENING AMONG HISPANICS — JUNE 2ND, 2010

Lina Pabon-Nau, MD, MPH, the current Aetna Foundation HealthCare Disparities Fellow with the Disparities Solutions Center, discussed her current work on anxiety and depression and the effect on cancer screening in Hispanics of different levels of acculturation. Cancer is the leading cause of death in Hispanics, and high rates of anxiety and depression, due in part to the acculturation process, can affect the likelihood of cancer screening.

# DSC/ MULTICULTURAL AFFAIRS OFFICE/SCHWARTZ CENTER FILM SERIES

The DSC and the MGH Multicultural Affairs Office (MAO) collaborated in 2007 to launch a film series. The goal of the series is to raise the quality of medical care through the improvement of communication during the medical encounter with a focus on cultural competence. Each film is followed by an expert panel discussion, a question and answer period, and, when possible, participants are invited to engage in small group discussions and given tools and resources for their professional and academic work. In 2009, the Schwartz Center graciously joined the DSC and the MAO, and co-sponsored the film series. With the added collaboration, we successfully expanded the scope and reach of screenings in 2009 and continued this into 2010.

# 1. CROSS-CULTURAL CARE AT END OF LIFE: EXPLORING A PATIENT'S PERSPECTIVE — OCTOBER 28TH, 2009

This event featured "Stanley", part of the three-part *Caring at the End of Life* series, which presents a comatose patient whose family and healthcare team are in conflict over how long to continue with the treatments that are keeping him alive. Following the film was an interactive panel discussion with Dr. Eric Hardt, Associate Professor of Medicine at the Boston University School of Medicine, Dr. Erica Wilson, Palliative Care Physician at MGH, and Michael McElhinny, MDiv, Director of Chaplaincy at MGH. The goal of this program was to improve health care providers' ability to understand and communicate with diverse patient populations and to be more skilled in crosscultural communication as it pertains to end of life.

# 2. ENVIRONMENT, EDUCATION AND EMPOWERMENT: IMPROVING NUTRITION & ADDRESSING OBESITY IN VULNERABLE COMMUNITIES — DECEMBER 16TH, 2009

This event featured a special screening of the documentary *Nourishing the Kids of Katrina: the Edible School Yard* which follows renowned chef Alice Waters' Berkeley, CA "Edible Schoolyard" program as it contributes to the rebirth of the New Orleans uptown Green Charter School after its devastation from Hurricane Katrina. Featuring health professionals, educators, and students, the film discusses childhood obesity and health, and the importance of good nutrition. The panelists included filmmaker and director Robert Lee Grant, PhD, MBA, Sylvia R. Chiang-Raposo, MD, MPH, Manager of the Food and Fitness Initiative at MGH's Revere CARES, and Kathy Cunningham, MEd, RD, LDN, Senior Program Manager/ Dietitian for the Chronic Disease Prevention and Control Unit at the Boston Public Health Commission.

# 3. FROM THE RURAL TO THE NATION: THE ORIGIN OF THE COMMUNITY HEALTH CENTER MODEL AND THE ROOTS OF CROSS-CULTURAL CARE — APRIL 7TH, 2010

This event featured Jack Geiger, MD, MSciHyg, Arthur C. Logan Professor of Community Medicine Emeritus at the City University of New York Medical School as the keynote speaker and the film, *Out in the Rural: A Health Center in Mississippi (1969)* about the Delta Health Center in Bolivar County, Mississippi. Dr. Geiger initiated the community health center model in the USA, founding and directing the nation's first two community health centers in the Mississippi Delta and in Columbia Point Boston. Joining Dr. Geiger for a panel discussion following the film was James W. Hunt, Jr., President and CEO of the Massachusetts League of Community Health Centers, Inc., and Alexander Green, MD, MPH, Associate Director of the DSC. This event focused on the role of community health centers and their clinicians in providing care to diverse and underserved populations.

### MGH COMMITTEE ON RACIAL & ETHNIC DISPARITIES

The MGH Committee on Racial and Ethnic Disparities in Health Care was created in 2003 with the goal of identifying and addressing disparities within MGH. Dr. Joseph Betancourt co-chairs the committee with Joan Quinlan, MPH, of the MGH Center for Community Health Improvement. Faculty and staff from the DSC provide staffing and technical support to the Committee, which meets twice a year. The Committee oversees various projects including the Training and Patient Experience Summits, the MGH CLAS Self-Assessment, and Disparities Measurement Pilot Project.

# 1. TRAINING SUMMIT — CULTURAL COMPETENCY AND DIVERSITY TRAINING FOR ALL STAFF

Convened by the MGH Committee on Racial and Ethnic Disparities, the Training Summit develops uniform goals and objectives for trainings offered in the area of disparities and cross-cultural care at the hospital. The Summit regularly convenes representatives from departments throughout the hospital that provide disparities-related and cross-cultural care trainings to their staff. The goal of the Summit is to develop a core set of hospital-wide guidelines, key learning objectives and unifying principles that will be used in the training of all MGH faculty and staff (clinicians, non-clinical staff, service staff, etc.).

# 2. PATIENT EXPERIENCE SUMMIT - CAPTURING RACIAL AND ETHNIC MINORITY PATIENTS' EXPERIENCES

The Patient Experience Summit develops reporting mechanisms that more accurately assess patient experience, particularly for racial and ethnic minority patients. A pilot project with Medical Interpreter Services was implemented to help identify clinical situations that might lead to medical errors with patients with limited-English proficiency.

# 3. MGH DISPARITIES FORUM FEATURING DR. ATUL GAWANDE — MARCH 29TH. 2010

The 2010 MGH Disparities Forum was the fourth forum sponsored by the MGH Committee on Racial and Ethnic Disparities since 2006 and featured Dr. Atul Gawande. Dr Gawande is a renowned surgeon at Brigham and Women's Hospital (BWH), Research Director for the BWH Center for Surgery and Public Health, and Associate Professor in the Department of Surgery at Harvard Medical School and the Department of Health Policy and Management at the Harvard School of Public Health. Dr. Gawande publishes frequently in *The New Yorker* Magazine and recently published a new book entitled, *The Checklist Manifesto: How to Get Things Right*. This forum presented current issues and topics around disparities and health to the MGH and local community.

# 4. MGH CLAS SELF-ASSESSMENT — CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

In 2001, the U.S. Department of Health and Human Services, Office of Minority Health, released national standards on the provision of Culturally and Linguistically Appropriate Services (CLAS). In order to record and document MGH's services in relation to the CLAS standards, a formal self-assessment was developed. This project was carried out under the direction of Megan Renfrew, Senior Project Coordinator of the DSC. Services and initiatives that address the CLAS Standards as well as strengths and areas for improvement were recorded for key MGH departments. Results of the assessment were presented to hospital leaders in the Spring of 2010 and will be used to identify areas for improvement.

### 5. DISPARITIES MEASUREMENT PILOT PROJECT

Under the direction of Paul Nordberg, Senior Consultant for Performance Improvement at MGH, and in collaboration with DSC Intern Dana Ortiz, a pilot project was implemented to explore if racial and ethnic disparities in pain management for long bone fracture exist in the emergency department at MGH. This investigation did not find disparities. Data from the United Network of Organ Sharing (UNOS) is now being reviewed to determine if there are disparities in wait times for renal transplantation by race/ethnicity at MGH, and whether a standard quality measure can be developed to monitor this routinely.

### 6. DISPARITIFS DASHBOARD

Under the auspices of the Massachusetts General Hospital Committee on Racial and Ethnic Disparities, the DSC helped develop and disseminate the hospital's fourth annual Racial and Ethnic Disparities Dashboard. The goal of the Disparities Dashboard is to monitor key components of quality by race and ethnicity, identifying key areas for quality improvement, and reporting on the progress of initiatives addressing disparities at MGH. The Dashboard provides an overview of the diversity of the hospital's patients and data regarding interpreter service use, clinical quality measures for both inpatient and outpatient services by race/ethnicity, and patient experiences with care for different racial and ethnic groups. Equity measures are posted externally on the MGH Quality and Safety Website.

### 7. CHELSEA DIABETES MANAGEMENT PROGRAM\*

The DSC in collaboration with the MGH Chelsea HealthCare Center, the Massachusetts General Physicians Organization (MGPO), and the MGH Center for Community Health Improvement, developed a culturally competent and comprehensive diabetes management program for patients with poorly controlled diabetes at the MGH Chelsea HealthCare Center. The Chelsea Diabetes Management Program (CDMP) is based on a culturally and linguistically competent disease management model involving individual (one-

on-one) bilingual (English and Spanish) coaching sessions and group education sessions taught by a nurse practitioner. Support group sessions co-facilitated by a mental health professional and the diabetes coach are also offered to reinforce program lessons and promote a community-based peer support system.

### 8. COLORECTAL CANCER SCREENING DISPARITIES PROGRAM\*

In 2006, MGH found disparities in colorectal cancer (CRC) screening between Latinos and whites at the MGH Chelsea HealthCare Center. To address this disparity, the DSC, the MGH Gastroenterology Unit, the Center for Community Health Improvement, and MGH Chelsea HealthCare Center designed the Chelsea Colorectal Cancer Screening Program, a quality improvement and disparities reduction intervention. The program focuses on patient education, and overcoming logistical, financial, and other system barriers to colonoscopy screening. Outreach workers and interpreters at the health center were trained to become navigators. Results from a randomized control trial show that patients in the intervention group (receiving navigator services) were more likely to undergo CRC screening than patients receiving usual care services, and the higher screening rate resulted in the identification of more polyps in the intervention group. The CRC navigator program is currently available to all patients at MGH Chelsea.

### 9. DISPARITIES AND MENTAL HEALTH\*

The DSC collaborated with the MGH Department of Psychiatry to investigate where disparities in mental health service utilization exist throughout MGH. Led by Albert Yeung, MD, SciD, and Nhi-Ha Trinh, MD, MPH, a pilot project was implemented to promote mental health services to high-risk MGH minority populations. The team used computerized medical records across the Partners HealthCare System to analyze the utilization of services for depression by the minority outpatient populations at MGH. As part of a demonstration project, the team trained nurse case managers in culturally competent psychiatric care. These nurse case managers care for a cohort of high-cost Medicare patients with significant chronic medical and psychiatric co-morbidity. By evaluating its efficacy in improving patient and clinician satisfaction and patient outcomes, the results of this pilot have enabled the team to develop a blueprint for the larger MGH community. They also recently received a grant from The Robert Wood Johnson Foundation "Finding Answers" program to test a new culturally competent approach to address disparities in depression.

# 10. DEVELOPING AND IMPLEMENTING A CULTURALLY COMPETENT DIABETES MANAGEMENT PROGRAM

Through generous funding from the Tufts Health Plan Foundation, the DSC in collaboration with MGH Revere HealthCare Center developed a culturally competent diabetes management program for Cambodians, modeled after an award-winning program at MGH Chelsea HealthCare Center. Focus groups were conducted

with providers, hospital staff, and patients to assess the barriers to diabetes management among Cambodian patients with diabetes. Four primary themes emerged relating to patients' barriers to diabetes control: 1) limited understanding of diabetes disease processes (specifically the relation between diet and blood sugar); 2) beliefs and perspectives about diabetes treatment (e.g. emphasis on finding a cure versus disease management); 3) impact of language barriers and time restrictions on the provision of care; and 4) patients' deferent style of communication. These findings informed the development of the diabetes program, which includes individual coaching sessions with a bilingual Cambodian diabetes coach, as well as group education sessions, both of which are tailored to the specific needs of the Cambodian population. Since its launch in 2009, the coach has made contacts in person via phone and home visits. Eight 90-minute group sessions, including a provider education session have been conducted. The coach continues to expand her outreach efforts to further grow the program.

# HARVARD MEDICAL SCHOOL CROSS-CULTURAL CARE COMMITTEE

Dr. Alexander Green is chair and Dr. Joseph Betancourt vice-chair of the Cross-Cultural Care Committee at Harvard Medical School (HMS) and DSC staff members provide support for the activities of the committee. The mission of the Cross-Cultural Care Committee (CCCC) is to foster the development of curricula and faculty to prepare Harvard medical students with the knowledge, skills and attitudes needed to provide the highest quality of care for patients of all social and cultural backgrounds, and to work towards the elimination of disparities in health and health care.

### 1. EDUCATIONAL EXPERIENCES

The CCCC developed a range of learning experiences on crosscultural care and integrated them into several required courses, including: the Introduction to the Profession sequence for all entering Harvard medical students; the Patient-Doctor course sequence focusing on history taking and communication skills; and pathophysiology. Using simulated patient cases, the CCCC teaches cross-cultural issues to students who now complete a 2-hour interactive e-learning program on cross-cultural care. In addition, the CCCC educates teachers by providing several faculty development seminars and workshops on cross-cultural care each year. This has led to a core group of highly trained faculty with expertise in teaching these issues.

### 2. HARVARD MEDICAL SCHOOL STUDENT SURVEY

In 2009, Dr. Green led the development of a survey to assess HMS students' preparedness and skill to provide cross-cultural care, and to assess the educational curriculum at HMS. The electronic survey was distributed to all HMS students in the fall of 2009 and was completed with a greater than 60% response rate. Findings from the survey have been presented both internally and at national meetings including the Society for General Internal Medicine Annual Meeting on April 29th, 2010 in Minneapolis, Minnesota. This survey will continue to be distributed to all students annually to track students' perspectives across different levels of medical education, regarding the provision of cross-cultural care. The role of the HMS curriculum in shaping students' perspectives and experiences in this area are also explored. Findings from the survey are being analyzed and will be used to inform the further development of the HMS curriculum.

# GREATER BOSTON ALIGNING FORCES FOR QUALITY (GBAF4Q)

GBAF4Q is composed of diverse stakeholders from across the continuum of health care delivery, public health, and community settings in the Boston area. As part of the Robert Wood Johnson Aligning Forces for Quality initiative, GBAF4Q has identified a specific focus on reducing preventable emergency department (ED) visits and associated admissions. In partnership with GBAF4Q and the Boston Public Health Commission, the DSC will develop a uniform measurement framework, or disparities dashboard, to establish ongoing measurement and monitoring of disparities. An initial report card will focus on 8-10 measures of primary care access and ED use.



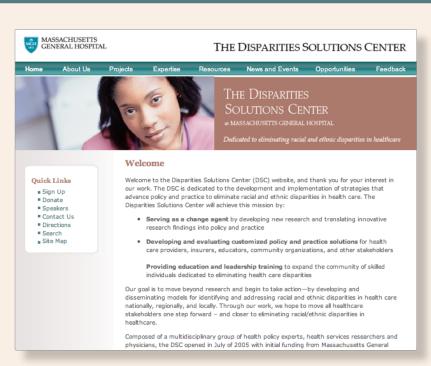
# INFRASTRUCTURE

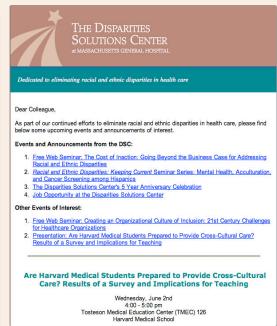
### WEBSITE

The DSC website, www.mghdisparitiessolutions.org, provides information about the DSC team, its background and mission, current projects, awards, and several interactive resources for the public. Major improvements to the website include an expansion of the "News and Events" page. This page was extensively redeveloped to include an archive of our Racial and Ethnic Disparities Keeping Current Seminars and our Web Seminars. The website has had over 50,000 visits in the past year. DSC resources and tools continue to be downloaded from the website. *Improving Quality and Achieving Equity: A Guide for Hospital Leaders* (2008) continues to be our most downloaded and accessed resource. During this year, it was downloaded over 2,000 times.

### DISTRIBUTION LIST AND E-NEWSLETTER

The DSC distributes its monthly E-Newsletter to inform interested parties of upcoming events, recent developments, and other news from the DSC. The number of subscribers continues to grow and this year we have nearly 4000 members from the health care community throughout the country. The scope of the newsletter includes pertinent announcements from other leading health care organizations and is a mechanism for the national dissemination of disparities-related news and events. Registration for the list is mediated through the DSC website.





www.mghdisparitiessolutions.org



There has never been a program that your group has given that was not wonderful.

- Katrina Film Series Attendee







Wonderful, honest, open, real presentation on topic. Thank you.

Keeping Current Attendee





# FUNDING AND DONATIONS

The DSC was founded with a \$3 million grant from Massachusetts General Hospital and Partners HealthCare in 2005. In addition, the Center has been awarded the following grants and contracts:

YEAR 1: JULY 2005 — JUNE 2006		YEAR 3: JULY 2007 — JUNE 2008	
Robert Wood Johnson Foundation	511,250	Jane's Trust	100,000
Blue Cross Blue Shield		Tufts Health Plan Foundation	99,979
of Massachusetts Foundation	123,818	Massachusetts Department of Public Health	7,500
The State of Delaware	51,678	HMS Academy Center for Teaching & Learning	15,000
The California Endowment	14,427	Merck	50,000
Boston Public Health Commission	25,000	University of Puerto Rico	43,648
Robert Wood Johnson Foundation		MGH Multicultural Affairs Office	15,700
Cultural Competence Consultation	15,000	Patient Donations	55,250
Harvard Medical School	15,000	TOTAL	387,077
TOTAL	756,173		
YEAR 2: JULY 2006 — JUNE 2007		YEAR 4: JULY 2008 — JUNE 2009	
YEAR 2: JULY 2006 — JU	INE 2007	YEAR 4: JULY 2008 — JUI	NE 2009
YEAR 2: JULY 2006 — JU Jane's Trust	JNE 2007 125,000	YEAR 4: JULY 2008 — JU Tufts Health Plan Foundation	NE 2009 149,990
Jane's Trust National Committee for Quality Assurance	125,000	Tufts Health Plan Foundation	149,990
Jane's Trust	125,000 23,361 10,000	Tufts Health Plan Foundation Boston Public Health Commission	149,990 7,500
Jane's Trust  National Committee for Quality Assurance  HMS Academy Center for Teaching & Learning  Merck, Inc.	125,000 23,361 10,000 50,000	Tufts Health Plan Foundation Boston Public Health Commission Schwartz Center	149,990 7,500 14,998
Jane's Trust  National Committee for Quality Assurance  HMS Academy Center for Teaching & Learning  Merck, Inc.  Robert Wood Johnson Foundation	125,000 23,361 10,000 50,000 499,644	Tufts Health Plan Foundation Boston Public Health Commission Schwartz Center Aetna Foundation	149,990 7,500 14,998 199,200
Jane's Trust National Committee for Quality Assurance HMS Academy Center for Teaching & Learning Merck, Inc. Robert Wood Johnson Foundation Aetna Foundation	125,000 23,361 10,000 50,000 499,644 300,000	Tufts Health Plan Foundation Boston Public Health Commission Schwartz Center Aetna Foundation HMS Academy Center for Teaching & Learning	149,990 7,500 14,998 199,200 15,000
Jane's Trust National Committee for Quality Assurance HMS Academy Center for Teaching & Learning Merck, Inc. Robert Wood Johnson Foundation Aetna Foundation Patient Donation	125,000 23,361 10,000 50,000 499,644 300,000 40,000	Tufts Health Plan Foundation Boston Public Health Commission Schwartz Center Aetna Foundation HMS Academy Center for Teaching & Learning MGH Multicultural Affairs Office	149,990 7,500 14,998 199,200 15,000 10,000
Jane's Trust National Committee for Quality Assurance HMS Academy Center for Teaching & Learning Merck, Inc. Robert Wood Johnson Foundation Aetna Foundation	125,000 23,361 10,000 50,000 499,644 300,000	Tufts Health Plan Foundation Boston Public Health Commission Schwartz Center Aetna Foundation HMS Academy Center for Teaching & Learning MGH Multicultural Affairs Office Patient Donations	149,990 7,500 14,998 199,200 15,000 10,000 86,159

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AHRQ/Abt	224,055
AHRQ	240,000
The Amgen Foundation	249,386
Aligning Forces For Quality	27,000
Centers for Medicare and Medicaid Services	36,689
HMS Academy Center for Teaching & Learning	15,000
Merck, Inc.	48,205
MGH Multicultural Affairs Office	10,000
Patient Donations	132,000
TOTAL	\$982, 335

<sup>\*</sup>Please note that these awards may be for multiple years, but each is listed only once in the reporting period that it was granted.

# ACADEMIC PUBLICATIONS

Betancourt JR, Green AR. Commentary: linking cultural competence training to improved health outcomes: perspectives from the field. Acad Med. 2010;85(4):583-5.

Park ER, Chun MB, Betancourt JR, Green AR, Weissman JS. Measuring residents' perceived preparedness and skillfulness to deliver cross-cultural care. J Gen Intern Med. 2009;24(9):1053-6.

Betancourt JR, Cervantes MC. Cross-cultural medical education in the United States: key principles and experiences. Kaohsiung J Med Sci. 2009;25(9):471-8.

Betancourt JR, Green AR. The Cost of Inaction: Developing a Business Case for Addressing Racial and Ethnic Disparities in Health and Health Care. Harvard Health Policy Review. 2010;11(1):9-12.

López L, Wilper AP, Cervantes M, Betancourt, JR, Green AR. Racial and gender differences in emergency room triage assessment and test ordering for chest pain, NHAMCS 1997-2006. Acad Emerg Med, In press, 2010.

López L, Cook EF, Horng MS, Hicks LS. Lifestyle modification counseling for hypertensive patients: results from the National Health and Nutrition Examination Survey 1999-2004. Am J Hypertens. 2009;22:325-331.

López L, Weissman JS, Schneider EC, Weingart SN, Cohen AP, Epstein AM. Disclosure of hospital adverse events and its association with patients' ratings of the quality of care. Arch Intern Med. 2009;169(20):1888-94.

López L, Hicks LS, Cohen AP, McKean S, Weissman JS. Hospitalists and the quality of care in hospitals. Arch Intern Med. 2009;169(15):1389-94.



# POPULAR MEDIA COVERAGE

### BAY STATE BANNER

"Local initiatives educate Latinos about diabetes." — August 13, 2009

"Collaboration is key to beating diabetes." – September 24, 2009

### AMERICAN MEDICAL NEWS

"Mandating cultural competency: Should physicians be required to take courses?" — October 26, 2009

### CITY OF BOSTON'S MAYOR'S OFFICE

"Mayor Menino Appoints Dr. Joseph Betancourt to Public Health Board." — November 5, 2009

# AWARDS & RECOGNITION

### 2009 POWERMETER: AWARD FROM EL PLANETA

El Planeta, the largest Hispanic newspaper in Massachusetts, named Dr. Betancourt of the Disparities Solutions Center one of the Most Influential Individuals in the Massachusetts Hispanic community. Recipients were selected based on their achievements and contributions through their work and fields to the advancement of the Hispanic community in Massachusetts in 2009.

### DR. BETANCOURT APPOINTED TO THE BOSTON PUBLIC HEALTH COMMISSION'S BOARD OF PUBLIC HEALTH

In November of 2009, Mayor Thomas M. Menino appointed Dr. Joseph Betancourt to the Boston Public Health Commission's Board of Health. Dr. Betancourt began his tenure in January 2010. The Boston Public Health Commission is governed by a board of seven members who serve staggered three-year terms.

# SPONSORSHIPS

### THE DSC PROVIDED FINANCIAL SUPPORT IN SPONSORSHIP OF THE FOLLOWING EVENTS

13th Annual Health Care Revival 9/12/09 - Mattapan Community Health Center



# DISPARITIES SOLUTIONS CENTER FACULTY & STAFF



### JOSEPH R. BETANCOURT, M.D., M.P.H. — DIRECTOR

Dr. Betancourt directs the Disparities Solutions Center, which works with healthcare organizations to improve quality of care, address racial and ethnic disparities, and achieve equity. He is also Associate Professor of Medicine at Harvard Medical School, Director of Multicultural Education for Massachusetts General Hospital (MGH), Senior Scientist at the Mongan Institute for Health Policy at MGH, and an expert in cross-cultural care and communication. Dr. Betancourt served on several Institute of Medicine committees, including those that produced *Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care* and Guidance for a National Health Care Disparities Report. He has also advised federal, state and local government, foundations, health plans, hospitals, health centers, professional societies, trade organizations, pharma, and private industry on strategies to improve quality of care and eliminate disparities. He has received grants from foundations and the federal government, and published extensively in these areas. He is a practicing internist, co-chairs the MGH Committee on Racial and Ethnic Disparities, and sits on the Boston Board of Health as well as Health Equity Committee, and the Massachusetts Disparities Council.



### ALEXANDER R. GREEN, M.D., M.P.H. — ASSOCIATE DIRECTOR

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



### RODERICK K. KING, M.D., M.P.H. — SENIOR FACULTY

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



### LENNY LOPEZ, M.D., M.P.H., M.DIV. — SENIOR FACULTY

Dr. Lopez is Senior Faculty at the Disparities Solutions Center, an internist trained at the Brigham and Women's Hospital (BWH,) and an Assistant at the Mongan Institute for Health Policy at Massachusetts General Hospital (MGH). Dr. Lopez was the former Aetna /Disparities Solutions Center (DSC) Healthcare Disparities Fellow and completed the Commonwealth Fund Fellowship in Minority Health Policy at the Harvard School of Public Health and received his MPH in 2005. He joined the Mongan Institute for Health Policy in 2008 after his two year fellowship in epidemiology and statistics at the Harvard School of Public Health. His research interests extend across a range of issues relating to racial and ethnic disparities including language barriers and patient safety, quality measurement and improvement in hospital care and the impact of health information technology on disparity reduction. He has several publications from his fellowship research on these topics, as well as publications relating to his interests in the ethics of health care delivery and graduate medical education. Dr. Lopez received his medical degree from University of Pennsylvania in 2001, completed his residency Brigham and Women's Hospital, Boston, in 2004, and received a Master of Divinity from the Harvard Divinity School in 1999.



### ASWITA TAN-MCGRORY, 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. SR. 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 & Cultural Studies from Simmons College.



ELIZABETH TAING RESEARCH ASSISTANT

Ms. Taing 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.



MARINA CERVANTES RESEARCH ASSISTANT

Ms.Cervantes graduated with a Bachelor of Arts in Ecology and Evolutionary Biology and a certificate in Spanish & Portuguese Languages and Cultures from Princeton University. While at Princeton she was president of Chicano Caucus and was involved in research on environmental health policy, immigration, and diabetes.



WANDA VEGA PROGRAM ASSISTANT

Ms. Vega is presently working on her Bachelor of Science in Human Services/ Management from the University of Phoenix Online. During Ms. Vega's career at MGH, 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.



### DISPARITIES SOLUTIONS CENTER FELLOW LINA PABON-NAU, MD MPH AETNA / DISPARITIES SOLUTIONS CENTER (DSC) HEALTHCARE DISPARITIES FELLOW

Dr. Pabon-Nau's research focuses on the factors affecting chronic disease management in the Latino population, particularly language disparities, acculturation, and effect of country of origin. As a DSC fellow, she has developed and is currently implementing a survey to assess Spanish speaking patients' views on different modes of interpretation. Dr. Pabon-Nau received her BA in Biology from Wellesley College. She received her MD from the State University of New York in Brooklyn, and her MPH with a concentration in Clinical Effectiveness from the Harvard School of Public Health. She completed her residency in Internal Medicine at Tufts Medical Center, and a fellowship in General Medicine at Massachusetts General Hospital.

# DSC ASSOCIATES PROGRAM

### PROGRAM DESCRIPTION

In order to respond to national and local calls to action to address disparities in health care, it is essential for the DSC to build a strong network of experts and researchers to broaden its skill set and talents. As a result, the DSC has developed an Associates Program, following the principles of partnership and collaboration.

The DSC Associates are a diverse group of health care professionals — including health policy experts, health service researchers, among others — who are committed to developing concrete, practical solutions to reduce racial and ethnic health disparities. The Associates work with the DSC Senior Staff on projects that build on their joint expertise, and serve to meet the needs of the field.

### DSC Associates benefit from:

- Access to new funding opportunities
- Access to center expertise for project collaboration
- 2-year renewable appointments

### DSC Associates responsibilities include:

- Attending one strategic planning meeting per year with DSC Faculty and other Associates
- Attending major DSC sponsored events
- Promoting the DSC and the Associates Program when opportunities arise
- Initiation of at least one collaborative project with DSC during 2-year tenure

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

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



# 2009-2010 DSC ASSOCIATES

### Alexy Arauz-Boudreau, MD, MPH

Instructor, Harvard Medical School

Assistant in Pediatrics, Massachusetts General Hospital Areas of Interest: Determining effective means to reduce health care disparities for vulnerable children through the structure of health care systems and provider-level interventions

### Steven J. Atlas, MD, MPH

Associate Director, MGH Primary Care Operations Improvement Program Co-Director, MGH Primary Care Practice-Based Research Network Assistant 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

### W. Michael Byrd, MD, MPH

Division of Public Health Practice, Harvard School of Public Health 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

### Eric G. Campbell, PhD

Senior Scientist, Institute for Health Policy, Mass General Hospital Assistant Professor, MGH Department of Medicine & Harvard Medical School Areas of Interest: Science policy, academic industry relations

### Linda A. Clayton, MD, MPH

Associate Medical Director, Division of Medical Assistance of the Commonwealth of Massachusetts
Division of Public Health Practice, Harvard School of Public Health
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

### Katherine L. Flaherty, ScD

Independent health care consultant and former Director, Health Access and Community Partnerships, Community Benefit Programs, Partners Health Care System

Areas of Interest: Access to health services for low-income and uninsured populations, program development, management and evaluation, and public policy development and analyses in areas such as maternal and child health and disease management

### Fidencio Saldana, MD, MPH

Clinical and Research Fellow in Cardiology, Brigham & Women's Hospital Area of interest: Racial disparities and outcomes in cardiovascular disease; recruitment of underrepresented minorities to the health professions

### Valerie E. Stone, MD

Director, Primary Care Residency Program, Massachusetts General Hospital Director, Women's HIV/AIDS Program, Massachusetts General Hospital Associate Chief, General Medicine Unit, Massachusetts General Hospital Associate Professor of Medicine, Harvard Medical School Areas of Interest: Racial and ethnic disparities in HIV/AIDS

### Nhi-Ha Trinh MD, MPH

Research Fellow, MGH Depression and Clinial Research Program Instructor, Harvard Medical School Assistant in Psychiatry, Massachusetts General Hospital Areas of Interest: Mental Health Disparities for Depression in Minority Patients, Geriatric and Community Psychiatry

### Joel S. Weissman, PhD

Senior Health Policy Advisor to the Secretary, MA Executive Office of Health and Human Services

Areas of Interest: Racial and ethnic disparities and access to care for the uninsured, delays in treatment, preventable hospitalizations, quality and patient safety, health care financing including uncompensated care, drug policy, and academic-industry relationships in biomedical research

### Winfred W. Williams, MD

Director, Multicultural Affairs Office, Massachusetts General Hospital Areas of Interest: Hypertension, end-stage renal disease, liver transplantation and racial and ethnic disparities in renal transplantation

### Albert Yeung, MD, ScD

Director of Primary Care Studies at the MGH Depression Clinical and Research Program

Assistant Professor of Psychiatry, Harvard Medical School Areas of Interest: Integrating primary care and mental health services to improve treatment of depression, mental health issues of under-served populations, and using complementary and alternative treatment for mood disorders



