



DISPARITIES **LEADERSHIP** PROGRAM

Empowering Leaders. Getting to Solutions.

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

Winner of:

The 2014 American Hospital Association Equity of Care Award



The AAMC Learning Health System Award



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



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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

Pursuing High-Value Health Care: Improving Quality and Achieving Equity

The implementation of health reform and current efforts in payment reform herald a significant transformation of the United States health care system. Across the country, health care organizations are expanding access to health care that aims to be high-quality and cost-effective. Pursuing *high-value* health care is the ultimate goal. At the same time, our nation is becoming increasingly diverse. In fact, estimates indicate that minorities will comprise 48% of the 32 million newly insured individuals as a result of the Patient Protection and Affordable Care Act. Research demonstrates that when compared to the currently insured, the newly insured will have less educational achievement, will be more racially diverse, and will be more than twice as likely to speak a primary language other than English.

Guided by The Institute of Medicine (IOM) Report *Crossing the Quality Chasm*, our nation charts a path towards quality health care that aims to be safe, efficient, effective, timely, patient-centered, and *equitable*. Achieving *equity* requires that the quality of care we deliver—and that patients receive—does not vary based on patient characteristics such as race/ethnicity, gender, sexual orientation and disability status. However, research demonstrates that our nation falls well short of this goal, as we know significant disparities exist. For example:

- Black patients, Medicaid and under-insured patients make up a disproportionate share of emergency department visits for chronic ambulatory care-sensitive conditions.
- Patients with limited English proficiency (LEP) are more likely to suffer adverse events with more serious consequences than their white, English-speaking counterparts.
- Chinese and Spanish speakers, as well as black and other minority patients, have higher readmission rates for heart attack, heart failure and pneumonia than their English-speaking, white counterparts.
- Minorities are less likely to receive wellness care such as colorectal cancer screening.

As we enter this era of health care transformation, it becomes clear that these disparities are in fact the epitome of *low-value*-care that is of poor quality, and more

costly. In fact, researchers have determined that between 2003 and 2006, the combined direct and indirect cost of health disparities in the US was \$1.24 trillion. If we are to be successful in our pursuit of value, we must be prepared to deliver high-quality and high-value health care to an increasingly diverse population. Disparities are a high-value target, and addressing them will allow health care organizations to gain a competitive edge in a changing market.

Preparing for Healthcare Transformation: The Disparities Leadership Program

The **Disparities Solutions Center** (DSC) at Massachusetts General Hospital is dedicated to helping health care leaders address disparities and achieve equity in a time of healthcare transformation. The Disparities Leadership Program will arm you with the knowledge, tools and strategies you will need to take action and be prepared to address disparities and deliver high-value, quality care to all.

Since 2005, the DSC has worked to improve health care quality for every patient, regardless of race, ethnicity, culture, class, or language proficiency. Our work is focused on developing actionable strategies to improve quality and achieve equity that are designed for those on the front lines of health care. We provide tools to identify disparities, develop models to address them, and then work closely with health care leaders to deploy them in their unique care settings. From our home at the **Massachusetts General Hospital** and **Harvard Medical School**, we draw on our rich legacy of conducting cutting-edge research and translating it into practical, actionable strategies that are built to be integrated in real care settings. Our multidisciplinary group – with expertise in health policy, disparities, quality improvement, clinical care and organizational transformation – is committed to working closely with health care stakeholders to help achieve equity in this time of healthcare transformation.

Specifically, we:

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

The **Disparities Leadership Program** (DLP) is our year-long, hands-on executive education program focused exclusively on helping health care leaders achieve equity in quality. The program is designed to help you translate the latest understanding of disparities into realistic solutions you can adopt within your organization.

Leaders of health care organizations need to be prepared to improve quality and achieve equity in today's health care environment characterized by a focus on achieving value and addressing disparities in a diverse population. To help address this need, the Disparities Solutions Center at Massachusetts General Hospital launched the Disparities Leadership Program in 2007. Feedback from participating organizations demonstrates that health care leaders seem to possess knowledge about what disparities are and about what should be done to eliminate them. Data collection, performance measurement, and multifaceted interventions remain the tools of the trade. However, the barriers to success are lack of leadership buy-in, organizational prioritization, energy, and execution, which can be addressed through organizational change management strategies. To read recently published peer reviewed article in *Health Affairs* on the lessons learned from the DLP click here:

<https://mghdisparitiessolutions.org/organizational-change-management-for-health-equity/>

The DLP underwent a robust external evaluation that was extremely positive and is available here: <https://mghdisparitiessolutions.org/dlpeval/>

“This is a great program for health care professionals to not only understand disparities, it can leverage knowledge and expertise from disparity experts in the field. The program format is an open didactic environment that allows for collaboration and thoughtful partnering that helps guide participants to finding solutions for reducing health disparities in their own organizations.”

– DLP Alumni



Who should apply?

The DLP is for leaders who recognize that disparities are variations in quality that impact outcomes and the health care bottom line; it is for pioneers who seek solutions to improve quality, achieve equity and deliver value within the context of health care reform and transformation—focusing on meeting the needs of diverse populations.

Participants in our program come from a variety of disciplines and backgrounds, and a range of organizations, including hospitals, health plans, physician groups, community health centers and other care settings. Their roles include, among others:

- Executive Leadership
- Medical Directors
- Chief Diversity Officers
- Vice Presidents of Quality
- Directors of Patient Care Services
- Directors of Multicultural Affairs or Community Benefits

Teams of at least two participants from a given organization are routine, yet we encourage larger teams if beneficial, and can work with individuals as well. To maximize the benefits of the DLP, your organization should have a strong commitment to solving the problem, as well as resources available to create change. Our team can work with you to find and strengthen those resources within your organization.

For a list of current and past DLP participants, visit <https://mghdisparitiessolutions.org/dlpalumni/>.

What will I gain from the DLP?

Addressing disparities and improving the value of health care requires leadership, vision, teamwork and an understanding of the problem and potential solutions. The DLP is designed to build your knowledge and skills in these key areas while connecting you with others leaders and organizations working toward the same goal.

As a DLP participant, you'll gain tools you can apply immediately at your organization to improve health equity:

- **A Strong Network of Peer Leaders.** Through the DLP, you'll collaborate with other like-minded individuals dedicated to solving this problem. You'll share strategies and walk away with valuable lessons learned. DLP alumni report that their peer network helps them access resources and reaffirm their path forward – long after they complete our program.

- **Strategies for Organizational Change.** Our program will help you articulate the ways in which equity is linked to the bigger picture of value and health care reform. You'll leave better able to make the case for change and garner the support of key stakeholders within your organization. The majority of our alumni report that the program gave them a new vision of their role as a health care leader able to foster meaningful change.
- **A Clear Path Forward.** Through the DLP, you'll identify techniques and strategies that can be immediately deployed to address disparities within your organization. By tackling real-world situations through DLP projects, you'll leave with concrete steps and a plan of action.
- **Critical Support.** Through your project work and your DLP peer network, you will receive practical support and feedback that will help you to build and refine strategies long after your DLP year is over.

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

- Articulate the ways in which equity is linked to healthcare transformation, health care reform, value-based purchasing, accreditation and quality measurement.
- Identify strategies to secure buy-in by having health care leaders better understand these links and become invested in addressing them.
- List techniques and technology for race and ethnicity data collection and disparities/equity performance measurement.
- Identify interventions to reduce disparities in health care with a particular focus on preventing readmissions and avoidable hospitalizations, improving patient safety and experience, and deploying culturally competent population management initiatives.
- Identify ways to message the issue of equity both internally and externally.
- Describe a concrete step that their organization will take towards improving quality, addressing disparities and achieving equity.

Previous participants have gone on to achieve meaningful results, including:

- Developing and executing system-wide strategic plans to address disparities.
- Establishing new leadership positions, increasing staffing, and forming equity councils that oversee disparities efforts.
- Successfully deploying tactics such as improved data collection systems and dashboards that monitor quality stratified by race and ethnicity.
- Developing quality improvement strategies to address disparities, such as in the areas of culturally competent population health focused on diabetes, and preventing congestive heart failure readmissions.
- Improving training programs to educate the C-suite, health care providers and staff on disparities, and culturally and linguistically appropriate care and services.

- Redesigning marketing and communications to more effectively engage patients and community organizations.

“The DLP is a critical capacity-building engagement that will have enduring value through the networking, resource sharing and collective voice to advance health equity.”

–Academic Center and Health System

How does the DLP work?

The DLP begins with an intensive, two-day training session on the East coast, followed by structured, interactive, distance learning that will allow you to develop a strategic plan or advance an ongoing project focused on quality and equity.

East Coast Training Session

The two-day East coast DLP session provides you with a framework for understanding disparities and the solutions you will develop over the course of the year. National experts at the DSC, MGH and other top health care organizations lead discussions on (1) disparities in the context of quality improvement and health reform; (2) strategies to achieve equity while driving value; and (3) how to foster the leadership skills necessary to implement these strategies. Examples of the topics covered during the session include:



- **Improving Quality and Achieving Equity in a Time of Healthcare Transformation:** Background on the issue of racial and ethnic disparities in health care and on the fundamentals of health care reform and the connection between the two.
- **Leading Change:** Providing a framework for leading change around disparities within health care organizations.
- **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 from a value perspective.
- **Demystifying the Strategic Planning Process:** How to create a strategic plan that will be actionable, realistic, and have concrete action steps and measures of success.
- **Where to Begin:** Tools and activities to help organizations better collect race and ethnicity data to identify and address disparities, quality and cost.
- **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 mechanisms.

- **Population Health: Developing Strategies to Address Disparities:** Presenting strategies and assessing the lessons learned in developing and evaluating population health programs.
- **Preventing Readmissions in Diverse Populations:** Innovative strategies focused on the specific needs of diverse populations, including patients with limited health literacy, English proficiency, or resources at home.
- **Patient Experience and Making Systems Responsive to the Needs of Diverse Populations:** Overview of interventions that meet the specific needs of minority patients, including cross-cultural training and interpreter services.
- **Communicating Broadly and Clearly:** Developing an approach to communicating the issue of disparities both internally and externally.

Strategic Planning & Technical Assistance

The goal of the DLP is to provide you with tools that can be immediately deployed to reduce disparities within your organization. That’s why we ask every participant to enter the DLP program with the intention to either develop a year-long strategic plan that will be used as a blueprint for improving equity, or to advance a component of a specific project to address disparities. A project can be continuing an initiative already in progress or taking the first step on a new initiative. Examples include:



- Implementing a system to collect patient's race/ethnicity and language data;
- Creating an “equity dashboard” to report quality data stratified by race/ethnicity;
- Developing a culturally competent population management program;
- Evaluating a disparity/equity quality improvement intervention; or
- Expanding disparities interventions across conditions and populations.

Whether tackling a strategic plan or a project, as an applicant you must propose the ways in which you would advance this work over the course of the year through participation in the DLP.

“Whether it was the personal attention given to our program, or the encouragement when we needed to narrow our scope to move forward at the outset...we experienced a broadening of our awareness of the task at hand and how beneficial it is to have a resource group to tap into. It was an outstanding experience personally and professionally.”

–Safety Net Hospital

Throughout the year, the DSC will then work with you to achieve your project goals through technical assistance, including:

- Three interactive web-based conference calls that include a cohort within the DLP group.
- Two interactive web seminars on additional topics, tailored to the most pressing needs of participants.
- One-on-one phone calls with our expert faculty who can guide your plan or project forward.
- Additional opportunities to tap the DLP network through teleconferences, web seminars and one-on-one interaction.

West Coast Session, Group Learning and Dissemination

The DLP concludes with a two-day West coast meeting, where you will present your work and lessons learned. Results will be shared with your peers, offering another opportunity to fine-tune your project and identify concrete steps forward.



When the course is over, you will receive continuing education credits and a certificate of completion. All DLP projects will be highlighted on the DSC website, mghdisparitiessolutions.org, and some may be featured in our web seminars, case studies and press releases. Several projects will be chosen to receive an award for innovation – further elevating the visibility of this work within their organization. Some participants may have the opportunity to include their work in the national dialogue on disparities by presenting at meetings on quality, including the Institute for Healthcare Improvement’s National Forum on Quality Improvement in Health Care (www.IHI.org).

Can my organization afford the DLP?

Health care organizations that adapt to meet the needs of an increasingly diverse patient population – and ensure that they receive high-quality, value-based care – will ultimately lead within tomorrow’s health care marketplace.

At **\$9,500 per person per organization**, the DLP is a smart investment to ensure your organization is ready for the changes ahead. This fee, due on **May 3, 2019** after your acceptance to the program, covers all program activities including the face-to-face training sessions, webinars, technical assistance calls, program materials, as well as lodging and meals (participants are responsible for ground or air travel to the venues).

Scholarships: Partial scholarships may be available for individuals and teams from public hospitals, Medicaid health plans, and community health centers. Other organizations may be considered, but are given lower priority. If you require tuition assistance, please

include a separate letter of request on your organization's letterhead with your completed application. Please include the specific amount of tuition assistance requested for your organization, and explain your need for financial assistance.

Will I have time for the demands of the course?

We recognize that our participants are juggling many responsibilities, and have therefore designed our program to be flexible and easily fit into your schedule.

The time commitment of the program is tailored to your schedule. The 3 collaborative group calls and three 30-minute TA calls throughout the year are based on your team's availability. The two webinars are recorded and archived and accessible at your convenience. The two in person meetings (kick-off meeting in Boston that takes place on **May 14 and 15, 2019** and the **2-day February meeting** in California) require some time commitment due to traveling.

We also encourage DLP participants to choose an existing project or something they are currently tasked with so that it integrates well with your current responsibilities (rather than an extra add on). And since you will be working on a live plan or project for your organization, you'll be learning even as you accomplish goals you're tasked with meeting. Lastly, we recommend a team of 2 so that this distributes the time commitment by sharing it with another team member.

Many folks have initial reservations about the time commitment, but our team works really hard to tailor it to your needs, build flexibility into the program, and also make it realistic for you given how busy everyone is.

With health care reform creating a strategic imperative for organizations to reduce disparities and pave the way for quality care for every patient, your investment of time and money into the DLP will create immediate return.

"In health care reform, the 'meaningful use requirement' includes collecting patient demographic data, for example on language and race. We met the requirement this summer because of the project I started at DLP. If we didn't meet it, we would have lost millions of 'meaningful use' dollars."

—Public and Private Hospital Executive

How Do I Apply?

Application Requirements

To maintain an effective learner-to-faculty ratio, and so that every participant can benefit fully, we limit the number of participants who participate in the DLP each year. We will review your application based on the following criteria:

- Level of organizational commitment to the applicant's efforts as measured by:
 - Letter of support signed by a member of your senior leadership or board, authorizing the time you will commit to the DLP and support for your tuition and travel expenses (templates will be provided); and
 - Resources available (time and financial) within your organization to start or advance the project you take on through the DLP.
- Your commitment and ability to improve quality, achieve equity, and address racial and ethnic disparities at your organization, as described in your short essay.
- Your role and capacity to lead your organization toward change.

Application Timeline

We encourage you to submit an **Intent to Apply** form prior to submitting a complete application. Both are available [here](#) and on our website www.mghdisparitiessolutions.org.

November 9th, 2018	Intent to Apply Due (recommended but not required)
February 8th, 2019	DLP Full Application due
March 15th, 2019	DLP Applicants are notified
March 22nd, 2019	Acceptance deadline
May 3rd, 2019	Tuition payment due
May 14-15th, 2019	East coast meeting, Seaport Hotel, Boston, Massachusetts
February 2020 (Dates TBD)	West coast two-day meeting, Loews Hotel, Santa Monica, California

Policies

- **Cancellations/Withdrawals:** Please submit any withdrawal in writing. Cancellation notices received after March 22nd, 2019 but before May 3rd, 2019, will be charged a 25% processing fee. Cancellations made after May 3rd, 2019 will not receive a tuition refund.
- **Continuing Education Credit:** This program 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.

Participants with Disabilities:

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.

Who leads the DLP?

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

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

Aswita Tan-McGrory, MBA, MSPH, is the Deputy Director at the Disparities Solutions Center. In this role, Ms. Tan-McGrory works with internal and external partners on guidance on collecting race, ethnicity, language and other social determinants of health data; developing disparities dashboards that stratify quality measures by race, ethnicity, and language; and developing recommendations for data collection in pediatric patients. In addition, Ms. Tan-McGrory currently serves on the MA Executive Office of Health and Human Services' Quality Measurement Alignment Taskforce.

Ms. Tan-McGrory also oversees the Disparities Leadership Program, an executive-level leadership program on how organizations can address racial and ethnic disparities and she has worked more than 170 organizations on strategies for getting leadership buy-in, data collection, developing dashboards and developing diversity initiatives. Ms. Tan-McGrory also travels across the country to speak to organizations about how race, ethnicity, and language impact the quality of care. Ms. Tan-McGrory serves on several executive committees, including the MGH Diversity Committee, the MGH Executive Committee on Community Health and the Partners Health Equity and Quality Committee. In addition, Ms. Tan-McGrory sits on the board of the Massachusetts Public Health Association.

Her interests are in providing equitable care to underserved populations and she has over 20 years of professional experience in the areas of disparities, maternal/child health, elder homelessness, and HIV testing and counseling. She received her Master of Business Administration from Babson College and her Master of Science in Public Health, with a concentration in tropical medicine and parasitology, from Tulane University School of Public Health and Tropical Medicine. Ms. Tan-McGrory is a Returned Peace Corps Volunteer where she spent 2 years in rural Nigeria, West Africa, on water sanitation and Guinea Worm Eradication projects.

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

Lenny López, MD, MDiv, MPH, is Senior Faculty at the Disparities Solutions Center, Chief of Hospital Medicine and Associate Professor of Medicine at the University of California San Francisco. Dr. López is an internist trained at the Brigham and Women's Hospital (BWH), who completed the Commonwealth Fund Fellowship in Minority Health Policy at the Harvard School of Public Health and a Hospital Medicine fellowship at BWH. Dr. López joined the Mongan Institute for Health Policy (MIHP) in 2008 after his research fellowship in General Internal Medicine at Massachusetts General Hospital (MGH) and was an Assistant Professor of Medicine at Harvard Medical School until 2015. With an ultimate goal of reducing healthcare disparities in cardiovascular disease and diabetes, his current research addresses issues relating to patient safety and language barriers,

optimizing primary care clinical services for Latinos with cultural and linguistic barriers, and using health information technology to decrease disparities. A second line of research is investigating the epidemiology of acculturation among Latinos in the US and its impact on the prevalence and development of cardiovascular disease and Type II diabetes. This research will help inform how to better design clinical interventions for improving chronic disease management among Latinos. Finally, Dr. López also teaches medical students and residents, with lectures and preceptorships. Dr. López received his medical degree from University of Pennsylvania in 2001, and completed his residency at Harvard Medical School, Brigham and Women's Hospital, Boston, in 2004. At Harvard University, he received a Master of Divinity in 1999 and a Master of Public Health in 2005.

Alden M. Landry, MD, MPH is an assistant professor in Emergency Medicine physician at Beth Israel Deaconess Medical Center and is the founder of Motivating Pathways Inc. He also serves as Faculty Assistant Director of the Office for Diversity Inclusion and Community Partnership, Associate Director and Advisor for the Castle Society at Harvard Medical School, Director of Health Equity Education at Harvard Medical School, and Senior Faculty at the Disparities Solutions Center at Massachusetts General Hospital. He received his BS from Prairie View A&M University in 2002, MD from the University of Alabama in 2006 and completed his residency in Emergency Medicine at the Beth Israel Deaconess Medical Center in 2009. In 2010, he earned an MPH from the Harvard School of Public Health. He completed the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy in 2010 as well. He was also awarded the Disparities Solutions Center/Aetna Fellow in Health Disparities award in 2010-2011. In addition to his clinical interests, Dr. Landry is involved in research on emergency department utilization trends, disparities in care and quality of care. He co-instructs a course at Harvard TH Chan School of Public Health and teaches cultural competency to medical students and residents. He works with numerous organizations to eliminate health disparities and increase diversity in the health care workforce. Dr. Landry mentors' students, from high school to medical school, encouraging careers in the health professions.

J. Emilio Carrillo, MD, MPH is Senior Faculty at the DSC, Clinical Associate Professor of Medicine at the Weill Cornell Medical College, and Clinical Associate Professor of Epidemiology and Health Services Research at the Weill Cornell Graduate School of Medical Sciences. Dr. Carrillo previously served as Vice President of Community Health at New York-Presbyterian Hospital, where he led the development and implementation of fourteen Patient Centered Medical Homes, the Office of Care Management, and the clinical operations of NYP's DSRIP Performing Provider System – New York State's groundbreaking Medicaid redesign program.

Dr. Carrillo is a Board member of the United Way of New York City and has served in many State and Federal advisory councils, including the National Cancer Institute, National Heart Lung and Blood Institute, National Center for Health Statistics, Agency for Health Research and Quality, CMS, and advisory groups to the Governors of

Massachusetts and New York State. Also, he is currently a member of the NQF Standing Committee on Disparities and Health and Wellbeing Expert Panel.

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

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

Zoila Torres Feldman, MSc, RN, Zoila Torres Feldman, MSc, RN, is Adjunct Faculty at the Massachusetts General Hospital Disparities Solutions Center and the Chief Expansion Officer at North End Waterfront Health (NEWH), a federally qualified health center, a certified PCMH, recognized nationally for its work on health care policy and as an early implementer organization. In her role, she is expanding the center's reach to the underserved. Presently, Zoila is also an independent health care management consultant with MSGC Inc. with a focus on compliance with administrative and governance federal requirements and Federal Torts Claims Act. Most recently she was the Executive Director of Commonwealth Care Alliance Clinical Group and their Vice President for Health Care Delivery Systems, where her first responsibility was the implementation of a state-wide interdisciplinary complex care management initiative for a managed care population.

Prior to this position, Zoila was the Executive Director of Kit Clark Senior Services, a comprehensive service organization for elders in Dorchester, Massachusetts where she focused her efforts on improving systems of care, quality and sustainability. She is best known for her many years of work at Great Brook Valley Health Center, and her accomplishments related to creating an integrated primary care and public health model of care. Under her leadership GBVHC, now the Edward M. Kennedy health center was recognized for its work related to identifying and implementing systems to eliminate racial and ethnic disparities through the use of data and attention to public health imperatives. She has been an advocate for universal access to care and has participated and offered testimony in forums related to universal access, disparities, cultural competency, population-based medicine, mental and oral health, and refugee and immigrant health. Zoila is a Registered Nurse with a Bachelor's in Psychology and a

Master of Science in Health Policy and Management. She is fluent in English and Spanish.

Michele Garand, MS, is Adjunct Faculty at the Disparities Solutions Center and the head of Business Operations for Healthcare Management reporting to the Senior Vice President of Healthcare Management at ConnectiCare Inc. She is the business lead responsible for managing business results, strategic and operational planning, financial and budgetary management and management of other complex projects in support of the SVP of HCM.

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

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

"Through the program, it became clear that disparities work must be done at all levels within the healthcare industry and cannot be solely the responsibility of the end provider; collaboration is a requirement to successfully impact an identified disparity."

– DLP Alumni

Additional Program Staff

For full bios and a list of additional program staff, please visit our website:

<https://mghdisparitiessolutions.org/dscteam/>

Where can I find more information?

For more information on the DLP and the Disparities Solutions Center at MGH, please visit:

<https://mghdisparitiessolutions.org/the-dlp/>

To see a full list of past alumni, please visit:

<https://mghdisparitiessolutions.org/dlpalumni/>

To read the full external assessment of the DLP and its impact, as well as in-depth case studies, please visit:

<https://mghdisparitiessolutions.org/dlpeval/>

To read the recently published peer reviewed article in *Health Affairs* on the lessons learned from the DLP, please visit:

<https://mghdisparitiessolutions.org/organizational-change-management-for-health-equity/>

Or contact:

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