



DISPARITIES LEADERSHIP PROGRAM

Empowering Leaders. Getting to Solutions.

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



**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 preparing to expand access to health care that is both 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 this new legislation. 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. However, research demonstrates that our nation falls well short of this goal, as we know significant racial and ethnic 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 a new 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 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 implanted 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 are working to:

- **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 the problem of disparities into realistic solutions you can adopt within your organization.

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

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

The DSC has the unique advantage of seven years of experience developing, coordinating and operating the DLP, the only program of its kind in the nation. To date, the DLP has trained seven cohorts that include a total of 211 participants from 98 organizations (21 health plans, 47 hospitals, 20 community health organizations, 7 professional organizations, 1 hospital trade organization, 1 Federal Government Agency and 1 local Government Agency) representing 29 states, the Commonwealth of Puerto Rico and Switzerland. **The DLP recently underwent a robust external evaluation that was extremely positive and is available upon request.**

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
- Directors of Diversity

- 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 http://www2.massgeneral.org/disparitiessolutions/dlprogram_participants.html.

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 Network to Tap.** 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.
- **Momentum for 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 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 helped us present comprehensive goals and objectives that the senior leadership really believed in. They saw it was important. I don’t think we would have had any type of a program without the DLP.”

–Health Plan Executive

How Does the DLP Work?

The DLP begins with an intensive, two-day training session, 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.

Opening Training Session

The two-day opening 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 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 training 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.
- **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.
- **Where to Begin:** Tools and activities to help organizations better collect race and ethnicity data identify and address disparities, quality and cost
- **Analyzing and Comparing Your Race and Ethnicity Data:** How to compile data in a meaningful and effective way, and create comparative benchmarks
- **Creating Disparities Measures and Reporting Mechanisms:** Guidance on how to stratify quality measures by race and ethnicity, and report them appropriately via dashboards, scorecards, or other standard or innovative mechanisms
- **Engaging the Community, Patient, and Staff to Assure Patient-Centered Care:** Strategies for bringing in key perspectives to disparities and patient safety work, including those of the community, the patient, and the health care staff.
- **Interventions to Improve Equity and Drive Value:** Developing and implementing innovative approaches to improve quality, reduce cost, and address disparities in target areas for health reform such as readmissions, patient experience, and population management.
- **Meaningful Use of Health Information Technology to Reduce Disparities:** Planning for the current and future use of health information technology as a mechanism for identifying and addressing disparities while meeting standards for meaningful use.
- **Identifying and Preventing Medical Errors in Limited-English Proficient Patients:** Strategies to identify clinical situations that are high-risk for medical errors among limited-English proficient patients, as well as mechanisms to address them.
- **Measuring, Monitoring and Improving Culturally Diverse Patients' Experience of Care:** Practical strategies to assess the health care experience for diverse patients.
- **Communicating Broadly and Clearly:** Developing an approach to communicating the issue of disparities both internally and externally.

- **Organizational Transformation and Assuring Sustainability:** How to assure pilot programs become standard practice within the organization and how to disseminate successes broadly

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.

“We have updated our mission statement. Disparities are now part of what we talk about in orientation with new staff – and part of what the board thinks about.” –Community Health Center Leader

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.

Closing Session, Group Learning and Dissemination

The DLP concludes with a two-day closing 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, mgghdisparitiessolutions.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 home organization. And 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 16, 2014 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 through out 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 21 and 22, 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'll 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 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.

December 13, 2013	Intent to Apply Due (recommended but not required)
February 14, 2014	DLP Application due
April 11, 2014	DLP Applicants are notified
April 18, 2014	Acceptance deadline
May 16, 2014	Tuition payment due
May 21-22 2014	Opening meeting, Le Meridien, Cambridge, Massachusetts
February 2015 (dates TBD)	Two-day meeting, Loews Hotel, Santa Monica, California

Policies

- *Cancellations/Withdrawals*: Please submit any withdrawal in writing. Cancellation notices received after **April 18, 2014** but before **May 16, 2014**, will be charged a 25% processing fee. Cancellations made after **May 16, 2014** 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 Director of the Disparities Solutions Center, Senior Scientist at the Mongan Institute of Health Policy, Director of Multicultural Education for Massachusetts General Hospital (MGH), and an expert in disparities, 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*. A practicing internist, he has also advised federal, state and local government, foundations, health plans, hospitals, health centers, professional societies, trade organizations and private industry on strategies to improve quality of care and eliminate disparities. Dr. Betancourt sits on the Massachusetts State Disparities Council, the Boston Board of Health, the Boston Health Equity Committee, and co-chairs the MGH Disparities Committee. He is also on the Board of Trustees of CHE Trinity, a large, national hospital system; Neighborhood Health Plan, a Medicaid health plan in Boston.

Alexander R. Green, MD, MPH, is the Associate Director of the Disparities Solutions Center, Senior Scientist at the Mongan Institute for Health Policy at Massachusetts General Hospital, and Associate Professor and Chair of the Cross-Cultural Care Committee at Harvard Medical School. His work focuses on eliminating 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, and innovative approaches to cross-cultural medical education. Dr. Green has served on several national panels on disparities and cultural competency including the Joint Commission's "Hospitals, Language, and Culture" project.

Aswita Tan-McGrory, MBA, MSPH, is the Deputy Director of the Disparities Solutions Center. A key member of the senior management team, she supervises the Center's broad portfolio of projects and works closely with the Director to chart the DSC's future growth. She also oversees the development and implementation of the Annual Report on Equity in Healthcare Quality (an annual dashboard that monitors quality of care by race, ethnicity, and language) in partnership with the Center for Quality and Safety at MGH, and is an expert in race and ethnicity data collection. With over 16 years' professional experience in advancing public health policy issues with a particular focus in underserved populations, she is interested in efforts to provide equitable care to all patients. Ms. Tan-McGrory served in the Peace Corps in Nigeria, and holds an MBA from Babson College and a MSPH from Tulane University School of Public Health and Tropical Medicine.

Roderick R. King, MD, MPH, is Senior Faculty at the Disparities Solutions Center, Instructor in the Department of Global Health and Social Medicine at Harvard Medical School, and Instructor in the Department of Health Policy and Management, Center for Public Health Leadership, Harvard School of Public Health. Dr. King's work focuses on leadership development, organizational change and health systems performance to

improve the health of underserved populations. He served as Senior Advisor for the Bureau of Primary Health Care (HRSA), and as the Director for the Health Resources and Services Administration, Boston Regional Division and as a Commander in the U.S. Public Health Service, U.S. Department of Health and Human Services. Previously selected as a Fulbright Scholar for the Fulbright Regional Network for Applied Research (NEXUS) Program, Dr. King also served as one of two Inaugural Institute of Medicine Anniversary Fellows, where he served on the Board on Global Health.

Lenny Lopez, MD, MDiv, MPH, is Senior Faculty at the Disparities Solutions Center, an internist trained at the Brigham and Women's Hospital (BWH), an Assistant Professor at Harvard Medical School, and an Assistant at the Mongan Institute for Health Policy at MGH. Dr. Lopez 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 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.

Alden M. Landry, MD, MPH is Senior Faculty at the Disparities Solutions Center, and Associate Director of the Office of Multicultural Affairs and Faculty Assistant Director of the Office of Diversity Inclusion and Community Partnership at Harvard Medical School. After completing his residency in Emergency Medicine at the Beth Israel Deaconess Medical Center in 2009, Dr. Landry earned an MPH from the Harvard School of Public Health and completed the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy in 2010. In addition to his clinical interests, Dr. Landry is involved in research on emergency department utilization trends, disparities in quality of care, working with numerous organizations to eliminate disparities and increase diversity in the health care workforce.

Zoila Torres Feldman, RN, MS, is the Director of special initiatives at NEW Health, a federally qualified health center and certified PCMH, recognized nationally for its work as an early implementer organization. In her role, she is expanding the center's reach to the underserved. Ms. Feldman is also an independent health care management consultant with MSGC Inc., with a focus on compliance with administrative and governance federal requirements. 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 to implement a state-wide interdisciplinary complex care management initiative for a managed care population. A registered nurse, Ms. Feldman is best known for her many years of work at Great Brook Valley Health Center (GBVHC), 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 to eliminate

racial and ethnic disparities through the use of data and attention to public health imperatives.

Rita Carreón is Director of Clinical Strategies & Health Care Equity at America's Health Insurance Plans (AHIP), the trade association representing the health insurance industry, overseeing AHIP's chronic care and health equity initiatives. Ms. Carreón works with health equity contacts, quality directors and chief medical officers of AHIP's member health plans to increase awareness of health care disparities; develop effective approaches to improve health equity; and showcase innovative health plan strategies. She coordinates the work of the National Health Plan Collaborative, a learning network of health plans committed to improving quality and health equity, and staffs AHIP's health literacy task force. Ms. Carreón also collaborates with key stakeholders to improve access and quality, serving on several national advisory panels, committees and coalitions as AHIP's liaison. Prior to AHIP, Ms. Carreón managed public health/quality improvement initiatives at national trade associations in Washington, DC and public health programs at community health centers and a hospital in California.

Additional Program Faculty

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

http://www2.massgeneral.org/disparitiessolutions/dlprogram_about.html#faculty

Where Can I Find More Information?

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

http://www2.massgeneral.org/disparitiessolutions/dlprogram_about.html

or contact:

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