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Sponsors:

Beth Israel Deaconess Medical Center
Office for Academic Careers and Faculty Development
Office of Multicultural Affairs

Boston Children’s Hospital
Office of Faculty Development

Brigham and Women’s Hospital
Center for Faculty Development and Diversity
Office for Multicultural Faculty Careers

California Endowment Scholars in Health Policy
at Harvard University

Cambridge Health Alliance
Department of Medicine, Division of Minority Affairs

The Mongan Commonwealth Fund Fellowship
in Minority Health Policy

Dana-Farber Cancer Institute
Office for Faculty Development

Dana-Farber/Harvard Cancer Center
Initiative to Eliminate Cancer Disparities

Harvard Catalyst/Program for Faculty Development and Diversity

Harvard School of Dental Medicine,
Office of Diversity Inclusion

Harvard School of Public Health
Department of Epidemiology, Department of Global Health and Population Division of Policy Translation and Leadership Development
Office of Research Strategy and Development

Joseph L. Henry Oral Health Fellowship
in Minority Health Policy

Massachusetts General Hospital
Multicultural Affairs Office

Hosted by:

Harvard Medical School
Office for Diversity Inclusion and Community Partnership
164 Longwood Avenue, 2nd Floor
Boston, Massachusetts 02115

The LFDP conference is supported by: Office of Minority Health/National Hispanic Medical Association and OMH/MFDP Cooperative Agreements 1 MPCMP121073-01-00; 5 MPCMP091034-02-00; Health Resources and Services Administration 4 D34HP16888-03-03 National Institutes of Health/NCRR Award: 1 UL1 RR025758
Career Development Training: Leading from the Middle

Harvard Medical School, Countway Library, Minot Room
10 Shattuck Street, Boston, MA 02115

This workshop focuses on the particular complexities involved in exerting effective leadership from the hierarchical middle of organizations. Middle managers need to be aware of the dynamics associated in the relations among those who operate from the top, middle and bottom of organizations. Understanding those dynamics enables middle managers to develop effective strategies for engaging, convening, and influencing others throughout organizations, given various perspectives and agendas. In this workshop, participants will learn such strategies through interactive case studies, the presentation of useful concepts and frameworks, and practical application to their own experiences in organizations.

8:30 am Registration - Continental Breakfast (Ballard Room, Countway Library)

9:00 am – 4:00 pm Leading from the Middle

Speaker: William Kahn, PhD
Professor of Organizational Behavior
Boston University School of Management

9:00 – 10:30 am Seeing Systems

10:30 – 10:45 am Break

10:45 am – 12:00 pm Working from the Middle: Key Concepts

12:00 – 1:00 pm Lunch

1:00 – 2:30 pm Working from the Middle: Applying the Concepts

2:30 – 2:45 pm Break

2:45 – 3:45 pm Changing Systems from the Middle

3:45 – 4:00 pm Closing
This one-day “real” skills oriented program will provide participants with presentations and case discussions that focus on research methods, identifying and accessing data, hypothesis generation, and mentoring/guidance in conducting health disparities and policy related research. Topics covered in the program include mixed methods of research; technology and large datasets resources, data limitations; mentoring and career development.

8:30 am  Registration - Continental Breakfast (Ballard Room, Countway Library)

9:00 am  Welcome Remarks

   Speaker: Joan Y. Reede, MD, MPH, MS, MBA
   Associate Professor of Medicine
   Dean for Diversity and Community Partnership
   Harvard Medical School

9:05 – 10:20 am  Large Datasets Resources, Data Strengths and Limitations

   Speaker: Ellen McCarthy, PhD, MPH
   Associate Professor of Medicine
   Assistant Dean for Diversity and Community Partnership
   Harvard Medical School

10:20 – 11:15 am  Data Access and Identification

   Speaker: Douglas MacFadden, MS
   Chief Informatics Officer, Harvard Catalyst
   Center for Biomedical Informatics at Countway Library of Medicine
   Harvard Medical School

11:15 – 11:30 am  Break

11:30 – 12:30 pm  Lunch Keynote: “The Collaborative Roles of Academic and Federal Efforts to Advance Minority Health Policy”

   Speaker: Rashida Dorsey, PhD, MPH
   Acting Director, Division of Policy and Data
   Office of Minority Health, Office of the Assistant Secretary for Health, DHHS
12:30 – 1:45 pm  Panel One: Health Policy and Health Services Research

*Speakers:*  
Amal Trivedi, MD, MPH  
Assistant Professor of Health Services, Policy and Practice  
Warren Alpert Medical School, Brown University  

Ryan David Kennedy, PhD  
Research and Evaluation Specialist,  
Harvard Catalyst Clinical and Translational Science Center  
Harvard Medical School  

Joel Weissman, PhD  
Associate Professor of Health Policy  
Harvard Medical School;  
Deputy Director/Chief Scientific Officer, Center for Surgery and  
Public Health  
Brigham and Women’s Hospital  

*Moderator:*  
Emorcia V. Hill, PhD  
Director of Research and Evaluation,  
Converge, Office for Diversity Inclusion and Community Partnership  
Harvard Medical School  

1:45 – 3:00 pm  Mixed Methods: A Synergistic Approach to Your Research

*Speaker:*  
Sharlene Hesse-Biber, PhD  
Professor of Sociology  
Director, Women’s & Gender Studies Program  
Boston College  

3:00 – 3:15 pm  Break

3:15 – 4:25 pm  Panel Two: Mentoring and Guidance

*Speakers:*  
Michelle Williams, ScD  
Stephen B. Kay Family Professor of Public Health  
Chair, Department of Epidemiology  
Department of Global Health and Population  
Harvard School of Public Health  

Karen Emmons, PhD  
Professor of Social and Behavioral Sciences  
Associate Dean for Research  
Office for Research Strategy and Development  
Harvard School of Public Health  

*Moderator:*  
Joan Y. Reede, MD, MPH, MS, MBA  

4:30 pm  Closing Remarks

Joan Y. Reede, MD, MPH, MS, MBA
AGENDA – THURSDAY, MAY 9, 2013

2013 Minority Health Policy Annual Meeting

The Joseph B. Martin Conference Center at Harvard Medical School
77 Avenue Louis Pasteur, Boston, MA 02115

8:00 – 8:30 am Registration and Breakfast
Ground Floor Lobby

8:30 – 8:40 am Opening Remarks:
Amphitheater

Speaker: Joan Y. Reede, MD, MPH, MS, MBA
Associate Professor of Medicine
Dean for Diversity and Community Partnership
Harvard Medical School;
Associate Professor of Society, Human Development and Health
Harvard School of Public Health

8:40 – 9:30 am Harvard Medical School Office for Diversity and Community Partnership Faculty Fellows’ Presentations

Moderator: Ellen P. McCarthy, PhD, MPH
Associate Professor of Medicine Assistant Dean for Diversity and Community Partnership Harvard Medical School

Presenters: Lenny López, MD, MHP, MDiv
Assistant Professor, Harvard Medical School (HMS); Massachusetts General Hospital
“Limited English Proficiency and the Risk for Adverse Events in Hospitalized Patients”

Mary Townsend, ScD
Instructor in Medicine, HMS; Associate Epidemiologist, Channing Division of Network Medicine, Brigham and Women’s Hospital
“Healthy Aging: an Evaluation of Definitions and Risk Factors”

Commentator: Muntu Davis, MD, MPH
Department Director and County Health Officer, Alameda County Public Health Department

9:30 – 10:00 am Break (Poster Viewing)
Ground Floor Lobby

Junior Investigators Poster Session-- Open for Viewing (9:30am -12:00 pm)

Sponsors: Dana-Farber/Harvard Cancer Center Initiative to Eliminate Cancer Disparities, Harvard Catalyst/Program for Faculty Development and Diversity (PFDD), HMS Center of Excellence in Minority Health and Health Disparities, Harvard Medical School Office for Diversity Inclusion and Community Partnership (DCP)
AGENDA – THURSDAY, MAY 9, 2013

10:00 – 11:45 am  Mongan Commonwealth Fund Fellows in Minority Health Policy (MCFF) Practicum Presentations

Moderator: Pamela Riley, MD, MPH
Senior Program Officer, Vulnerable Populations
The Commonwealth Fund

Presenters: Talita Jordan, MD
MCFF Fellow
“Revolving Loan Fund: A Novel Approach to Increasing Access to Long-Acting Reversible Contraception (LARC)”

Robert P. Marlin, MD, PhD
MCFF Fellow
“Health Care Reform, Immigration Reform, and Access to Care for Unauthorized Immigrants”

Anne Newland, MD
MCFF Fellow
“Reducing Readmissions in the Indian Health Service”

Oluseyi Ojeifo, MD
MCFF Fellow
“Mobile Health: Getting Ready for the Future…and Beyond”

Commentator: LaQuandra Nesbitt, MD, MPH
Health Director, Department of Health and Wellness
Louisville, Metro Government

11:50 am – 1:10 pm  Luncheon Keynote: Rotunda

Speaker: “Care Management and Disparities”
Joseph P. Newhouse, PhD
John D. MacArthur Professor of Health Policy and Management at Harvard University

1:10 pm – 2:45 pm  Harvard Medical School Office for Diversity and Community Partnership Faculty Fellows’ Presentations Rotunda

Moderator: Ellen P. McCarthy, PhD, MPH
Associate Professor of Medicine Assistant Dean for Diversity and Community Partnership Harvard Medical School

Presenters: Sudha Biddinger, MD, PhD
Assistant Professor of Pediatrics, HMS; Boston Children’s Hospital
“Control of Lipid Metabolism in Insulin Resistant States”
AGENDA – THURSDAY, MAY 9, 2013

Sherri-Ann M. Burnett-Bowie, MD, MPH
Assistant Professor of Medicine, HMS; Massachusetts General Hospital
“FGF23: The Evolving Hormone Story”

Sarosh Rana, MD
Assistant Professor of Obstetrics, Gynecology and Reproductive Biology, HMS; Beth Israel Deaconess Medical Center
“Angiogenic Factors and the Risk of Adverse Outcomes in Women With Suspected Preeclampsia”

Aaron K. Styer, MD
Assistant Professor in Obstetrics, Gynecology and Reproductive Biology, HMS; Massachusetts General Hospital
“Defining the Impact of Ethnic Specific MicroRNA Expression Signatures in the Clinical Presentation of Uterine Fibroids”

Commentator: Eleftheria Maratos-Flier, MD
Professor of Medicine, Associate Master of Francis Weld Peabody Society, Francis Weld Peabody Society, Harvard Medical School

The Reede Scholars 4th Annual Health Equity Symposium

Mental Health Integration: From Policy to Practice

The Joseph B. Martin Conference Center at Harvard Medical School
77 Avenue Louis Pasteur, Boston, MA 02115

The Reede Scholars Annual Health Equity Symposium will host a multidisciplinary forum to push the frontiers of competency on health equity. This forum is designed to enlist diverse perspectives for creating strategies that promote health equity. This year’s symposium, Mental Health Integration: From Policy to Practice, will explore how we improve our policy development, communication, and implementation of mental health programs and systems. Join us for an interactive session as experts from different arenas of mental health offer examples and strategies that will strengthen the voice of health advocates, such as you, so that underserved communities can take advantage of policy provisions to amplify their voice in informing the positive future of mental health policy.

3:30 pm  
Reception  
Ground Floor Lobby

4:15 – 4:25 pm  
Introductory Remarks  
Amphitheatre

4:25 – 5:05 pm  
Panelist Presentations

5:05 – 6:00 pm  
Discussion

6:00 – 6:15 pm  
Closing Remarks
Career Development Training:
Achieving Authentic Thought Leadership: How to become the go-to opinion leader within your professional, organizational and community networks

Harvard Medical School, Waterhouse Room, Gordon Hall
25 Shattuck Street, Boston, MA 02115

Across organizations as different as hospitals, government agencies, tech startups, and charitable nonprofits, top performers practice the same three vital behaviors: 1) Know Their Stuff—they use deliberate practice to hone and expand their craft; 2) Focus on the Right Stuff—they contribute to tasks that are essential to the organization’s success—their organization’s “critical uncertainties” and; 3) Build a Reputation for Being Helpful—colleagues describe them as experts who are generous with their time.

Becoming a Thought Leader
This engaging and highly participative seminar will show you how to incorporate these characteristics into your life. You will discover practical tips and tactics used by a wide range of thought leaders.

Learning Objectives:
- Master the three Vital Behaviors that make you a thought leader.
- Build a robust Six Source Influence Plan that will keep you on track to becoming a thought leader.
- Master the Change Anything process for building powerful change plans.

Speakers:
David Maxfield, PhD
Vice President of Research
VitalSmarts

Frances Roy, EdD
Vice President of Leadership and Organizational Development
Hospital Corporation of America

8:00 am
Registration – Continental Breakfast

8:30 – 9:00 am
The Power of Social Influence
In ambiguous situations (all situations) we look to others to see what's right and acceptable, and we especially look to Opinion Leaders.

9:00 – 10:00 am
The Vital Behaviors
Know your Stuff; Work on the Right Stuff; Develop a Reputation for Being Helpful; The research behind these; what they mean and how they work; how thought leaders in healthcare demonstrate them.

Know Your Stuff
What is your "stuff"? How to perform a Personal Skill Scan. Understand that what got you here won’t get you there. How to grow beyond clinical skills. "How To" best practices from healthcare—what people do to grow skills and stay at the cutting edge.
AGENDA – FRIDAY, MAY 10, 2013

10:00 – 10:15am Break

10:15 am – 12:00 pm Work on the Right Stuff
Power migrates to people who can answer/solve critical uncertainties. What are the critical uncertainties in: your system, your hospital, your medical group? "How To" best practices from healthcare—what people do to determine critical dependencies and contribute.

Develop a Reputation for Being Helpful—Part 1
The "easy" part of being helpful is being generous with your time, expertise, and resources.

12:00 pm Lunch

1:00 – 2:30 pm Develop a Reputation for Being Helpful—Part 2
The toughest part of "being helpful" is standing up for values in crucial moments:
   a) How to speak up when it’s unsafe—when others are sitting on their hands;
   b) How to breathe life into dead values—how to convince people of your values.

2:30 – 2:45 pm Break

2:45 – 4:20 pm Build a Personal Change Plan
Take a brutal look at where you stand today. You know what success looks like, but how will you achieve it? Use principles from Change Anything to build a personal plan for becoming a Thought Leader.

4:30 pm Closing
Rashida Dorsey, PhD, MPH
Acting Director, Division of Policy and Data
Office of Minority Health, OASH, DHHS

Dr. Dorsey is the Acting Director of the Division of Policy and Data in the Office of Minority Health at the U.S. Department of Health and Human Services (HHS). She leads the Division of Policy and Data in carrying out its core functions of strategic planning, evaluation, data and policy, related to minority health. She had a lead role in the development of HHS survey data collection standards for demographic data and currently serves as the Departmental lead for the standards.

Dr. Dorsey comes from the Office of the Assistant Secretary for Planning and Evaluation, where she developed policy and evaluation studies related to disparities and HHS data collections, and served as HHS survey data collection system expert as well as the Executive Secretary for the HHS Data Council. Dr. Dorsey was as an Epidemic Intelligence Service Officer for the Centers for Disease Control and Prevention, and worked at the National Center for Health Statistics. She has conducted research and published in the areas of disparities, diabetes and chronic disease. Dr. Dorsey received her PhD in epidemiology from the University of Pittsburgh and her MPH from Saint Louis University.
Joseph P. Newhouse, PhD  
John D. MacArthur Professor of Health Policy and Management  
Harvard University

Dr. Newhouse is the John D. MacArthur Professor of Health Policy and Management at Harvard University, Director of the Division of Health Policy Research and Education, chair of the Committee on Higher Degrees in Health Policy, and Director of the Interfaculty Initiative in Health Policy. He is a member of the faculties of the John F. Kennedy School of Government, the Harvard Medical School, the Harvard School of Public Health, and the Faculty of Arts and Sciences, as well as a Faculty Research Associate of the National Bureau of Economic Research. He received B.A. and Ph.D. degrees in Economics from Harvard University. Following his Bachelors degree, he was a Fulbright Scholar in Germany. Dr. Newhouse spent the first twenty years of his career at RAND, where he designed and directed the RAND Health Insurance Experiment, which studied the consequences of different ways of financing medical services. From 1981 to 1985 he was Head of the RAND Economics Department.

In 1981 he became the founding editor of the *Journal of Health Economics*, which he edited for 30 years. He is a current member of the editorial board of the *New England Journal of Medicine* and a past member of the editorial board of the *Journal of Economic Perspectives*. He was elected to the Institute of Medicine in 1977 and has served two terms on its governing Council. He has been elected a Fellow of the American Academy of Arts and Sciences and of the American Association for the Advancement of Science. He is a past President of the Association for Health Services Research (AHSR), now AcademyHealth, and of the International Health Economics Association and was the inaugural President of the American Society of Health Economists. He is a member of Comptroller General’s Advisory Committee. He has served as the vice-chair of the Medicare Payment Advisory Commission, which reviews Medicare payment policy and makes recommendations to the Congress. This Commission resulted from the 1997 merger of two predecessor commissions, the Prospective Payment Assessment Commission and the Physician Payment Review Commission. Newhouse chaired the former Commission and served as a Commissioner on the latter. From 2007-2012 he served on the CBO Board of Health Advisors and from 2006-2012 the Committee on National Statistics. He currently serves on the Science, Technology, and Economic Policy boards of the National Research Council. He served as a regent of the National Library of Medicine from 1999 to 2003. He is a director of Aetna, Abt Associates, and the National Committee for Quality Assurance.

Dr. Newhouse has received numerous awards and is widely published. His awards include the David N. Kershaw Award and Prize of the Association for Public Policy and Management and the Baxter Health Services Research Prize; his publications include *Are Medical Prices Declining?* and *How Does Managed Care Do It?*
Sudhar Biddinger, MD
Assistant Professor of Pediatrics
Boston Children’s Hospital

Dr. Biddinger obtained her undergraduate degree from Princeton University, and her MD and PhD degrees from the Johns Hopkins School of Medicine. She performed her residency training in pediatrics and fellowship training in pediatric endocrinology at Boston Children’s Hospital. She performed her post-doctoral work with Dr. Ronald Kahn, at the Joslin Diabetes Center. She is currently an Assistant Professor in the Endocrinology Division of Children’s Hospital Boston. The mission of her lab is to define the mechanisms by which diabetes, specifically defects in insulin signaling, promote atherosclerosis.

Sherri-Ann M. Burnett-Bowie, MD, MPH
Assistant Professor of Medicine
Massachusetts General Hospital

Sherri-Ann M. Burnett-Bowie, MD, MPH is an Assistant Professor of Medicine at Harvard Medical School and a clinical investigator in the Massachusetts General Hospital (MGH) Endocrine Unit, where her research focuses on defining the physiology of a new mineral metabolism hormone, FGF23; skeletal and non-skeletal effects of vitamin D; and clinical trials of treatments for osteoporosis. She cares for patients seen at the MGH Endocrine Associates and the MGH Bone Density Center. Dr. Burnett-Bowie is an Associate Director of the MGH Multicultural Affairs Office and the Director for Multicultural Affairs for the Department of Medicine at MGH.

Dr. Burnett-Bowie has an A.B. cum laude in Biochemical Sciences and an MPH in Clinical Effectiveness from Harvard University. She attended the University of Pittsburgh where she received her MD. She completed both internal medicine residency and endocrine fellowship training at MGH. Teaching and increasing diversity and inclusivity are central to her mission.
Muntu Davis, MD, MPH
Director and Health Officer
Alameda County Public Health Department, Oakland, CA

Dr. Muntu Davis is currently the Public Health Department Director and County Health Officer in Alameda County, California. He advises the County Board of Supervisors, local government agencies, and community members and organizations on medical and public health issues and on the development and implementation of public health policy and practices. He also provides oversight, strategic direction and fiscal management of the department and all of its divisions. He joined the ACPHD in October 2005. Prior to working Alameda County, he worked in the Immunization Branch of the California Department of Health Services on pandemic planning and education on febrile rash evaluation. He also practiced medicine in urban and rural primary care and urgent care clinics in Northern and Southern California. He received his medical degree from the University of California, Los Angeles, and completed a residency in Family Medicine at Presbyterian Intercommunity Hospital in Whittier, California. He completed The California Endowment Scholars in Health Policy Fellowship and received his Master of Public Health degree from Harvard School of Public Health in Boston, Massachusetts, where he analyzed policies regarding emergency response planning, implementation, evaluation and modification at the county level in California.

Karen Emmons, PhD
Professor of Social and Behavioral Sciences
Associate Dean for Research, Office for Research Strategy and Development
Harvard School of Public Health

Dr. Karen Emmons is Deputy Director of the Center for Community-Based Research. She is Associate Dean for Research and Professor of Social and Behavioral Sciences at Harvard School of Public Health. Dr. Emmons is a leader in research on community-based approaches to cancer prevention particularly for underserved populations. Among her research interests are smoking cessation and development of policy interventions related to tobacco. Dr. Emmons has conducted seminal research on reducing environmental tobacco smoke among young children from low-income families. She has also studied populations at high-risk for cancer, including childhood cancer survivors and family members of cancer patients. Her work in this area targets prevention of lung cancer, colorectal cancer, and melanoma.

Dr. Emmons provides substantial senior leadership in the Dana-Farber/Harvard Cancer Center, serving on the executive committees for the Risk Reduction Program and Population Science overseeing its health communication disparities efforts. Dr. Emmons received her Bachelor’s degree from University of Illinois and her Ph.D. in Clinical Psychology from the State University of New
York in Stony Brook. She completed an internship in Behavioral Medicine at Brown University School of Medicine.

**Sharlene N. Hesse-Biber, PhD**

Professor of Sociology  
Director of Women’s and Gender Studies Program  
Boston College


Her most recent publications include editing the *Handbook of Feminist Research: Theory and Praxis* (Sage, 2007; 2nd ed., 2012), which was selected as one of the Critics’ Choice Award winners by the American Education Studies Association, and was also chosen as one of *Choice Magazine*’s Outstanding Academic titles for 2007. She is a contributor to the *Handbook of Grounded Theory* (Sage, 2008) as well the *Handbook of Mixed Methods Research* (2nd ed., Sage, 2010). She is author of *Mixed Methods Research: Merging Theory With Practice* (Guilford, 2010). She is a special issue editor for the July 2010 issue of *Qualitative Inquiry* on mixed methods research and coeditor of an a special issue on Triangulation in Mixed Methods Research for the *Journal of Mixed Methods Research* in 2011.
SPEAKERS

Emoria V. Hill, PhD
Director, Research and Evaluation, Converge
Office for Diversity Inclusion and Community Partnership
Harvard Medical School

Emoria V. Hill, PhD, Director, Research and Evaluation, Converge: Building Inclusion in the Science through Research, Office for Diversity and Community Partnership, Harvard Medical School. Converge’s goal is to promote original, rigorous scientific research and the use of innovative research methods to study issues related to the recruitment, retention and career advancement of groups that are traditionally underrepresented in the high demand biomedical and science, technology, engineering, and mathematics (STEM) fields and careers. Dr. Hill has significant experience in the design, implementation, research and evaluation of educational and child welfare programs. She has also developed and implemented programs to increase the participation of underrepresented minorities—students and faculty— in academia and other sectors of the labor force. Dr. Hill’s formal training and professional experience covers quantitative and qualitative research methods. Her expertise is in basic and applied research, program development and policy analysis that draw on multiple disciplines and perspectives.

Dr. Hill is Co-PI on the NIH-funded four-year RO1 research study, *Factors that Promote the Success of Women of Color in Academic Medicine*, which is one of Converge’s projects that examine the career progression of women of color within the context of their institutions. Dr. Hill is Co-Investigator on the National Institutes of Health study, *A Systems Approach to Advancing Workforce Inclusion and Diversity*. The multi-intra-institutional affiliates study uses a newly-developed tool, Profiles, to assemble a range of data about HMS faculty (demographics, research, teaching and service-related information) and about the environment and policies and practices of the institutions in which the individuals work. Beyond the faculty career development research, Dr. Hill is involved in other research and evaluation activities across the educational pipeline and into the workforce that address human capital issues. Additionally, her current work involves the development of models and frameworks that guide, and potentially catalyze, institutional change and transformation and which results in more inclusive environments.

Talita Jordan, MD
Pediatric Chief Resident
Children’s National Medical Center
Washington, DC

Dr. Jordan most recently served as Pediatric Chief Resident at Children’s National Medical Center, in Washington, DC. Her passion for the prevention of childhood obesity led her to Disciples Summer Camp where she worked as Director for several years. Her role as child advocate has resulted in the development of a Teen Pregnancy Workshop in addition to involvement in programs around teen abstinence in Forestville, MD. Dr. Jordan completed her medical degree at the University of Maryland School of
Medicine in 2008. While in medical school, she was awarded a National Heart, Lung, Blood Institute Research fellowship for her scholarship and leadership skills.

William A. Kahn, PhD  
Professor of Organizational Behavior  
Boston University’s School of Management

William A. (Bill) Kahn earned his Ph.D. in psychology from Yale University, and his B.A. from Clark University. His work examines the creation of high performance organizations with emphasis on leadership, managing change, and conflict and negotiations. Bill has published articles in a wide variety of academic journals, several books and serves on the Editorial Board of the Journal of Management Education. He consults with a number of organizations on issues related to high performance management in the context of organizational change. Bill has received the Broderick Prize for Teaching and the General Electric Team Learning Award from Boston University’s School of Management. He also spent several years appearing biweekly on WBUR, Boston’s NPR station, as “Dr. Bill,” answering callers’ questions about workplace issues.

Ryan David Kennedy, PhD  
Research and Evaluation Specialist  
Harvard Catalyst

Ryan David Kennedy is a Research and Evaluation Specialist in the Community Health Innovation and Research Program at Harvard Catalyst – the Harvard Clinical and Translational Science Center. In this role Ryan helps support public health research particularly through enabling co-operation and collaboration between the research community, and government and CBO sectors.

Since 2010, Ryan has been a research Scientist at the Propel Centre for Population Health Impact in Waterloo Canada, and was recently appointed as a part-time Assistant Professor in the Department of Health, Behavior and Society in the Johns Hopkins Bloomberg School of Public Health where he is based in the Institute for Global Tobacco Control.

As an independent researcher, Ryan is interested in smoke-free and tobacco-free policies including their development, implementation, and evaluation. Ryan works closely with colleagues in local health units across Canada, including Region of Waterloo Public Health, and actively collaborates with the public health practitioners involved in the Tobacco-Free Sport and Recreation and Smoke-free Outdoor Spaces Community of Practice (TFSR CoP). Ryan is also interested in tobacco cessation – particularly in systems that can support tobacco users, such as quit-lines and support from primary care providers. Collaborating with a team of researchers, Ryan has studied the role optometrists can, and do play in youth tobacco use prevention and patient tobacco cessation.
Lenny López, MD, MPH, MDiv
Assistant Professor
Massachusetts General Hospital

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, fellowship at BWH, where he currently serves as a hospitalist. 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). He is Senior Faculty at the Disparities Solutions Center at MGH.

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 diabetes mellitus. 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. He received his M.P.H. at the Harvard School of Public Health as a CFHU Fellow in 2005.

Douglas MacFadden, MS
Chief Informatics Officer, Harvard Catalyst
Center for Biomedical Informatics at Countway Library of Medicine
Harvard Medical School

As the Chief Informatics Officer for Harvard Catalyst, Harvard Medical School, Douglas MacFadden oversees the development of informatics technology to accelerate research by providing access, insight and connections to wide varieties of information. These areas include several far reaching systems:

1. Mission critical systems for day to day operations of Harvard Catalyst, Harvard Medical School
2. Portals for researcher access to information, multi-media and tools
3. Clinical data sharing networks (SHRINE)
4. Systems to improve practical collaboration, sharing and efficiency within the Clinical Research Centers at several major HMS hospitals
5. eagle-i - a national network for sharing biomedical research resources
Prior to assuming the role with Harvard Catalyst, MacFadden served as Director of Informatics at the Center for Biomedical Informatics (CBMI), Harvard Medical School, where he oversaw the development of informatics technology to accelerate big data research. He was also responsible for implementation and support of many mission critical systems at the Countway Library of Medicine, a world class leader in providing resources and services to the bio-medical research community. Prior to joining Harvard Medical School, MacFadden served in technology leadership roles at SunGard and Thomson Financial (now Thomson Reuters). This experience in financial informatics gave him the processes and perspective to develop systems that meet user’s needs, are reliable and can scale as needed.

Throughout his career, MacFadden has held senior leadership positions in software development, system design/operations and program management. Additional work has focused on semantically rich data integration, establishing common meta-data models and modular system architectures. MacFadden earned an MS in Computer Science from the University of Buffalo, Buffalo, NY.

**Eleftheria Maratos-Flier, MD**  
Professor of Medicine  
Associate Master of Francis Weld Peabody Society  
Harvard Medical School

Terry Maratos-Flier, MD, is a professor of medicine at Harvard Medical School and a member of the Department of Medicine at Beth Israel Deaconess Medical Center. Dr. Maratos-Flier earned her M.D. degree from Mount Sinai Medical School and completed residency training at George Washington University and Beth Israel Hospital, Boston. She joined the Joslin as a Fellow in 1981 and remained there until 2004 when she moved to Beth Israel Deaconess. She is interested in molecular mechanisms regulating appetite and energy balance. She discovered the role of the hypothalamic neuropeptide melanin concentrating hormone in regulating feeding and recently defined the role of fibroblast growth factor 21 in regulating fatty acid oxidation in the liver. Most of her research involves mouse models of obesity and type II diabetes. Recently she has expanded her research and has worked on the role of FGF21 in human non-alcoholic fatty liver disease as well as treatment of obesity using GLP-1 receptor agonists. She is also the Director of Academic Careers and Faculty Development at Beth Israel Deaconess Medical Center.
Robert P. Marlin, MD, PhD  
Instructor in Medicine  
Harvard Medical School  

Dr. Marlin is currently an Instructor in Medicine at Harvard Medical School and a primary care internal medicine physician in the Department of Medicine and at the East Cambridge Health Center, Cambridge Health Alliance, Cambridge, MA. He has dedicated his career to the improved health and health care of immigrants and refugees and, in particular, to the development of coordinated care programs for political violence survivors (PVSs). Dr. Marlin received his medical degree from SUNY-Stony Brook School of Medicine in 2003 and his Ph.D. in Anthropology from Rutgers, The State University of New Jersey in 2001. He completed his internal medicine residency at Cambridge Health Alliance in 2006.

David Maxfield, PhD  
Vice President of Research  
VitalSmarts  

David is the co-author of two New York Times bestsellers, *Influencer: The Power to Change Anything* and *Change Anything: The New Science of Personal Success*. David did his doctoral work in Psychology at Stanford University where his advisor was Albert Bandura.

David has taught at Stanford and Brigham Young Universities. For the past 10 years, he has been the Vice President of Research at VitalSmarts, a research-based consulting and training firm that has trained more than 750,000 in its award-winning programs.

Ellen McCarthy, PhD, MPH  
Associate Professor of Medicine  
Assistant Dean for Diversity and Community Partnership  
Harvard Medical School  

Ellen McCarthy is the Assistant Dean for Diversity and Community Partnership and Associate Professor of Medicine at Harvard Medical School and leads the Research Program in Palliative and End-of-Life Care in the Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center. Dr. McCarthy is an epidemiologist and health services researcher with expertise using large administrative databases and national surveys to address healthcare issues. Her primary area of research interest is to investigate disparities in cancer across the continuum of care from secondary prevention to diagnosis, treatment and end of life. She
is Principal Investigator of two Research Scholar Grants funded by the American Cancer Society targeted at poor and underserved populations. Her research focuses on decision-making at the end of life care for the very elderly and patients with advanced cancer, and on how disparities in cancer screening and cancer care affect cancer outcomes in racial/ethnic minorities and other disadvantaged and vulnerable populations. Dr. McCarthy has also published studies describing determinants of and variability in mammography use in older women as well as the relationship between regular mammography use and breast cancer outcomes in older women. Dr. McCarthy was the recipient of the 2008 Harvard Medical School Young Mentor Award and the 2012 A. Clifford Barger Award for Excellence in Mentoring. She received her BS in cardiopulmonary science from Sargent College at Boston University and her MPH and PhD in epidemiology from Tulane University School of Public Health and Tropical Medicine.

Laquandra Nesbitt, MD, MPH
Director, Louisville Metro Department of Public Health and Wellness
Louisville, KY

Dr. LaQuandra S. Nesbitt is a board-certified family physician who is the Director of the Louisville Metro Department of Public Health and Wellness in Louisville, KY. The Louisville Metro Department of Public Health and Wellness (LMPHW) is responsible for the approximately 750,000 residents in Louisville, KY. As an independent health department, the LMPHW provides programs and services primarily through three divisions: Clinical Services, Community Health, and Environmental Health and Preparedness. In addition, the department is home to the Center for Health Equity which aims to achieve equity in the social determinants of health throughout Metro Louisville using a "health in all policies" approach. Dr. Nesbitt also serves as an Assistant Professor in the Department of Health Management and Systems Science at the University of Louisville School of Public Health and Information Sciences. Prior to her current role at LMPHW, Dr. Nesbitt served separate terms as Senior Deputy Director for the Community Health Administration and Senior Deputy Director for the Center for Policy, Planning, and Evaluation at the District of Columbia Department of Health. Prior to joining the District of Columbia Department of Health, Dr. Nesbitt was Assistant Professor in the Department of Family and Community Medicine and the Senior Coordinator for Health Disparities and Policy Research Initiatives in the Office of Policy & Planning at the University of Maryland School of Medicine. Her responsibilities encompassed providing primary care services to patients in inner-city Baltimore including adolescent health services, preventive medicine services, and chronic disease management with an emphasis on hypertension and diabetes care. Her academic interests include racial and ethnic disparities in health outcomes and health care services, workforce diversity, and improving access to care for the uninsured and underinsured through policy and health services research.

Dr. Nesbitt received her Bachelor of Science degree in Biochemistry from the University of Michigan-Ann Arbor, her medical degree from Wayne State University School of Medicine, and a Master of Public Health in Health Care Management and Policy from the Harvard School of Public Health. Dr.
Nesbitt completed an internship in family medicine at the University Hospitals of Cleveland/Case Western Reserve University. Dr. Nesbitt completed her family medicine residency in the University of Maryland’s Department of Family Medicine where she served as chief resident. Dr. Nesbitt completed her fellowship training with the Commonwealth Fund Harvard University Fellowship in Minority Health Policy.

Anne Newland, MD  
Acting Clinical Director,  
The Kayenta Health Center  
Navajo Area Indian Health Service

Dr. Newland most recently served as Acting Clinical Director for the Kayenta Health Center, Navajo Area Indian Health Service. Since 2004, she has also held positions as Medical Officer and Chief of Medical Staff. Her work assured community access to emergency care and expanded outpatient services. In 2010, she traveled to Kabul, Afghanistan to collaborate with the medical arm of the Afghanistan Higher Education Project to improve clinical preceptorship. Dr. Newland received her medical degree from the University of Nebraska Medical Center in 1999. She completed her residency in Internal Medicine-Pediatrics at the University of Tennessee-Memphis in 2003 and was a Chief Resident in Internal Medicine in 2004.

Oluseyi Ojeifo, MD  
Internal Medicine Resident  
Massachusetts General Hospital

Dr. Ojeifo was most recently an internal medicine resident at Massachusetts General Hospital, Boston. As a resident, Dr. Ojeifo has been involved in the residency recruitment process and is committed to helping create a diverse workforce. Her areas of interest include innovative approaches to improving health care delivery and reducing disparities in cardiovascular care. Her dedication to vulnerable populations is evidenced by her work as an Albert Schweitzer Fellow in an underserved neighborhood in Pittsburgh, Pennsylvania and as a volunteer on the cardiology ward at Groote Schuur Hospital in Cape Town, South Africa. Dr. Ojeifo received her medical degree from the University of Pittsburgh School of Medicine in 2009.
SPEAKERS

Joan Y. Reede, MD, MPH, MS, MBA
Associate Professor of Medicine
Dean for Diversity and Community Partnership
Harvard Medical School

Dr. Reede is the Dean for Diversity and Community Partnership and an Associate Professor of Medicine at Harvard Medical School. Dr. Reede also holds appointments as Associate Professor of Society, Human Development and Health at the Harvard School of Public Health, and is an Assistant in Health Policy at Massachusetts General Hospital. Dr. Reede is responsible for the development and management of a comprehensive program that provides leadership, guidance, and support to promote the increased recruitment, retention, and advancement of underrepresented minority faculty at Harvard Medical School (HMS). This charge includes oversight of all diversity activities at HMS as they relate to faculty, trainees, students, and staff. Dr. Reede also serves as the director of the Minority Faculty Development Program, and faculty director of Community Outreach Programs at Harvard Medical School. Dr. Reede has created and developed more than 20 programs at HMS that aim to address pipeline and leadership issues for minorities and women who are interested in careers in medicine, academic and scientific research, and the healthcare professions.

At the national level, Dr. Reede has served on a number of boards and committees including the Secretary’s Advisory Committee to the Director of the National Institutes of Health; the Sullivan Commission on Diversity in the Healthcare Workforce; the National Children’s Study Advisory Committee of the Eunice Kennedy Shriver National Institute of Child Health and Human Development; as an editor of the American Journal of Public Health, and the Steering Committee for the Annual Biomedical Research Conference for Minority Students (ABRCMS) of the National Institute of General Sciences, Division of Minority Opportunities in Research. She is currently a member of the Advisory Committee to the Deputy Director for Intramural Research of the National Institutes of Health (ACDDIR), and member of the Advisory Committee to the NIH Director’s Working Group on Diversity. In 2009, Dr. Reede was elected to the Institute of Medicine of the National Academy of Sciences; she is the recipient of the 2011 Diversity Award from the Association of Professors of Medicine, and, a 2012 recipient of the Elizabeth Hurlock Beckman Award.

Pamela Riley, MD, MPH
Senior Program Officer, Vulnerable Populations,
The Commonwealth Fund

Dr. Pamela Riley joined The Commonwealth Fund in July 2011 as Program Officer for the Vulnerable Populations program. The Fund’s program on Vulnerable Populations, part of its efforts in the field of delivery system improvement and innovation, is designed to assure that low-income, uninsured, and minority populations receive care from high-performing health systems. Dr. Riley was previously Program
Officer at the New York State Health Foundation, where she focused on developing and managing grantmaking programs in the areas of integrating mental health and substance use services, addressing the needs of returning veterans and their families, and diabetes prevention and management. Earlier in her career, Dr. Riley served as Clinical Instructor in the Division of General Pediatrics at the Stanford University School of Medicine. In this capacity, she was a general pediatrician and Associate Medical Director for Pediatrics at the Ravenswood Family Health Center, a Federally Qualified Health Center in East Palo Alto, CA. Dr. Riley served as a Duke University Sanford School of Public Policy Global Health Policy Fellow at the World Health Organization in Geneva, Switzerland, and has served as a volunteer physician in Peru and Guatemala. Dr. Riley received an M.D. from the UCLA David Geffen School of Medicine in 2000, and completed her internship and residency in pediatrics at Harbor-UCLA Medical Center in Torrance, CA in 2003. Dr. Riley received an M.P.H. from the Harvard School of Public Health as a Mongan Commonwealth Fund Minority Health Policy Fellow in 2009.

Frances Roy, EdD
Vice President of Leadership and Organizational Development
Hospital Corporation of America

As Vice President of Leadership and Organizational Development at Hospital Corporation of America (HCA), Dr. Roy oversees and manages “The Leadership and Organizational Development Center of Excellence” which includes Learning and Development, Organizational Effectiveness, Executive Development, Physician Leadership Development and Workforce Planning/Grants. In this role, she manages all national training and development and provides coaching and training for executive leaders and their teams. Frances is also responsible for the design and implementation of the HCA Leadership Institute including curriculum development faculty selection and deployment of programs.

Since 1988, Frances has served as President of Frances Roy and Associates, a consulting and counseling firm providing corporate employee assistance programs, executive coaching, training and development, pre-hire selection, succession planning and organizational assessment. Her firm has provided services for a multitude of companies with a large portion of their clients residing in the healthcare sector. Clients include Hospital Corporation of America (HCA), Ascension Health System and hospitals, Vanderbilt University Medical Center, Chesapeake Medical Center, Tennessee Hospital Association and State Volunteer Mutual Medical Insurance Company.

Previous to starting her firm, she was Director of Human Resources for a real estate investment firm. She also served as an insurance broker for Lloyd’s of London where she specialized in aviation insurance.

Her training and background are in Human Resources and Psychology. She attended Vanderbilt University where she completed her undergraduate degree in Sociology and Business. She completed
her Masters and Doctorate degrees in counseling and organizational consultation from Vanderbilt where she is an Adjunct Professor today.

**Sarosh Rana, MD,**
Assistant Professor of Obstetrics, Gynecology and Reproductive Biology
Beth Israel Deaconess Medical Center

Dr. Rana is a Maternal Fetal Medicine specialist and clinical researcher in the department of Obstetrics and Gynecology at Beth Israel Deaconess Medical Center and an Assistant Professor of Obstetrics, Gynecology and Reproductive biology at Harvard Medical School. Dr. Rana received her medical degree in India. She completed her residency in Obstetrics and Gynecology at the University of Chicago in 2005 and fellowship in Maternal Fetal Medicine at Brown University, Rhode Island in 2008. Dr. Rana collaborates with Dr. Ananth Karumanchi on several translational and clinical projects related to preeclampsia, one of the most common medical complications of pregnancy. Dr. Rana is specifically involved in clinical studies to evaluate if angiogenic factors correlate with clinical diagnosis of preeclampsia and its associated adverse maternal and fetal outcomes. She aims to evaluate clinical utility of these biomarkers for risk stratification in pregnant women with preeclampsia who present to the obstetrical triage unit. Her research work is partially supported by a NIH/NICHD-K08.

**Aaron K. Styer, MD**
Assistant Professor in Obstetrics, Gynecology and Reproductive Biology
Massachusetts General Hospital

Dr. Styer is a physician scientist who received his medical degree from Vanderbilt University School of Medicine. He completed internship and residency in Obstetrics and Gynecology at Brigham & Women’s Hospital and Massachusetts General Hospital Integrated Program / Harvard Medical School. He completed a research fellowship in Reproductive Biology in the Vincent Center for Reproductive Biology and a clinical fellowship in Reproductive Endocrinology and Infertility at The Massachusetts General Hospital (MGH). He is board certified in both Obstetrics and Gynecology and Reproductive Endocrinology and Infertility. He is an Assistant Professor of Obstetrics, Gynecology and Reproductive Biology at Harvard Medical School and serves as the Associate Director for the Basic Science Research Program in the Reproductive Endocrinology and Infertility Fellowship at MGH.

He is a member of The American College of Obstetricians and Gynecologists (ACOG), American Society of Reproductive Medicine (ASRM), Society for Reproductive Endocrinology and Infertility (SREI), National Medical Association (NMA), Society for Reproductive Surgeons (SRS), the Endocrine Society, and the Society for Gynecologic Investigation (SGI).
He has been nationally recognized for his research in assisted reproductive technology (in vitro fertilization) and endometriosis. His clinical interests include female infertility and reproductive endocrinology, and advanced minimally invasive gynecologic surgery for uterine fibroids, endometriosis, and mullerian anomalies. His current research interests include racial disparities in the clinical presentation of uterine fibroids and fertility outcomes following in vitro fertilization.

**Mary Townsend, ScD**

Instructor in Medicine, Associate Epidemiologist, Channing Division of Network Medicine, Brigham and Women’s Hospital

Mary Townsend, ScD is currently an Associate Epidemiologist in the Channing Division of Network Medicine at Brigham and Women’s Hospital and an Instructor in Medicine at Harvard Medical School. She received a Doctor of Science degree in Epidemiology from Harvard School of Public Health in 2007. Following graduation, she continued training in Epidemiology through the Harvard School of Public Health Yerby Postdoctoral Fellowship Program, completing the program in 2010. Dr. Townsend is honored to be part of the 2011 class of Harvard Medical School Office of Diversity Inclusion and Community Partnership (DCP) Faculty Fellows.

Dr. Townsend’s research has focused on women’s health and well-being at older ages. In particular, she has investigated demographic, lifestyle, and disease risk factors for incontinence and cognitive decline. Most recently, with the support of the DCP Faculty Fellowship, she has been actively involved in developing epidemiologic definitions of healthy aging – a phenotype summarizing survival, chronic disease, mental health, and physical and cognitive function – and examining relations of these definitions with dietary and lifestyle factors at mid-life.

**Amal Trivedi, MD, MPH**

Assistant Professor of Health Services, Policy and Practice, Brown University

Dr. Trivedi is Assistant Professor of Health Services, Policy and Practice at Brown University and an Investigator at the Providence VA Medical Center. The primary goal of his research is to evaluate the consequences (both intended and unintended) of payment, financing and other health system interventions on the quality and outcomes of health care, particularly for vulnerable populations. Most of Dr. Trivedi’s work employs quasi-experimental methods and analyses of complex clinical and administrative databases. Three key areas of focus include: (1) assessing quality of care and racial/ethnic health care disparities among chronically-ill adults in managed care settings; (2) evaluating the impact of health insurance benefit design on the use of effective health services and clinical outcomes; and (3) understanding the effects of ongoing health system changes and federal health policies (including the
Affordable Care Act) on the Veterans Affairs Health Care System. In addition to his research activities, Dr. Trivedi teaches a graduate course in quality improvement for MPH and doctoral students, serves as the graduate program director of Brown’s PhD program in Health Services Research, and practices as a hospitalist at the Providence VA Medical Center. Dr. Trivedi received an MD from UCLA and MPH from the Harvard School of Public Health. He completed post-graduate training in internal medicine at UCSF and post-doctoral fellowships in health policy and general medicine at Harvard University.

Joel S. Weissman, PhD
Associate Professor of Health Policy
Deputy Director and Chief Scientific Officer, Center for Surgery and Public Health
Brigham and Women’s Hospital

Joel S. Weissman, Ph.D., is Deputy Director and Chief Scientific Officer of the Center for Surgery and Public Health at Brigham and Women’s Hospital, and Associate Professor of Health Policy at Harvard Medical School. Dr. Weissman received his doctorate in health policy from the Pew Fellows Program at the Heller School, Brandeis. He has published over 120 peer-reviewed articles and has led numerous federally funded studies in the areas of quality and patient safety, the care of vulnerable populations, uncompensated care, drug policy, comparative effectiveness research policy, and academic-industry relationships in biomedical research. He was the lead evaluator for the roll-out of Consumer’s Union Best Buy Drugs program, and his early work on access to care by the uninsured led to a co-authored book, “Falling Through the Safety Net: Insurance Status and Access to Care,” with a forward by Hillary Rodham Clinton.

During 2008-2010 Dr. Weissman served as Senior Health Policy Advisor to the Secretary of the Massachusetts Executive Office of Health and Human Services, followed by two months as visiting faculty at the Mexico National Institute of Public Health in Cuernavaca. During his time with Massachusetts, he led the planning effort for a multi-million dollar statewide all-payer medical home pilot, examined the budgetary impact of universal health coverage in Massachusetts (NEJM perspective), and provided strategic thinking on public reporting of re-hospitalizations, non-payment for serious reportable events, improving care transitions, comparative effectiveness research, and reducing racial and ethnic disparities.

Dr. Weissman is co-director of a course on health services research methods at the Harvard School of Public Health (portions of which have been taught in Singapore, Puerto Rico, and Mexico), and serves as a tutor/seminar leader in the health policy course for HMS I students.
Michelle Williams, ScD  
Stephen B. Kay Family Professor of Public Health  
Chair, Department of Epidemiology  
Department of Global Health and Population  
Harvard School of Public Health

Dr. Michelle A. Williams is the Stephen B. Kay Family Professor of Public Health and Chair of the Health and Chair of the Department of Epidemiology at the Harvard School of Public Health. Dr. Williams earned her ScD in Epidemiology, an SM in Demography and Population Sciences from the Harvard School of Public Health, an MS in Civil Engineering and Public Health from Tufts University, and an AB in Biology and Developmental Genetics from Princeton University.

Dr. Williams is focused principally, but not exclusively, in the field of reproductive and perinatal epidemiology. She has spent the last two decades focused on integrating epidemiological, biological and molecular approaches into rigorously designed clinical epidemiology research projects that have led to greater understandings of the etiology and pathophysiology of placental abruption, gestational diabetes, and preeclampsia. Her research programs were developed through: (1) identifying gaps in the literature; (2) constructing methodologically rigorous, versatile and robust epidemiological data capture systems and networks (epidemiology platforms) in North America, Sub-Saharan Africa, Asia, and South America; and (3) proactively and strategically integrating biochemical and molecular biomarkers onto that epidemiology platform. She has fully exploited the arsenal of epidemiology study designs (case-control, self-matched case-crossover, and prospective cohort studies) to answer important questions concerning the etiology and pathophysiology of a relatively broad spectrum of adverse reproductive and perinatal outcomes.

Her overarching goal has been, and continues to be, to use biological and molecular biomarkers as objective measures of exposure (e.g., dietary intake, nutritional status) and/or as validated pre-clinical proximal determinants (e.g., oxidative stress, systemic inflammation, endothelial dysfunction) of discrete outcomes of clinical, public and global health importance. To date, much of her work has been focused on advancing knowledge of the etiology of selected highly relevant, but fairly understudied perinatal outcomes. She has also sought to expand the literature by searching for and then confirming novel/non-traditional risk factors of those outcomes. Dr. Williams’ research programs have been largely funded by a number of research awards from the National Institutes of Health. She has authored or co-authored 280 original research reports.
Presenter: Lenny López, MD, MHP, MDiv, DCP Faculty Fellow

Project Title: “Limited English Proficiency and the Risk for Adverse Events in Hospitalized Patients”

Background: Patient safety is an essential component of high quality health care. The term “adverse events” (AEs) refers to complications from treatment and is defined as “unintended harm to the patient by an act of commission or omission rather than by the underlying disease or condition of the patient.” Eliminating barriers that contribute to the occurrence of adverse events is an essential goal.

Limited English proficiency (LEP) is defined as the limited ability or the inability to speak, read, write or understand the English language at a level that permits the person to interact effectively in English. Language barriers may lead to adverse events in the hospital due to patient-clinician communication barriers. Communication problems are the most frequent root cause of serious adverse events reported to the Joint Commission’s Sentinel Event Database.

Objective: The objective of this study was to examine differences in the frequency, type of adverse events and severity of harm between English speaking (ES) and LEP patients using inpatient data from two large academic teaching hospitals between 2006-2008.

Methods: We merged the patient registration databases (containing patient demographic data including race/ethnicity and primary language), the interpreter services databases and the adverse event reporting databases. The following variables were also available: age, gender, self-identified race/ethnicity, need for an interpreter, language of interpreter requested, admitting service (surgical or medical), admission to intensive care, insurance (employer-based, Medicaid, Medicare, or self-pay), and the Charlson comorbidity score.

Results: There were 37,415 AEs reported among English speaking (ES) patients and 1,718 among Limited English Proficiency (LEP) patients. Among LEP patients, 57% were attributable to medication errors, 24% were due to falls, 12% were patient identification/documentation errors, 0.71% were related to delays in care, 4% were pressure ulcers, 0.12% were procedure consent errors and 2% were attributable to discharge related issues. Among ES patients, 50% were attributable to medication errors, 27% were due to falls, 15% were patient identification/documentation errors, 0.50% were related to delays in care, 6% were pressure ulcers, 0.07% were procedure consent errors and 3% were attributable to discharge related issues. These differences between LEP and ES patients were found to be statistically significant (p=0.0028).

A small number of AEs were deemed to be near misses or as possessing potential harm (6% in ES vs. 5% in LEP). The largest proportion of AEs did not involve harm in both groups (33% for ES vs. 44% for LEP). LEP patients had a slightly higher rate of AEs with temporary or minor harm compared to ES (10% vs. 8%). English speakers had 16 events involving death compared to none among LEP patients (overall, p<0.001).

Implications: Adverse event reporting systems must include self-reported race/ethnicity and preferred language fields for all patients allowing for reliable estimation and tracking. We recommend that the Agency for Health Research and Quality's standard formats for patient safety events be modified to include a field for patient language and whether an interpreter was present at the time of the event and/or was used at any time during the visit. Lastly, the use of voluntary adverse event reporting systems inherently underestimates the actual number of adverse events. Hospitals may need to develop more comprehensive and mandatory reporting practices that would allow for a more complete assessment of inpatient safety.

Mentor: Lisa I. Iezzoni, MD, MSc. Professor of Medicine, Harvard Medical School; Director, Mongan Institute for Health Policy, General Medicine Division, Massachusetts General Hospital
Presenter: Mary Townsend, ScD, DCP Faculty Fellow

Project Title: “Healthy Aging: an Evaluation of Definitions and Risk Factors”

Background: Advances in disease prevention strategies and breakthroughs in medical care have resulted in extended lifespan, but not necessarily extended healthspan. Thus, there is growing interest in research focused on maintenance of overall health and well-being in older age, or “healthy aging”. However, progress in the field of healthy aging is limited by several factors: (1) unclear relevance of researchers’ definitions of healthy aging to older adults’ perceptions of their own health; (2) lack of consensus on which health domains are important to include in a healthy aging definition; (3) disagreement on the appropriate stringency of criteria to define health within each health domain; and (4) lack of data regarding the usefulness of studying healthy aging versus alternative outcomes (e.g., mortality). Our study aimed to provide data addressing each of these issues.

Methods: Our analyses of healthy aging utilized data from 15,895 women who survived to age ≥70 years in the Nurses’ Health Study, a longitudinal cohort study initiated in 1976 when participants were age 30-55 years. Since baseline, participants have been followed via biennial questionnaires; a telephone-based study of cognitive function was initiated in a subset of participants in 1995-2000. We focused on four health domains, assessed in 1992-2000, for our healthy aging definitions: (1) mental health and (2) physical function, assessed using the Medical Outcomes Survey SF-36; (3) cognitive function, assessed using the Telephone Interview for Cognitive Status (TICS); and (4) major chronic disease (i.e., cancer [except nonmelanoma skin cancer], type 2 diabetes, myocardial infarction, congestive heart failure, history of coronary artery bypass graft surgery, stroke, chronic obstructive pulmonary disease, Parkinson’s disease, multiple sclerosis, amyotrophic lateral sclerosis, and kidney failure). A fifth health domain, social engagement, measured using the modified Berkman-Syme social networks index, was considered in secondary analyses. Data on potential mid-life predictors of healthy aging were derived from participants’ responses on the 1976-1988 questionnaires. In analyses of mortality, cases were 10,179 women who died before age 70.

Results: Among women who survived to age 70 and had both healthy physical function (i.e., no limitation in moderate activity, walking, or basic activities of daily living, and no more than a little limitation in more difficult activities, such as lifting heavy objects, climbing several flights of stairs, bending, or stooping) and no major chronic diseases, but who were limited in mental health (SF-36 subscale <median) or cognitive function (TICS score ≤31), 75% rated their health as excellent or very good. In comparison, among women who were both emotionally and cognitively healthy, but limited in physical function or chronic disease, 56% rated their health as excellent or very good. Overall, 1,628 women (10%) who survived to age 70 met criteria for health within all 4 health domains; among these women, 90% rated their health as excellent or very good. Adding healthy social engagement as a fifth component of healthy aging did not further increase the percentage of women who rated their health as excellent or very good; thus, we did not further consider social engagement in healthy aging definitions. We next created 3 additional definitions of healthy aging with varying stringency of criteria to define health within each of the 4 health domains. To evaluate the impact of varying stringency of definitions on results of epidemiologic analyses, we compared associations of established mid-life predictors of healthy aging (body mass index, smoking, hypertension, high cholesterol, physical activity, alternative healthy eating index [AHEI]) across definitions. In general, the magnitude of associations between risk factors and healthy aging were similar across definitions. In addition, in analyses comparing associations of risk factors with healthy aging versus mortality before age 70, body mass index, physical activity, and a healthy diet appeared more strongly associated with healthy aging.

Conclusions: We found that the combination of four objective measures of health (physical function, major chronic disease, mental health, and cognitive function) correlated well with older adults’ perceptions of their own health. Associations of mid-life risk factors with healthy aging were similar across four healthy aging definitions of varying stringency. Since statistical power is an important consideration in
epidemiologic studies, these results suggest that using less stringent healthy aging criteria to maximize case numbers may be a reasonable approach. Finally, although most mid-life risk factors were similarly related to healthy aging and mortality, several risk factors showed stronger associations with healthy aging, suggesting that analyses of healthy aging may provide information beyond studies of mortality risk factors.

**Mentor:** Francine Grodstein, ScD, Associate Professor of Medicine, Brigham and Women’s Hospital and Harvard Medical School, and Associate Professor of Epidemiology, Harvard School of Public Health.
Presenter: Talita Jordan, MD, MCFF Fellow

Project Title: “Revolving Loan Fund: A Novel Approach to Increasing Access to Long-Acting Reversible Contraception (LARC)”

Objectives: The goal of this project is to evaluate RLF as an effective approach to intervention developed to increase access to and use of LARC thus decreasing unintended pregnancies.

Background: One of the most important aspects of reducing disparities in birth outcomes in women is a reduction in unintended pregnancies as births resulting from these pregnancies are at high risk for low birth weight, preterm birth and other adverse outcomes. Contraception is an important strategy to reduce the rates of unintended pregnancy and LARC is the most effective mode of contraception. LARC is established as safe and effective by the FDA which in the past were the most important criteria for choice of contraception. However, the most recent National Survey of Family Growth found the most common forms of contraception in adolescents to be condoms and withdrawal followed by birth control pills. While there is little data on choice to initiate LARC in this population, two barriers to obtaining LARC have been demonstrated. First is the reluctance of medical providers to provide LARC to young women despite ACOG recommendations. The second barrier is out-of-pocket cost with women with higher up-front costs being less likely to choose LARC. In 2011 the Boston Public Health Commission (BPHC) recognized continued disparities in birth outcomes with black women in Boston being 1.2 times more likely to deliver prematurely and 1.5 times more likely to experience an infant death when compared to white women. A task force was developed and focused its policy efforts on family planning. A local Boston organization, Action for Boston Community Development (ABCD) provides LARC to 340B-qualified, city community health centers at a reduced rate. A review of 2012 data from ABCD showed that only 15% of patients seeking contraception at the 52 ABCD sites used LARC. In addition, LARC was only distributed to 27% of ABCD sites eligible to purchase these methods. The task force developed the LARC Loan Pilot Project (LLPP) to evaluate whether providing ABCD sites with access to increased funding for LARC provision through a revolving loan fund improves patient access to LARC.

Methods: Conducted a literature review on existing approaches to interventions addressing access to LARC and the translation of this potential improvement in access into increased use of LARC.

Results: A review of the data showed that successful approaches to interventions thus far have focused on overcoming the barrier of high out-of-pocket cost associated with LARC. When an intervention to change insurance status or provide funding to decrease or alleviate out of pocket expense was implemented, LARC use increased significantly. For this reason, current policy has focused on cost-free access to LARC and universal coverage for contraception without cost-sharing. The RLF is truly a novel approach as it addresses access and therefore the health system. The translation of this improved access to increased use relies on patient identified barriers to use, provider identified barriers to recommending as first line and engaging all stakeholders to determine potential approaches to intervention and recommendations for action.

Future Direction: Community-based participatory research (CBPR) involving patients, physicians, community health centers, payers and local agencies to determine barriers and potential interventions to overcome them. Expansion of RLF and effective process determined in pilot to a city wide intervention increasing access to LARC in Boston.

Preceptors: Audra Robertson MD, MPH, Department of Obstetrics and Gynecology Brigham & Women’s Hospital
Deborah Allen ScD, Director, Bureau of Child, Adolescent and Family Health
Presenter: Robert P. Marlin, MD, PhD, MCFF Fellow

Project Title: “Health Care Reform, Immigration Reform, and Access to Care for Unauthorized Immigrants”

Objectives: The goal of this project was to understand the changes in access to care and coverage for unauthorized immigrants that will be implemented under the Patient Protection and Affordable Care Act of 2010, the implications of potential federal immigration reform for access and coverage, and how safety net institutions can most effectively respond to both in order to continue to provide care for this population.

Background: During the past two decades, the unauthorized immigrant population in the U.S. has expanded significantly. During this same period there have also been significant restrictions placed on unauthorized immigrant access to health care. Unauthorized immigrants currently comprise a disproportionate share of the uninsured population in the U.S. and this will increase following the full implementation of the Patient Protection and Affordable Care Act of 2010. At the same time, federal safety net funding to states that had previously been used to pay for uninsured patient care, including that of unauthorized immigrants, will be reduced. Following the 2012 elections, Congress is also likely to put forward immigration reform legislation. In this context, safety net institutions must consider how they can continue to provide services to this vulnerable population.

Methods: A review of the health policy and immigration policy literature, including proposed Congressional immigration reform legislation, was performed, allowing for identification of the current state of unauthorized immigrant health care access and coverage. Findings from the literature review were used to structure interviews with key informants, including health policy and immigration experts. Data and insights from both the literature review and key informant interviews were used to formulate final recommendations to safety net institutions on the preservation of unauthorized immigrant access to care.

Results: Restrictions on unauthorized immigrant health care coverage currently outlined in the Patient Protection and Affordable Care Act of 2010 will severely limit the ability of safety net institutions to provide care to this population, even at current levels. If successful, the immigration reform elements most likely adopted by Congress will further limit this access to coverage and care. Findings from the key informant interviews and the literature review support the need to look for solutions to this situation in both modification of the current legislation and in the development of state, county, municipal, and institution-specific responses.

Future Directions: While the Patient Protection and Affordable Care Act of 2010 will be largely implemented by 2014, the extent to which individual states will accept expanded Medicaid coverage is still not clear. The specific provisions affecting the support of safety net institutions in providing coverage to unauthorized immigrants will continue to be rolled out for another seven years after that. The specific provisions of likely immigration reform will be adopted no earlier than one to two years from now and will also have a lengthy timeline for full implementation. Therefore, national and state-specific recommendations for providing this population with coverage and access to care will need to be reevaluated on a regular basis.

Preceptors: Bruce Siegel, MD, MPH, President and CEO
National Association of Public Hospitals and Health Systems
Presenter: Anne Newland, MD, FACP, MCF Fellow

Project Title: “Reducing Readmissions in the Indian Health Service”

Objectives: The primary goal of this project was to understand readmission factors germane to the Indian Health Service (IHS) and how these factors intersect with Centers of Medicare and Medicaid Services (CMS) regulatory requirements. National readmissions best practices were identified and adapted for potential to improve care transitions in this marginalized population. The secondary goal of this project was to observe the early stages of national health policy translation into frontline practice within the IHS.

Background: IHS hospitals generally have fewer than 50 beds and provide essential services in their communities. Many of the diagnoses targeted by CMS in their readmissions reduction effort (heart attacks, heart failure) are not a significant component of IHS hospital case mix. There is concern that the CMS risk adjustment model does not capture the factors that drive readmissions for IHS patients. The IHS functions as a quasi-closed, predominantly indigent care health system. Distance from specialty care, underfunding, and support service limitations directly impact health outcomes in Native communities.

The IHS Hospital Consortium is comprised of the 28 hospitals. Interagency agreements between the Department of Health and Human Services (HHS) and the Center for Medicare and Medicaid Innovation (CMMI) within CMS have allowed IHS to participate in the Partnerships for Patients initiatives around hospital medicine. The IHS readmissions arm captures readmissions data in three domains: for each facility; transfers from facility emergency departments; and admissions to hospitals outside the IHS system.

Methods: A structured review of medical and health policy literature was performed and national best practices around readmissions identified. The literature review directed key informant interviews with frontline staff as well as experts in hospital quality improvement to determine the applicability of various readmissions reduction strategies to the IHS context. Strategies to strengthen relationships with referral facilities were included since IHS facilities are often a conduit for readmission and may be the only focal point of contact for a multiply-admitted patient. Learning tools to evaluate readmission patterns and incorporate tribal and patient perspectives were included.

Results: National policy formation to reduce readmissions has applied hospital-specific risk-standardized readmission rates across vastly different hospital systems to benchmark rates to a national standard. Hospitals have assigned significant resources to address the issue but may have limited ability to influence the drivers of readmission, including local issues of provider access, limited support service availability, and patient engagement.

Future Directions: Hospital readmission is not a “one-size-fits-all” metric. It is hoped that healthcare quality will increase and hospital utilization decrease as frontline hospitals implement strategies to improve communication with patients and primary care providers. Future studies are needed to develop a more nuanced understanding of the intersection between hospital, community, and primary care in the health outcomes of individual patients.

Preceptors: David Civic, MD, Director of Quality Management, Phoenix Indian Medical Center
Ty Reidhead, MD, CMO, Phoenix Indian Medical Center
ABSTRACTS

Presenter: Oluseyi Ojeifo, M.D., M.P.H, MCFF Fellow

Project Title: “Mobile Health: Getting Ready for the Future…and Beyond”

Abstract: Community health centers (CHCs) are non-profit health care providers that serve the nation’s most vulnerable populations. With one of the goals of the Affordable Care Act being the reinvention of the health care delivery system to make it more accessible, patient-centered, and comprehensive, CHCs are well positioned to help accomplish this goal. One of the ways The Affordable Care Act hopes to change the delivery of care is via health information technology (HIT). The NACHC has also acknowledged that “Electronic Health Records (EHRs) and "going paperless" strengthen the ability of health centers to increase capacity and improve performance consistent with the Institute of Medicine's (IOM) quality standards of timeliness, efficiency, equality, safety, effectiveness and patient-centeredness.” However, HIT has not been successful in engaging patients or achieving patient-centeredness thus far. mHealth, the practice of medicine and public health, supported by mobile devices, has been considered a way to engage more patients as well as support greater connectedness, continuity and team-based models of care.

The Public Health Institute in California is conducting a project to engage early adopter community health centers on a national level in planning, implementing and evaluating mHealth interventions to improve patient engagement and clinical outcomes. As part of the larger initiative, a smaller assessment was done in Massachusetts to determine whether mHealth is a worthy investment for Massachusetts Community Health Centers looking to engage patients more. The goal was to provide recommendations regarding adoption and strategies for successful implementation. It is the ultimate hope of the Public Health Institute to provide the first national-level assessment of the current landscape of mobile health within the safety net, provide evidence as to which interventions have been most effective in improving access and delivery of care for vulnerable populations, and identify examples of mHealth interventions that illustrate successful strategies for implementation.

The first step in this process required an in-depth analysis of already existing mHealth interventions or interventions in the planning or near implementation stage. Data was collected through a literature review and key informant interviews in Massachusetts. The second part of the project involved working with Wellframe, a start-up company based in Massachusetts whose product is a mHealth app. The goal was to see the process of how to develop one, how to ensure it fits into the needs of the patients and providers, and how to best integrate it into various hospital systems. The findings were that Massachusetts Community Health Centers were primarily in a very early adoption stage of mHealth. Most projects were in the planning and early implementation stage, but there were many barriers and challenges to getting mHealth interventions funded and running. Furthermore, there was an abundance of interest in utilizing mHealth, but very few ideas of how to get started. The conclusion is that mobile technology does represent an opportunity to improve the capacity of community health centers in better reaching and engaging vulnerable populations. Recommendations for first steps include surveys asking patients about their use of mobile devices and types of mHealth interventions that would be useful to them as well as surveys to providers to determine their thoughts on mobile technology in medicine. Attention should be given to the possibility of in-house mHealth app developers and outside funding for pilot projects.

Partners: Andrew Broderick, Public Health Institute
Joanna Kreil, Massachusetts League of Community Health Centers
Trishan Panch, Wellframe
Presenter: Sudha Biddinger, MD, PhD, DCP Faculty Fellow

Project title: “Control of Lipid Metabolism in Insulin Resistant States”

Background: Type 2 diabetes has historically been considered a disorder of glucose metabolism. However, in recent years, it has become clear that changes in lipid metabolism are equally intrinsic to the diabetic state. In particular, Type 2 diabetes is associated with excessive hepatic lipogenesis (the production of fatty acids and triglycerides), which promotes hypertriglyceridemia and cardiovascular disease, as well as fatty liver disease. What drives lipogenesis in Type 2 diabetes, though, is not known. In normal physiology, insulin suppresses glucose production and stimulates lipogenesis by inducing the master transcriptional regulator, Sterol Regulatory Element Binding Protein (SREBP)-1c. However, in Type 2 diabetes, insulin fails to suppress glucose production, but SREBP-1c and lipogenesis are still increased. Whether insulin somehow remains able to drive SREBP-1c or whether another derangement in Type 2 diabetes activates SREBP-1c is not known.

Objectives and methods: The goal of these studies was to determine whether hepatic insulin signaling is necessary for the induction of SREBP-1c in Type 2 diabetes. To test this, we knocked down the insulin receptor in ob/ob mice, a model of Type 2 diabetes, using antisense oligonucleotides (ASO). Thus, lean and ob/ob mice were treated with either a control ASO or ASO against the insulin receptor. The effects on SREBP-1c, lipogenic gene expression, and serum lipids were measured.

Results: Type 2 diabetes was associated with a two-fold increase in SREBP-1c mRNA, hypertriglyceridemia and massive steatosis. Treatment of ob/ob mice with ASO against the insulin receptor lowered SREBP-1c mRNA, and reduced serum and hepatic triglyceride levels. Importantly, in the absence of insulin receptor, the effects of Type 2 diabetes on SREBP-1c and its targets was entirely abolished. These data indicate that insulin signaling is necessary for the induction of SREBP-1c by Type 2 diabetes. Together with other data, they suggest that the insulin resistance observed in Type 2 diabetes is selective, and that the pathways driving lipogenesis remain sensitive to insulin even as the pathways that suppress glucose production become resistant. Identifying the specific signaling changes which occur in Type 2 diabetes may allow us to more effectively prevent cardiovascular disease and fatty liver disease.

These data indicate that both insulin dependent and independent pathways contribute to the induction of SREBP-1c and lipogenesis in obesity.

Mentor: David Cohen, MD/PhD. Director of Hepatology, Brigham and Women’s Hospital; Director, Harvard-Massachusetts Institute of Technology, Division of Health Sciences and Technology; Robert H. Ebert Associate Professor of Medicine and Health Sciences and Technology, Harvard Medical School.
Presenter: Sherri-Ann M. Burnett-Bowie, MD, MPH, DCP Faculty Fellow

Project Title: "FGF23: the evolving hormone story"

Abstract: Fibroblast growth factor 23 (FGF23) is a peptide hormone essential for phosphate (PO4) and vitamin D metabolism. Abnormal FGF23 physiology contributes to the morbidity of many common diseases (e.g., chronic kidney disease and cardiovascular disease) and causes rare disorders (e.g., inherited and acquired forms of hypophosphatemic rickets or osteomalacia). Basic and clinical studies have been critical to defining the roles of dietary PO4, serum PO4, 1,25-dihydroxyvitamin D (1,25(OH)2D), and parathyroid hormone (PTH) in FGF23 regulation. I will review my ongoing human and murine studies of FGF23 physiology. Specifically, I will discuss the regulation of FGF23 by dietary and serum PO4, 1,25(OH)2D, and PTH.
**Presenter:** Sarosh Rana, MD, DCP Faculty Fellow

**Project Title:** “Angiogenic Factors and the Risk of Adverse Outcomes in Women With Suspected Preeclampsia”

**Background:** An imbalance in circulating angiogenic factors plays a central role in the pathogenesis of preeclampsia. Levels of antiangiogenic protein soluble fms-like tyrosine kinase 1 (sFlt1) are elevated while levels of proangiogenic placental growth factor (PIGF) are reduced in women with preeclampsia. These proteins have not been evaluated for risk stratification among women with suspected preeclampsia.

**Methods:** We prospectively studied 616 women who were evaluated for suspected preeclampsia at Beth Israel Deaconess Medical Center from July 2009 - October 2010. We measured plasma levels of sFlt1 and PIGF at presentation and examined for an association between the sFlt1/PIGF ratio and subsequent adverse maternal and perinatal outcomes within 2 weeks.

**Results:** The median sFlt1/PIGF ratio at presentation was elevated in participants who experienced any adverse outcome compared with those who did not (47.0 [25th–75th percentile, 15.5–112.2] versus 10.8 [25th–75th percentile, 4.1–28.6]; P<0.0001). Among those presenting at <34 weeks (n=167), the results were more striking (226.6 [25th–75th percentile, 50.4 –547.3] versus 4.5 [25th–75th percentile, 2.0 –13.5]; P<0.0001), and the risk was markedly elevated when the highest sFlt1/PIGF ratio tertile was compared with the lowest (odds ratio, 47.8; 95% confidence interval, 14.6 –156.6). Among participants presenting at <34 weeks, the addition of sFlt1/PIGF ratio to hypertension and proteinuria significantly improved the prediction for subsequent adverse outcomes (area under the curve, 0.93 for hypertension, proteinuria, and sFlt1/PIGF versus 0.84 for hypertension and proteinuria alone; P<0.001). Delivery occurred within 2 weeks of presentation in 86.0% of women with an sFlt1/PIGF ratio ≥85 compared with 15.8% of women with an sFlt1/PIGF ratio <85 (hazard ratio, 15.2; 95% confidence interval, 8.0 –28.7).

**Conclusions:** In women with suspected preeclampsia presenting at <34 weeks, circulating sFlt1/PIGF ratio predicts adverse outcomes occurring within 2 weeks. The accuracy of this test is substantially better than that of current approaches and may be useful in risk stratification and management. Additional studies are warranted to validate these findings. (Circulation. 2012;125:911-919)

**Mentor:** S. Ananth Karumanchi, MD. Associate Professor of Medicine, Harvard Medical School, Division of Nephrology, Beth Israel Deaconess Medical center, Boston, MA
Presenter: Aaron K. Styer MD, DCP Faculty Fellow

Project Title: “Defining the Impact of Ethnic Specific MicroRNA Expression Signatures in the Clinical Presentation of Uterine Fibroids”

Background: Uterine fibroids (leiomyomata) are the most common benign neoplasms of reproductive aged women and have a disproportionately higher prevalence, severity of disease, and morbidity in African American (AA) women. It is the leading indication for hysterectomy in the United States and accounts for an estimated 4 billion dollars in annual healthcare expenditures. Given our current inability to render consistently effective medical treatment, to determine which women will develop this disorder, or to predict the onset and severity of disease, it is crucial to elucidate the underlying pathobiology of this condition. The disproportionate affliction of AA women may provide a prime opportunity to characterize novel genetic factors which influence disease presentation in specific populations. The promising technology of microRNA (miRNA) has emerged as a potential noninvasive biomarker for a diverse array of human diseases. Recent evidence has demonstrated the abnormal expression of various miRNA species in fibroids compared to native myometrium. To this end, the objective of this study was to investigate whether there is an ethnic specific fibroid miRNA expression signature in women with symptomatic uterine fibroids and to assess if miRNA expression correlates to patient characteristics and clinical presentation.

Methods: Patients undergoing myomectomy or hysterectomy for uterine fibroids from 2010-2012 were recruited for tissue banking and written consent was obtained per Massachusetts General Hospital departmental Gynecology Tissue Repository protocol (PHC # 2007P000341). Deidentified specimens from Caucasian (CC) and AA patients were identified and clinical data were obtained and analyzed. Specimens (serum, myometrium, and fibroids) were subsequently thawed and total RNA was isolated by previously described methods with mirVanaTM isolation kit. All miRNAs were polyadenylated and reverse transcribed into cDNA in a single reaction step (qRT-PCR) utilizing miRCURY LNA™ Universal RT microRNA PCR (Exiqon Inc.). Global normalization was achieved by comparison of average Cp values of all samples to each individual sample. The respective expression of specific miRNA species in serum and uterine fibroids (relative to ethnic specific native myometrium) was quantified. Relative serum and fibroid miRNA expression was also compared between respective ethnic groups. Relative miRNA comparisons were performed with Benjamin Hochberg adjustment (p<0.0001 statistically significant)

Results: The serum and primary tissue samples of 37 women (25 CC and 12 AA) undergoing surgery for symptomatic uterine fibroids and recruited to the MGH Gyn Tissue Repository were obtained during the study. With respect to demographic and clinical characteristics, AA patients demonstrated a significantly larger preoperative uterine size compared to CC patients (15 wks vs. 12 wks p < 0.05). There were no differences in miRNA expression in the serum of AA patients compared to CC patients. When compared to their ethnic specific matched control myometrium, 25 miRNA species (10/25 exclusive to AA) were differentially expressed in the fibroids of AA women and 97 miRNA species (82/97 exclusive to CC) were differentially expressed in the fibroids of CC women. There was no statistically significant difference in miRNA expression when comparing fibroids of AA women directly to fibroids of CC women.

Conclusion: In patients with symptomatic uterine fibroids, unique differential miRNA expression signatures have been demonstrated in AA and CC women respectively. Pertinent targets of these miRNA species include genes responsible for smooth muscle proliferation (NOTCH-1), neovascularization (VEGF-A), and extracellular matrix formation (FGF-2, 7). These findings may suggest a role for ethnic specific aberrant miRNA expression in the pathobiology of fibroids and expand our understanding of the possible impact of miRNA expression on ethnic specific disparities in clinical presentation.

Mentor: Bo R. Rueda Ph.D, Associate Professor of Obstetrics, Gynecology, and Reproductive Biology, Harvard Medical School; Director, Vincent Center for Reproductive Biology, Vincent Department of Obstetrics and Gynecology, Massachusetts General Hospital.
Ninth Annual Junior Investigators’ Health Disparities and Research Poster Session

Thursday, May 9, 2013

1. Presenter: Alyssa Adams
   Harvard School of Dental Medicine
   Co-Authors: Na'eel Cajee; Jungsuk Cho; Lisa Simon
   Title: *Homeless Women’s Experiences with and Attitudes towards Cervical Cancer Screening in the United States*

2. Presenter: Inez Adams, PhD
   Harvard School of Public Health
   Co-Authors: Monica Bharel, MPH, MD; Adrianna Saada, MPH; Emely Santiago; Eve Wittenberg, PhD
   Title: *Particularizing the Disparities of an American Indian Tribe and Making Oral Health Relevant and Sensitive To Systemic Health*

3. Presenter: Stephanie Bellinger
   University of Massachusetts Boston
   Co-Authors: Seema Bag, PhD; Chandra Yelleswarapu, PhD; Samir Laoui; Jonathan Rochford, PhD
   Title: *BODIPY and Curcumin Inspired Photoacoustic Imaging Contrast Agents*

4. Presenter: Seth A. Berkowitz, MD
   Massachusetts General Hospital and Harvard Medical School
   Co-Authors: Jeffrey M. Ashburner, MPH; Sanja Percac-Lima, MD, PhD; Yuchiao Chang, PhD; Steven J. Atlas, MD, MPH
   Title: *Advanced Population Management: Can it Decrease Colorectal Cancer Screening Inequity?*

5. Presenter: Cabral A. Bigman, PhD
   Harvard School of Public Health and Dana-Farber Cancer Institute
   Co-Authors: Rebekah Nagler, PhD; K. Vish Viswanath, PhD
   Title: *Resonance of U.S. Cigarette Graphic Warning Labels among Vulnerable Populations in the Greater Boston Area*

6. Presenter: Na'eel Cajee
   Harvard School of Dental Medicine
   Co-Authors: Jungsuk Cho; Allysa Adams; Lisa Simon
   Title: *Building Trust and Balancing Expectations: A Campus-Community-Hospital Collaboration to Address Oral Health Disparities*

7. Presenter: Jungsuk Cho
   Harvard School of Dental Medicine
   Co-Authors: Na'eel Cajee; Lisa Simon; Allysa Adams
   Title: *Mentoring To Mentor: Designing Mentorship into a Sustainable Program to Address Oral Health Disparities Longitudinally*

8. Presenter: William Curry, MD
   Massachusetts General Hospital
   Co-Authors: Ramana Gorrepati; Matthias Piesche, PhD; Pankaj Agarwalla, MD; Tetsuro Sasada, MD, PhD; Alona Muzikansky, MA; Glenn Dranoff, MD
   Title: *Vaccination of Recurrent Malignant Glioma Patients with Irradiated Autologous Tumor Cells Mixed with GM-K562 Cells Drives T-Lymphocyte Activation and Humoral Antitumor Immunity*
9. Presenter: Chandra Jackson, PhD, MS  
Harvard School of Public Health  
Co-Authors: Moyses Szkllo, MD, DrPH; Nae-Yuh Wang, PhD; Hsin-Chieh Yeh, PhD; Frederick Brancati, MD, MHS  
Title: *Black-White Disparities in Overweight and Obesity Trends by Educational Attainment in the United States, 1997-2008*  

10. Presenter: Chandra Jackson, PhD, MS  
Harvard School of Public Health  
Co-Authors: Susan Redline, MD; Frank B. Hu, MD, PhD; Ichiro Kawachi, MD, PhD  
Title: *Short Sleep Duration by Industry of Occupation among Blacks and Whites*  

11. Presenter: Sudha Jayaraman, MD, MSc  
Brigham and Women's Hospital  
Co-Authors: Jean Claude Byiringiro, MD, MMED, MCS; Woon Cho Kim, MPH; Jacques Irakiza; Jean Paul Mvukiyehe; Zeta Mutabazi; Selwyn O. Rogers Jr., MD, MPH, FACS; Robert Riviello, MD, MPH; Georges Ntakiyiruta, MMED, FCS; Patrick Kyamanywa, MMED, MPH, FCS, FHEA  
Title: *Comparative Injury Mortality: Kigali, Rwanda vs. US*  

12. Presenter: Sudha Jayaraman, MD, MSc  
Brigham and Women's Hospital  
Co-Authors: Woon Cho Kim, MPH; Jean Claude Byiringiro, MD, MMED, MCS; Jacques Irakiza; Jean Paul Mvukiyehe; Zeta Mutabazi; Selwyn O. Rogers Jr., MD, MPH, FACS; Robert Riviello, MD, MPH; Georges Ntakiyiruta, MMED, FCS; Patrick Kyamanywa, MMED, MPH, FCS, FHEA  
Title: *Injury Mortality at a Tertiary Hospital in Kigali, Rwanda*  

13. Presenter: Gabriel Fabreau, MD  
Brigham and Women's Hospital  
Co-Authors: William Ghali, MD, MPH; Alexander Leung, MD, MPH; John Ayanian, MD, MPP  
Title: *Socioeconomic Status, Location of Residence and Access to Coronary Angiography in the Context of Universal Healthcare Coverage*  

14. Presenter: Rose M. Kakoza, MD  
Harvard Medical School  
Co-Authors: Thomas D. Sequist, MD, MPH  
Title: *The Role of Provider Continuity in Racial Disparities in Chronic Care Outcomes*  

15. Presenter: Victoria Koski-Karell  
Partners in Health  
Co-Authors: Marie Louise Jean-Baptiste, MD; Arlene Katz, EdD; Kermshlise Picard  
Title: *Participating in Diabetes (Care): Confronting Health Disparities through Accompaniment and Community*  

16. Presenter: Tariana Little  
University of Massachusetts Medical School  
Co-Authors: Maria Idali Torres, PhD; Aline Gubrium, PhD  
Title: *Latino Parents’ Views of Their Roles as Sex Educators*  

17. Presenter: Heidi Liu  
Harvard University  
Co-Authors: Cindy H. Liu, PhD  
Title: *What Determines WIC Enrollment Among Those Who Are Eligible?*
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<th>Presenter:</th>
<th>Linda Marc, ScD, MPH</th>
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<td>Co-Authors:</td>
<td>Jean-Guy Honore, MD; Gabriel Thimothe, MD, MPH; Patrick Nejuste; Jean-Ronald Cornely, MD</td>
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<td>Title:</td>
<td><em>Barriers to HIV Prophylaxis following Sexual Violence in Haiti</em></td>
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<td>Co-Authors:</td>
<td>Leah Zallman, MD, MPH; Dave Himmelstein, MD; Steffie Woolhandler, MD, MPH; David Bor, MD; Danny McCormick, MD, MPH</td>
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<td>Title:</td>
<td><em>Physician Race and the Care of Medically Disadvantaged Patients: A Nationally Representative Analysis</em></td>
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<td>Co-Authors:</td>
<td>Lisa Lehmann, MD, PhD, MSc</td>
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<td>Title:</td>
<td><em>Ambulatory Patients’ Comfort Participating in Medical Error Prevention</em></td>
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<td>Co-Authors:</td>
<td>Benjamin Cook, PhD, MPH</td>
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<td>Title:</td>
<td><em>Racial/Ethnic Disparities in Parkinson Disease Patient Care in the United States: 1997-2010 Medical Expenditure Panel Survey</em></td>
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<td>Co-Authors:</td>
<td>Jeffrey Linder, MD, MPH</td>
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<td><em>Racial Differences in Cancer Screening with Electronic Health Records and Electronic Preventive Care Reminders</em></td>
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<td>Co-Authors:</td>
<td>Edward Tronick, PhD; Celia L. Moore, PhD</td>
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<td>Title:</td>
<td><em>Health Disparities in Biological and Perceived Chronic Stress: Protections and Vulnerabilities</em></td>
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<td>Arthur Barsky, MD</td>
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<td><em>Racial Differences in Lifestyle and Behavioral Risk Factors in a Large Cohort of Women at Risk for Late-Life Depression</em></td>
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<td><em>Island Dentistry: A Needs Assessment for an American Indian/Native American Nation on Martha's Vineyard</em></td>
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<th>Presenter:</th>
<th>Darryl Somayaji, BSN, MSN, PhD</th>
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<td>Dana-Farber Cancer Institute and University of Massachusetts Boston</td>
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<td>Co-Authors:</td>
<td>Kristin Cloyes, PhD, RN</td>
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<td>Title:</td>
<td><em>Social And Historical Race Relationships: Uniting Postcolonial, Discourse and Linguistic Theory to Explore Participation of African Americans in Cancer Research</em></td>
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27. Presenter: Nhi-Ha Trinh, MD, MPH
Massachusetts General Hospital
Co-Authors: Patrick Hagan; Katherine Flaherty, SciD; Lara Traeger, PhD; Aya Inamori
Title: Evaluating Patient Acceptability of a Culturally Focused Psychiatric Consultation Intervention for Depressed Latino Americans

28. Presenter: Meghan L. Underhill, PhD, RN
Dana-Farber Cancer Institute and University of Massachusetts Boston
Co-Authors: Cheryl Crotser, PhD, RN
Title: Seeking Balance: Decision Support Needs of Women without a Cancer Diagnosis with a Known Hereditary Predisposition to Breast and Ovarian Cancer

29. Presenter: Michael Wilson, MD, PhD
Harvard Medical School
Co-Authors: David Cutler, PhD; Sukhjit Takhar, MD
Title: Disparities in Emergency Department Care for Elderly Patients with Acute Myocardial Infarction: An Observational Analysis Using National Medicare Data

30. Presenter: Helen Yang
Harvard School of Dental Medicine
Co-Authors: Viet Nguyen; Sina Hedayatnia; George Chen; Raina Chandiramani
Title: Effectiveness of Integrating Oral Health Care into Diabetic Group Visits: A 3 Month Trial at a Community Health Center

31. Presenter: Leah Zallman, MD, MPH
Cambridge Health Alliance
Co-Authors: Steffie Woolhandler, MD, MPH; David Himmelstein, MD; David Bor, MD; Danny McCormick, MD, MPH
Title: Microvascular Complications of Diabetes and Hypertension among Immigrants

32. Presenter: Libin Zhang, PhD, MS, MA
University of Massachusetts Boston
Co-Authors: Tim F. Liao, PhD; Laura L. Hayman, PhD, RN, FAAN, FAHA
Title: Community Built Environment and Multilevel Social Determinants of Obesity: Evidence from China

Sponsored by Dana-Farber/Harvard Cancer Center’s Initiative to Eliminate Cancer Disparities and the Harvard Catalyst Program for Faculty Development and Diversity
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<td>Christian Arbelaez, MD, MPH</td>
<td>Associate Director,</td>
<td>Office for Multicultural Faculty Careers</td>
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<td>Rafael Campo, MD</td>
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<td>Teréa J. Carter, MCM</td>
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**DIVERSITY AFFILIATES COMMITTEE**
SPONSORS’ DESCRIPTIONS

Harvard Medical School
Office for Diversity Inclusion and Community Partnership
Minority Faculty Development Program

The Office for Diversity Inclusion and Community Partnership (DCP) at Harvard Medical School (HMS) was established to promote the increased recruitment, retention and advancement of diverse faculty, particularly underrepresented minority (URM) faculty, at HMS and to oversee all diversity and inclusion activities involving HMS faculty, trainees, students and staff. DCP builds and supports partnerships among Harvard Medical School, Harvard School of Dental Medicine, and its affiliated institutions and the community.

DCP’s Minority Faculty Development Program sponsors programs for the development of HMS faculty, with an emphasis on mentoring and leadership, as well as programs that are designed to reach out to the pre-college and college populations with the goal of bringing outstanding, URM students into the pipeline.

DCP’s research and evaluation arm, Converge: Building Inclusion in the Sciences through Research, offers research and technical assistance that lead to national, regional and local strategies that support workforce diversity and inclusion in the biomedical sciences. The Office also acts as a central resource for monitoring faculty development and diversity efforts of the Harvard Catalyst | The Harvard Clinical and Translational Science Center through its Program for Faculty Development and Diversity. In partnership with the Biomedical Science Careers Program, DCP offers programs aimed at providing the encouragement, support and guidance needed for the successful pursuit of careers in biomedical sciences. The Harvard Medical School Center of Excellence in Minority Health and Health Disparities maintains and builds upon existing educational programs that seek to enhance the academic performance of URM students, strengthens efforts to support the cultural competency preparedness of faculty, trainees, and students, and expands current models for URM faculty development and student/faculty research focusing on issues of minority health and health disparities.

For further information, please contact us:
Phone: 617-432-2413   Fax: 617-432-3834   dcp_mfdp@hms.harvard.edu   www.hms.harvard.edu/dcp
The Office for Academic Careers and Faculty Development (ACFD) was established in order to foster and maximize the academic career potential of all Beth Israel Deaconess Medical Center practicing physicians and researchers. This includes helping faculty with MD degrees focused on careers as physician scientists and clinician teachers as well as PhD faculty focused on research aimed at understanding and curing human diseases.

To accomplish this goal, ACFD offers several levels of services:

- A comprehensive curriculum addressing the development and advancement of academic careers. The curriculum covers topics such as: understanding the Harvard Medical School faculty promotion guidelines and process, enhancing leadership skills, conducting effective negotiations, developing and evaluating vitas, writing an NIH biosketch, improving time management skills, preparing for annual performance reviews, achieving work-life balance, leading a meeting/committee, and obtaining K series awards.

- Development of essential resources necessary to develop and enhance one’s career. This includes easy access to web-based tools that can assist faculty with tasks such as identifying funding sources, writing and submitting grants, preparing budgets, and writing manuscripts.

- Linkages to Harvard Medical School Office for Faculty Affairs and to Harvard Catalyst programs.

- One-on-one career consultations.

- Consultations with departmental leadership in order to help strengthen mentoring and career development within individual departments.

- A support system for faculty in preparing promotion packages.

- Maintenance and analysis of up-to-date academic rankings of all BIDMC faculty.

Lastly, ACFD welcomes the opportunity to collaborate with departments and the BIDMC Office of Multicultural Affairs to support the recruitment and academic promotion of underrepresented minority faculty at the medical center.

For more information on ACFD activities please visit the ACFD website: [http://www.bidmc.org/MedicalEducation/AcademicCareersandFacultyDevelopment.aspx](http://www.bidmc.org/MedicalEducation/AcademicCareersandFacultyDevelopment.aspx)
Sponsors’ Descriptions

Beth Israel Deaconess Medical Center
Office of Multicultural Affairs

The Office of Multicultural Affairs at Beth Israel Deaconess Medical Center was created in 2008 to affirm the institution’s longstanding commitment to our growing number of diverse faculty and staff, and to expand its collaborations with its community partners to make health care more responsive to the needs of all the people we serve.

Our society has come a long way since the days when the former Beth Israel Hospital was founded as a premier medical center where the Jewish community, and other groups not welcome at Boston’s renowned hospitals, could receive the same top quality health care. That core mission of openness and nondiscrimination has always guided our work, and has expression today in the Office of Multicultural Affairs.

Our history inspires us to continue our efforts to redress inequalities in the health care system. The Office of Multicultural Affairs will strive to increase the number of under-represented minority physicians in our ranks and to support those who are already our colleagues here, because we recognize that our collective wisdom is richer when it includes and values the experiences of African Americans, Latinos, Native Americans, gay/lesbian/bisexual/transgendered people, and the disabled, who may have faced barriers to entering and staying in the health professions. The Office of Multicultural Affairs also works to inform all in our community about the ongoing disparities in health status affecting people of color, sexual minorities, and the disabled, and to educate about the cross-cultural dynamics that impact on how these groups access and experience health care.

Website: http://www.bidmc.org/MedicalEducation/MulticulturalAffairs.aspx

Boston Children’s Hospital
Office of Faculty Development

The mission of the Office of Faculty Development (OFD) at Boston Children’s Hospital is to recruit and retain the best faculty, facilitate career advancement and satisfaction, and increase leadership opportunities, particularly for women and minorities. The OFD staff includes Faculty Director S. Jean Emans, MD; Administrative Director Maxine Milstein, MBA; Program Coordinator Jill Dobriner, PhD; Medical Education Director Alan Leichtner, MD, MSHPEd; and Diversity and Cultural Competency Council (DCCC) Faculty Director Valerie Ward, MD, MPH. The OFD collaborates with career development offices at six other teaching hospitals (BWH, MGH, BIDMC, DFCI, McLean, and CHA) and HMS Offices for Faculty Affairs and Diversity Inclusion and Community Partnership, through CHADD (Consortium of Harvard-Affiliated Offices for Faculty Development and Diversity) to invite speakers, sponsor events, and develop courses, search committee guidelines, and diversity initiatives. The OFD also collaborates with the Harvard Catalyst to improve training and mentorship opportunities for investigators, by increasing the quality and scope of clinical and translational research resources. The OFD works closely with The Academy at Children’s to foster the continuous improvement of teaching and learning through educational leadership and innovation.
In support of its mission to promote faculty diversity, the OFD has developed a multi-dimensional strategy that encompasses communication strategies; supports a hospital-wide, systemic approach; and fosters academic promotion, professional guidance, and career satisfaction. With sponsorship from Boston Children's Hospital Research Executive Committees, the OFD offers two-year fellowships, awarded annually to junior faculty, including designated slots for under-represented minority faculty or faculty with family responsibilities. OFD also sponsors, with the Children's Human Resources Department, several fellowships to under-represented minority faculty for the Partnership Program, a local organization committed to workplace diversity and inclusion through professional and organizational development. The OFD has taken an active role in developing Children’s DCCC with expanded vision and faculty leadership.

The OFD goals include facilitating communication with faculty through a newsletter (Perspectives), website, Twitter page, and targeted email distribution lists; fostering academic advancement; providing skill building workshops; establishing a climate of success through a mentoring network; promoting excellence in teaching; supporting work/life balance initiatives; promoting diversity and cultural responsiveness; and forging collaborations within Children's and across institutions to develop synergies for pipeline/retention efforts.

For more information, please visit: http://www.bostonchildrens.org/research/ofd

Brigham and Women’s Hospital
Office for Multicultural Faculty Careers
Center for Faculty Development and Diversity

The Office for Multicultural Faculty Careers (OMC) provides hospital-wide leadership and support in the areas of recruitment, retention and advancement of underrepresented minority (URM) faculty, fellows, residents and students. The Office aims to help increase the number of underrepresented minority faculty, fellows, residents, and students at Brigham and Women’s Hospital (BWH), and Harvard Medical School, to enhance their career satisfaction by providing professional development, mentoring and networking activities, and to support the academic promotion of this population.

The OMC is part of the Center for Faculty Development & Diversity (CFDD) at BWH which also includes the Office for Research Careers (ORC) and the Office for Women’s Careers (OWC). The CFDD provides comprehensive strategies and support for career advancement and professional development of all faculty and fellows at Brigham and Women’s Hospital.

For more information, please visit:
http://www.brighamandwomens.org/medical_professionals/career/cfdd/default.aspx
California Endowment Scholars in Health Policy at Harvard University

INTRODUCTION

Established in 2001 with the support of The California Endowment, the program is designed to prepare California’s outstanding physicians, dentists, and mental health providers, particularly underrepresented minority health professionals, for leadership roles in formulating and implementing public health policy in a multicultural and ethnically-diverse society. The California Endowment Scholars in Health Policy at Harvard University is a one-year, full-time, academic degree-granting program designed to create health professional leaders capable of advancing multicultural health interests in the public, nonprofit, and academic sectors. Scholars complete academic work that leads to a Masters in Public Health (MPH) at the Harvard School of Public Health or a Masters in Public Administration (MPA) at the Harvard Kennedy School of Government. The Scholars program includes courses, seminar series, leadership forums, site visits, national conferences, shadowing of public health leaders and a supervised practicum.

GOALS & OBJECTIVES

The purpose of The California Endowment Scholars in Health Policy program is to prepare health professional leaders, particularly underrepresented minority leaders, who will, over time, improve the capacity of the health care system to address the health needs of minority and disadvantaged populations in California. The program has the following goals:

- To provide strong academic training that leads to a Master’s degree in public health and/or in public administration.
- To provide advanced leadership and cultural competence training to scholars.
- To create a network of health professional leaders capable of advancing multicultural health interests in the public, nonprofit, and academic sectors.
- To connect scholars with Harvard senior faculty and California-based professional mentors.
- To provide program graduates with first-hand experience with grantees of The Endowment in the areas of cultural competence, health disparities, health workforce diversity, and access to health care, allowing them to integrate training with practical application in a real-world setting.
- To bring together the faculty and resources of Harvard Medical School, Harvard School of Dental Medicine, Harvard School of Public Health, and the Harvard Kennedy School of Government to provide an enhanced curriculum that addresses issues of health policy and public health practice and multiculturalism.

Requests for further information about the California Endowment Scholars program and/or application materials should be addressed to:

Joan Y. Reede, MD, MPH, MS, MBA
Program Director
The California Endowment Scholars in Health Policy at Harvard University
Harvard Medical School
164 Longwood Avenue
Boston, MA 02115
Telephone: (617) 432-2313

Please visit our website:
http://www.mfdp.med.harvard.edu/fellows_faculty/california_endowment/index.html
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Cambridge Health Alliance
Department of Medicine, Division of Minority Affairs

The Office of Minority Affairs at Cambridge Health Alliance (CHA), a Division of the CHA Department of Medicine, assists in minority recruitment and retention at both the faculty- and house staff-level. This includes mentoring house staff of color, teaching cultural competency to house staff and medical students, and participation in the Harvard Medical School subcommittee on cultural competency curriculum. Cambridge Health Alliance is a regional healthcare system with three hospitals and more than twenty primary care and specialty practices. Based in Cambridge, Somerville, and Boston’s metro-North communities, CHA serves a highly-diverse patient population and is known nationally for cultural competency and its commitment to community-based care.

The Mongan Commonwealth Fund Fellowship
(formerly the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy)

The Mongan Commonwealth Fund Fellowship Program (formerly the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy) is designed to prepare U.S. physicians for leadership roles in transforming health care delivery and promoting health policies and practices to improve access to high quality care for vulnerable populations, including racial and ethnic minorities and economically disadvantaged groups. Up to four one-year, degree-granting fellowships based at Harvard University are awarded yearly, with the potential for an optional second year of practicum experience.

Moving toward a high-performance health care system requires trained, dedicated physician leaders who can transform health care delivery systems and promote policies and practices that improve access to high-quality care and health outcomes for vulnerable populations, including racial and ethnic minorities and economically disadvantaged groups. With the passage of the Affordable Care Act, it is more important than ever that the needs of vulnerable populations be represented by well-trained clinician leaders as the provisions of the new law are implemented. Since 1996, the Mongan Commonwealth Fund Fellowship Program (formerly the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy) has played an important role in developing physician leaders who will address the health needs of vulnerable populations.

Based at Harvard Medical School under the direction of Joan Reede, MD, MPH, MBA, Dean for Diversity and Community Partnership, the year-long fellowship offers intensive study in health policy, public health, and management for physicians committed to transforming delivery systems for vulnerable populations. Fellows also participate in leadership forums and seminars with nationally recognized leaders in health care delivery systems, minority health, and public policy. Under the program, fellows complete academic work leading to a master of public health degree at the Harvard School of Public Health, or a master of public administration degree at the Harvard Kennedy School of Government.

Beginning with the July 2012 entering class, the fellowship program will include an optional second year of practicum experience to supplement the fellows’ academic and leadership development training, with practical experience creating high performance health care for vulnerable populations. Fellows chosen for the second-year practicum will spend one year in a health care delivery system setting, a federal or state
SPONSORS’ DESCRIPTIONS

agency, or a policy-oriented institution. The practicum is a competitive program open to first-year fellows, with a variable number of placements available per year.

A total of 80 fellows have graduated from the program since it began. In 2011–12, five physicians were selected for the fellowship program.

Requests for further information about the Fellowship and/or application materials should be addressed to:

   Joan Y. Reede, MD, MPH, MS, MBA
   Program Director
   The Mongan Commonwealth Fund Fellowship
   Harvard Medical School
   164 Longwood Avenue, 2nd Floor
   Boston, MA 02115
   Phone: (617) 432-2922, Fax: (617) 432-3834, Email: mfdp_cfhuf@hms.harvard.edu

Please visit our Website: http://www.mfdp.med.harvard.edu/fellows_faculty/cfhuf/index.html

Dana-Farber Cancer Institute
Office for Faculty Development

The Dana-Farber Cancer Institute’s Office for Faculty Development (OFD) was launched in 2007, with a mission to strengthen and facilitate the development of Dana-Farber faculty. Key objectives include promoting a work environment that enhances faculty productivity, promotion and retention, and job satisfaction; advancing the career development of all faculty at Dana-Farber; and advocating for the diversity of faculty and faculty leadership.

The OFD focuses on several areas key to faculty development. Mentoring is a the primary objective of the OFD, and several initiatives have been launched in that regard, including a retreat for women faculty and the President’s reception for junior faculty. Building a productive work environment is a core focus for the OFD, and aligns with the Institute’s goal of facilitating the ideal work environment; the Gloria Spivak Faculty Advancement Fund, which provides funding to facilitate the research of faculty members who are at critical junctures in their lives in balancing work and family demands, is a hallmark effort in this arena. Building upon this flagship, the OFD launched Caregiver Travel Awards for junior faculty needing extra caregiving for dependents while travelling to career building conferences.

Supporting career development for DFH faculty is approached through many mechanisms, including working with the OFD Advisory Committee, Committee on Women Faculty and the Clinical Faculty Council, through workshops and seminars, providing information and resources, and encouraging advancement through awards and scholarships. Working with the Faculty Vice President for Academic Affairs, the OFD provides information on promotions and appointments, and works with departments to address specific questions and needs. The OFD strives to communicate with faculty and the Institute at large about professional development endeavors, and to provide leadership and support in all matters related to faculty development.

For more information contact Christine Power, MS, Program Director at christinem_power@dfci.harvard.edu or 617-582-8714.
Sponsors' Descriptions

Dana-Farber/Harvard Cancer Center Initiative to Eliminate Cancer Disparities

Formed in 1997, Dana-Farber/Harvard Cancer Center (DF/HCC) is innovative research collaboration between seven participating institutions, including Beth Israel Deaconess Medical Center, Brigham and Women’s Hospital, Children’s Hospital Boston, Dana-Farber Cancer Institute, Harvard Medical School, Harvard School of Public Health and Massachusetts General Hospital.

A centerpiece of DF/HCC is its Initiative to Eliminate Cancer Disparities (IECD), which was launched in 2001. The IECD was created to provide a centralized and coordinated structure for addressing concerns about cancer disparities. It was among the nation’s first integrated, inter-institutional, multi-pronged approaches for addressing cancer inequities. Its mission has been to support and encourage disparities research in all disciplines and across all DF/HCC member institutions. In order to advance this mission, the IECD has focused on: a) community engagement, b) training, recruitment, and faculty development, c) increasing minority enrollment to cancer clinical trials, and d) enhancing cultural competency throughout DF/HCC institutions and its membership. Cutting across these four areas are the activities of a dedicated staff/support team that is charged with identifying and removing organizational barriers to initiating and sustaining IECD projects.

For more information, please visit: http://www.cancerdisparities.com

Harvard Catalyst Program for Faculty Development and Diversity

Harvard Catalyst brings together the intellectual force, technologies, and clinical expertise of Harvard University and its affiliates and partners to reduce the burden of human illness.

Harvard Catalyst | The Harvard Clinical and Translational Science Center is supported by the National Institutes of Health (NIH) Clinical and Translational Science Award (CTSA) program (grant 8UL1TR000170-05), and with contributions from Harvard University, Harvard Medical School, Harvard School of Public Health, Beth Israel Deaconess Medical Center, Boston Children’s Hospital, Brigham and Women’s Hospital, Dana-Farber Cancer Institute, and Massachusetts General Hospital. The NIH CTSA program is led by the National Center for Advancing Translational Sciences (NCATS). Founded in 2008, Harvard Catalyst is dedicated to improving human health by enabling collaboration and providing tools, training, and technologies to clinical and translational investigators. As a shared enterprise of Harvard University, Harvard Catalyst resources are available to all Harvard faculty, regardless of institutional affiliation or academic degree.

Harvard Catalyst Programs:
- Biomedical Informatics Program
  Bringing data, populations, researchers & tools together to accelerate biomedical research.
- Biostatistics Program
  Providing statistical expertise for clinical & translational investigators.
**SPONSORS’ DESCRIPTIONS**

- **Child Health**
  Addressing clinical & translational research needs associated with child health.
- **Community Health Innovation and Research Program (HC-CHIRP)**
  Innovation & improvement in public health via community engagement & research.
- **Harvard Catalyst Clinical Research Center (HCCRC)**
  Access the resources of five Harvard Catalyst clinical research centers.
- **Health Disparities Research Program**
  Develop cutting-edge research to understand and eliminate health disparities.
- **Pilot & Collaborative Translational & Clinical Studies Program**
  Supporting novel, collaborative research on critical problems in human health.
- **Postgraduate Education in C/T Science Program**
  Comprehensive opportunities for postgraduate clinical & translational education.
- **Program for Faculty Development & Diversity**
  Fostering the growth of a diverse clinical & translational workforce.
- **Regulatory Knowledge & Support Program**
  Helping researchers navigate clinical & translational research regulatory processes.
- **Translational Imaging Program**
  Training and advice on the methods and technologies of medical imaging.
- **Undergraduate & Graduate Education in C/T Science Program**
  Creating an undergraduate & graduate clinical & translational research pipeline.

The **Program for Faculty Development and Diversity (PFDD)** emphasizes the recruitment and retention of a diverse clinical and translational workforce as a top priority throughout Harvard Catalyst governance, programming, training, and resource allocation. Specifically, the program:

- Supports institutional efforts to increase diversity among Harvard faculty and trainees, through annual Faculty Development and Career Development Programs which include lectures and workshops aimed at addressing key career development issues. Topics span: Federal Funding opportunities, Presentation / Communication Skills, Communication/Media Training
- Offers education, mentoring and community-building events aimed at improving the promotion and retention rates among diverse faculty who are conducting clinical and translational research, and improves the cultural competence of all Harvard faculty.
- The PFDD collaborates with faculty development and diversity offices at Harvard Medical School and Harvard-affiliated academic health care centers, and is a member of the Consortium of Harvard Affiliated Offices for Faculty Development and Diversity (CHADD).
- Co-Sponsors the New England Science Symposium (NESS) promotes careers in biomedical science. NESS, offered annually since 2002, provides a national competitive forum for postdoctoral fellows; medical, dental, and graduate students; post-baccalaureates; college and community college students (particularly African-American, Hispanic, and American Indian /
SPONSORS’ DESCRIPTIONS

Alaska Native individuals) involved in biomedical or health-related scientific research, to present their research projects through oral or poster presentations.

CONTACT:

Office for Diversity Inclusion and Community Partnership | Harvard Medical School
164 Longwood Avenue, 2nd Floor
Boston, MA 02115-5818
E-mail: dcp_mfdp@hms.harvard.edu
Phone: (617) 432-7211, Fax: (617) 432-3834

Joan Y. Reede, MD, MPH, MS, MBA
Dean for Diversity and Community Partnership
Director, The Program for Faculty Development and Diversity, CTSC

Carol Martin, MPA
Program Manager, The Program for Faculty Development and Diversity, CTSC

Harvard Catalyst Program for Faculty Development and Diversity (PFDD)
Faculty Fellowship Program

The Harvard Catalyst Program for Faculty Development and Diversity (PFDD) Faculty Fellowship is a two-year, non-degree Faculty Fellowship Program for Harvard junior faculty designed to address faculty need for additional support to conduct clinical and/or translational research and to free junior faculty from clinical and teaching demands at a key point in their career development. Each Faculty Fellow receives $100,000 over a two-year period to support their scholarly efforts. Faculty Fellows are required to devote appropriate time toward the development of their academic career, and to present at the annual Minority Health Policy Meeting.

CONTACT:

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Harvard Medical School
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Boston, MA 02115-5818
E-mail: dcp_mfdp@hms.harvard.edu
Phone: (617) 432-7211
Harvard School of Public Health
Division of Policy Translation and Leadership Development

The Division of Policy Translation and Leadership Development aims to translate scientific knowledge to those individuals in positions that can effect major policy changes, thus improving the public’s health, and to develop a new kind of multinational leadership capacity based on scientific evidence. This is relevant not only to current local, state, national and global figures, but to the leaders of the future – including the students who study at Harvard School of Public Health and those who take our courses from other graduate Schools across Harvard University.

The Division is working to close the gap by building interpersonal networks with high quality videoconferencing capability and exploiting new media channels through programs in The Leadership Studio, our state-of-the-art webcasting and videoconferencing facility. Programs include The Forum at Harvard School of Public Health and Decision-making: Voices from the Field.

The Division also offers ministerial level and executive leadership programs, is developing innovative centers and initiatives, and collaborates with current and former leaders on a local and global stage. This effort is infusing a culture of exchange throughout the School’s academic activities.

Web: http://www.hsph.harvard.edu/policy-translation-leadership/

The Joseph L. Henry Oral Health Fellowship in Minority Health Policy

The Joseph L. Henry Oral Health Fellowship in Minority Health Policy is supported by the Dental Service of Massachusetts/Delta Dental Plan and previously the Health Resources and Services Administration (HRSA) through a cooperative agreement between the Office of Minority Health and Minority Faculty Development Program at Harvard Medical School. The Oral Health Program is a one-year or two-year academic degree-granting program, designed to create oral health leaders, particularly minority oral health leaders, who will pursue careers in health policy, public health practice and academia. The program is intended to incorporate the critical skills taught in schools of public health, government, business, and dental medicine with supervised practicum, leadership forums and seminar series conducted by leading scholars and nationally-recognized leaders in minority health and public policy.

The program is designed to prepare oral health leaders who will, over time, improve the capacity of the health care system to address the health needs of minority and disadvantaged populations. To accomplish this, the program will:

- Provide strong academic training, including a graduate degree, for highly qualified dentists.
- Enhance the leadership ability of dentists, offering them substantive knowledge in health policy and management, while creating a network of oral health leaders capable of advancing successfully among the public, non-profit, and academic sectors.
- Provide each fellow with mentoring by Harvard senior faculty and administrators, and access to national leaders in oral health, health policy and public health practice.
SPONSORS’ DESCRIPTIONS

- Provide firsthand experience in private and public sectors, allowing the fellows to integrate academic leadership training with its practical application in a real world setting.
- Bring together the faculty and resources of Harvard Medical School, Harvard School of Dental Medicine, Harvard School of Public Health, and the Harvard Kennedy School of Government to provide an enhanced curriculum that addresses issues of public health, oral health, health policy and practice — particularly as they relate to minority health issues.
- Utilize resources at Harvard Medical School and Harvard School of Dental Medicine, including the offices of Minority Faculty Development Program, to enhance the networking, career development, and career advancement of participating fellows.

The requirements for Fellows of the Joseph L. Henry Oral Health Fellowship in Minority Health Policy are to complete the course work leading to a graduate degree from the Harvard School of Public Health (HSPH). The Program includes courses, seminars, leadership forums, a research practicum, site visits and mentoring by senior faculty and public health leaders.

Qualifications:
- DDS or DMD and an active dental license required
- Experience with minority health issues
- Interest in public policy and public health
- U.S. citizenship or permanent U.S. residency

Requests for further information about The Joseph L. Henry Oral Health Fellowship in Minority Health Policy, should be addressed to:

Joan Y. Reede, MD, MPH, MS, MBA
Program Director
Harvard Medical School
164 Longwood Avenue, 2nd Floor
Boston, MA 02115-5818
Phone: (617) 432-2313

Web: http://www.mfdp.med.harvard.edu/fellows_faculty/oral_health/about/index.htm
Massachusetts General Hospital
Multicultural Affairs Office
"Promoting excellence through diversity"

Mission

The Multicultural Affairs Office (MAO) promotes increased recruitment, retention and advancement of students, physicians and researchers underrepresented in medicine (URM)* as well as helps develop culturally-competent physicians at Massachusetts General Hospital (MGH). The MGH is one of just a few hospitals in the country that has an independent office devoted to this mission.

MAO's initiatives and programs cover three areas:
- professional leadership and workforce diversity
- multicultural education
- community outreach

MAO works closely with all departments at Mass General to help create a more welcoming environment - a place where students want to learn; residents want to train; and faculty want to stay and advance. We are not only helping translate the growing number of students underrepresented in medicine (URM) into future faculty leaders, but also working to enhance the quality of care for the increasingly diverse communities that MGH serves.

For more information, please visit: [http://www.massgeneral.org/mao/](http://www.massgeneral.org/mao/)

Office for Diversity Inclusion and Community Partnership (DCP)
Faculty Fellowship Program

The Office for Diversity and Community Partnership (DCP) Faculty Fellowship is a two-year, non-degree Faculty Fellowship Program for Harvard Medical School (HMS) junior faculty that enables fellows to pursue activities that enhance their development as researchers and clinicians/teachers, leads to their advancement within the Harvard system, and promotes diversity within the HMS community. The Program provides two years of fellowship support in the amount of $50,000 per year intended to provide release time from clinical work to conduct an individual, mentored research project, participate in Fellowship-related activities, meet regularly with mentors, and present research findings at the annual Minority Health Policy Meeting.

Requests for further information about The DCP Faculty Fellowship Program should be addressed to:

Joan Y. Reede, MD, MPH, MS, MBA  
Program Director  
Harvard Medical School  
164 Longwood Avenue, 2nd Floor  
Boston, MA 02115-5818  
Phone: (617) 432-2413

Terésa J. Carter  
Program Coordinator, MFDP/DCP  
Harvard Medical School  
164 Longwood Avenue, 2nd Floor  
Boston, MA 02115-5818  
Phone: (617) 432-4697

Web: [http://www.mfdp.med.harvard.edu/junior/fellowships.html](http://www.mfdp.med.harvard.edu/junior/fellowships.html)