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Sponsors:

- Beth Israel Deaconess Medical Center
  Office of Diversity, Inclusion, and Career Advancement
- Boston Children’s Hospital
  Office of Faculty Development
- Boston Children’s Hospital
  Office of Health Equity and Inclusion
- Brigham and Women’s Hospital
  Center for Diversity and Inclusion
- Cambridge Health Alliance
  Department of Medicine, Division of Minority Affairs
- The Commonwealth Fund Fellowship in Minority Health Policy at Harvard University
- 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 Inclusion
- Harvard School of Dental Medicine
  Office of Diversity and Inclusion
- Harvard T. H. Chan School of Public Health
  Division of Policy Translation and Leadership Development
- Joseph L. Henry Oral Health Fellowship in Minority Health Policy
- Massachusetts General Hospital
  Center for Diversity and Inclusion
- McLean Hospital
  Office of the Chief Academic Officer

Hosted by:

Harvard Medical School
Office for Diversity Inclusion and Community Partnership
164 Longwood Avenue, 2nd Floor
Boston, Massachusetts 02115
In response to the recent maternal mortality crisis facing vulnerable populations, particularly Black women in the U.S., this session will address maternal mortality issues through the lens of equity, social justice and human rights. Perspectives of health disparities, social determinants, racism and unconscious bias will be discussed through keynote and panel presentations by health professionals, clinicians and community advocates. It is expected the discussions will increase awareness of the current crisis of maternal health facing pregnant women, mothers, and infants who may be disenfranchised and shed light on the importance of intervention, policy, public health, and system approaches to improving maternal health.

11:30 AM  Registration

12:00 – 12:15 PM  Opening Welcome Remarks
Joan Y. Reede, MD, MPH, MS, MBA
Dean for Diversity and Community Partnership; Professor of Medicine, Harvard Medical School; Professor of Society, Human Development and Health, Harvard T.H. Chan School of Public Health

Overview
Alden Landry, MD, MPH
Assistant Professor, Emergency Medicine, Beth Israel Deaconess Medical Center; Assistant Dean, Office for Diversity Inclusion and Community Partnership, Associate Director and Advisor, Castle Society, Harvard Medical School

12:15 – 1:05  Keynote Address
“IT’S BETTER THAN YOU THINK AND WORSE THAN YOU THINK: THE CHALLENGE OF MATERNAL MORTALITY IN THE U.S.”
Eugene Declercq, PhD
Professor, Community Health Sciences; Assistant Dean of Doctoral Education, DrPH Program, Boston University School of Public Health; Professor, Obstetrics and Gynecology, Boston University School of Medicine

1:05 – 2:15  Panel One: Systems Based Interventions
Moderator: Audra R. Meadows, MD, MPH
Instructor, Harvard Medical School; Director of Practice Quality and Innovation in the Ambulatory Obstetrics Practice, Department of Obstetrics, Gynecology and Reproductive Biology, Brigham and Women’s Hospital
Panelists: Rose L. Molina, MD, MPH
Assistant Professor, Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School; Division of Global and Community Health, Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center; Obstetrician-Gynecologist and Ob/Gyn Quality Assurance Lead, The Dimock Center; Associate Faculty, Ariadne Labs

Jacqueline H. Grant, MD, MPH, MPA
Maternal Fetal Medicine Physician and Director, Regional Perinatal Center Piedmont Columbus Regional Health, Columbus, GA

Hafsatou Fifi Diop, MD, MPH
Director, Office of Data Translation, Massachusetts Department of Public Health, Commonwealth of Massachusetts

Discussion: Question and Answer Session

2:15 – 2:25 Break

2:25 – 3:35 Panel Two: Community Based Interventions

Moderator: Samantha E. Kaplan, MD, MPH
Assistant Professor, Department of Obstetrics and Gynecology; Assistant Dean, Diversity and Multicultural Affairs, Boston University School of Medicine; Obstetrician Gynecologist, Boston Medical Center

Panelists: Nneka Hall
Full Spectrum Doula, Pregnancy and Infant Loss (PAIL) Advocate, Quietly United In Loss Together (Q.U.I.L.T.)

Karin Downs, RN, MPH
Director, Division of Pregnancy, Infancy and Early Childhood, Bureau of Family Health and Nutrition, Massachusetts Department of Public Health, Commonwealth of Massachusetts

Dayna Campbell, MS, PhD (candidate)
President, Board of Directors, Mother Woman; Assistant Professor, Public Health Program, School of Health Sciences, American International College; Adjunct Instructor, Foundations of Health Community Health Worker Certificate Program, Holyoke Community College

Discussion: Question and Answer Session

3:35 – 3:50 Response to Panel Discussions

Commentator: Allison Bryant, MD, MPH
Associate Professor of Obstetrics, Gynecology and Reproductive Biology; HMS Vice Chair, Quality Equity and Safety Obstetrics & Gynecology, Obstetrics Gynecology and Reproductive Biology, Massachusetts General Hospital

3:50 Closing Remarks
Alden Landry, MD, MPH
2019 Minority Health Policy Annual Meeting

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

The Minority Health Policy Annual Meeting is designed to expose health professionals, students, residents, staff and individuals from community agencies and organizations to health care and health disparity issues impacting the nation’s most vulnerable populations.

9:00 AM  Registration

9:30 – 9:40  Opening Welcome Remarks
Joan Y. Reede, MD, MPH, MS, MBA
Dean for Diversity and Community Partnership; Professor of Medicine,
Harvard Medical School; Professor of Society, Human Development and Health,
Harvard T.H. Chan School of Public Health

9:40 – 10:55  Faculty Fellow Research Presentations
Moderator:  Kathryn T. Hall, PhD, MPH
Assistant Professor, Harvard Medical School,
Department of Medicine, Brigham and Women’s Hospital

Presenters:
“Using Whole Genome Sequencing for Discovery in Very Early Onset Psychosis”
Catherine A. Brownstein, MPH, PhD
Faculty Fellow, Harvard Medical School Office for Diversity Inclusion and Community Partnership; Assistant Professor, Harvard Medical School, Department of Pediatrics,
Boston Children’s Hospital

“Disparities in Hospital Readmissions: Are We Getting Better?”
Jose F. Figueroa, MD, MPH
Faculty Fellow, Harvard Medical School Office for Diversity Inclusion and Community Partnership; Assistant Professor, Harvard Medical School, Department of Medicine,
Brigham and Women’s Hospital

Lidia Moura, MD, MPH
Faculty Fellow, Harvard Medical School Office for Diversity Inclusion and Community Partnership; Assistant Professor, Harvard Medical School, Department of Neurology,
Massachusetts General Hospital; Director, MGH NeuroValue Lab, Massachusetts General Hospital; Director, Data Coordinating Center, Epilepsy Learning Healthcare System, PCORNet and Epilepsy Foundation

“Structure-Function Analysis of Translation Initiation Using CRISPR/Cas9 in the Human Parasite Leishmania.”
Mélissa Léger-Abraham, PhD
Harvard Catalyst Program for Faculty Development and Diversity Inclusion; Lecturer,
Department of Microbiology and Immunobiology, Harvard Medical School
Commentator: Cheryl R. Clark, MD, ScD
Assistant Professor of Medicine, Harvard Medical School; Director, Health Equity Research and Intervention, Center for Community Health and Health Equity Hospitalist, Hospital Medicine Unit, Division of General Medicine and Primary Care, Brigham and Women’s Hospital

10:55 – 11:05 Break

11:05 – 12:35 Commonwealth Fund Fellows Practicum Presentations

Moderator: Laurie Zephyrin, MD, MPH, MBA
Vice President Health Care Delivery System Reform
The Commonwealth Fund

Presenters:

Creation of a Chatbot Tool for Oncology Patient Management”
Jennifer Parker, MD, PhD
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

“Does the Implementation of Medicare Accountable Care Organizations (ACOs) Reduce Healthcare Disparities Among Patients Treated for Spinal Fractures?”
Shaina Lipa, MD
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

“Public Charge: A Threat to Public Health”
Nusheen Ameenuddin, MD, MPH
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

“Neighborhood Segregation and Access to Buprenorphine for Opioid Use Disorder in Pregnant Women in Camden County, New Jersey”
Shantel Hébert-Magee, MD
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

“Targeting Behavioral Health Gaps Among Latinos in Los Angeles County”
Daniel Gonzalez, MD
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

Commentator: Laurie Zephyrin, MD, MPH, MBA

12:35 Closing Remarks
Joan Y. Reede, MD, MPH, MS, MBA
Digital technologies have transformed how people globally communicate, socialize, learn, work, and increasingly intersect with the healthcare system. From Health Information Technologies (HIT), to wireless gateways and connectivity, biosensors and wearable personal technology, to precision medicine, mHealth, and Artificial Intelligence (AI), these are just a few of the ways 21st century technologies are making our lives better, moving health care toward a patient-centric model. Providers and stakeholders are using digital health to reduce inefficiencies, improve access, reduce cost, and increase quality. Patients and consumers can use digital health to better manage and track their health and wellness related activities. During our Annual Health Equity Symposium, panelists will share how innovative digital tools can improve health, health care, and a rapidly changing healthcare system. Additionally, we will elaborate ways in which providers, payers, and policymakers engage individuals, families, and communities to maximize opportunities to close disparity gaps and influence health equity with digital health technologies.

There are four learning objectives for participants: (1) Understand their role in leveraging digital health technologies to eliminate disparities; (2) Identify cultural, environmental, and social issues that must be addressed in an era of digital health; (3) Define opportunities and challenges for policy implementation; (4) Articulate areas for study and research exploring the use of digital technologies to close disparity gaps and influence health equity.

1:00 – 1:10 Opening Welcome Remarks
Mary E. Fleming, MD, MPH
President, The Reede Scholars

1:10 – 2:10 Luncheon Keynote
Jonathan Woodson, MD
Director, Institute for Health System Innovation & Policy, Boston University (BU);
Larz Anderson Professor in Management and Professor of the Practice,
BU Questrom School of Business; Professor of Surgery, BU School of Medicine;
Professor of Health Law, Policy, and Management, BU School of Public Health

2:10 – 2:20 Break

2:20 – 5:00 10th Annual Health Equity Symposium
“Digital Health: Advancing Health Equity”

Moderator: Mary E. Fleming, MD, MPH
Panelists:

Jonathan Woodson, MD
Rhea Boyd, MD, MPH
Pediatrician and Child & Community Health Advocate,
Palo Alto Medical Foundation; Director of Equity and Justice,
The California Children’s Trust; Chief Medical Officer, San Diego 211

Sally Ann Frank, BS, MS, MBA
Healthcare IoT Advisor, Microsoft’s Global Black Belt team

Wilson Wang, MD, MPH, MPA
Founder & CEO, Walking Doctors Inc.; Pediatric Hospitalist, NYU Langone Health; Attending Physician, Pediatric Emergency Department, NYC Health + Hospitals;
Adjunct Professor, NYU College of Global Public Health
Career Development Training: Time Management

Ballard Room, Countway Library of Medicine
Harvard Medical School
10 Shattuck Street, Boston, MA

Making the most out of each hour of your day is a constant challenge; people and technology compete relentlessly for our attention and it can feel like too much to do and not enough time to do it. Although you can’t get more hours in the day, you can take control of your focus to decide what to do and when to do it. In this highly participative, high energy, practice based workshop, participants learn the fundamentals of time management: understanding the value of your most important tasks, eliminating time wasters, and using proven time techniques to get the most significant results in your day.

Seize the moment with new time and focus habits and an action plan for immediate use.

There are three learning objectives for participants:
- Evaluate your current focus and use of time to improve your productivity by minimizing low-value activities.
- Mindfully plan each day’s activities using your chosen prioritization technique and scheduling system.
- Apply proven productivity habits to leverage your time and focus for maximum impact to your performance.

9:15 AM
Registration

9:30 – 9:35
Opening Welcome Remarks
Joan Y. Reede, MD, MPH, MS, MBA
Dean for Diversity and Community Partnership; Professor of Medicine, Harvard Medical School; Professor in the Department of Social and Behavioral Sciences, Harvard T.H. Chan School of Public Health

9:35 – 11:35
Training: Time Management

Lydia A. Shrier, MD, MPH
Associate Professor of Pediatrics, Harvard Medical School;
Senior Associate in Medicine, Division of Adolescent/Young Adult Medicine, Boston Children’s Hospital

Judith Zola, MBA
Director, Organizational Learning and Performance Development
Boston Children’s Hospital

9:35 – 11:35
Closing Remarks
Joan Y. Reede, MD, MPH, MS, MBA
**Eugene Declercq, PhD**
Professor, Community Health Sciences; Assistant Dean of Doctoral Education, DrPH Program, Boston University School of Public Health; Professor, Obstetrics and Gynecology, Boston University School of Medicine

Dr. Declercq is Professor of Community Health Sciences and Assistant Dean for DrPH Education at the Boston University School of Public Health and professor on the faculty of Obstetrics and Gynecology at the Boston University School of Medicine. He has served as lead author of national reports on women’s experiences in childbirth entitled *Listening to Mothers I, II & III and New Mothers Speak Out* and is the founder of the website www.birthbythenumbers.org. He is a member of the Massachusetts Maternal Mortality Review Committee and is a recipient of the Martha May Eliot Award from the American Public Health Association for service to maternal and child health in the U.S.

**Jonathan Woodson, MD**
Director, Institute for Health System Innovation & Policy, Boston University (BU); Larz Anderson Professor in Management and Professor of the Practice, BU Questrom School of Business; Professor of Surgery, BU School of Medicine; Professor of Health Law, Policy, and Management, BU School of Public Health

Dr. Jonathan Woodson leads Boston University’s University-wide Institute for Health System Innovation and Policy. He is a Larz Anderson Professor in Management and Professor of the Practice at the Questrom School of Business, and holds joint appointments as Professor of Surgery at the School of Medicine and Professor of Health Law, Policy, and Management at the School of Public Health.

Dr. Woodson served from 2010 to 2016 as Assistant Secretary of Defense for Health Affairs in the United States Department of Defense (DoD). He was the principal advisor to the Secretary of Defense for all health and force health protection related issues, and ensured the effective execution of the DoD medical mission. He exercised authority, direction, and control over the Defense Health Agency, Uniformed Services University of the Health Sciences, Armed Forces Radiobiology Research Institute, Defense Center of Excellence for Psychological Health and Traumatic Brain Injury, and the Tricare Health Plan—responsible for servicing 9.5 million beneficiaries. His organization provided and maintained medical readiness for the medical services including during military operations, those held in control of the military services, and those entitled to Tricare.
Nusheen Ameenuddin, MD, MPH
Commonwealth Fund Fellow in Minority Health Policy at Harvard University
Harvard Medical School

Dr. Nusheen Ameenuddin is currently an Assistant Professor and Consultant (tenured staff physician) in the Division of Community Pediatric and Adolescent Medicine, Department of Pediatrics, at the Mayo Clinic, Rochester, MN. Previously, she was a pediatrician at MeritCare Clinic and a full-time active medical staff in pediatrics at North Country Regional Hospital, Bemidji, MN. She is most passionate about advocating for underserved populations and immigrant populations who face significant barriers to healthcare, including language, health literacy and transportation. In response to the recent measles outbreak in Minnesota, Dr. Ameenuddin participated in a vaccine education outreach as part of a joint effort between the Minnesota Department of Health and the state’s chapter of the American Academy of Pediatrics, traveling to Somali mosques to educate and vaccinate. These efforts halted the spread of measles before any deaths occurred. She has also taken to social media with the #KeepKidsCovered Twitter video campaign she helped spearhead in response to efforts to repeal the Affordable Care Act. Dr. Ameenuddin received her medical degree in 2002 and her MPH degree in 1998 from the University of Kansas Medical Center, Kansas City, KS. She completed a residency in pediatric and adolescent medicine at Mayo School of Graduate Medical Education, Mayo Clinic, in 2005.

Rhea W. Boyd, MD, MPH, FAAP ‘17
Pediatrician and Child and Community Health Advocate, Palo Alto Medical Foundation; Director of Equity and Justice, The California Children’s Trust
Chief Medical Officer, San Diego

Dr. Rhea Boyd is a pediatrician and child and community health advocate who lives and works in the San Francisco Bay Area. She works clinically at the Palo Alto Medical Foundation and serves as the Chief Medical Officer of San Diego 211 and the Director of Equity and Justice for, The Children's Trust, a campaign to expand behavioral health access to every child in California. She travels to teach students and trainees about the relationship between structural inequity and health and is active in the American Academy of Pediatrics (AAP), serving on the board of her local chapter, California Chapter 1, and as a member of the AAP’s national Executive Committee on Communications and Media.

In addition to her clinical, policy, and teaching work, Dr. Boyd enjoys participating in community-based advocacy. Over the past 5 years, she helped organize a group of public health officials, clinicians community advocates, and funders to evaluate and address the impact of harmful police practices and policies on child and public health. She also worked with a San Francisco-based tech non-profit to increase access to social services across the Bay Area as a means to improving child and community health. Dr. Boyd is the author of the blog Rhea.MD (rheamd.wordpress.com), where she critically engages the intersections of health and justice. She is also active on twitter @RheaBoydMD.

Dr. Boyd graduated cum laude with a B.A. in Africana Studies and Health from the University of Notre Dame. She earned a M.D. at Vanderbilt University School of Medicine and completed her pediatric residency at University of California, San Francisco, where she participated in the Pediatric Leadership for the Underserved Program. In 2017, Dr. Boyd graduated from the Commonwealth Fund Mongan Minority Health Policy Fellowship at Harvard University’s School of Public Health where she received an M.P.H.
Catherine A. Brownstein, MPH, PhD
Faculty Fellow, Harvard Medical School Office for Diversity Inclusion and Community Partnership; Assistant Professor, Harvard Medical School, Department of Pediatrics, Boston Children’s Hospital

Dr. Brownstein is a Research Associate in Genetics and Genomics, Assistant Professor in Pediatrics, and the Manager of the Molecular Genetics Core Facility at Boston Children’s Hospital. As the Scientific Director for the Manton Center for Orphan Disease Research Gene Discovery Core, Dr. Brownstein has been instrumental in the elucidation of several new disease genes for conditions such as intellectual disability, nemaline myopathy, very early onset psychosis, SIDS, and hypophosphatemic rickets. She was recently named the Associate Director of the new Early Psychosis Intervention Center at BCH, which is dedicated to understanding, identifying and treating children and adolescents with psychotic disorders.

Allison Bryant, MD, MPH
Associate Professor of Obstetrics, Gynecology and Reproductive Biology; HMS Vice Chair, Quality Equity and Safety Obstetrics & Gynecology, Obstetrics Gynecology and Reproductive Biology, Massachusetts General Hospital

Dr. Allison Bryant is an Associate Professor of Obstetrics, Gynecology and Reproductive Sciences at Harvard Medical School. She received degrees in biology, public health and medicine from Harvard University, where she also completed training in Obstetrics and Gynecology and fellowships in Maternal/Fetal Medicine and the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy. She was a member of the faculty at the University of California, San Francisco from 2005 to 2010 and served on the advisory board of California’s Black Infant Health Program and the San Francisco Department of Health Women’s Health Advisory Board. She returned to Massachusetts General Hospital in 2010 where she is now the Vice Chair for Quality, Equity and Safety in the Department of Obstetrics and Gynecology a role she has designed to underscore the critical role of equity in care quality for all patients served by the department and the hospital more broadly. She currently serves as a member of several regional and national women’s health and equity improvement efforts such as the Massachusetts Department of Public Health’s Perinatal Advisory Committee and Maternal Mortality Review Committees, ACOG’s Committee on Obstetric Practice and the Society of Maternal Fetal Medicine’s Disparities and Workforce Diversity Task Force. She was the lead author on the revision of ACOG’s Committee Opinion on Racial and Ethnic Disparities in Obstetrics and Gynecology, and was a co-author on the Alliance for Innovation in Maternal Health’s Reducing Peripartum Disparities Safety Bundle. Her research and policy work has explored disparities in obstetric care and outcomes in low-income and minority women, including those in unintended pregnancy, interconception care and birth spacing, uptake of prenatal screening and testing and cesarean delivery, among others.
Dayna Campbell, MS, PhD (candidate)
President, Board of Directors, Mother Woman; Assistant Professor, Public Health Program, School of Health Sciences, American International College; Adjunct Instructor, Foundations of Health Community Health Worker Certificate Program, Holyoke Community College

Dayna Campbell is an Assistant Professor at American International College in the School of Health Sciences, Public Health program in Springfield and Adjunct Instructor at Holyoke Community College in the Foundations of Health Community Health Worker certificate program. She is also the current President of the Board of Directors and acting Executive Director of Motherwoman. Dayna has spent the last two decades training future public health professionals, especially in the areas of population health, health education and promotion, and program planning and development. Dayna is an experienced lecturer, trainer and researcher in the areas of diversity and inclusion, cultural humility, culturally responsive planning and evaluation and disparities in health status and outcomes. Women’s health has dominated her research agenda, particularly as it relates to reproductive and pregnancy outcomes.

She received her Master of Science degree in Health Education, Promotion and Behavior from the University of South Carolina and is currently completing her doctoral degree in Health Services, Policy and Management at the same institution. She serves on the Advisory Committee and Photovoice workgroup of Mama’s VOICE, a community-based participatory research project in Springfield designed to assess the health and wellness needs of mothers of color. Originally from Amherst, MA, Dayna spent more than 20 years in South Carolina.

Cheryl R. Clark, MD, ScD
Assistant Professor of Medicine, Harvard Medical School; Director, Health Equity Research & Intervention, Center for Community Health and Health Equity Hospitalist, Hospital Medicine Unit, Division of General Medicine and Primary Care, Brigham and Women’s Hospital

Dr. Clark is a Hospitalist and researcher in Brigham and Women’s Hospital Division of General Medicine and Primary Care, and Director of Health Equity Research & Intervention in the Center for Community Health and Health Equity at the BWH.

Dr. Clark’s research focuses on social determinants of healthy aging and racial and ethnic disparities in health care utilization in aging populations. She is the principal investigator of an award from the National Institutes of Aging to understand the social determinants of cardiometabolic factors in aging populations. Dr. Clark has found that there is geographic variation in early risk factors for atherosclerosis among middle-aged and elderly women in the Women’s Health Study. Dr. Clark is currently investigating social determinants of cardiometabolic risks in midlife and aging populations; and also has expertise in community based participatory research methods in application to cancer screening behaviors in middle-aged and elderly African American populations.

Dr. Clark is currently a member of the Massachusetts Advisory Council to the Health Policy Commission, where she advises the Council on health disparities related to cost containment efforts in Massachusetts. She is the recipient of the 2006 Brigham and Women’s Minority Career Development Award, the 2006 Golden Stethoscope Award for excellence in teaching, the 2009 H. Richard Nesson Fellowship in Community Health,
the 2010 REACH partner award, the 2014-2016 Kaiser Permanente Burch Minority Leadership Award, the 2014 BWH Pillar Award for Research Community Service, and the 2014-2016 DICP Faculty Fellowship.

**Hafsatou Fifi Diop, MD, MPH**  
Director, Office of Data Translation, Massachusetts Department of Public Health, Commonwealth of Massachusetts

Dr. Hafsatou Diop is the Office of Data Translation Director at the Massachusetts Department of Public Health. She serves as the State Maternal and Child Health (MCH) Epidemiologist and the Pregnancy Risk Assessment Monitoring System (PRAMS) Program Director. Dr. Diop is also the Director for the Massachusetts Pregnancy to Early Life Longitudinal (PELL) project. She completed the 21st International Course of Epidemiology held at the Center for Research (INSERM) in Paris and did her field practicum at the Head Quarters of the World Health Organization in Geneva, Switzerland in 1996. She received her Masters of Public Health degree with concentration in MCH in 2000 from the University of Honolulu, Hawaii.

**Karin Downs, RN, MS, MPH**  
Director, Division of Pregnancy, Infancy and Early Childhood, Bureau of Family Health and Nutrition, Massachusetts Department of Public Health, Commonwealth of Massachusetts

Karin Downs is the MCH Director for Title V Programs in Massachusetts and serves as the Director of the Division of Pregnancy, Infancy and Early Childhood (DPIE) within the Bureau of Family Health and Nutrition at the Massachusetts Department of Public Health. Ms. Downs has worked with maternal-child health, systems of care, community and family economic development and relief and reconstruction in Massachusetts and internationally for over 40 years. She received a BA in Anthropology from Carleton College in Minnesota, an MS in Nursing from Pace University in New York and a Masters in Public Health from Boston University. She received the Distinguished MCH Alumni Award from Boston University School of Public Health and completed a fellowship at the Maternal Child Health – Public Health Leadership Institute (MCH-PHLI) at the UNC Chapel Hill.

Throughout her career her focus has been on providing support to women and their families to ensure optimal health and economic outcomes and to address social factors that contribute to maternal mortality and morbidity. Her professional goal is to work on strengthening a system of care and directly address social and racial justice to dismantle structural systems to ensure that all women and their families receive the support they need to thrive in safe, stable, nurturing environments and communities.
Jose F. Figueroa, MD, MPH
Faculty Fellow, Harvard Medical School Office for Diversity Inclusion and Community partnership; Assistant Professor, Harvard Medical School, Department of Medicine, Brigham and Women’s Hospital

Dr. Jose F. Figueroa is an Assistant Professor of Medicine at Harvard Medical School and an Associate Physician at Brigham & Women’s Hospital. He graduated from Harvard Medical School and the Harvard School of Public Health with a concentration in health policy. He completed his residency in Internal Medicine at the Brigham & Women’s Hospital, where he now works as a Hospitalist and the Faculty Director of the BWH Residency Management & Leadership Pathway. His research focuses on understanding the impact of policies on spending and quality of care for complex, vulnerable populations, including racial and ethnic minorities, frail older adults, and people with serious mental illness.

Mary E. Fleming, MD, MPH, FACOG
President, The Reede Scholars

Dr. Mary E. Fleming is an ardent champion of health equity. As President of The Reede Scholars, (2014- present) she convened the first Reede Scholars Leadership Retreats in 2018 and 2019. The Retreats were convened to develop strategies for collective action among the Scholars to address health equity and social justice.

She completed her medical degree at Vanderbilt University School of Medicine and her residency in Obstetrics and Gynecology at Meharry Medical College. Due to her interests in eradicating health inequities and improving healthcare for the underserved, she matriculated to Harvard Medical School as a Commonwealth Fund Fellow in Minority Health Policy at Harvard University where she also obtained a Masters in Public Health. She practiced in Norristown, PA for four years before deciding to transition to a full-time locum tenens physician. In this capacity, she has worked in several states across the country. This practice model also allowed her to travel to Kenya for six months to volunteer with Our Lady of Lourdes Mission Hospital in Mutomo.

An international traveller, Fleming currently serves as a clinical Ob/Gyn in shortage areas in the northeast region. She continues to explore avenues to grow her skill set to serve the vulnerable populations of this country and globally. Follow her blog @ nomadobgyn.com

Sally Ann Frank, BS, MBA
Healthcare IoT Advisor, Microsoft

Sally Ann Frank, Healthcare IoT Advisor | Global Black Belt Team | Americas. As part of Microsoft’s Global Black Belt team, Sally (@sallyafrank) helps healthcare companies use IoT to improve patient outcomes and efficiency. With more than 20 years in the technology industry, she helps providers, payers, medical device, pharmaceutical and life sciences companies use IoT, machine learning, predictive analytics and artificial intelligence to meet the changing demands of the healthcare industry. Focused on business outcomes, Sally has been advising
customers about IoT for more than 5 years, starting in the manufacturing sector before focusing on healthcare. She holds an MBA from The George Washington University (Washington, DC), an MS in Systems Management from the University of Southern California and a BS in Marketing and Computer Science from Virginia Tech.

Daniel Gonzalez, MD  
Commonwealth Fund Fellow in Minority Health Policy at Harvard University  
Harvard Medical School

Dr. Daniel A. Gonzalez was most recently the Adult Psychiatry Chief Resident and a Clinical Fellow at Cambridge Health Alliance, Harvard Medical School. He has been a service leader on both the Latino Mental Health Clinic and the Gender and Sexuality Clinic and Consultation Service at Cambridge Health Alliance. From 2006-2010, he served as a Research Associate and an Outreach Educator at Fenway Health, a Boston-based community health center whose mission is to enhance the wellbeing of all lesbian, gay, bisexual and transgender communities, as well as people in the local neighborhoods and beyond, through access to the highest quality health care, education, research and advocacy. Dr. Gonzalez is most interested in improving the quality of behavioral health care and patient experience for LGBTQ+ Latinx patient populations. His clinical interests include intersectionality research, LGBTQ+ Latinx mental health advocacy, minority health policy, resilience-focused interventions, and wellness promotion. Dr. Gonzalez received his medical degree from Geisinger Commonwealth School of Medicine (formerly known as The Commonwealth Medical College), Scranton, PA in 2014.

Jacqueline H. Grant, MD, MPH, MPA  
Maternal Fetal Medicine Physician and Director, Regional Perinatal Center  
Piedmont Columbus Regional Health, Columbus, GA

Dr. Jacqueline Grant is a practicing Maternal-Fetal Medicine specialist and serves as the Regional Perinatal Center Director in Columbus, Georgia. She received a master of public administration degree from Harvard University, master of public health degree from the University of Alabama in Birmingham, and a doctor of medicine degree from Morehouse School of Medicine. She completed an Obstetrics and Gynecology residency and Maternal-Fetal Medicine fellowship at Emory University and the University of North Carolina at Chapel Hill, respectively.

For more than 25 years, Dr. Grant has devoted her life to improving access to quality healthcare for low-income women. During her ten-year tenure as the Georgia Southwest Health District Director, she was instrumental in implementing Georgia’s first Public Health-administered CenteringPregnancy® program, which provides group prenatal care and Maternal-Fetal Medicine telemedicine services to low-income urban African-American and rural Hispanic women from 16 counties. As a result, Dr. Grant was the recipient of the Georgia Department of Public Health’s Excellence in Prenatal and Reproductive Health Award in 2015 and the Georgia Perinatal Association’s 2012 Tae Rae Dismuke Award. Dr. Grant is happily married to her high school sweetheart, Steve, and has two adult sons and two grandchildren.
Kathryn T. Hall, PhD, MPH
Assistant Professor, Harvard Medical School,
Department of Medicine, Brigham and Women’s Hospital

Dr. Kathryn Hall is Associate Molecular Biologist and Assistant Professor in the Division of Preventive Medicine at Brigham and Women’s Hospital and Director of Placebo Genetics in the Program in Placebo Studies at Harvard Medical School (HMS). After receiving her PhD in Microbiology and Molecular Genetics from Harvard University, she spent 10 years in the biotech industry tackling problems in drug discovery and development, first at Wyeth (now Pfizer) and then at Millennium Pharmaceuticals (now Takeda), where she became an Associate Director of Drug Development. Dr. Hall returned to HMS in 2010, joining the Fellowship in Integrative Medicine at Beth Israel Deaconess Medical Center in 2012, and receiving a Master’s in Public Health from Harvard T.H. Chan School of Public Health in 2014. Dr. Hall was the 2015 Harvard Catalyst Program for Faculty Development and Diversity Inclusion (PPFDD) faculty fellow and is the 2019 BWH Minority Faculty Career Development Awardee.

Dr. Hall’s recent research has focused on catechol-O-methyltransferase (COMT), an enzyme that metabolizes catecholamines such as dopamine and epinephrine and that has pleiotropic effects in a broad set of diseases and treatments, including cardiovascular disease and cancer. Among her accomplishments is a landmark paper identifying COMT as one of the first genetic markers of placebo response, a publication in JCI Insight on the placebo genetic network or placebome. She was recently awarded a Radcliffe Exploratory Program grant which supported the groundbreaking Placebome in Clinical Trials and Medicine Conference in 2019. Her research has been the focus of numerous articles including features on BBC and in Science, The Atlantic, New York Times, The Economist and Discover magazines. Dr. Hall also has a Masters in Documentary Film from Emerson College.

Nneka Hall
Full Spectrum Doula, Pregnancy and Infant Loss (PAIL) Advocate,
Quietly United In Loss Together (Q.U.I.L.T.)

Nneka Hall is the mother of four (two Sunshines ages 18 and 13, an Angel baby who would be 8 and a Rainbow who is 4). She is a whole woman advocate who provides in person and virtual support to women through any life phase. She is a Pregnancy and Infant Loss Awareness Advocate with a primary focus on infant and maternal mortality within the African American Community. She is a Full Spectrum Doula, International Bereavement Specialist, a Community Centered Herbalist, and a Womb Health Advocate.

June 2016 Nneka had the pleasure of being selected, due to her work in the pregnancy and infant loss community, to participate in the US of Women's Summit as a Nominated Change Maker. The Summit hosts were former First Lady Michelle Obama and Oprah Winfrey. She is a member of Vital Village, Boston’s Community Action Network, Boston’s Breastfeeding Coalition and This Is My Brave. In January 2019, Nneka was one of the people featured in the This Is My Brave documentary.
Shantel Hébert-Magee, MD
Commonwealth Fund Fellow in Minority Health Policy at Harvard University
Harvard Medical School

Dr. Shantel Hébert-Magee was most recently a Cytopathologist and Associate Professor of Pathology, Affiliated Faculty at the University of Central Florida College of Medicine. As the founding Director of Academic Pathology at the Center for Interventional Endoscopy, Florida Hospital, Orlando, FL she brought a vision of academic medicine to community practice. She has focused her clinical-effectiveness and device-development research on addressing early detection and diagnosis of pancreaticobiliary malignancy working collaboratively with academic, community, and industry partners. Her global health initiatives focused on early detection of pancreatic cancer have been conducted in Asia, Europe, and South America. Prior to joining the faculty at UCF, Dr. Hébert-Magee was an Assistant Professor at the University of Alabama at Birmingham and Associate Scientist in the UAB Comprehensive Cancer Center. She was a 2011 Charles Barkley Health Disparities Research Awardee and Minority Health Disparities Research Training Scholar. She has authored more than 50 peer-reviewed publications, editorials, white papers, and book chapters. In 2015, she launched Under the Scope Foundation, a 501c3 using microscopy and pathology to mitigate the sociobehavioral and environmental factors associated with pancreatic cancer in underserved communities. Dr. Hébert-Magee’s calling to public health dates back to her teen years in her hometown of New Orleans, where she worked on initiatives around the city’s teen HIV incidence rate. A future project would combine her interest in cultural consumption patterns, chronic diseases, and cancer as a result of socioeconomic inequalities. Dr. Hébert-Magee received her medical degree from Georgetown University School of Medicine in 2005. She also completed her Anatomic and Clinical Pathology residency as Chief Resident at Georgetown in 2009. She completed a Translational Research Fellowship in Pathology at the National Cancer Institute in 2010 and Cytopathology Fellowship at UAB in 2011.

Samantha E. Kaplan, MD, MPH
Assistant Professor, Department of Obstetrics and Gynecology; Assistant Dean, Diversity and Multicultural Affairs, Boston University School of Medicine; Obstetrician Gynecologist, Boston Medical Center

Dr. Samantha E. Kaplan is a Board Certified Obstetrician Gynecologist and Assistant Professor at Boston University School of Medicine. She received her medical degree from the University of Virginia and completed her residency training at the University of Rochester, Strong Memorial Hospital. She received her Masters in Public Health from Harvard University through the Commonwealth Fund Harvard University Fellowship for Minority Health policy. Dr. Kaplan joined the medical staff and faculty at Boston University Medical Campus in 2001.

Prior to completing her medical education, Dr. Kaplan worked as a fundraiser at First Nations Development Institute, Fredricksburg, VA, a non-profit organization dedicated to supporting culturally consistent Native American indigenous economic development, and served on the Board of Directors at the Washington Free Clinic, Washington, DC. Dr. Kaplan’s clinical interest is the practice of General Obstetrics and Gynecology with emphasis on adolescent care and the disparities apparent in both gynecologic and obstetric health outcomes. While at Boston University Medical Campus, she has been consistently involved in medical
education at the undergraduate and graduate level. Currently, Dr. Kaplan has an interest in the impact racially and culturally concordant care has on health disparities. Directly related is her focus on increased diversity in the physician workforce, training and educational programs. She is the Director of the Early Medical School Selection Program at Boston University School of Medicine.

Alden Landry, MD, MPH
Assistant Professor, Emergency Medicine, Beth Israel Deaconess Medical Center; Assistant Dean, Office for Diversity Inclusion and Community Partnership, Associate Director and Advisor, Castle Society, Harvard Medical School

Dr. Landry is an Assistant Professor of Emergency Medicine physician at Beth Israel Deaconess Medical Center, Assistant Dean for the Office for Diversity Inclusion and Community Partnership, Associate Director and Advisor for William B. Castle Society, and Director of Health Equity Education at Harvard Medical School. He also serves as Senior Faculty at the Disparities Solutions Center at Massachusetts General Hospital and is the founder and co-director of the non-profit organization Motivating Pathways. He strives to lead efforts for the Department of Emergency Medicine, the hospital and the medical school, that will address health disparities and improve quality of care for the most disenfranchised.

In addition to his clinical interests, Dr. Landry is involved in research on Emergency Department utilization trends, disparities in care and quality of care. He also co-instructs a course at the Harvard T.H. Chan School of Public Health and teaches cultural competency to residents and physicians. Dr. Landry promotes careers in the health professions to under-represented minorities and mentors, scores of pre-medical students, medical students, residents, fellows and junior faculty. Dr. Landry also leads the Tour for Diversity in Medicine, (www.tour4diversity.org) an effort to increase the number of underrepresented minorities in medicine, dentistry, and other biomedical careers.

Dr. Landry has been recognized by his peers and colleagues as a leader in health equity and social justice. He has received numerous awards for his public health work and efforts to promote health care workforce diversity. He was recently awarded the Outstanding Academician Award by the Academy for Diversity and Inclusion in Emergency Medicine of the Society of Academic Emergency Medicine and the Albert Frechette Award from the Massachusetts Public Health Association.

Dr. Landry received his Bachelor of Science degree from Prairie View A&M University in 2002 and his medical degree from the University of Alabama in 2006. He completed his residency in Emergency Medicine at the Beth Israel Deaconess Medical Center in 2009. In 2010, he earned a Master’s in Public Health degree from the Harvard T.H. Chan School of Public Health and completed the Commonwealth Fund Fellowship in Minority Health Policy at Harvard University. He received the Disparities Solutions Center/Aetna Fellow in Health Disparities award in 2010-2011.
Mélissa Léger-Abraham, PhD
Harvard Catalyst Program for Faculty Development and Diversity Inclusion;
Lecturer, Harvard Medical School, Department of Microbiology

Dr. Mélissa Léger-Abraham is a Lecturer at the Blavatnik Institute|Harvard Medical School in
the Department of Microbiology. Her research focuses on understanding structural basis for
protein translation in parasites that cause two important human diseases, Leishmaniasis and Malaria.

Dr. Léger-Abraham was born in Montreal, Canada. She is the daughter of a French-Canadian father and a
Haitian mother. She obtained her PhD in Biochemistry at the Université de Montréal. She conducted her
postdoctoral studies in the laboratory of Professor Gerhard Wagner at Harvard Medical School. Her research
combines techniques in molecular biology (including CRISPR/Cas9 genome editing), protein biochemistry, and
structural biology (X-ray crystallography and nuclear magnetic resonance). Her goal is to identify and
structurally characterize key components in parasites protein translation machinery to develop a new class of
specific anti-parasitic agents.

Shaina Lipa, MD
Commonwealth Fund Fellow in Minority Health Policy at Harvard University
Harvard Medical School

Dr. Shaina Lipa most recently completed her Orthopaedic Residency in the Harvard
Combined Orthopaedic Residency Program in Boston, MA. She is also the Vice Chair of the
Massachusetts General Hospital Center for Diversity Inclusion Resident and Fellow Committee. Dr. Lipa is
dedicated to the improvement of health and healthcare disparities, with a particular need for advocacy in
orthopaedic surgery. She aspires to improve musculoskeletal health and the healthcare disparities that
women, African Americans, and Hispanics face with regard to more severe arthritis and functional limitations.
She has a long history of involvement with the Student National Medical Association, serving as University of
California, San Francisco (UCSF) chapter president and several regional leadership positions. She has
mentored young men and women in pipeline programs, such as the Physicians Medical Forum’s “Doctors On
Board Program,” whose mission is to encourage more African American/Black students to become physicians.

She was a recipient of the National Medical Fellowship Community Service-Learning Program, where she led
an intervention program for women at high risk for violence. Dr. Lipa received her medical degree with
distinction from the UCSF School of Medicine in 2014. During medical school, she participated in the Visiting
Clerkship Program in the Office for Diversity Inclusion and Community Partnership at Harvard Medical School.

Audra R. Meadows, MD, MPH
Instructor, Harvard Medical School; Director of Practice Quality and Innovation in the
Ambulatory Obstetrics Practice, Department of Obstetrics, Gynecology and Reproductive
Biology, Brigham and Women’s Hospital

Dr. Meadows cares for women before, during and after pregnancy to ensure positive
pregnancy and birth experiences. As an Obstetrician and Gynecologist at The Brigham and Women’s Hospital
and faculty at Harvard Medical School, Dr. Meadows teaches residents and medical students and devotes time to prenatal care practice innovation and advocacy. Her clinical, public health and policy initiatives aim to prevent preterm birth and infant mortality, achieve health equity and create value. At BWH, she is the Director of Practice Quality and Innovation in the Ambulatory Obstetrics Practice. In Massachusetts, Dr. Meadows holds leadership roles with the Massachusetts Perinatal Quality Collaborative (MPQC) and PNQIN (the Perinatal Neonatal Quality Improvement Network of Massachusetts).

Dr. Meadows completed the Commonwealth Fund Harvard University Fellowship in Minority Health Policy at Harvard Medical School and obtained a Master of Public Health from the Harvard School of Public Health in 2008.

**Rose L. Molina, MD, MPH**
Assistant Professor, Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School; Division of Global and Community Health, Department of Obstetrics and Gynecology, Beth Israel Deaconess Medical Center; Obstetrician-Gynecologist and Ob/Gyn Quality Assurance Lead, The Dimock Center; Associate Faculty, Ariadne Labs

Dr. Molina is an Assistant Professor of Obstetrics, Gynecology and Reproductive Biology at Harvard Medical School. She completed the Global Women’s Health Fellowship at Brigham and Women’s Hospital and obtained a Master of Public Health in Clinical Effectiveness from the Harvard T.H. Chan School of Public Health. She works as a board-certified obstetrician-gynecologist at The Dimock Center, a federally qualified community health center in Roxbury, and Beth Israel Deaconess Medical Center. She is also the Faculty Director of the Medical Language Program at Harvard Medical School and the Director of the Diversity, Inclusion & Advocacy Committee in the obstetrics and gynecology department at BIDMC.

Dr. Molina works as Associate Faculty at Ariadne Labs to design, test and spread solutions to ensure that every woman receives appropriate, safe, and respectful care during pregnancy and childbirth with a focus on equity. Her current research focuses on reducing racial/ethnic inequities and improving shared decision-making in pregnancy care. Her current advocacy work seeks to advance access to language-concordant and culturally-humble health care for all, especially undocumented immigrants in the United States. To this end, she conducts asylum evaluations with Physicians for Human Rights and the HMS/MGH Asylum Clinic. Dr. Molina also serves as a Women's Health Advisor for Partners In Health in Chiapas, Mexico, an organization she has worked with since 2008.

**Lidia Moura, MD, MPH**
Assistant Professor, Harvard Medical School, Department of Neurology
Massachusetts General Hospital

Dr. Lidia Moura is a neurologist and health services researcher in the Department of Neurology at MGH and Assistant Professor of Neurology at Harvard Medical School. At the MGH, she completed a research fellowship in clinical trials, a two-year clinical fellowship in Clinical Neurophysiology and Epilepsy and a one-year clinical fellowship in Advanced General/Autoimmune Neurology to focus on the care of patients with multiple clinical needs. She holds a
Master’s Degree in Public Health from the Harvard T.H. Chan School of Public Health (HSPH) with a concentration in Clinical Effectiveness. She is a PhD student in Population Health Sciences (Epidemiology) at the HSPH and the Harvard Graduate School of Arts and Sciences. Her work has been primarily sponsored by the Harvard University (Harvard Catalyst and Diversity Inclusion and Community Partnership program), and The National Institutes of Health (National Institute of Aging – Career Development Award). Dr. Moura’s studies combine the use of medical records, registries, patient-reported surveys and large automated data sets to assess care quality and efficiency in neurology. With strong collaborations at the MGH Mongan Institute for Health Policy and the HSPH, Dr. Moura brings clinical, behavioral and economic perspectives to the NeuroValue lab.

Jennifer Parker, MD, PhD
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

Dr. Jennifer Parker was most recently Chief Resident in Radiation Oncology at Northwestern Memorial Hospital/Northwestern Feinberg School of Medicine, Chicago, IL. Previously, she was a Diagnostic Radiation Resident at Yale New Haven Hospital. While still early in her career, Dr. Parker has conducted breast and cervical cancer clinical research and has presented at national meetings. She has been an active member of SNMA for over a decade, serving on the local, regional, and national levels and last served as National Vice-President of SNMA from 2011-2012. For the past few years Dr. Parker has served as President of Northwestern McGaw Underrepresented Residents and Fellows Forum, an organization committed to increasing and retaining diversity in medicine and advocating for the practice of socially aware and culturally competent medicine. She also works closely with the Graduate Medical Education Office on recruitment of those underrepresented in medicine. Dr. Parker is committed to serving the needs of racial and ethnic minorities, elderly patients, immigrants and other vulnerable populations who often present with more advanced disease and who exhibit less understanding of their diagnosis and its significance. Her goal, through the policy implementation process, is to coordinate integrated care across hospital systems and to ultimately improve health care delivery. Dr. Parker earned her Ph.D. in Chemical and Systems Biology from the Medical Scientist Training Program in 2011, and received her medical degree in 2012, both from Stanford University School of Medicine, Stanford, CA.

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

Dr. Reede is the Dean for Diversity and Community Partnership and Professor of Medicine at Harvard Medical School (HMS). Dr. Reede also holds appointments as Professor in the Department of Social and Behavioral Sciences at the Harvard T.H. Chan 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, women, LGBT, and faculty with disabilities at 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; program director of the Faculty Diversity Program of the Harvard Catalyst/The Harvard Clinical and Translational Science Center, and chair of the HMS Task Force on Diversity and Inclusion.

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, and the Advisory Committee to the Deputy Director for Intramural Research of the National Institutes of Health. Some of her past affiliations include the Steering Committee and Task Force for the Annual Biomedical Research Conference for Minority Students (ABRCMS); past co-chair of the Bias Review Committee of the Advisory Committee to the NIH Director’s Working Group on Diversity; the Association of American Medical Colleges Careers in Medicine Committee (AAMC); past chair of the AAMC Group on Diversity and Inclusion (GDI). Dr. Reede served on the editorial board of the American Journal of Public Health, and she was the guest editor for the AAMC 2012 special issue, “Diversity and Inclusion in Academic Medicine” of Academic Medicine. She is a past chair of the National Academy of Medicine’s Interest Group 08 on Health of Populations/Health Disparities. In 2018, Dr. Reede was appointed to the National Advisory Council on Minority Health and Health Disparities (NACMHD).

Dr. Reede is an authority in the area of workforce development and diversity. Her colleagues and mentees have recognized her with a number of awards that include the Herbert W. Nickens Award from AAMC and the Society of General Medicine in 2005; election to the National Academy of Medicine in 2009; the 2011 Diversity Award from the Association of University Professors; and in 2012 she was the recipient of an Elizabeth Hurlock Beckman Trust Award. In 2013 she received an Exemplar STEM Award from the Urban Education Institute at North Carolina A & T University in Greensboro, North Carolina, and in 2015, she was the Distinguished Woman Scientist and Scholar ADVANCE Lecturer at the University of Maryland School of Public Health. Dr. Reede was recognized by her medical school classmates as a recipient of The Mount Sinai Alumni Association and Icahn School of Medicine 2015 Jacobi Medallion for extraordinary leaders in health care, and in 2017 she was nominated by her peers, and received a Harvard T. H. Chan School of Public Health Alumni Award.

Lydia A. Shrier, MD, MPH
Associate Professor of Pediatrics, Harvard Medical School; Senior Associate in Medicine, Division of Adolescent/Youth Adult Medicine, Boston Children’s Hospital

Dr. Lydia A. Shrier is Senior Associate in Medicine with the Division of Adolescent/Young Adult Medicine of Boston Children’s Hospital and an Associate Professor of Pediatrics at Harvard Medical School. She is board-certified in Adolescent Medicine, having completed a fellowship at Boston Children’s Hospital in 1996. She received her Master’s degree in Public Health from the Harvard School of Public Health in 1997. She is a Fellow of the Society for Adolescent Health and Medicine.

Dr. Shrier leads a program of adolescent health research using electronic devices for frequent momentary assessment of and intervention on emotional states, social contexts, and risk behaviors in vivo. She has developed interventions to reduce cannabis use in youth and to reduce sexual risk behavior in young women with depression, both of which couples brief, clinic-based, motivational counseling with momentary assessment and intervention. She also developed the Safer Sex Intervention to reduce sexual risk behavior.
among high-risk female adolescents and young adults, which has been replicated in sites across the US. Dr. Shrier directs clinic-based research in the Adolescent/Young Adult Medical Practice at Boston Children’s Hospital, where she has overseen the conduct of numerous clinical studies. She maintains an active clinical practice in primary and specialty adolescent care.

**Wilson Wang, MD, MPH, MPA**

Founder & CEO, Walking Doctors Inc.; Pediatric Hospitalist, NYU Langone Health; Attending Physician, Pediatric Emergency Department, NYC Health + Hospitals; Adjunct Professor, NYU College of Global Public Health

Dr. Wilson Wang is based out of New York City. He is the Founder & CEO of Walking Doctors, a cloud-based software company that helps doctors in low and middle-income settings make faster more accurate decisions. Wilson developed expertise in health sector behavior change and organizational management through clinical, policy, and programmatic interests. For five years he lived abroad in Rwanda, Liberia and Indonesia building health systems through non-profit and governmental partnerships. Wilson worked as Legislative Assistant for Health in the U.S. Senate, as Medical Director in Harlem’s Public Health Office, and attends at NYU and New York City H&H Hospitals. He teaches at NYU's College of Global Public Health. Wilson trained as a pediatrician at Children's Hospital Oakland. He earned an MPH from UC Berkeley and an MPA from Harvard's Kennedy School as part of a Commonwealth Fund - California Endowment Minority Health Scholars collaborative. He is a Robert Wood Johnson Culture of Health Leader.

**Laurie Zephyrin MD, MPH, MBA**

Vice President Health Care Delivery System Reform
The Commonwealth Fund

Dr. Laurie Zephyrin joined the Commonwealth Fund in 2019 as Vice President, Health Care Delivery System Reform where she leads the Vulnerable Populations portfolio. Dr. Zephyrin has extensive experience leading the vision, design, and delivery of innovative health care models across national health systems. From 2009-2018, she was the first National Director of the Reproductive Health Program at the Department of Veterans Affairs spearheading the strategic vision and leading systems change through the implementation of evidence-based policies and programs to improve the health of women veterans nationwide. In 2016-2017, she served as Acting Assistant Deputy Under Secretary for Health for Community Care, and later in 2017, as Acting Deputy Under Secretary for Health for Community Care. While directing the VA’s Community Care program, a key component of VA’s high-performance network with an operating budget of over $13 billion, Dr. Zephyrin spearheaded efforts to implement legislation, develop internal governance structures, and address patient outcomes through system-wide optimization of care delivery. As part of the leadership team, she also represented VA before Congress and other internal and external stakeholders. Dr. Zephyrin is a board-certified clinician. She is a Clinical Assistant Professor of Obstetrics and Gynecology at NYU Langone School of Medicine (2013-present) and was previously an Assistant Professor at Columbia University, College of Physicians and Surgeons (2007-2012). She earned her M.D. from the New York University School of Medicine, M.B.A. and M.P.H. from Johns Hopkins University, and B.S. in Biomedical Sciences from the City College of New York. She completed her residency training at
Harvard’s Integrated Residency Program at Brigham and Women’s Hospital and Massachusetts General Hospital.

Judith Zola, MBA
Director, Organizational Learning and Performance Development,
Boston Children’s Hospital

Judith is a dynamic and results-driven learning and development professional with extensive experience in the design, delivery, evaluation and implementation of large scale, complex learning processes across North America. She is an articulate and engaging communicator, recognized as a creative problem solver and a highly effective, cross-functional team leader.

Judith is currently the director of organizational learning and professional development at Boston Children’s Hospital, where she has worked for the last three years. There, Judith provides strategic leadership to a team of 8 learning and development consultants and technical trainers. She is responsible for management and oversight of enterprise-wide learning program implementation including communication, marketing and coordinating. She leads the design, creation, evaluation and implementation of leadership curriculum for all managers and staff.

Prior to Boston Children’s Hospital, Judith spent a bulk of her career at Sodexo. She managed learning teams throughout North America. Judith has a MBA from Babson College, and a BA in Music from Vassar College. Judith has three amazing children, and in her spare time she is the president of her synagogue in Lexington, MA.
Presenter: Catherine A Brownstein, PhD, MPH
Harvard Medical School Office for Diversity Inclusion and Community Partnership Faculty Fellow

Project title: “Using whole genome sequencing for discovery in Very Early Onset Psychosis”

Background: Though the typical onset for psychotic disorders is in early adulthood, approximately 20% of cases have their initial psychotic episode prior to 18 years of age. Early psychosis is typically defined as symptom onset before the age 18 and very early onset psychosis (VEOP) defines those who have experienced psychotic symptoms at or before 13 years of age. These symptoms can occur within the context of childhood onset schizophrenia, bipolar disorder with psychotic features, depression, obsessive compulsive disorder, etc. VEOP is viewed as a more severe form of the condition when compared to adolescent and adult onset psychosis, and is associated with a greater number of hospitalizations, lower cognitive function, high levels of comorbidity, and poorer long-term prognoses.

Objective: To elucidate genetic factors contributing to VEOP in patients at Boston Children’s Hospital and identify novel targets for future study.

Methods: After enrollment in the Manton Center for Orphan Disease Research Gene Discovery Core, whole genome sequencing was performed on the patients and both parents (when available). FASTQs were aligned by Codified Genomics, WuXi Nextcode, and/or Fabric Genomics.

Results: Boston Children’s Hospital is home to one of the few existing programs that is equipped to care for severe psychiatric disorders such as VEOP. Our research team has enrolled approximately 140 participants with VEOP and 350 of their family members. 106 participants have been analyzed so far. 11 of the 106 probands (10.4%) were found to have one of the 11 copy number variants (CNV) associated with schizophrenia with genome wide significance. Our 10.4% rate of CNVs in the VEOP cohort was higher than the reported 0.6% rate in adult controls (p<0.00001) and the 1.9% rate in schizophrenic patients (p<0.00001) in a recent case control study of over 20,000 patients with Schizophrenia and over 20,000 controls. We also identified several novel gene candidates for VEOP, including TRRAP, CMIP, and RCL1.

Conclusion: This markedly increased burden of CNVs associated with schizophrenia in the VEOP population supports the hypothesis that VEOP is associated with a much higher rate of rare penetrant genetic mutations than typical adolescent-young adult onset schizophrenia. Additionally, the study of rare and severe Mendelian forms of more common conditions is an effective way to discover new and potentially actionable gene candidates.

Future Work: The overarching goal of our research is that continued investigation of the root causes of VEOP will result in improved treatment options such as novel therapeutics and, in turn, improved outcomes for patients and their families.

Mentor: Joseph Gonzalez-Heydrich MD, Associate Professor of Psychiatry, Boston Children’s Hospital, Harvard Medical School
Presenter: Jose F. Figueroa, MD, MPH
Harvard Medical School Office for Diversity Inclusion and Community Partnership Faculty Fellow

Project title: “Disparities in Hospital Readmissions: Are We Getting Better?”

Background: Recently, the federal government began financially penalizing hospitals for higher-than-expected readmissions with the introduction of the Hospital Readmissions Reduction Program (HRRP). Historically, minority patients, and the hospitals that serve them, have had much higher rates of hospital readmissions. Therefore, there were serious concerns that the HRRP may have potential deleterious effects on minority populations.

Objective: Our goals were to 1) determine the effect of the HRRP policy on disparities in hospital readmissions between black and white patients, and 2) disparities between the hospitals that serve a high proportion of black patients (minority-serving hospitals—MSHs) versus other non-MSHs.

Methods: We used national Medicare data from 2007 to 2014. We then performed an interrupted-time series with three time periods (1: before the announcement of the HRRP policy, 2: the HRRP implementation phase, and 3: the HRRP penalty phase) to compare trends in risk-adjusted 30-day readmission rates of the HRRP targeted conditions (congestive heart failure, acute myocardial infarction, and pneumonia) between black and white patients. We also compared rates of readmissions between MSHs, defined as the top 10% of hospitals with the highest proportion of black patient admissions, and non-MSHs. In a separate study, using a national survey of US hospitals, we examined whether there were meaningful differences in the barriers faced and strategies used to reduce readmissions between MSHs vs. non-MSHs.

Results: Our sample included 5,643,038 white patients and 646,187 black patients admitted with one of three targeted conditions. Black patients were younger, more likely female, and had higher rates of comorbidities compared to white patients. During period two (the HRRP implementation phase), we found that readmission rates improved for both black and white patients, though with a significantly greater decline among black patients than among white patients, over period one (before the HRRP was announced). In period three, (the HRRP penalty phase), readmission improvements slowed for both black and white patients compared to period two. Following a similar pattern, MSHs saw greater reductions in readmissions compared to non-MSHs. Despite the narrowing, gaps persisted by race and by MSH status, and therefore, the risk of MSHs receiving HRRP financial penalties did not change over time. In our national survey, we found that MSHs report more patient and community-related barriers compared to non-MSHs. However, MSHs are also less likely to use readmission-reduction strategies compared to non-MSHs.

Conclusion: Disparities in hospital readmissions are improving over time. However, gaps in readmissions persist, and as a result, MSHs are disproportionately more likely to receive hospital penalties than other hospitals. The fact that MSHs report more barriers yet use fewer readmission-reduction strategies is likely playing a major role in these disparities.

Mentor: Ashish K. Jha, MD, MPH, K.T. Li Professor of Global Health, Harvard T.H. Chan School of Public Health; Professor of Medicine, Harvard Medical School
Presenter: Lidia Moura, MD, MPH
Harvard Medical School Office for Diversity Inclusion and Community Partnership Faculty Fellow


Background: Medications to treat seizures (i.e., anticonvulsants) carry serious adverse effects (AEs). Anticonvulsant use has increased recently, particularly among patients who do not have seizures. There is limited information on the frequency of anticonvulsant AEs in real-world settings overall or among individuals with or without a diagnosis of epilepsy.

Objective: To examine patterns of anticonvulsant use and potentially associated AEs as documented in the electronic health records of elderly Medicare beneficiaries with or without an epilepsy diagnosis.

Methods: A neurologist reviewed detailed electronic health records between 01/01/2012 and 12/31/2014 from a stratified random sample of Medicare beneficiaries aged 65 years or older. The neurologist adjudicated epilepsy status, anticonvulsant use, development of AEs, clinical severity of AEs, and indications for anticonvulsant use. Indications were categorized as epilepsy, psychiatric, pain, off-label, other, or unknown. We then reconstructed the dataset using inverse probability weighting and estimated the cumulative incidence of AEs among beneficiaries with or without an epilepsy diagnosis who were prescribed anticonvulsants.

Results: Among the 20,621 eligible subjects, 5,096 (25%) were prescribed at least one anticonvulsant during the study period. Only 8% of all anticonvulsant users had epilepsy, and indications for anticonvulsant use varied considerably across individual medications. AEs were common among all patients on anticonvulsant therapy and were most frequently associated with phenytoin (37%), carbamazepine (40%), and levetiracetam (28%). AEs were common regardless of epilepsy diagnosis (e.g., 21% on carbamazepine and 36% on levetiracetam among epilepsy patients; 54% on carbamazepine and 24% on levetiracetam among non-epilepsy patients). Furthermore, several medications had life-threatening AEs (e.g., altered mental status, Stevens-Johnson syndrome). Notably, 14% of levetiracetam users and 11% of gabapentin users had a life-threatening AE.

Conclusion: Clinically significant AEs are common among patients aged 65 years or older who receive anticonvulsant therapy. Many Medicare beneficiaries could be receiving anticonvulsants without clear evidence-based indications for use and may be at high risk for developing serious therapy-related complications.

Mentor: John Hsu, MD, MBA, Associate Professor of Medicine, Massachusetts General Hospital, Harvard Medical School
Presenter: Mélissa Léger-Abraham, PhD
Harvard Catalyst Program for Faculty Development and Diversity Inclusion Faculty Fellow

Project title: “Structure-Function Analysis of Translation Initiation Using CRISPR/Cas9 in the Human Parasite Leishmania”

Background: Protozoan parasites of the genus Leishmania include about 20 species that are spread in 98 countries, and that are pathogenic to humans. They cause about 1 million new cases of leishmaniasis annually, with three major clinical forms determined by the infecting parasite species. The most severe form (e.g., kala-azar or visceral leishmaniasis) is lethal if untreated. Few therapies are available, but significant side effects and parasite resistance limit their effectiveness. Leishmaniasis is currently listed by the World Health Organization as a neglected tropical disease for which the development of new treatments is a priority.

Protein synthesis is well characterized in mammalian cells. A crucial step includes the recognition of the cap-structure located at the 5’ end of messenger RNAs (mRNAs) by the cap-binding protein (eIF4E), which ultimately coordinates (through its interaction with other translation factors) the recruitment of the small ribosomal subunit. While small molecules that inhibit this step have been identified and were later shown to have anti-cancer activity, until recently, little is known about the equivalent process in Leishmania.

Objective: The goal of this research project is to validate translation initiation factors in parasites, in particular, messenger RNA cap-binding proteins, as potential targets for specific anti-parasitic drugs against Leishmaniasis.

Methods: We use a combination of biophysical techniques (NMR spectroscopy, X-ray crystallography) along with approaches in cell biology (including CRISPR/Cas9 genome editing) to study how these proteins orchestrate translation initiation in parasites.

Results: We report the X-ray crystal structure of the Leishmania cap-binding isoform 1, LeishIF4E-1, bound to a protein fragment of previously unknown function, Leish4E-IP1, that binds tightly to LeishIF4E-1. The molecular structure, coupled to NMR spectroscopy experiments and in vitro cap-binding assays, reveal that Leish4E-IP1 allosterically destabilizes the binding of LeishIF4E-1 to the 5’ mRNA cap. CRISPR/Cas9 experiments suggest that LeishIF4E-1 is not essential in Leishmania, indicating that other Leishmania cap-binding isoform could supplement the function of LeishIF4E-1.

Conclusion: We propose mechanisms through which Leish4E-IP1-mediated LeishIF4E-1 inhibition could regulate translation initiation in the human parasite. The information garnered from our work could lead to the development of a novel class of safe and effective drugs that target translation initiation to exert their antiparasitic activity.

Mentor: Gerhard Wagner, Ph.D., Elkan Rogers Blout Professor of Biological Chemistry and Molecular Pharmacology at the Blavatnik Institute, Harvard Medical School
Presenter: Nusheen Ameenuddin, MD, MPH, FAAP  
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

Project title: “Public Charge: A Threat to Public Health”

Background: The public charge rule was conceived of centuries ago in an effort to limit immigration of “undesirables” to the US. It evolved into its more current form after the passage of welfare reform in 1996, limiting benefits that legal immigrants could access upon arrival and eliminating some benefits for undocumented immigrants. The impetus for public charge stemmed from the idea that new immigrants should be able to prove self-sufficiency in the US rather than relying on welfare and other public benefits. In October 2018, DHS proposed expanding the current form of public charge to make non-cash benefits like Medicaid and food stamps potential factors that could weigh negatively in immigrants’ green card and citizenship applications. Before a rule can go into effect as law, there must be a 60-day comment period for the public to share individual comments and selected organizations to provide formal analytical statements. The proposed rule forces immigrants to make a choice between accessing public benefits that they are entitled to and having a less complicated path to citizenship. However, forgoing medical, food or housing benefits can exacerbate financial insecurity, which erodes the safety net that limits children and families in need from falling through the cracks, which is poor policy for public health.

The purpose of this project is to examine both potential direct and indirect effects of the proposed expansion of public charge by looking at historical precedent, estimates using the Manatt Tool and a completing a literature review.

Objectives: 1. To examine the impact of proposed public charge rule expansion on immigrants in the US. 2. To contribute to Health Law Advocates’ (HLA) formal analysis and official submission of the impact to the Department of Homeland Security (DHS).

Methods: 1. Performed a literature review and examine historical precedent to analyze direct and indirect impacts of public charge rule expansion 2. Applied and compared projections of indirect impacts of using the Manatt Tool 3. Prepared a document summarizing the literature and projections of indirect impacts that was incorporated into a formal submission by HLA to DHS.

Results: The creation of a formal analysis by HLA that was submitted to DHS during the public comment period. Among over 200,000 individual comments, selected advocacy organizations were also tasked with providing formal comments. HLA submitted an analysis to DHS, which is currently reviewing all comments and analyses before determining how to proceed with the proposed rule expansion.

Future Directions: 1. Publish educational material on impacts of public charge to educate and engage the public in advocacy for immigrants 2. Work closely with immigrant rights groups to look at alternative ways to meet needs

Preceptor: Justin Lowe, JD, Health Law Advocates, Boston, MA

Preceptor: Justin Lowe, JD, Health Law Advocates, Boston, MA
Presenter: Daniel A. Gonzalez, MD  
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

Project Title: “Targeting Behavioral Health Gaps among Latinos in Los Angeles County”

Background: Common behavioral health conditions among Latino communities include major depression, generalized anxiety disorder, posttraumatic stress disorder (PTSD) and alcohol use disorder. While Latino communities show similar susceptibility to behavioral health disorders as the general population, Latinos experience significant inequities in access to treatment and in the quality of care received. This inequity places Latinos at a higher risk for more severe and persistent forms of mental and substance use disorders. The Los Angeles County Department of Mental Health (LAC-DMH) is committed to treating vulnerable populations, including Latino communities. LAC-DMH is the largest county mental health department in the United States. It directly operates 75 program sites, serving over 250,000 patients annually. Although LAC-DMH leadership and staff are motivated to targeting behavioral health inequities among Latinos, there is no centralized patient information database that readily identifies patient demographic information or clinically pertinent information regarding their specific behavioral health needs. As such it is challenging to develop and implement robust interventions that will address the behavioral health inequities on a population level. The purpose of this project is to gather LAC-DMH Latino patient information that will assist in developing potential behavioral health initiatives at the county level to address behavioral health inequities among Latino populations.

Objectives:  
1. To provide general patient demographic information and behavioral health inequities among Latino adult (18+) patient populations served by the Los Angeles County Department of Mental Health.  
2. To gather qualitative information from meetings with affiliated behavioral health experts, clinical providers, policymakers, and administrators regarding the challenges to providing behavioral health services to their patient populations.  
3. To report potential behavioral health initiatives at the county level to address behavioral health inequities among Latino populations.

Methods:  
1. Gathered existing Los Angeles County reports, and organize and provide information regarding patient demographic information and behavioral health inequities among Latino (18+) adult patient populations served by LAC-DMH.  
2. Constructed an interview guide, and collected qualitative information from meetings with key informants. Analyzed data through coding and identified salient themes.  
3. Reported potential behavioral health initiatives at the county level to address behavioral health inequities among Latino populations.

Results: Both patient demographic information and qualitative data highlighted two important barriers to quality behavioral health care:  
1) Lack of communication and coordination across LAC-DMH sites; and  
2) Fragmented care between primary care and behavioral health services.

Future:  
1. Evaluating the efficacy of enhanced interoperability of electronic medical records to enhance provider communication and coordination of services across sites.  
2. Collaborating with local academic institutions, such as Charles R. Drew University of Medicine and Science, to expand training and clinical opportunities in Los Angeles County.

Preceptor: James Corbett, MDiv, JD, Initium Health
Presenter: Shantel Hébert-Magee, MD  
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

Project Title: “Neighborhood Segregation and Access to Buprenorphine for Opioid Use Disorder in Pregnant Women in Camden County, New Jersey”

Background: The opioid crisis has been declared a public health emergency by the US Department of Health and Human Services (HHS). A crucial component of the HHS proposed 5-point strategy is access to treatment. Hence, the need for the exploration of the therapeutic barriers and possible solutions to the opioid crisis in systems that have racial disparities. Increasing evidence suggests that racial, ethnic, and economic residential clustering patterns determine access to novel opioid therapies for opiate use disorder. Residential locations with high minority and low-income dwellers are less likely to have access to buprenorphine therapy for opioid use disorder compared to predominantly white, more affluent residential locations.

Since the passage of New Jersey Senate Bill 3, signed on February 15, 2017 by Governor Chris Christie, New Jersey has aimed to examine minority and/or pregnant patients’ access to opioid agonist therapy. The bill outlines the state initiative to address the opioid epidemic by increasing restriction on opioid prescribing and requiring state-regulated health plans to cover benefits for both inpatient and outpatient treatment for persons diagnosed with a substance use disorder. New Jersey has contemporaneously invested in a comprehensive approach to confront the opioid crisis through increasing access to medication-assisted treatment in low income residential areas, increasing access to pregnant women, and expanding the number of waivered providers.

The purpose of this project is to evaluate the impact of these policies on pregnant women, given residential clustering patterns.

Objectives: 1. The objective of this study is to determine the contributory role of neighborhood clustering and urban residential segregation to buprenorphine treatment access in pregnant women in Camden County, New Jersey.
2. To determine the effectiveness of recent opioid access state policies for low-income and racial minority dwellers in high cluster neighborhoods in Camden County, New Jersey

Methods: 1. Assembled and systematically analyzed existing peer-reviewed and grey literature.
2. Selected the geographic “social” areas and providers based upon residential racial/ethnic and income clustering patterns for the pilot phone survey.
3. Defined the call script and fielded phone surveys with selected providers.
4. Analyzed and summarized the findings from the pilot study to determine salient policy directives.

Results: Across social areas, buprenorphine treatment rate (p=.012), buprenorphine access to pregnant women (p<.0001), and wait-time (p<.0001) were negatively correlated with high Black, high Latinx, and high poverty clustering.

Conclusion: The dissemination of new, lower risk opioid agonist treatment in Camden County is unequal. Buprenorphine, as a therapeutic option, may disproportionately widen chasms in neighborhoods segregated by race, ethnicity, and income.

Preceptorship Team: Lisa Clemans-Cope, Emma Winiski, Marni Epstein, Urban Institute, Health Policy Center, Washington, DC
Presenter: Shaina Lipa, MD  
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School

Project title:  “Does the implementation of Medicare Accountable Care Organizations (ACOs) reduce healthcare disparities among patients treated for spinal fractures?”

Background: Healthcare disparities associated with orthopedic surgical interventions are widely reported for racial and ethnic minorities. Documented disparities include reduced access to surgical services and higher rates of peri-operative complications. Recent healthcare reform efforts have been proposed as initiatives that would not only reduce costs and improve quality, but also lead to reductions in healthcare disparities. National changes in healthcare disparities within the setting of trauma care have not been examined within ACOs or non-ACOs. In this context, we examined the impact of Medicare ACO formation on post-treatment outcomes and surgical rates for White and non-white beneficiaries treated for spinal fractures.

Objective: Examine the impact of Accountable Care Organizations (ACO) on post-treatment outcomes (in-hospital mortality, 90-day complications and readmissions), as well as surgical intervention among Whites and non-Whites treated for spinal fractures.

Methods: We identified all beneficiaries treated for spinal fractures between 2009 and 2014 using national Medicare fee for service claims data. Claims were used to identify sociodemographic and clinical criteria, receipt of surgery and in-hospital mortality, 90-day complications and readmissions. Multivariable logistic regression analysis accounting for all confounders was used to determine the effect of race/ethnicity on outcomes. Non-Whites were compared to Whites treated in non-ACOs between 2009-2011 as the referent.

Results: We identified 245,704 patients who were treated for spinal fractures. Two percent of the cohort received care in an ACO, while 7% were non-White. We found that disparities in the use of surgical fixation for spinal fractures were present in non-ACOs over the period 2009-2014 but did not exist in the context of care provided through ACOs (OR 0.75; 95% CI 0.44, 1.28). A disparity in the development of complications existed for non-Whites in non-ACOs (OR 1.09; 95% CI 1.01, 1.17) that was not encountered among non-Whites receiving care in ACOs (OR 1.32; 95% CI 0.90, 1.95). An existing disparity in readmission rates for non-Whites in ACOs over 2009-2011 (OR 1.34; 95% CI 1.01, 1.80) was eliminated in the period 2012-2014 (OR 0.85; 95% CI 0.65, 1.09).

Conclusion: Our work reinforces the idea that ACOs could improve healthcare disparities among non-Whites. There is also the potential that, as ACOs become more familiar with care integration and streamlined delivery of services, further improvements in disparities could be realized.

Preceptor: Andrew Schoenfeld, MD, MPH, Brigham and Women’s Center of Surgery and Public Health
**Presenter:** Jennifer Parker, MD, PhD  
Commonwealth Fund Fellow in Minority Health Policy at Harvard University, Harvard Medical School  

**Project title:** “Creation of a Chatbot Tool for Oncology Patient Management”  

**Background:** Given the advances in oncologic treatment, cancer has become a chronic disease. The increased prevalence and life expectancy of cancer patients has led to higher costs to the healthcare system. In 2010, national cancer care costs were estimated to be over $124 billion. The highest proportion of spending is for female breast cancer. Cancer care spending is projected to greater than double by 2020. In addition, other factors such as first-time treatment of breast cancer, advanced stage of breast cancer, higher household income, ethnicity, presence of comorbidities, and/or mental health concerns significantly influence costs of breast cancer care. Also, these factors can lead to inappropriate utilization of acute care services. Optimizing at-home management of cancer patients has the potential to reduce inappropriate utilization of clinical services. Furthermore, patient-facing mobile platforms can help optimize patient management outside of clinical settings and have been shown by healthcare software companies such as Wellframe to decreased care utilization and costs for chronic disease patients.  

**Objective:**  
1. To learn artificial intelligence concepts, how Google Dialogflow functions, and how to code to create an application.  
2. To utilize Google Dialogflow to build a chatbot that will provide medical decision support for breast cancer patients at home.  

**Methods:** We developed oncology patient personas based upon actual interactions and identified specific problems that these patients may experience (pain points). We then created algorithms to address these pain points and coded them into Google Dialogflow to create the chatbot.  

**Results:** We were able to successfully create English-speaking chatbots for scheduling, radiation-induced dermatitis and pain management that can be used via Google Assistant.  

**Further Directions:** We plan to develop chatbots for the remaining pain points and adapt the code for Spanish-speaking patients. Additional steps will include data collection to determine if the chatbot is improving access to care; decreasing healthcare organization costs by reducing utilization of unnecessary care; and improving patient and physician experiences with the healthcare system.  

**Preceptor:** Trishan Panch, MD, MPH, Wellframe Co-Founder and Chief Medical Officer
Marie-Louise Jean-Baptiste, MD
N. Cambridge Neighborhood Health Center
Cambridge Health Alliance
Assistant Professor of Medicine
Harvard Medical School

Terésa J. Carter, MCM
Program Coordinator
Minority Faculty Development Program
Office for Diversity Inclusion and Community Partnership, Harvard Medical School

Albert Galaburda, MD
Director, Office of Diversity, Inclusion and Career Advancement, Beth Israel Deaconess Medical Center
Emily Fisher Landau Professor of Neurology and Neuroscience, Harvard Medical School

Tina Gelsomino
Director
Center for Diversity & Inclusion
Brigham and Women's Hospital

Molly Hines
Program Manager
Center for Diversity & Inclusion
Brigham and Women's Hospital

Josephine M. Kim, PhD, LMHC, NCC
Director of Diversity and Inclusion
Oral Health Policy and Epidemiology
Harvard School of Dental School
Prevention Science and Practice/CAS in Counseling
Harvard Graduate School of Education

Alden Landry, MD, MPH
Faculty Assistant Director
Office for Diversity Inclusion and Community Partnership, Harvard Medical School
Assistant Professor, Emergency Medicine
Beth Israel Deaconess Medical Center

Maxine Milstein, MBA
Administrative Director
Office of Faculty Development
Boston Children's Hospital

Nawal Nour, MD, MPH
Chief Diversity & Inclusion Officer
Faculty Trainees and Students
Brigham and Women's Hospital
Associate Professor of Medicine
Harvard Medical School

Elena Olson, JD
Executive Director
Center for Diversity and Inclusion
Massachusetts General Hospital

Daniele Ölveczky, MD MS
Inclusion Officer, Department of Medicine
Beth Israel Deaconess Medical Center
Assistant Professor of Medicine
Harvard Medical School

Sandra Ordonez, BS, C-TAGME
Program Manager
Center for Diversity and Inclusion
Massachusetts General Hospital

Christine M. Power
Program Director
Office for Faculty Development
Dana-Farber Cancer Institute

Caroline Rotondi
Assistant Director
Office of the Chief Academic Officer
McLean Hospital

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

Nikki Tennermann, LICSW
Administrative Director
Office of Health Equity and Inclusion
Boston Children's Hospital

Ying Wang, EdM
Associate Director
Minority Faculty Development Program
Office for Diversity Inclusion and Community Partnership, Harvard Medical School

Valerie Ward, MD
Medical Director
Office of Health Equity and Inclusion
Assistant Professor of Radiology
Boston Children's Hospital

Karen Burns White
Deputy Associate Director
Initiative to Eliminate Cancer Disparities
Dana-Farber/Harvard Cancer Center
DICP Mission
The mission of the Office for Diversity Inclusion and Community Partnership (DICP) is to advance diversity inclusion in health, biomedical, behavioral, and Science Technology Engineering and Mathematics (STEM) fields that build individual and institutional capacity to achieve excellence, foster innovation, and ensure equity in health locally, nationally, and globally.

About DICP
The Office for Diversity Inclusion and Community Partnership (DICP) was established in 2002 (originally named Faculty Development and Diversity, est. 1995) to promote the increased recruitment, retention and advancement of diverse faculty, particularly individuals from groups underrepresented in medicine (URM), at HMS and to oversee all diversity activities involving Harvard Medical School (HMS) faculty, trainees, students and staff.

This is achieved through efforts that support the career development of junior faculty and fellows; train leaders in academic medicine and health policy; provide programs that address crucial pipeline issues; and sponsor awards and recognitions that reinforce behaviors and practices that are supportive of diversity, inclusion, mentoring, and faculty development. In addition, DICP activities support the Faculty Development and Diversity Task Force recommendations, particularly as they relate to mentoring, professional development and the design, creation and monitoring of workforce metrics. DICP also acts as a central resource for faculty development and diversity efforts of the Harvard Catalyst (HCat) through the HCat Program for Faculty Development and Diversity Inclusion (PFDD). Recognizing the importance of addressing issues that impact faculty recruitment, impede faculty advancement and thwart faculty retention, in 1990, HMS initiated the Minority Faculty Development Program (MFDP). The MFDP, a component of DICP, offers consistent programming that is responsive to identified needs of individuals and institutions and serves as a nexus for collaborative work among HMS, HMS-affiliate faculty development programs and/or diversity/multicultural affairs offices. In addition, MFDP addresses issues of increasing the pool of minority and disadvantaged students interested in careers in science and medicine, and has built a three-pronged effort to encourage URM and disadvantaged students from all levels of the educational pipeline to pursue biomedical, STEM and health-related careers. Programs begin as early as the middle school level and carry on through the postgraduate level and involve curriculum development, teacher training, enhancing student research, and career development. DICP/MFDP’s work addresses HMS’ relationship with the community (internal and external) through the provision of programs that link HMS faculty, trainees and students with local, regional and national community-related activities.

Through DICP’s research and evaluation arm, Converge: Building Inclusion in the Sciences through Research, DICP conducts evaluation for DICP programs, as well as research addressing national, regional and local strategies that support workforce diversity and inclusion in the biomedical sciences. Of particular interest are groups that are traditionally underrepresented in these fields. Knowledge is generated through rigorous, theory-based scientific research; linking policy and practice with scientific evidence; and convening interdisciplinary stakeholder groups. Converge’s systems-based perspective for diversity and inclusion serves as the foundation for the work that it undertakes. The current research focuses on building a knowledge base and training mechanism for sustained capacity-building and decision making that enhances workforce diversity and human resource development in academic medicine.

For further information, please contact us:
Phone: 617-432-2413  |  Fax: 617-432-3834  |  dcp_mfdp@hms.harvard.edu  |  www.hms.harvard.edu/dcp
Beth Israel Deaconess Medical Center
Office of Diversity, Inclusion, and Career Advancement

The Office for Diversity, Inclusion, and Career Advancement (ODICA), in close association with the Center for Education and the Chief Academic Officer, was founded in January of 2015 to further the mission of Beth Israel Deaconess Medical Center by developing, implementing, and evaluating programs for increasing the numbers and job satisfaction of faculty and trainees from underrepresented minorities in medicine (URMM). The ODI is the successor of the Office of Multicultural Affairs, which was created in 2008 to affirm and support the institution’s commitment to the underrepresented community of students, house staff, and faculty, which in turn reflects the Medical Center’s commitment to all of 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 ODICA.

Our history inspires us to continue our efforts to redress inequalities in the health care system. ODICA will strive to increase the number of under-represented minority physicians in our ranks and to support those who are already our colleagues, because we recognize that our collective wisdom is richer when it includes and values the experiences of African Americans, Latinos, Native Americans, Pacific Islanders, women, gay/lesbian/bisexual/transgendered people, and the disabled, who may have faced barriers to entering, staying and advancing in the health professions. ODICA also works to inform all in our community about the ongoing hidden bias and health care disparities 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.

Contact:
Albert Galaburda, MD
Director, Office of Diversity and Inclusion
Beth Israel Deaconess Medical Center
Emily Fisher-Landau Professor of Neurology
Harvard Medical School
Phone: 617-667-9120
Fax: 617-667-9122

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; and Program Coordinator Jill Dobriner, PhD; who work in collaboration with the Chief Medical Education Officer and Director of the Department of Medical Education, Alan Leichtner, MD, MSHPEd; and the Medical Director of the Office of Health Equity and Inclusion and Faculty Director of the Diversity and Cultural Competency Council Valerie L. Ward, MD, MPH. The OFD collaborates with career development offices at seven other teaching hospitals (BWH, MGH, BIDMC, Joslin, 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 Department of Medical Education at Children’s to foster the continuous improvement of teaching and learning. In support of its mission to promote faculty diversity, in collaboration with the BCH Office of Health Equity and Inclusion, 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. The OFD also sponsors, with the Children’s Human Resources Department, several fellowships to under-represented minority faculty for The Partnership, Inc. and Conexión Leadership Programs, local organizations committed to workplace diversity and inclusion through professional and organizational development. 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.childrenshospital.org/ofd

Boston Children’s Hospital
Office of Health Equity and Inclusion

The mission of Boston Children’s Hospital’s Office of Health Equity and Inclusion, founded in 2017, is to provide guidance on achieving a culture that honors equity, diversity, respect, inclusion and excellence. The Office of Health Equity and Inclusion works collaboratively with other Boston Children’s and Harvard Medical School offices, including the BCH Office of Faculty Development, the BCH Academy for Teaching and Educational Innovation and Scholarship, the BCH Office of Experience, and Human Resources (HR), to advance culturally effective pediatric care; to reduce pediatric healthcare disparities; to recruit, develop and retain a diverse and inclusive workforce; and to support an environment of respect for different viewpoints. In conjunction with the BCH Diversity and Cultural Competency Council (DCCC), which is co-chaired by Medical Director Valerie Ward, MD, MPH, and with the oversight of a Senior Advisory Board, the Office of Health Equity and Inclusion supports innovative programming focusing on health equity, diversity, and inclusion across the four Boston Children’s missions: clinical care, research, teaching, and community service. The work of the Office of Health Equity and Inclusion is closely aligned with the institutional priorities of Boston Children’s Hospital.

The Boston Children’s Hospital Office of Health Equity and Inclusion staff are:

Valerie L. Ward, MD, MPH – Medical Director
Nikki Tennermann, LICSW – Administrative Director
Rachelle Pierre – Administrative Associate

Office of Health Equity and Inclusion
300 Longwood Avenue, Boston, MA 02115

Contact: 617-919 6511 | healthequity@childrens.harvard.edu
Brigham and Women’s Hospital
Office for Diversity and Inclusion

The Center for Diversity and Inclusion (CDI) aims to enhance workforce diversity by providing career advancement and professional development opportunities and through promoting increased recruitment, retention and advancement among all diverse faculty, trainees and students. CDI’s mission is to promote a vibrant, diverse and inclusive professional community where every person thrives.

Housed within the CDI is the Office for Women’s Careers (OWC), a collaborative yet unique entity that serves to support women faculty and trainees with professional and leadership development as well as advance the work of gender equity in our institution and in academic medicine.

Contact information:
Website: cdi.brighamandwomens.org
E-mail: bwhcdi@partners.org
Phone: 617-525-8973

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 and medical students of color, teaching cultural competency to house staff and medical students, and participating in the Harvard Medical School subcommittee on cultural competency curriculum. Cambridge Health Alliance is a regional healthcare system with two 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 Commonwealth Fund Fellowship in Minority Health Policy at Harvard University

The Commonwealth Fund Fellowship in Minority Health Policy at Harvard University is a one-year, full-time academic degree-granting program designed to prepare physicians, particularly physicians from groups underrepresented in medicine, to become leaders who improve the health of disadvantaged and vulnerable populations through transforming healthcare delivery systems and promoting innovation in policies, practices and programs that address health equity and the social determinants of health. Up to three one-year, degree-granting fellowships based at Harvard University are awarded yearly. Based at Harvard Medical School under the direction of Joan Y. Reede, MD, MPH, MS, 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 T.H. Chan School of Public Health or a master of public administration degree at the Harvard Kennedy School.

This May, 137 fellows and scholars will have been trained academically and professionally in public health, health policy, and health management including those funded by the California Endowment, the Health Resources and Services Administration, and the Dental Services of Massachusetts/Delta Dental Plan. 100% of the graduates have been actively engaged in aspects of policy, research and/or service delivery related to minority health and/or public health.
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 Commonwealth Fund Fellowship in Minority Health Policy at Harvard University
Harvard Medical School
164 Longwood Avenue, 2nd Floor
Boston, MA 02115
Phone: 617-432-2922, Fax: 617-432-3834, Email: mfdp_cff@hms.harvard.edu

Please visit our Website: https://mfdp.med.harvard.edu/cfmf/

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.

Advancing career development for DFCI faculty is a multi-pronged approach:

- Working with committees to advocate for the needs of specific populations of faculty (women, clinical faculty)
- Clarifying career trajectories through a system of categories for Instructors
- Creating a recognition path for clinicians through Institute Titles for Clinical Faculty
- Reviewing faculty rosters with each department chair to identify opportunities for advancement and any support that OFD can offer
- Offering opportunities for faculty to build community, such as the Retreat for Women Faculty, Clinical Faculty Brunch, and faculty networking dinners

Fostering a supportive work environment is a core focus for the OFD; 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. The OFD offers Caregiver Travel Awards for early career faculty needing extra caregiving for dependents while travelling to career building conferences. The OFD hosts events that facilitate leadership growth and strengthen microclimate environments such as the President’s Reception for early career faculty and Leadership Bootcamp.

For more information contact:
Christine Power, MS, Director
617-582-8714
cristinem_power@dfci.harvard.edu
Dana-Farber/Harvard Cancer Center
Initiative to Eliminate Cancer Disparities

Formed in 1997, Dana-Farber/Harvard Cancer Center (DF/HCC) is an 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 T.H. Chan 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 2007. 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 disparities and 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 and education, b) reducing barriers to care, c) facilitating minority representation in cancer clinical trials, and d) fostering diversity in cancer researchers. 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.org

Harvard Catalyst
Program for Faculty Development and Diversity Inclusion (PFDDI)

Established in 2008, Harvard Catalyst | The Harvard Clinical and Translational Science Center 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 made freely available to all Harvard faculty and trainees, regardless of institutional affiliation or academic degree.

Harvard Catalyst is funded by the National Institutes of Health (NIH) Clinical and Translational Science Awards (CTSA) Program (grant 1UL1 TR001102-01), and by contributions from Harvard University, Harvard Medical School, Harvard T.H. Chan 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. This CTSA is part of a network of over 60 centers across the US dedicated to advancing C/T research.

Harvard Catalyst works with Harvard schools and the academic healthcare centers (hospitals) to build and grow an environment where discoveries are rapidly and efficiently translated to improve human health. We catalyze research across all clinical and translational domains by providing investigators with opportunities such as pilot funding, with free resources such as biostatistics consultations, with educational programs such as the Clinical and Translational (C/T) Research Academy and over a dozen courses, and with a range of web tools that assist in data collection and team collaboration efforts.

The Program for Faculty Development and Diversity Inclusion (PFDDI) 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:
SPONSORS’ DESCRIPTIONS

- 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.

- 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.

- Improves the cultural competence of all Harvard faculty.

- The PFDDI collaborates with Faculty Development and Diversity Inclusion offices at Harvard Medical School and Harvard-affiliated academic healthcare centers, and is a member of the Consortium of Harvard Affiliated Offices for Faculty Development and Diversity Inclusion (CHADD).

- Co-Sponsors the New England Science Symposium (NESS) that 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 / 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
Email: danyelle_thorpe@hms.harvard.edu
Phone: (617) 432-1892, Fax: (617) 432-3834
Site: https://mfdp.med.harvard.edu/node/208

Joan Y. Reede, MD, MPH, MS, MBA
Dean for Diversity and Community Partnership
Director, Program for Faculty Development and Diversity Inclusion
Danyellé Thorpe
Program Coordinator, Harvard Catalyst | The Harvard Clinical and Translational Science Center, CTSC
Program for Faculty Development and Diversity Inclusion, Office for Diversity Inclusion and Community Partnership

Harvard Catalyst Program for Faculty Development and Diversity Inclusion (PFDDI) Faculty Fellowship Program

Harvard Catalyst Program for Faculty Development and Diversity Inclusion (PFDD) Faculty Fellowship is a two-year, non-degree Faculty Fellowship Program for Harvard junior faculty. The Fellowship is 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 will receive $100,000 over a two-year period to support scholarly efforts. Faculty Fellows are required to devote appropriate time toward the development of their academic career, to meet regularly with their mentors, and to present at the annual Minority Health Policy Meeting.

CONTACT:
HMS Office for Diversity Inclusion and Community Partnership, 164 Longwood Avenue, 2nd Floor
Boston, MA 02115-5818, E-mail: danyelle_thorpe@hms.harvard.edu, Phone: (617) 432-1892
Harvard School of Dental Medicine
Office of Diversity Inclusion

The Office of Diversity and Inclusion promotes increased recruitment, retention, and advancement of underrepresented minority students, staff, and faculty at the Harvard School of Dental Medicine. The Office, led by Josephine Kim, Ph.D., LMHC, NCC, seeks to emulate the Harvard tradition of excellence in education, science, and public health by supporting a well-trained faculty, while producing oral health leaders who reflect the larger community that we serve.

Goals of the Office of Diversity and Inclusion are to:

- Foster an environment that is welcoming to all members of the HSDM community
- Provide support for a diverse population of students, staff, and faculty
- Develop a recruitment strategy to increase enrollment of students from underrepresented minority groups
- Develop and implement a plan to recruit faculty from underrepresented minority groups
- Enhance and develop curricula that address issues of diversity, cross-cultural care, and cultural sensitivity

Partners:

The HSDM Office of Diversity and Inclusion partners with several offices at the Harvard Medical School, including the Office for Diversity Inclusion and Community Partnership and Office of Recruitment and Multicultural Affairs. For more information, visit: http://hsdm.harvard.edu/office-diversity-inclusion

Harvard T.H. Chan 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 T.H. Chan 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.

https://www.hsph.harvard.edu/policy-translation-leadership-development/about/
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 prepare the next generation of oral health leaders, particularly minority oral health leaders, in minority health, health policy and oral epidemiology to improve the capacity of health care and to address the needs of vulnerable populations. 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.
- 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 T.H. Chan 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 T.H. Chan School of Public Health. 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 addressing and improving needs of minority, disadvantaged and vulnerable populations
- Interest in minority health, public policy and public health
- US citizenship or permanent US 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/oral_health
The Office of the Chief Academic Officer (OCAO) was formed in 2009 as a part of the hospital’s larger strategic plan, charged with developing a vision for our growing academic programs at all levels of the institution. The academic strategic plan advanced ten initiatives designed to enhance the academic environment and to maximize scholarship and productive inquiry into the etiology, prevention, and most-effective treatment of psychiatric disorders across our research, educational and clinical communities. It is the ongoing goal of the OCAO to ensure that faculty and trainees have access to the information and materials they need for all issues related to McLean’s academic mission.

Current programming centers around faculty and trainee career development, mentoring, responsible conduct of research, academic promotions, continuing education, diversity and inclusion and networking opportunities. The OCAO continues to develop and refine its existing programming and resources by seeking feedback from faculty and trainees at McLean, by conducting needs-based assessments, and by working directly with faculty and trainees, the OCAO can ensure that the needs of our unique population are met efficiently and effectively as they arise.

For more information contact Caroline Rotondi, Assistant Director of the OCAO at officeofcao@mclean.harvard.edu or 617-855-3145.

The MGH Center for Diversity and Inclusion (CDI) promotes the recruitment and advancement of physicians and scientists underrepresented in medicine (URM); and seeks to develop a culturally competent and engaged workforce at Mass General where all can experience a true sense of belonging. CDI is one of the first academic hospital-based centers in the country dedicated to helping build a diverse and inclusive community of physicians and scientists.

Working closely with all departments at Mass General, as well as Harvard Medical School and many local and national strategic partners, CDI accomplishes its mission by focusing on four strategic priority areas:
- Expose URM students to academic research and clinical careers;
- Advance URM trainees and faculty through recruitment, career development, networking, mentorship and funding;
- Champion health equity, community outreach and social justice through advocacy and education;
- Drive organizational change by helping embed diversity and inclusion into the fabric of Mass General.

For more information about CDI programs and initiatives, please view our 2017-18 Annual Report by visiting our website: http://www.massgeneral.org/cdi

Facebook - https://www.facebook.com/mgh.cdi/
Instagram - https://www.instagram.com/mgh_cdi/
Twitter- https://twitter.com/mghcdi
Office for Diversity Inclusion and Community Partnership (DICP)
Faculty Fellowship Program

The Office for Diversity Inclusion and Community Partnership (DICP) 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 DICP 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

Teréa J. Carter, MCM
Program Coordinator, MFDP/DICP
Harvard Medical School
164 Longwood Avenue, 2nd Floor
Boston, MA 02115-5818
Phone: 617-432-4697

https://mfdp.med.harvard.edu/DICP_Faculty_Fellowship