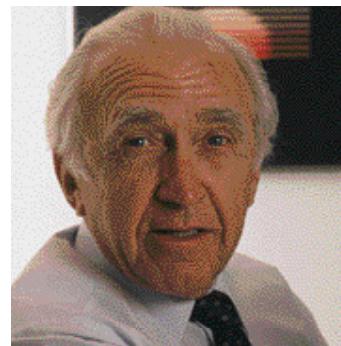


Leading Toward Health Equality: Lessons From the Field



CULTURE INSIGHT | Training and consulting for
health care organizations





Karen Voci Executive Director

Harvard Pilgrim Health Care Foundation

For more than 20 years, Culture InSight has led the way toward equality in health care. By providing groundbreaking cultural competency training, consulting and organizational development services to health and human service professionals and their agencies, Culture InSight has helped chart the course toward a health care system that effectively and appropriately meets the needs of all patients.

We are proud of our national influence on the field of cultural competency and are equally proud of the impact Culture InSight has had locally in the communities we serve. This report provides some key lessons from Culture InSight's work and some thoughts about what makes us unique and successful in this challenging and critically important field.

A handwritten signature in black ink that reads "Karen Voci". The signature is fluid and cursive, with "Karen" on the first line and "Voci" on the second line.

In the mid-1990s, Harvard Pilgrim Health Care began to

ask: Why do people of color, and those who speak a primary language other than English, receive poorer care, report less satisfaction with the care they do receive and experience worse health outcomes than white people? At that time, despite a great deal of evidence of the generally poorer health outcomes for

people of color, little attention was paid to these issues in mainstream health care.

The majority view then was that these poor outcomes were the result of individual decisions: unhealthy lifestyles, failure to follow doctors' orders or poor personal choices.



In 2002 the Institute of Medicine published a report titled "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care." This report, for the first time, assembled the available research findings and proved that **these inequities were systemic**, and not primarily the result of poor individual choices. The report also revealed consistent research findings that **ethnic and linguistic minorities were not being treated the same way as whites in the medical system**. They did not get the same standard of care, were not prescribed the same kinds of treatments and did not have access to the same services as whites, even when insurance status, income, age, education and severity of conditions were comparable. **Racial and ethnic minorities**, the report said, **were routinely receiving lower-quality care**.

Health care professionals are committed to doing the best job they can to offer high-quality care to all. But few people are aware of the biases we all hold. Most of us simply think that our views are "common sense," when in fact those beliefs are rooted in our culture, class and community, and **health care professionals are not immune to biases**. For example, a patient who believes that religious non-observance has allowed illness to take hold may be a challenge for someone who is trained to use rational arguments in their approaches to negotiation with patients. Only careful and respectful inquiry will reveal these beliefs and allow negotiation to occur.

We engage health care providers in conversations that help them understand another person's life and perspective. For example, many health professionals are taught in their training that people of color are "non-compliant" with medical instructions. They are not typically taught to wonder, let alone to ask, if there is a pharmacy or supermarket in the patient's neighborhood, or if it is safe for a child to play outdoors. Helping them see patients in a context often produces an "Ah-ha" moment when the pieces start to come together and the professional now has a very different view of what the issues might be, what the patient's needs are and what constitutes good care.

As the health care landscape continues to change, and especially as providers become increasingly accountable for health outcomes, the scope of our work expands and continues to evolve. Our ability to evolve and adapt as things change — to think outside the box — helps us and our clients succeed in this new landscape.

Every day, along with our clients, we continue to experience the value of this work not only in health care, but also in life itself.



Lessons from the field: Training, teaching and shaping the future.

“Culture is not just about skin and language. It is about locality, and it is relevant everywhere. Cultural competency in health care is about making all people healthier at the community level.”

~ Shani Dowd
Director, Culture InSight

Culture InSight’s work — to make all people healthier at the community level — is multifaceted. “Our work is about culturally appropriate practices and policies, organizational vision and commitment, leadership, diverse staff and involving consumers in their care,” says Dowd. “It is not just the work of your organization’s Diversity Committee or the linguistic interpreters. It is everyone’s work.”

The following examples of Culture InSight’s work with different organizations highlight the range of services and programs it provides, and the lessons inherent in each of these initiatives.

“The first thing Culture InSight did was speak with our leaders. You can’t have a successful program unless people are passionate about it from the top down.

Shani and her staff helped our top executives see that they had to be fully involved, and they were the first to get trained. And they made sure the other leaders were on board.”

- Johna Wasdyke
Hallmark Health



On-the-ground training: Hallmark Health, Massachusetts

"You can't change organizational culture by writing a new mission statement," says Diane Farraher-Smith, MSN, MBA, RN, president of the VNA and Hospice for Hallmark Health, a 700-physician community-based health care system serving a range of ethnic communities northwest of Boston. So, with grant funding from the Blue Cross Blue Shield Foundation, the organization chose Culture InSight to lead them in an effort to improve the organization's overall cultural competency.

Culture InSight has trained thousands of participants in hundreds of organizations in cultural competency, including health systems, hospitals, health centers, academic organizations and others. "They brought all their experience to us and helped us put together a plan that would work for our organization," says Farraher-Smith. This plan included training about a dozen Hallmark Health staff to be diversity trainers. "Committing to train the trainers was huge," says Felicita Alvarado, a manager on the Culture InSight team that worked with Hallmark Health. "It really showed how much they wanted to increase their capacity for this work."

Through small group meetings and larger training sessions, Culture InSight and the employee-trainers led the organization through steps that helped individuals think and talk about issues that weren't normally part of their workday conversations. Some folks were reluctant, says Farraher-Smith, but "even those who thought they didn't need it experienced growth." And it turned out that cultural awareness was not important just when dealing with patients.

"Our workforce is very diverse," says Johna Wasdyke, Director of HR Operations, and co-chair of the organization's Cultural Diversity Committee. "We used to have employee disputes fairly often that were based on perceptions of bias," she says. "Since we started working with Culture InSight, we have much greater awareness, understanding and skills, and I haven't had to help with a dispute in a long time."

As the company grows and hires more workers, Wasdyke says that the emphasis on cultural competency helps with recruiting. "People want to work for a company that believes in the value of this work."

Wasdyke says the leadership support, employee training and the ongoing focus on valuing diversity — supported by regular Diversity Days, a Cultural Conversations program and newsletter articles — help the organization work better together to care for patients. "It's all about building relationships," she says. "It's about recognizing what we have in common rather than what separates us."

Culture InSight's Shani Dowd with Hallmark Health's Johna Wasdyke.





Lesson #1: Work within the context of each organization's needs and culture.

Through a careful organizational assessment, Culture InSight staff learns where each organization is on its journey to ensuring health equity for its patients and clients, and tailors programs accordingly. “We have designed the building blocks for a sustainable program,” says Shani Dowd. “How much we give each organization depends on where they are in their work so far.”

Culture InSight is also attuned to micro-cultures. “We understand the culture of health care,” says Mitzi Johnson MD, MPH, M.Ed, Culture InSight’s Director of Clinical Cultural Competency Programs. “Within that culture we take into account the distinct cultures of different disciplines. Doctors, for instance, speak a different language than dentists, nurses or pharmacists, and we learn about each culture and what’s important to them. While all caregivers say that the well-being of the patient is the most important thing, how they approach that goal can be quite different. There are a lot of layers to our work.”

“Culture InSight’s key strengths are looking under the hood to find the potential barriers, and their skillful way of helping people see where their biases might be. They are educators, so they teach how to sustain the transformation they lead. The magic doesn’t stop when they leave.”

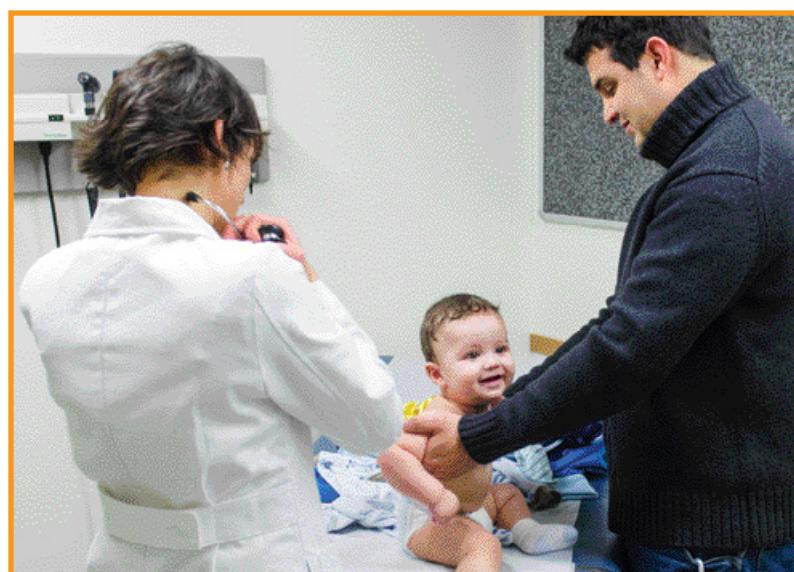
- Pam Siren,
Vice President of Quality and Compliance,
Neighborhood Health Plan

Lesson #2: Create a safe and respectful environment to explore issues of culture and bias.

Trust must underlie cultural competency work. “These can be difficult topics,” acknowledges Dowd, “so we establish ground rules for our conversations, sometimes explicitly, and sometimes privately.” For example, she says, “If you use a word that I find offensive, I will assume that you come from an intention of respect. People are often afraid of offending, and this can actually serve as a barrier to honest conversation. I prefer to assume that you are doing your best, as am I, to be honest and respectful.”

John Auerbach, Director of the Institute on Urban Health Research at Northeastern University, and former Commissioner of Public Health for the Commonwealth of Massachusetts, says that Culture InSight staff skillfully walks a fine line. “In this work, it is good to have a little tension, but not too much,” says Auerbach. “If the discomfort is too high, the training will leave people feeling uncomfortable, and that’s not always productive.”

Martin Cohen, President and CEO of the MetroWest Health Foundation, has seen the Culture InSight staff finesse this delicate balance. “People are naturally hesitant to talk about issues of race and ethnicity, and the disparity that sometimes results,” he says. “Shani and her staff can facilitate these conversations in ways that get you thinking and reflecting, instead of wondering, ‘How can I get out of this?’”



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“The values and principles that guide our thinking about cultural and linguistic competency at the national level are very much at the heart of the way Culture InSight works. For example, Culture InSight understands and lives the distinction between community outreach—which is a one-sided action—and community engagement, which is about the reciprocal transfer of knowledge and skills among all collaborators and partners, as well as economic benefits afforded both parties.”

- Tawara Goode, MA,
Assistant Professor
and Director,
National Center for Cultural
Competence, Georgetown
University

Teaching tomorrow's practitioners: Urban Health Scholars Program, Geisel School of Medicine at Dartmouth, New Hampshire

Bilal Mahmood is a second-year orthopedic resident at the University of Rochester Medical Center and a graduate of the Geisel School of Medicine at Dartmouth College. He spent a memorable spring break as a young medical student volunteering at an inner-city community health clinic in Atlanta. “Working in an environment like that reminded me of why I went to medical school in the first place,” he reflects.

Mahmood’s interest in serving the underserved led him to apply to the Urban Health Scholars (UHS) Program at Geisel, where he was chosen to serve for four years as one of four Urban Health Scholars in his class. Geisel School of Medicine already had a model program to build on, the Rural Health Scholars Program. With support from the Harvard Pilgrim Health Care Foundation, and hands-on curriculum design and training help from Culture InSight, the UHS program was created to encourage medical students to become competent practitioners, researchers and public advocates for underserved urban populations.

Because Geisel is located in New Hampshire, in a predominantly rural part of the country, it lacked connections to specific urban communities and organizations it could partner with for this new initiative. Culture InSight leveraged its years of relationship-building in ethnic communities to connect the fledgling program with a robust group of communities, leaders and organizations. “Because we have always engaged communities in our training work, we were able to call on those relationships, and introduce the faculty and students of the new Urban Health Scholars program,” says Dowd. “These connections gave the faculty the network they needed to support the new scholars’ work.”

Urban Health Scholars at a Manchester, New Hampshire middle school service day.



Culture InSight also created a series of “Community Tours” to introduce the UHS faculty to a variety of ethnic communities and provided specialized training for faculty and students to help address gaps in the existing curriculum. “Last year, I met with the current UHS students and the incoming class of Scholars. I was really excited to see that the students had put together the tour for their new colleagues. I love it when we can help create something that can be sustained,” says Dowd. One specific goal of the program is to “encourage scholars to pursue a meaningful understanding of the cultural, linguistic and socioeconomic factors affecting underserved patient access to health care and health care outcomes in urban areas.”

During his tenure as an Urban Health Scholar, Mahmood regularly visited Manchester Central High School to work with health teachers and students. “The school has a very diverse student body, and I went there monthly to give talks on health topics and help students in any way I could.” More recently, two Urban Health Scholars created a curriculum for the school on dealing with loss and grief that has become a regular part of health classes.

The UHS program also has taken a leadership role in the development of a comprehensive Medical Spanish and Cultural Competency program at the Geisel School of Medicine, as a way to help address health disparities. Scholars also participate in urban health cultural tours and national conferences, work with urban health departments, homeless shelters and community clinics, host educational events, and work to increase awareness among their peers about urban issues and health disparities. Regular trips to cities such as Manchester, Boston and others give the Scholars opportunities to serve patients directly in urban settings.

Bilal Mahmood’s work as an Urban Health Scholar is helping to shape the direction of his career. “Here at Rochester the orthopedic residents run a clinic for the uninsured and underinsured, with faculty oversight,” he says. “Working in the clinic is one of the highlights of my week, because I return to this patient population that I’ve always wanted to serve, and now I’m finally getting a chance as a physician to do that. It puts me back in touch with the goals I had when I decided to go to med school in the first place.”

Culture Insight’s Mitzi Johnson feels confident that Mahmood, along with other Urban Health Scholars, will serve his patients well. “Whatever specialty these young doctors choose, they will take this perspective with them. We need doctors who can understand the perspective of a patient who is different from them. We need them to know what kinds of questions to ask, and what to do with the answers they will get.”

Since its creation in 2006, the Urban Health Scholars program has supported 34 Scholars, many of whom are now working in urban settings across the nation.

“Culture InSight is really best-in-class. They have helped us with faculty development activities and with teaching students in our Urban Scholars program, and everything they do is participatory, respectful and teaches practical skills. They are amazing at understanding the culture of our organization itself, and they have impacted our work at a deep and profound level.”

- Joe O’Donnell, MD, Professor of Medicine and Urban Health Scholars Advisor, Geisel School of Medicine, Dartmouth College

Lesson #3: Focus on “learning to learn.”

“We work hard to lead by example and demonstrate for people how they can learn to learn,” says Dowd. That’s because cultural competency is not a set of facts that can be taught as much as it is a certain way of thinking.

“Most people have been taught not to admit that they notice differences, and especially not to ask questions about differences,” she says. So it is important to develop appropriate strategies for understanding those differences.

“I’m talking about emotional strategies such as suspending judgment and asking questions even if you are uncomfortable,” says Dowd. These behaviors are transferrable to many situations, and that’s what builds sustained competence. “The population you are struggling to understand now is not the population you will struggle to understand in five years. But what you learn about learning now, will help you then,” says Dowd.



Shaping public understanding of health equality: Health Disparities Ambassadors Program, Maine

It’s common to think that addressing health disparities involves making sure that people of color receive the same level of care as their white counterparts. But it is much more than that.

For example, in the Franklin Memorial Hospital emergency department (ED) in Farmington, Maine, providers grew frustrated by the number of patients who came to the ED seeking narcotic pain medications. Everyone, it seemed, was looking for drugs.

It’s true that some patients were seeking drugs inappropriately. But there were also chronic pain patients who relied on their medications to manage their pain. The ED staff was treating both types of patients as drug seekers.

Having recently been trained as a Health Disparities Ambassador, the hospital’s Chief Information Officer, Ralph Johnson, created a project to help ED providers distinguish between these two groups so that each patient receives an appropriate response. With a physician, he created a new decision-support template and pain contracts for chronic pain patients that also flag potential issues of abuse. That template is now incorporated into the electronic medical records of patients using pain medications. These steps help to remind the ED staff that not everyone who seeks pain medication is a drug abuser.

Johnson was one of 22 volunteer Health Disparities Ambassadors who, beginning in October 2011, fanned out across the state of Maine to develop and lead initiatives designed to address health disparities at the community level. They brought more than passion to their work: they also brought skills and knowledge they acquired in carefully designed training programs offered by the Daniel Hanley Center for Health Leadership in Portland, Maine, with major support from the Harvard Pilgrim Health Care Foundation and Culture InSight.

The Health Disparities Ambassadors program is aimed at establishing a new network of experts trained to develop and lead initiatives that promote health equality at the community level. It builds on the disparities content that has been part of the Hanley Center’s Health Leadership

Development (HLD) curriculum since 2007. Each year the HLD program selects about 30 highly experienced leaders for an intensive eight-month program in collaborative leadership.

Felicia Alvarado and Mitzi Johnson were the Culture InSight staff members who designed the training for the Ambassadors, teaching them to identify disparities in their own communities, design and implement a project to address these disparities, and create an intervention. Staff provided ongoing consultation to help Ambassadors think through challenges and problems they confronted. “Too often people think that cultural competency is only for people of color or new immigrants to the U.S. In reality there are all kinds of disparities in many communities. The disparities we see in rural Maine differ from those in an urban inner-city community, but they may be equally lethal in their impact,” says Johnson.

“The Ambassadors program is one-of-a-kind,” says Alvarado, “focused on training people who are already at leadership levels in their organizations to use our tools and create a sustainable program. It is unique, and their work is inspiring.”

Some of the Ambassadors have worked on organizational or policy changes, including integrating “Community Circles” (a model for facilitated meetings developed by Maine’s Native communities) into health disparities work. Holly Gartmayer-DeYoung, CEO of Eastport Health Care in Maine, has developed and convened Community Circles in several Downeast communities, at least one of which is focused on enhancing community responses to individuals with severe mental illness. Other projects focus on implementation of a Health Disparities Graduate Course at Husson University; building awareness of implicit bias and its impact on patient outcomes; and implementation of an introductory child care course for immigrant Somali women, delivered in the Somali language. “These health leaders are extremely skilled and experienced professionals. The Ambassadors program has helped them expand their skill set and their vision of what they can accomplish. They have done the rest, and it has been amazing to watch,” says Dowd.



Hanley Leadership Development Health Disparities Ambassadors kick-off training, October 2011.

“Cultural competency is about more than reducing disparities in health and health care. It also connects with patientsafety, risk management and liability, and quality of care. Culture InSight has been a national leader in raising awareness about these issues and expanding the scope of work in the field. The next step is to connect it to specific disease states and vulnerable populations, focusing especially on major cost drivers.”

~ Robert C. Like, MD, MS,
Director, Center for Healthy Families and Cultural Diversity, Department of Family Medicine and Community Health, Rutgers Robert Wood Johnson Medical School



“It is so important to recognize that health care is not one-size-fits-all. We serve diverse populations with unique values, languages and cultures. As we all work to provide culturally competent care to our members and their communities, Culture InSight has been an invaluable resource to countless health care institutions and providers throughout our region.”

– Eric H. Schultz,
President and CEO of
Harvard Pilgrim Health Care

Organizational change requires visible and committed leadership from the top. “Without top leadership, you can’t get traction, and change is not sustainable,” says Dowd. So Culture InSight makes sure that leaders from every level of the organization are committed and involved in this work. “We make sure the leaders are engaged in the process, especially as the organization begins to move toward organizational changes,” says Dowd.

Lesson #5: Link cultural competence to the bottom line.

“People generally support cultural competency work because it is the right thing to do from a civil rights perspective,” says John Auerbach (below). “But it’s also important to understand that this addresses a very real problem of reducing disparities in health care, which are — among other things — enormously costly. From a purely economic perspective, an organization that works to reduce disparities will also reduce the harmful impact of health disparities on its bottom line.” Understanding why many prescriptions are never filled, or why people come to the emergency room to get a prescription refilled, is important in reducing unnecessary spending.

As the nation’s demographics change, and with the promise of near-universal coverage, the business case for cultural competence is stronger than ever.



Looking ahead: How cultural competence connects with accountable care, payment reform and the Affordable Care Act.

Among its other goals, the Affordable Care Act (ACA) seeks to improve health equity by better meeting the needs of minority populations and other underserved groups. Not only does it provide broad access to affordable care for everyone, but it also invests in preventive care, which minorities have historically been less likely to receive. In addition, the ACA expands Medicaid; establishes a new National Institute on Minority Health and Health Disparities with a national network of offices focused on improving health equity; increases funding for health disparities research; provides additional funding for community health centers; and invests in community health teams.

All these measures are intended to bring more underserved individuals and families into the system of care and reduce health disparities. This influx of new patients will take place against the backdrop of a changing reimbursement system in which providers will increasingly be compensated based on their patients' health outcomes.



This critical intersection in the health care landscape — with providers being held accountable for the health of an increasingly diverse patient population — is where the value of cultural competency becomes unmistakable. Studies show that providers who have participated in cultural competency training and education can improve the quality of care they provide to diverse populations.

Providing better care to every patient is a worthy and important goal shared by health providers and organizations across the U.S. Meeting this goal will require advancing both the science and the art of delivering care to our nation's richly diverse mosaic of individuals, families and communities.

Culture InSight:

A National Player

For more than 20 years, Culture InSight has been a national leader in the field of cultural competency for health and human services professionals and their organizations. To help organizations achieve cultural competency, Culture InSight offers a range of services, including organizational assessments, community mapping, interdisciplinary team building, program design, data analysis and leadership development.

Initially focused on training medical interpreters, Culture InSight created standards for this new discipline and became a national "go-to" source for interpreter training services. As the field evolved, Culture InSight began training clinicians and other staff in cultural competency and became widely influential in the field of health equity through its work as consultants to national organizations, including the U.S. Health Resources and Services Administration, America's Health Insurance Plans (an industry trade association) and Grantmakers in Health, as well as to many local organizations, throughout New England.

Today, Culture InSight's work has grown and evolved from facilitating healthy dialogue and effective training about cultural diversity to focusing broadly on creating and supporting health equity by identifying and addressing the many social determinants of health in all the communities it serves.

Culture InSight's Work At A Glance

Culture InSight's (CIS) work itself is diverse. Here are just a few samples of projects that CIS has undertaken in recent years:

Addressing Disparities

City of Boston

CIS worked with the Boston Public Health Commission and the Mayor's Office to provide cultural competency training to more than 300 staff and clinicians for 33 local health care organizations as part of a citywide effort to address health disparities in Boston.

Conducting Groundbreaking Research

Harvard Vanguard Medical Associates

CIS provided cultural competency training for 20 doctors and 40 nurses as part of the only randomized controlled study of cultural competency training and patient clinical outcomes. CIS provided focus groups as part of this research study. To date, this remains the only large-scale study examining the tie between cultural competency training and patients' physical conditions; diabetes in this case. The results indicated that cultural competency training brought a statistically significant improvement in physicians' and nurses' ability to identify a disparity. And while the training did not result in a change in health outcomes of the patients, researchers speculate that the time period studied — 12 months — may have been too short, particularly given barriers to health caused by social determinants that can only be addressed over a longer time period, such as poor access to transportation, safe places to exercise, lack of supermarkets with access to fresh fruits and vegetables, and access to pharmacies.

Improving Interpreter Services

Queens Hospital, New York

CIS adapted its six-week medical interpreting program and delivered it to 300 volunteer interpreters at two large metropolitan hospitals in Queens, New York. The training greatly improved the quality of interpreting services provided to the communities served. Quality reviews done by the hospitals over the next two years showed a reduction of errors in interpretations and improved confidence on the part of the volunteer interpreters.

Partnering to Create First Cultural Competency Program for Pharmacists

Neighborhood Health Plan

CIS collaborated with Neighborhood Health Plan to create the first cultural competency training program specifically for pharmacists. CIS and NHP brought together faculty from the Massachusetts College of Pharmacy and Northeastern University's School of Pharmacy, and provided education in cultural competency and in facilitation skills for the pharmacists involved in the design and delivery of the program. Feedback from participants has been very positive, including from one long-time pharmacist who wondered "why it took nearly 50 years for someone to teach me about these issues."

Assisting in Statewide Conference

Passport Health Plan, Kentucky

CIS helped Passport Health Plan in Louisville create a day-long, statewide conference that served as a "kick-off" for a statewide health disparities initiative. CIS provided follow-up training as well.

Providing Cultural Competency Training MIT Medical

CIS provided an organizational survey and focus groups for MIT Medical, a health care center serving the entire MIT community. Using the data, CIS provided training for the leadership and staff of the organization, as well as consultation with MIT Medical's Diversity Committee.

Assessing and Improving Cultural Competency Advocates, Inc.

Advocates, Inc. provides educational, residential and occupational services to people with psychiatric, cognitive and physical disabilities. CIS worked with Advocates, Inc. to provide an organizational assessment and cultural competency training and consultation services.

Addressing Tensions HMEA

HMEA provides educational, residential and occupational support to children and adults with disabilities in more than 100 Massachusetts communities. With changing demographics in both staff and clients causing increasing tensions, HMEA asked CIS to provide an organizational assessment and training to help HMEA develop interventions. CIS also provided two full-day conferences for staff and families.

Building Cultural Competency Boston University Goldman Dental School

CIS worked with the Goldman School to provide training for leaders and faculty, and consultation services, to help the Goldman School begin to integrate cultural competency into the curriculum of the dental school.

Training in Culturally Responsive Care Tufts School of Medicine

CIS developed a year-long cultural competency training program that was inserted into the core curriculum of the pediatric education series designed for pediatric medical students and residents at Tufts School of Medicine.

Harvard Pilgrim Health Care is a full-service health benefits company serving members throughout Massachusetts, New Hampshire, Maine and beyond. Our mission is to improve the quality and value of health care for the people and communities we serve. The Harvard Pilgrim Health Care Foundation provides the tools, training and leadership to help build healthy communities by supporting programs that address childhood obesity; improve the health of communities impacted by health disparities; and support our employees as they invest their time and talents across Massachusetts, New Hampshire and Maine.

www.harvardpilgrim.org/foundation

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