



**Executive Director**  
**Health Equity Research, Evaluation, and Policy Institute**  
Boston, Massachusetts

**THE SEARCH**

The Health Equity Research, Evaluation, and Policy Institute (Institute), a new subsidiary of the [Massachusetts League of Community Health Centers](#) (League), seeks a community-focused research-informed institutional builder to serve as its founding Executive Director. This Institute, located in Boston, will serve as a core strategic initiative of the League, and will benefit from the extensive and robust network of 52 health centers and the more than one million patients that make up the League's network. The League serves as an information resource on community-based health care to policymakers, opinion leaders, and the media, and it provides a wide range of training and technical assistance to health centers and communities across the Commonwealth.

The vision for creating the Institute is to develop an organization for Massachusetts that will engage in community-based [emancipatory research](#) and evaluation to improve clinical practice and change public policy to achieve health equity throughout the state, and to develop best practices that can be applied nationally. As Executive Director, this leader will advance the short and long-term vision and strategy for the organization; and will develop a research, evaluation, and policy infrastructure for the Institute and in support of community health centers (CHC) in Massachusetts engaged in research or seeking to engage in research. This leader will also recruit and support a high-performing team. They will work closely with an advisory board, and with the support of the League, they will develop a pipeline of ongoing funding streams to ensure institutional sustainability. The Executive Director will establish and maintain mutually beneficial partnerships with a cross-section of public and private entities, leaders, and community members.

Reporting directly to League President and CEO (CEO), Michael Curry, the Executive Director will also serve as a Senior Vice President and member of the League's executive team. Given the League's long-standing reputation as a trusted public health leader and partner in the region, along with its proven enterprising spirit, the League is well positioned to incubate this new Institute.

In addition to its core and overarching function of conducting research and publishing findings, both independently and in support of member community health center researchers, the Institute will, over time, also manage requests from external researchers; conduct evaluations; disseminate findings in peer reviewed journals; use those findings to inform public policies; and will develop the research, evaluation and policy skills and careers of CHC staff and provide infrastructure support for research focused on achieving health equity. The League serves 52 health center members across the state of Massachusetts with various services and supports. As such, the Institute will act as an extension of the League in serving members through its offerings.

This Executive Director must be a proven and enterprising leader fully committed to eradicating the root causes of health inequities. They will bring an interminable commitment to building health equity and racial justice in communities and will have experience with community-based action research. This Executive Director must also be successful maximizing revenue and grant opportunities for the organization and be able to lead a team and advisory board.

An 11-member search committee has been established, which includes League staff, CHC leaders, and members of the academic and health center health equity research community. The search committee will be assisted by the national executive search firm Isaacson, Miller. Inquiries, nominations, and applications should be directed to the search firm. All communications will be held in strict confidence.

## **BACKGROUND ON THE LEAGUE**

[The Massachusetts League of Community Health Centers](#) (the League) is a 501(c)(3) network organization that was established in 1972 as one of the first state [Primary Care Associations](#) (PCAs), a statewide network in support of member community health centers, in the country – intended to establish a forum for addressing community-focused health providers in their common needs and concerns. Today, the organization supports, represents, and advocates for the Commonwealth’s 52 CHC’s including [Federally Qualified Health Centers](#) and hospital-licensed health centers, which provide primary, preventative, and oral healthcare to over one million residents, including many of the most historically marginalized populations.

For over five decades, the League has been a well-respected and trusted partner for CHC’s and its members, serving diverse patient populations and needs, and ensuring that the people of Massachusetts receive accessible, quality, comprehensive, integrated, and community responsive health care. Each member CHC is an independent entity, with its own board of directors or other affiliation.

Today, the League is a state-based information source on community-based primary health care to policymakers, opinion leaders, the media, and stakeholders in the public health, healthcare, and academic spheres. It provides a wide range of technical assistance to its CHC’s and local communities; including advocacy on health policy issues, support for workforce development, clinical care and technology initiatives, training and education, and guidance to state leaders and community-based organizations

seeking to open health centers. The League also oversees the [Massachusetts' Health Center Controlled Network](#) (HCCN) and the [Connecticut River Valley Farmworker Health Program](#) (CRVFHP). Over the years it has been successful in incubating the following subsidiary organizations:

- [Capital Link](#), is a 501(c)(3) organization established in 1994 to assist health centers in Massachusetts and nationally with financing related to facility development and other major capital projects. Its financing arm, [Capital Fund](#), manages several health center New Markets Tax Credit loan programs and provides targeted direct loans to health centers to assist them in leveraging multiple sources of financing for their capital projects.
- [Commonwealth Purchasing Group](#), is a wholly owned subsidiary of the League established in 1998 that provides group purchasing, shared services, and strategic sourcing solutions for 300 health centers and related non-profit organizations in Massachusetts and across the country.
- [Massachusetts Association for Community Health \(MACH\)](#), is a 501(c)(4) advocacy and social welfare organization that is supportive of health policy aimed at addressing community health needs.

As affiliate entities, Capital Link and Commonwealth Purchasing Group receive “backbone” services from the League. Each of these enterprising efforts have been remarkably successful and have grown their impact and influence over the years. The League’s pioneering approach to its work is also exemplified in its population health tool, [Data Reporting and Visualization System](#) (DRVS), which was developed by the organization in 2007, and was licensed in 2011 to [Azara Healthcare to expand nationally](#), and now is a leading national provider of data reporting and analytics for the CHC marketplace. Approximately two-thirds of the League’s member health centers participate in DRVS. The League also has access to additional data such as the Uniform Data Set (UDS), which provides data on patient demographics, clinical measures, and health center staffing.

## **THE GLOBAL PANDEMIC AND RACIAL RECKONING**

The COVID-19 pandemic, along with the murders of George Floyd and others, have brought social and racial injustice and inequity to the forefront of public health nationally, thereby raising the awareness and visibility of the critical role that CHC’s play in our communities across the country.

Since CHC’s have been the frontline responders during this health crisis, the federal and state governments have relied heavily on this network with coordination by the League to treat those with COVID-19, and to support and deliver COVID education, testing, and vaccine dissemination to those most disproportionately affected by the pandemic, particularly among communities of color.

While the evidence is undeniable that health disparities are real, and CHC’s have long excelled at delivering healthcare to populations most impacted by inadequate social, economic, and environmental conditions, the League would be among the first PCAs in the country to commit to researching health inequities, evaluating interventions, and using those findings to advocate for public policies.

As a result, there is a critical need for the League's newest innovative initiative – the establishment of the Institute. This entity, an affiliate of the League, will develop an innovative a new model whereby CHC's, patients, and community and academic researchers come together as co-partners in advancing health equity research, and in creating effective interventions and public policies.

## THE INSTITUTE

The Institute is a core strategic initiative of the League. The soon-to-be finalized draft mission of the organization is that CHC's will be supported to engage in community-based, emancipatory research and evaluation to improve clinical practice and change public policy to achieve health equity.

The draft values of the Institute include:

- **Diversity, Equity, and Racial and Social Justice** – The Institute will be uniquely dedicated to making measurable change in achieving diversity, equity, and justice and eliminating all disparities in health to achieve true health equity.
- **Community Driven** – Community health centers, patients, and community residents will be full partners at the table as researchers and/or partners with external researchers to develop the research agenda and oversee its implementation.
- **Authentic Partnership** – The League and CHC's will partner with colleagues from academia who have a willingness to engage in authentic and co-equal partnership with the community.
- **Social Factors and Structural Racism** – The research at the Institute will focus not only on clinical conditions, but also on social, economic, and environmental factors, as well as structural racism that each contribute to inequities in health.
- **Innovation and Excellence** – The Institute will look to contribute new knowledge to the field and to bring about change in clinical practice and health policies, all with a commitment to excellence.

Reporting directly to the League CEO, the Executive Director will also serve as a Senior Vice President and member of the League's executive team. While this Institute will initially establish roots in Massachusetts, over time, the vision is for the organization to develop a national profile. Establishing this Institute within the Commonwealth makes tremendous sense given that Dorchester, Massachusetts is where the first health center in the nation was launched in 1965 to serve communities facing disparities in health and health care delivery. Another distinct asset for this Institute is that the Greater Boston and surrounding region is home to numerous nationally recognized health care delivery organizations and medical schools, world renowned research institutions, and academic health centers.

As the Institute looks to build out its organization, it is very fortunate to leverage the League's extraordinary network of CHC's – in addition to its long-standing track record of collaboration. The

Institute will have the opportunity to tap into the League's rich and diverse data resources and will be able to leverage the organizational infrastructure of the League.

## **THE HISTORY OF RESEARCH IN COMMUNITY HEALTH CENTERS**

Massachusetts CHCs have participated in research efforts over the years and a few health centers, in particular, have robust efforts. These include [Fenway Health's Fenway Institute](#), [Caring Health Center](#), and [Boston Health Care for the Homeless Program](#). Other CHCs have been involved in research efforts initiated by external researchers or their affiliated hospital partners, and some have not participated in research at all. The Institute will work with interested CHC's to help support, initiate, and coordinate health equity research.

Additionally, many historically marginalized communities, especially communities of color, have had harmful experiences with research, and there is a historic mistrust that must be overcome. Some prominent examples of this include the U.S. Public Health Service Syphilis Study at Tuskegee and Henrietta Lacks not giving her consent to use her cells for biological research. And yet, despite all of these barriers and misgivings, there remains a critical need for CHC's and their patients to drive health equity research interventions.

The leader of the Institute will be expected to know this history intimately and to share it broadly through various public forums and in the media.

## **GOVERNANCE**

The Institute will be an affiliate organization of the League, and all filings for non-profit status in the Commonwealth of Massachusetts will be submitted on May 31, 2022, by the League's General Counsel.

The Institute will be governed by the League's 14-member Board of Directors, which is comprised of top leadership from CHC's. The Institute will also be guided by an Advisory Board, nominated by the Executive Director of the Institute and the CEO of the League, and ultimately approved by the League's Board of Directors.

The responsibilities of the Advisory Board will include providing overall direction on broad policy and program issues. More specifically, the Advisory Board will inform the research priorities and the vetting criteria and process for partnering with external researchers which may include a subcommittee, with potential additional members, to review those applications. The Advisory Board will participate in creating the Institute's strategic plan.

The Advisory Board will be comprised of 12 to 15 members and will include: representatives of the League board; community health centers (staff, clinicians, researchers, board members, patients) and/or community members; League leadership; researchers with a track record of partnering with community;

policy makers and/or other key stakeholders to be determined. Community members, who are not otherwise paid for this work, will be compensated for their time. The Advisory Committee will also receive training on research practices and will identify necessary training for potential external research partners.

## **BUDGET, FUNDING, AND PURCHASED SERVICES**

Over five years the League has grown rapidly, increasing its revenue by 280% with growth across all sources, including 200% growth in private funds and 300% in state funds. Today, the League has an operating budget of \$36 million, which includes revenue streams from the following: HRSA and SAMHSA; the Commonwealth Department of Public Health; Executive Office of Health and Human Services; multiple private foundations and corporations; and membership dues and fees.

The Institute is fortunate to have secured \$6.5 million in start-up funds distributed over the next five years. \$1.5 million of that comes from [Mass General Brigham](#) (MGB), a longtime partner of the League. MGB has been very supportive of the Institute and is deeply invested in building out the League's capacity to conduct research and evaluation across the Commonwealth. The remaining \$5 million in support of the Institute is an allocation by the Massachusetts Legislature of American Recovery Plan Act (ARPA) funds, for the express purpose of establishing this Institute.

The Institute will also receive administration and finance support through a purchased service agreement with the League. This agreement will be modeled after similar agreements that the other subsidiary corporations have with the League and will include human resources, budget and financial management, information technology, data warehouse, data management and analytic support, fundraising, legal services, and compliance.

## **LEADERSHIP AND STAFFING**

Michael Curry, Esq is the current CEO of the League. Prior to his tenure as CEO, he was the League's Deputy CEO and General Counsel. Mr. Curry has served on the health care transition teams for two former Massachusetts Governors and was involved in the passage of Massachusetts Health Reform and the Affordable Care Act. Today, he is on the City of Boston's COVID-19 Health Inequities Task Force and the Massachusetts Public Health Association's Task Force on Coronavirus & Equity, and he also coordinates the CHC response to the pandemic, in conjunction with the state Attorney General's Office, the Executive Office of Health and Human Services, various municipalities, and other partners.

Today, the League has a staff of 75, organized under a ten-member executive leadership team which includes the Executive Vice President & Chief Strategy Officer, Senior Vice President of Clinical Health Affairs, Senior Vice President of Government Affairs and Public Policy, Senior Vice President of Public Affairs, Senior Vice President of Workforce and Training, Chief Operating Officer, Interim Chief Financial Officer, Senior Vice President of Compliance, General Counsel and Chief Compliance Officer, and Chief of Staff.

Staff of the Institute will be employees of the League. In the first year, the initial goal is to hire the Executive Director of the Institute, a lead evaluator, a research assistant, and administrative support. The Executive Director may already have, or arrangements could be made for an academic appointment. Over time, the Executive Director will build a team as additional funds are raised. This may include a senior administrative director, at least one more researcher and evaluator, a communications/publications leader with support staff, a grant writer and grant manager, additional project manager/research assistants, and administrative support. Additionally, the Institute could develop academic partnerships to ensure that the organization has a robust cadre of faculty “affiliates.”

## **OPPORTUNITIES AND CHALLENGES**

### ***Shape a vision and strategy for the Institute and begin to build it out.***

Building on the planning work already underway, this Executive Director will work with key stakeholders to set and implement a strategic vision and plan for the Institute over the next several years with precise long- and short-term goals. They will create processes to manage requests from external researchers, build evaluation capacity, support and create training opportunities for CHC’s to engage in community-based emancipatory research and evaluation, publish findings in peer reviewed journals, and share with key policy makers. Over time, the Institute may develop a comprehensive research infrastructure including grant writing and management, an Institutional Review Board (IRB), and other supports.

In the first year, the Executive Director will develop an advisory committee, identify priority research questions, establish processes to review proposals from external researchers to ensure that projects are grounded in authentic collaboration, participatory research, and ensure the evaluation of the MGB-funded programs. Working with the League’s financial leadership, the Institute will work to negotiate its own indirect rate with government research bodies to cover the actual costs of research. Structures will also be put in place to ensure CHC’s and the League successfully apply and compete for and manage federal grants along with other funding opportunities. Over time, the Institute may develop its own Institutional Review Board (IRB) or create an agreement with a local IRB.

The Institute will also begin to build out its evaluation capacity and will serve as a resource to and collaborate with CHC’s already leading evaluation efforts for their own programs and to provide technical assistance or conduct evaluations as needed. With time, the League will also be staffed with a core of its own researchers and other professional staff to produce policy reports or inform state or federal policy. The League will also continue to build out the data warehouse and analytics capacity.

### ***Serve as a critical external ambassador for the work of the Institute to a diverse cross section of constituents and stakeholders.***

In building out this critical organizational roadmap to support health equity, the Executive Director will communicate this vision widely. They will serve as an impassioned and persuasive spokesperson around

community-based equity research and will serve as an extraordinary relationship builder, connector, and convenor, bringing CHC's, community leaders, researchers, academic and clinical partners, policy leaders, and public sector, non-profit, and corporate leaders together to work deeply and impactfully towards health equity in Massachusetts. This leader must listen carefully, be open to learning, and meet diverse stakeholders where they are at. It will be critical that this leader be able to acknowledge and speak truth to how research has failed many communities, and how critical it is that communities of color and other marginalized people are at the table.

***Ensure a sustainable organization and develop a pipeline of ongoing funding streams.***

With \$6.5 million dollars in seed funding, the Institute is fortunate to be able to develop the building blocks of its organization. Achieving this full vision, however, will require significant additional resources and a fundraising and sustainability plan must be developed. The CEO of the League is fully committed to this venture, and to proactively raising additional funds for this effort. Consequently, the Executive Director and the CEO will work in close partnership to generate these resources.

Potential avenues for raising additional funds include federal funding through the National Institute of Health (NIH) and Health Resources and Services Administration (HRSA) and other federal agencies. Revenue is likely to come from ongoing public support at the city and state level, as well as foundations and corporations. The Institute will conduct evaluations for CHC's and other non-profits and government organizations, and could in the future contract with government, Accountable Care Organizations (ACO)'s and other payers to analyze data and produce reports. The intention is that all these activities will generate earned income for the Institute. It will also be critical that the League negotiate a federal indirect rate to cover administrative costs associated with research engagement.

***Effectively build and support a high-performing team and organization.***

This Executive Director will have a significant opportunity to develop the internal organizational structure and culture at the Institute. This will include hiring staff, supporting a team, and leveraging the centralized services of the League. It also means partnering effectively with member CHC's and creating opportunities for the CHC workforce to develop research, evaluation and policy skills. While there is a proposed blueprint for staffing needs based on early organizational priorities, ultimately this leader will determine the size, structure, and necessary roles needed to meet the objectives of the Institute. The Executive Director will be an experienced and effective leader with the skills to support the internal management of the organization, while also being able to build, develop and retain a cohesive and high-performing team and work environment.

As a Senior Vice President of the League, the Executive Director will also contribute to the League's overarching goals and will prioritize their relationship with the League CEO and senior staff to ensure there is a productive and mutually beneficial relationship. While the Executive Director will have a great amount of autonomy, success of this venture will also depend on ongoing communication, coordination, data



sharing, and the leveraging of expertise between the League and the Institute. Fortunately, this collaborative relationship has been successfully modeled through Capital Link and Commonwealth Purchasing Group over many years.

## **QUALIFICATIONS AND EXPERIENCE**

An ideal candidate will bring many of the following professional experiences and personal characteristics:

- A PhD in a related field and/or MD degree, with a successful track record as a PI on major federal or national foundation grants relevant to topics on health equity.
- Experience with community-based action research activities related to health equity with the ability to develop the building blocks of a research enterprise and serve as a mentor to others in research and evaluation.
- Demonstrated experience working at or in collaboration with CHCs or other community-based organizations.
- Demonstrated experience serving as a leader of social justice and racial equity initiatives with deep understanding and capacity to lead antiracism initiatives (including the ability to identify and assign required training as needed in these areas).
- An enterprising leader with a proven record of providing short and long term strategic and institutional vision and implementation. Ideally, experience leading the establishment of a new organization or start-up endeavor.
- A dynamic and persuasive ambassador to internal and external audiences and the aptitude to communicate effectively both orally and in writing.
- A track record of working collaboratively and effectively with a broad range of stakeholders and maintaining mutually beneficial engagements and partnerships.
- Proven success in securing and sustaining a majority soft-money funded research initiative and the capacity to translate soft-funds into revenue generating products/initiatives. Also experience developing and managing budgets.
- Experience hiring and leading a team of talented contributors and supporting professional development of staff, along with nurturing a positive and sustainable work culture. Must also have experience successfully working with community led governing and/or advisory boards.
- A team player who is highly effective at championing their own organization, while simultaneously supporting and working towards larger and shared institutional and community-driven goals.
- Appetite for leveraging technology, data infrastructure, and systems of interoperability to support the substantive and programmatic work.

- Must be bold, brave, forward-looking, agile, and a self-starter, and bring an appreciation for process as well as decisive decision-making. This leader will also center “community voice” in all that they do and will be an active listener and learner, with a high level of energy and personal and professional integrity.

**FOR MORE INFORMATION OR TO APPLY**

The League has retained Isaacson, Miller, a national executive search firm, to assist in this search. All inquiries, nominations, and applications should be directed in confidence to the search team at the link below. Please include CV's/resumes and a two-to-three-page long letter of interest responding to the opportunities and challenges outlined above.

Rebecca Swartz, Partner

Karreem Mebane, Senior Associate

Harley Bartles, Search Coordinator

<https://www.imsearch.com/search-detail/S8-509>

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## APPENDIX

### DEFINITION OF EQUITY AND COMMUNITY

This Institute's definition of equity includes all underserved and under-resourced patients and populations defined by race, ethnicity, language, socio-economic status, gender, sexual orientation, gender identity, disability, immigration status, housing or veteran status, age, and/or other characteristics.

Additionally, its description of community encompasses CHC's, patients, and the broader geographic communities the health centers serve.

### RESEARCH AT THE INSTITUTE

In recent years, the League's clinical team has engaged in research activities often initiated by external researchers. Moving forward, CHC's partnership with academia will be critical to support the careers of community researchers, to enhance the credibility of the Institute, and also in attracting significant federal funding. With time, the Institute will also establish "affiliated" faculty researchers that may not be staff at the Institute but will have fulfilled a set of requirements to be considered faculty. The Institute will also partner with member CHC's and engage their clinical staff and in-house researchers as collaborators on grants. Over time and with additional resources, the Institute will have an opportunity to support CHC's with identifying funding sources, providing training, offering paid mentorship, and comprehensive infrastructure supports, including grant writing, research assistance, data access and analytics and more.

For the Institute, the methods and types of research are likely to fall into health services and health policy research and intervention studies, using mixed methods—qualitative and quantitative approaches. Research will focus on not only clinical conditions but also the social, economic, and environmental factors, as well as systemic racism, that contribute to inequities. Research topics might include, but are not limited to, oral health, mental health, substance use, racial trauma, housing and health, maternal/child health, chronic disease, infectious disease, and prevention and screening.

Regardless of research topic or research approach, this Institute will be committed to participatory and authentic engagement of communities in all aspects of its research, and as an organization, it will invest the time and resources in acknowledging the past exploitation in research and in educating communities about research so that they are empowered to be full partners in research and at the table.

### EVALUATION AT THE INSTITUTE

In addition to developing a robust research agenda and flexible research infrastructure, the Institute's intention is to develop full-service evaluation capacity to support CHC's within Massachusetts and ultimately make it scalable, so over time, the Institute can support CHC's nationally. The hope is that this model would become a revenue generator for the Institute, serving external public sector and non-profit

agencies. In the short term, the Institute will design and implement an evaluation for current MGB-funded programs related to behavioral health workforce and substance use disorder treatment and recovery.

### **DISSEMINATING FINDINGS TO IMPACT POLICY**

As an organization, the League has long been committed to influencing the public policy agenda within the Commonwealth and nationally. Consequently, the Institute will follow in the League's footsteps, investing in published reports to advance health equity. Possible deliverables may include an annual report on the health status of CHC patients across Massachusetts, presentations at the League's annual Community Health Institute and/or a bi-annual dashboard on key health equity indicators and/or integration of Institute findings into DRVS. The Institute may also host events, convenings, and symposia to educate policymakers or to showcase the work of CHC and Institute researchers, along with external research partners. CHC and Institute researchers will serve as primary or co-authors on publications in peer-reviewed journals. Irrespective of which pathway is taken, all of this work is intended to broadcast new developments in the field and inform systems change work.

### **DEVELOPING A PIPELINE OF HEALTH EQUITY RESEARCHERS AND EVALUATORS**

As the League begins to articulate the Institute's long-term impact, it is interested in supporting opportunities to develop the research and policy skills of the CHC workforce. This effort would be established over time as additional funds are raised. Potential opportunities and ideas for developing this health center workforce may include creating or contracting with an existing training program for health center staff/clinicians to learn basic research and evaluation skills, and health equity/social justice principles. The Institute could also develop or partner to deliver an introductory course that provides a basic introduction and overview to administrative staff and clinicians to give them a realistic sense of this work.

Other possibilities the Institute might undertake include developing a fellowship opportunity for health center staff with mentorship, training, and infrastructure support to be able to pursue their research idea. The organization could create a "researchers in residence" program where external researchers, with goals to be community based, are embedded in CHC's for a period of time to learn the health center culture and practice while simultaneously contributing to the body of work of designing and conducting evaluations. To build a pipeline for the future CHC workforce, the League might also facilitate students, especially students of color, from high school through graduate school in research, evaluation, and policy internships and fellowships.