

THE **DRA** Accelerating Disparity
Reducing Advances
PROJECT



DRA Partners Meeting Summary

April, 2006

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Introduction

On April 6th, 2006 representatives of organizations committed to reducing health disparities met in Alexandria, Virginia to discuss potential advances for reducing health disparities over the next decade. They discussed areas of potential advances, imagined the most promising advances for reducing health disparities and discussed the next steps for bringing health gains to the underserved.

These organizations are partners in the Disparity Reducing Advances Project (the DRA Project). The DRA Project is a multi-year, multi-stakeholder project developed by the Institute for Alternative Futures (IAF) to identify the most promising advances for bringing health gains to the poor and underserved and accelerating the development and deployment of these advances to reduce disparities. The project is funded with support from the National Cancer Institute's Center to Reduce Cancer Health Disparities, University of Texas Medical Branch and Florida Hospital. A complete list of the sponsors and partners of the DRA Project is available at the end of the summary.

Why the DRA Project is Important

Barbara Wingrove from the National Cancer Institute's Center to Reduce Cancer Health Disparities talked about the importance of reducing health disparities and the role of the Center and the DRA Project. Her presentation highlight the critical disconnect between what we know about disparities in health and what we are doing to prevent those disparities. She highlighted the Center's actions to reduce disparities in cancer screening and care. The Center's Community Networks Program funds organizations on the ground committed to conducting community-based participatory cancer education, training and research among ethnic and racial minorities and underserved populations. Their Patient Navigator Program is researching the effectiveness of patient navigation services in reducing disparities.

The DRA partners also identified a number of reasons why reducing health disparities and the DRA Project is important for them and their organizations:

- Health equity is a core value for them and their organizations.
- Our country is becoming increasingly diverse and we will not see improvements in health unless we address disparities.
- The DRA Project is a rare forum to think long term about disparities and healthcare.

- The DRA Project allows our organizations to look at health disparities from an integrative, multi-disciplinary viewpoint.
- The DRA Project offers a forum to look at health disparities strategically, identify opportunities and implement them effectively.
- The DRA Network provides a new avenue to identify the promising advances and provide them to all Americans.
- The DRA Project aids their organization by learning from other organizations and being able to plan for effective action in the future.

Identifying Advance Areas

The DRA Partners adjusted and added to six broad areas of advances for reducing health disparities presented at the meeting. The final resulting lists are presented below.

Community health and prevention approaches will support healthy families

- Reinforcing of higher physical activity levels, safe, walkable communities
- Providing incentives for healthy behaviors
- Coupling health and healthy living with entertainment
- Encouraging healthy cultural alternatives for nutrition
- Creating healthy eating programs in schools, vending machines and fast food restaurants
- Encouraging community health and prevention through community workers (e.g. barbers & hairdressers)
- Implementing church based screening, and prevention programs
- Using worksites as centers for health outreach
- Implementing health education and literacy programs in schools and low income communities
- Education on and prevention of mental health disorders
- Removing pollutants and violence from neighborhood environment
- Addressing environmental justice issues

Better quality health care -- More effective, caring treatment

- Improving access to care including clinical trials
- Effectively applying the Chronic Care Model
- Creating continuity of care across providers
- Effectively targeted health information integrated into care delivery systems
- Providing effective preventive services
- Implementing effective patient centered care
- Leveraging telemedicine, particularly for rural areas, including both access and appropriate computer/technology skills for patients
- Redesigning clinics and waiting rooms with healthier designs and creating entertaining learning spaces
- Deploying electronic medical records and personal electronic health records to low income patients and their providers
- Expanding the use of patient navigators and promotores
- Expanding the use of parish nurses

More widespread and effective use of complementary and alternative approaches

- Identify and use CAM modalities with proven health outcomes
- Identify and use CAM modalities that are cost effective, especially for conditions that have high disparities among racial, ethnic or socioeconomic groups
- Identify and promote CAM modalities that already exist and are effective in racial and ethnic communities
- Incorporating and honoring the deeper wisdom of cultural traditions
- Leveraging the power of strong belief systems in reinforcing immune systems
- Identify how conventional clinicians can best use CAM or refer patients to CAM providers

The use of risk identification to identify communities and individuals

Creating and using better, cost effective, and culturally appropriate identification of personal and community risk factors. These risk factors can be modified to improve health or to target, prioritize screening which can be modified to improve health. Some areas of risk identification include:

- Risks based on **Genetics**
- Risks based on **Socioeconomic** status
- Risks based on the physical **Environment**
- Risks based on **Personal Choices**

Biomonitoring/Bioinformatics to treat and prevent disease

- Developing continuous, passive biomonitoring with results sent to the patient's health record.
- Developing continuous, passive biomonitoring that allows individuals to develop their own "normal ranges" and provides alerts for changes in health status.
- Developing software programs to interpret biomonitoring information so that the individual and health providers can make better health decisions.
- Ensuring culturally and linguistically appropriate formats for these biomonitoring technologies.

Behavior coaching/reinforcement supported by new knowledge and technologies

- Motivating change in groups through cultural and community technologies
- Identify and provide support to those with mental health and substance abuse problems
- Using high impact consumer products (e.g. games, cell phones, ipods) as platforms for health motivation and hubs for health information
- Motivating personal change processes using personal health goals with feedback loops (e.g. weight control and exercise)
- Leveraging advances in communication tools, including low cost cell phones, allowing conference calls, the internet, phone and video interaction to:
 - Reinforce healthy behavior through feedback
 - Education on good nutrition

- Contact and communicate health care providers, health coaches or lay health advisers

Imagining the Most Promising Disparity Reducing Advances

The participants of the DRA Partners meeting identified an initial set of promising advances that should be pursued through the DRA Project. These advances were identified after the participants considered a range of potential advances for reducing health disparities at the Partners' Meeting, the criteria that would be relevant in picking the most promising and the recommendations from local, state and national disparity focused DRA partners. These advances will be further explored over the summer by IAF and a committee of partners with experience and interest in these advances. The results of these committees will be shared at the next Partners Meeting on September 13th in Washington, D.C.

Community Focused Approaches to Prevention

Community focused approaches to learning and health promotion/prevention can provide significant opportunities for reducing health disparities. These include a range of activities in communities such as:

- Reinforcing higher physical activity levels, safe, walkable communities
- Creating healthy eating programs in schools, vending machines and fast food restaurants.
- Fostering healthy eating by families – affordable, healthy food choices in grocery stores and shops
- Developing culturally appropriate healthy menus
- Implementing health education and literacy programs in schools and low income communities
- Building social capital and relevant norms
- Using community workers (e.g. barbers and hair dressers) as health coaches, lay health advocates and prayer buddies
- Implementing church based screening and prevention programs

Using Cell Phones to Reduce Health Disparities

Cell phone utilization and capacity continues to grow with each new generation of phones. Next generation cell phones will have the processing power and internet connectivity now seen in personal

computers. Unlike personal computers, the digital divide in cell phone use in low income communities and ethnic and racial minority communities is much lower.

Over the next ten years, cell phones are likely to be a major link between biomonitoring devices used by individuals, their electronic and personal health record and their health care provider. There may be a number of opportunities to use cell phones to reduce health disparities such as:

- Using the cell phone as a platform to distribute and access health information
- Using the cell phone for public outreach programs for screening, health promotion or disease management
- Providing incentives over the cell phone for behavior change linked to biomonitoring
- Providing nutritional information over the cell phone to help consumers make food choices that are both nutritious and culturally appropriate
- Using cell phones as a platform for serious games that improve health

Enhance Consumer Navigational Support

Ensuring that underserved patients have the support they need to navigate our complex healthcare system is an important for reducing health disparities. There are a number of advances that can improve the quality of consumer navigational support. This includes both electronic and personal navigators.

- A database of common definitions and terms
- Simple and clear documentation to point patients in the right direction
- Identifying and supporting ongoing sources of payment for consumer navigation
- Best practices on how to harness and enhance informal approaches to consumer navigation
- An electronic “Health Compass” for individuals for navigating health services

The DRA Partners also brainstormed promising advances that did not make the top three. These are the honorable mention list of disparity reducing advances.

- Educating healthcare providers with timely electronic information
- Biomonitoring of specific diseases with active individual involvement
- Improve the accessibility of the personal health record
- Using community providers in commentary health modalities to promote health

- Education of providers, communities and patients on mental health issues
- Promoting the effective use of the chronic disease model

The project partners also discussed four key opportunities from the Biomonitoring Futures Project identified on April 5th at the Biomonitoring Futures Project Advisory Committee Meeting. The Biomonitoring Futures Project is a component of the DRA Project funded by a grant from the Robert Wood Johnson Foundation (the full material from the Biomonitoring Futures Project is available at www.altfutures.com/BFP). The DRA Partners agreed that these four key opportunities and the top 3 advances mentioned above would form the DRA agenda for the summer.

Support Continuous, Passive Biomonitoring for Health and Prevention:

A number of new technologies are available for personal and home use that can monitor mobility, sleep patterns and general activity. In the home, these technologies are already being used to monitor elderly patients and patients with chronic conditions. Continuous, passive monitors can also be worn in personal devices to monitor physiological parameters such as motion, body heat, heart rate, and breath rate. Using sophisticated algorithms, these parameters can be used to provide useful information such as energy expenditure and physical activity. Combined with software for health coaching, these monitors can improve health and help manage diseases such as diabetes.

Develop an Implanted, Closed-Loop Insulin Pump and Biomonitoring System: For diabetes, automatic glucose monitors connected to an implanted, closed-loop insulin pump is likely in the next decade. This will be a promising technology for reducing health disparities if it is promptly and appropriately available to underserved populations. Complications from diabetes, such as heart disease, stroke, amputation, blindness and kidney failure are a significant source of health disparities. This implanted system can reduce complications. Advances in sensor technology and software have improved continuous blood sugar monitors and enabled them to communicate wirelessly with insulin pumps.

Focus on Early Detection of Cancer Through Early Screening Using Blood as a Platform: A large component of health disparities in cancer are due to cancers that are not identified early. New and more accurate tests for screening and early diagnosis could dramatically reduce disparities through the early

detection of cancer in underserved populations. Some of the tests under development will be easier to use and more accurate than existing tests. Other tests will screen for cancers for which there are currently no appropriate tests. Blood tests for pre-cancer and cancer markers are further along in development and are likely to be used by health care providers than tests using saliva, breath and other platforms. However, the costs of some of these tests are likely to be significant. Reducing health disparities will require not only improvements in cancer screening tests, but also a commitment to making these tests available to everyone who needs them.

Support the Use of Biomonitoring to Change Behavior Upstream, at the Community and National

Level: The best way to both reduce health disparities and reduce the cost of care will be to target at risk populations at the community and national level. Biomonitoring data collected at the individual level can be used at the community and national level to change behavior. This can include targeting communities with public health messages, making physical activity safer and easier in communities, making communities more livable and improving access to care through outreach programs. A national health information system that collects this information and shares it across health providers will make it easier for researchers to identify and address the underlying causes of health disparities. Protections of privacy and security, and protection against discrimination will need to be in place for these biomonitoring advances and their benefits to communities to be effective.

Next Steps for the DRA Project

The DRA Project will continue to move forward in identifying and promoting advances that can reduce health disparities. The DRA Project will convene eight committees over the summer. IAF will be contacting the partners in May for volunteers to these committees based on the seven topics outlined above. The last committee will refine and apply the criteria for identifying the most important disparity reducing advances. The results from these committees will be shared with the DRA Project Network in August. The DRA Partners will convene again on September 13th, 2006 in Washington D.C.

***For more information or to join the DRA Project contact Craig Bettles,
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