

The DRA Project

- *Accelerating health disparity reducing innovation*
- *Achieving health gains for the poor and underserved*

Founding Sponsors

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DRA Project Description (October 20th, 2009)

The Disparity Reducing Advances 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 Health Resources and Services Administration defines health disparities as "population-specific differences in the presence of disease, health outcomes, or access to health care." The last century has seen major advances in public health, health technology, economic wealth and prosperity. While these advances have translated into increased health status for Americans there are many underserved communities that have been left behind.

The next decade will see a myriad of advances in prevention and treatment that will yield significant health gains. Notable advances are likely in the recognition of the role of social determinants, community approaches to prevention, early cancer detection, patient navigation, chronic disease management, and complementary and alternative medicine.

Typically the poor and underserved are among the last to benefit from such advances. Health disparities in the US are significant. African-Americans are 23 percent more likely to die from all types of cancer than whites, and in 2001 the death rate from diabetes in Hispanics was 40 percent higher than the death rate of whites. Slow diffusion of advances plays a role in these disparities.

The DRA Project will work to overcome this reality by accelerating key advances in health care and public health. The DRA Project has created a network, targeted key disparity reducing advances (DRAs), published 17 reports on these, developed targeted actions to accelerate these DRAs, held several briefings, including four Disparities Foresight Briefings on Capitol Hill with the Congressional Hispanic Caucus and Congressional Black Caucus. These materials are available on the DRA Project website: www.altfutures.com/dra.

Creating a Portfolio of Disparity Reducing Advances

In 2006 the DRA Project reviewed the literature on disparities, considered what might be the most important disparity reducing advances, and developed forecasts for key areas. Then the DRA Project Partners chose several efforts to pursue. Four of these efforts focused on advances in public health, four on advances in health care. These are described below.

Public Health Efforts

Refocusing on the Social Determinants of Health: The work of the DRA Project has shown the importance of focusing “upstream” on the determinants of health and disparities. You can see our DRA Project Report on the “most important” advances on the DRA website. The DRA Project has partnered with the Prevention Institute to produce two reports about refocusing on the social determinants of health: [The Imperative of Reducing Health Disparities through Prevention: Challenges, Implications, and Opportunities](#) and [Laying the Groundwork for a Movement to Reduce Health Disparities](#). We’ve held Disparities Foresight Briefings on Capitol Hill related health equity and the social determinants of health in November of 2007, February 2009 and October 2009. DRA Partners are creating awareness of the social determinants of health. The DRA Project is supporting a public impact campaign using the PBS miniseries on health disparities which aired in 2008 and again in 2009, see: www.unnaturalcauses.org.

Lessons from National Healthy Eating and Active Living Programs: Healthy eating and active living (HEAL) are the keys to preventing obesity as well as health disparities in diabetes, heart disease and cancer. The DRA Project worked with 8 national programs funding community engagement for healthy eating and active living (The California Endowment’s Healthy Eating Active Communities Program; CDC’s REACH U.S and Steps to a Healthier US; Kaiser Permanente’s Community Health Initiatives; The Joint Center’s Health Policy Institute’s program - Place Matters: Addressing the Root Causes of Health Disparities; the W.K. Kellogg Foundation’s Food and Fitness Program; the YMCA’s Activate America; and the Robert Wood Johnson Foundation’s Active Living by Design) to identify and disseminate lessons learned from these programs. [The Using Healthy Eating and Active Living Initiatives to Reduce Health Disparities](#) report identifies five key strategic insights for making these initiatives work with low income and communities of color.

Obesity Prevention in Schools: Schools are an important setting to encourage good health and to prevent obesity. There are a number of school based efforts working in this area, such as The City Year Detroit Project using teams of AmeriCorps volunteers to work with Detroit’s public schools to enhance their systems for nutrition, physical activity, the health clinic, the physical environment, health of the teachers and staff and involvement of parents. The DRA Project has worked to promote awareness of this type of school based wellness or obesity prevention opportunity. In 2008 the DRA Project released an illustrative survey of over forty school focused programs in this field.

REACH U.S. Lessons: [The Racial and Ethnic Approaches to Community Health \(REACH\)](#) is CDC's cornerstone initiative aimed at eliminating disparities in health status experienced by ethnic minority populations. REACH programs have shown that health disparities can be reduced by engaging local leaders, building community partnerships, recognizing cultural influences, creating sustainable programs, leveraging resources, and empowering individuals and communities. The DRA Project worked with CDC to develop and promote the lessons from REACH U.S.

Health Care Focused Efforts

Expanded Care Model: Having low income communities receiving prompt, quality health care, including preventive services, can reduce health disparities. In US health care, among the most significant quality improving activities have been the Health Disparities Collaboratives in health centers sponsored by the Health Resources and Services Administration (HRSA). HRSA is evolving the approach of these efforts and the chronic care model they used from a single disease focus (e.g. diabetes, heart disease or cancer) to a focus on the whole person and the whole systems of the centers in the "expanded care model." The DRA Project is working with HRSA to elaborate and promote the expanded care model, including the integration of social determinants, community conditions and complementary and alternative care.

Integrative Primary Care: Many low income and minority communities use complementary or alternative approaches (CAM) and integrative medicine (IM). Many community health centers provide some CAM services. It is likely that the inclusion of evidence based methods of complementary and alternative care could reduce health disparities by making care more accessible, culturally appropriate and affordable. The DRA Project is working with the Samueli Institute, HRSA and other DRA Partners to look for ways to integrate complementary and alternative methods of care into primary care for low income and minority populations. A major scoping meeting on the use of CAM in community health centers was held in 2008. The results are available on the DRA Project website.

Patient Navigation: One source of health disparities is the inability of patients to navigate and appropriately access health care treatment, particularly for diseases with complex treatment regimens, such as cancer. In recent years there have been many significant experiments with "navigators" for patients. A national survey, on patient navigators and their functions and training is currently underway. The survey was developed in partnership with the American Cancer Society (ACS), and with the help other partners. You learn more about the survey at www.patientnavigatorsurvey.com.

Biomonitoring: New technology for monitoring patients in their homes and in their daily routines offers promise in conducting research, preventing disease, screening for risk factors and monitoring treatment or progression of disease. Such monitoring, combined with coaching, has been shown to be effective in some low income populations in managing and improving outcomes of chronic disease, including diabetes, heart disease and asthma. The DRA Project has worked with community health centers and other providers interested in developing these applications to spread knowledge and increase the usability and effectiveness of these biomonitoring approaches for low income communities and their health care providers. With funding from the Robert Wood Johnson Foundation forecasts were developed for biomonitoring potentials as well as recommendations for making these

advances disparity reducing, often by shortening their diffusion time into low income populations and their health care providers. The Commission to End Health Care Disparities partnered with the DRA Project to develop a technology strategy for the Commission. In 2008, the DRA Project updated the review of developments and forecasts, reaffirming the promise in this arena, and the need for ensuring that these advances reduce rather than exacerbate health disparities. The original reports and the 2008 update is available on the DRA Project website.

Individuals or organizations interested in working with or support any of these efforts should contact the DRA Project at futurist@altfutures.com. For more information, check the DRA Project website at www.altfutures.com/dra.

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