

The DRA Project: Accelerating Disparity Reducing Advances

Clement Bezold, Ph.D., Project Director
A project of The Institute for Alternative Futures
www.altfutures.com/draproject
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Introduction

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. With over 60 partners and sponsors, we have identified key advances and are working to accelerate them. DRA Project Sponsors include: the National Cancer Institute, the Agency for Healthcare Research and Quality, CDC, the Robert Wood Johnson Foundation, the American Cancer Society, Novo Nordisk, the University of Texas Medical Branch, and Florida Hospital. The DRA Partners network includes:

- National health voluntary organizations (e.g. the American Cancer Society and the American Diabetes Society),
- Federal Agencies (e.g. HRSA, ODPHP),
- Community and homeless health centers (e.g. Hill Health, Joseph Addabbo Family Health Center, Health Care Center for the Homeless),
- Corporations (e.g. Siemens, Johnson & Johnson),
- Hospitals and academic medical centers, (e.g. Florida Hospital, University of Washington),
- Technology developers and institutes (e.g. Center for Integration of Medicine and Innovative Technology of the Massachusetts General Hospital; Medical Automation Research of the University of Virginia), and
- Providers of culturally and linguistically appropriate health and nutrition information (e.g. Dr.Tango, and Hehni Nutrition Consultants-author of the Soul Food Cookbooks)

The DRA Project has produced 18 reports focused on a range of topics - all (except those in the final editing stage) are available at www.altfutures.com/dra.

In 2006, based on our review of the literature and our DRA Partners' commitments we chose 8 major efforts to focus on, four in public health (refocusing on the social determinants of health, healthy eating and active living, wellness and obesity prevention in schools, and CDC's REACH effort) and four in health care (the Expanded Care Model, integrative primary care, navigators, and biomonitoring). In addition we have begun a series of Congressional Briefings, a newsletter, and advocacy for tobacco control, and promotion of modeling and mapping to reduce disparities. These 8 major efforts and additional activities will be described below.

Four Public Health Efforts

Refocusing on the Social Determinants of Health:

One of the most important disparity reducing advances is the 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 and on the movement needed to do this. Three reports have focused on this: *Most Important Disparity Reducing Advances in US Healthcare and Public Health*; and two Prevention Institute Reports for the DRA Project: *The Imperative of Reducing Health Disparities through Prevention: Challenges, Implications, and Opportunities* and *Laying the Groundwork for a Movement to Reduce Health Disparities*.

- Using the Prevention Institute reports as a focus, the DRA Project has worked to support and promote the national movement.
- DRA Partners are also creating awareness of the social determinants of health. For example, the DRA Project is supporting the public impact campaign using the PBS mini series on health disparities titled *Unnatural Causes: Is Inequality Making Us Sick?* which was aired during the Spring of 2008.
- Our December 6th, 2007 Disparities Foresight Briefing on Capitol Hill, co-sponsored by the Congressional Hispanic Caucus, included a focus on the social determinants of health with a presentation by Prevention Institute President Larry Cohen.
- We have developed Health Equity Scenarios that consider four different paths toward or away from greater equity, and the factors that will be important. These are intended to stimulate thought and discussion about how we achieve health equity. A presentation tool kit, including powerpoint slides, will be developed so that DRA Partners, other organizations and the public can use the Scenarios to better understand the factors retarding health equity and what must be done to achieve it.
- Next steps:
 - Include social determinants/health equity in one or more Congressional Foresight Briefings. Briefings will be held early in 2009.
 - Continue to act as a strategic thinking and networking resource for the emerging health equity movement.
 - Promote the use of "Health Equity Scenarios" that enable a better understanding of the determinants of health and disparities and the pathways to health equity.

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. What does it take for these to be effective and successful in low income communities and communities of color; where health disparities are often high? The DRA Project developed a report answering this question by working with the leading national HEAL initiatives that fund local programs. There are eight leading national programs which have worked with us to share what's working for low income communities and communities of color: These national programs are: Active Living by Design of the Robert Wood Johnson Foundation; the California Endowment's Healthy Eating Active Communities Program; CDC's Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.); CDC's Steps to a Healthier US Program; Kaiser Permanente's Community Health Initiatives; Place Matters: Addressing the Root Causes of Health Disparities of the Health Policy Institute of the Joint Center for Political and Economic Studies; W.K. Kellogg Foundation's Food and Fitness Initiative; and the YMCA's Activate America: Pioneering Healthier Communities. Five key strategic insights have emerged from this work; these initiatives must:

- Contribute to healthy community conditions,
- Build community networks,
- Be framed around local concerns and benefits,
- Mitigate access barrier; and
- Acknowledge and leverage cultural strengths.

These lessons are the focus of a report that is being promoted to key program officials, policymakers and funders in an effort to encourage effective HEAL initiatives for the communities where they can make the greatest difference. The report was highlighted at the December 2007 Disparities Foresight Briefing on Capitol Hill.

Wellness & 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. One is 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 is working to promote awareness of this type of school based wellness or obesity prevention opportunity. To this end the DRA Project has developed an illustrative survey of over forty school focused programs in this wellness/obesity prevention field. This has been released and is being widely distributed.

REACH U.S. Lessons:

The Racial and Ethnic Approaches to Community Health (REACH U.S.) 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 has worked with CDC to develop and promote the lessons from REACH. REACH U.S. was a prominent feature of the December 2007 Disparities Foresight Briefing, co-sponsored by Congresswoman Hilda Solis, the chair of the Congressional Hispanic Caucus, who praised REACH and supported a plan for increased funding.

Four Health Care Focused Efforts

Expanded Care Model:

An important way to reduce health disparities is to have low income and marginalized populations receive quality health care, including preventative services. In US healthcare, 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 focus on one disease at a time (e.g. diabetes, heart disease or cancer) to a focus on the whole person (across diseases and including prevention) and the whole systems of the health centers in the "expanded care model." The DRA Project is working with HRSA and DRA Project Partners to elaborate and promote the expanded care model, as they make the work and contribution of the Disparities Collaboratives known and articulate the Expanded Care Model.

This includes a report on *The Expanded Care Model in relation to the Patient Centered Medical Home Model*. There are many similarities between the Expanded Care Model and the Patient-Centered Medical Home Model which is currently receiving attention as a way to improve the ability of healthcare to anticipate needs and to provide continuous care across various health conditions and multiple healthcare providers. This report will be shared with those working on the medical home, enhanced quality care through other means, funders (private and government), and other stakeholders.

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A Disparities Foresight Briefing on the Health Disparities Collaborative was held in the Rayburn House Office Building on November 24, 2008 with the Congressional Hispanic Caucus. David Stevens of the National Association of Community Health Centers presented the history of the collaboratives, and two community health center CEO's, Paloma Iquiereo-Hernandez of Queens New York, and Roland Gardner of the Low Country of South Carolina, presented their use of the collaboratives to enhance the care they provide.

Integrative Primary Care:

Many low income and minority communities use complementary or alternative approaches (CAM). Many community health centers do 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 will work with the Samueli Institute, HRSA and other DRA Partners to explore the appropriate integration of complementary and alternative methods of care into primary care for low income and minority populations. A major focus will be the role that evidence based CAM options can play in the protocols of community health centers. This will be part of the consideration of the Expanded Care Model mentioned above.

On April 28, 2008 the DRA Project, Samueli Institute and the Health Disparities Collaboratives of HRSA hosted a Scoping Meeting to consider what is known about CAM use in community health centers and evidence based primary care. A draft summary report is being circulated and will be released. The results will be used for the Expanded Care Model development, and to consider the next steps for integrating appropriate CAM use in community health centers including the development of a "vanguard group" to consider proposing and developing a HRSA Collaborative on CAM/Integrative Medicine. The full report of this meeting will be published in the March 2009 issue of *Explore: The Journal of Science and Healing*.

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. Navigators go by several names including community health workers and promotors. They have a range of training from being volunteers, including disease survivors, to paid staff, such as licensed social workers or nurses. They perform a range of functions such as helping patients access testing and care, understanding their treatment and home regimen, ensuring transportation and that the family or other home care givers understand the patient's needs. The DRA Project has two activities here: a survey of navigator functions to better understand how they can be sustainable; and a forecast for "virtual navigation" to understand how navigators and/or patients are likely to be more effective in the years ahead in navigating health care.

Navigator programs are at times financially insecure and hard to make sustainable. The DRA Project, with the navigator community, has developed a survey of navigators to better understand the range of activities that various types of navigators perform. The survey seeks to compare levels of training and funding with different levels of activity or services. The objective is to consider the implications for sustainability of navigators. The forecast on "virtual navigation" will assist navigator programs and consumers to be more effective in preparing for and taking advantage of emerging possibilities in health information systems, monitoring, and health coach to have better navigation of health care system use.

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. The Robert Wood Johnson Foundation funded the Biomonitoring Futures Project (BFP), a component of the DRA Project that explored the emerging possibilities in biomonitoring, e.g. detecting pre-cancer or early stage cancer in blood, breath or saliva tests, using continuous passive biomonitoring to significantly improve care; and the potential for these advances to be disparity reducing rather than disparity increasing. Several reports were produced including developments in the platforms for testing (e.g. blood, breath, saliva), forecasts for cancer and diabetes prevention and treatment in 2015.

DRA Partners and other experts worked with us to develop recommendations for accelerating biomonitoring as a disparity reducing advance. These are in the *BFP Final Report*. The other background papers, including forecasts for diabetes and cancer, and their use of biomonitoring are at www.altfutures.com/blp. The recommendations, updated for our work with the Commission to End Health Care Disparities, call for more effective and coordinated actions across Federal agencies, testing in low income and minority communities, standards that consider the impact on disparities, and a focus on the evolution of telecommunications, particularly cell phones, in their role in enhancing biomonitoring.

The DRA Project can accelerate biomonitoring as a disparity reducing advance by shortening the diffusion time to effective use in low income communities and communities of color as biomonitoring technologies and systems are proven. The recommendations identify specific priority opportunities for doing this. Since 2006, The DRA Project has worked to encourage pilot testing or trials of continuous passive biomonitoring.

Continuous Passive Biomonitoring Pilots Home/self monitoring has been shown to be effective for low income populations, using tools such as the Health Hero Health Buddy system, and the VA and Medicare are doing extensive trials. The DRA Project has worked to promote awareness of existing systems and results thus far and to stimulate tests on emerging technologies. We have worked with the Detroit Medical Center and other health care providers to develop pilot tests in low income populations for new biomonitoring approaches such as Body Media's Sense Wear tools. Given the early stage of development, these are as yet too costly for pilots to be developed, however uses of home monitoring with coaching have been shown to be effective in low income populations.

Home Monitoring Systems - The smart home system for biomonitoring developed by the Medical Automation Research Center of the University of Virginia (MARC) has been deployed in non-profit homes for the elderly and has been shown to reduce doctor visits and hospitalizations while improving staffing efficiency. The Center for Future Health at the University of Rochester has also developed a home monitoring system and is deploying it with support from the Robert Wood Johnson Foundation. The DRA Project has been working to promote awareness of these systems and their related advances.

The DRA Project has continued to follow emerging developments in biomonitoring, cell phones, electronic medical records and personal health records and networked to develop support for the recommendations for accelerating biomonitoring to reduce health disparities. In 2007 and 2008 we worked with the Commission to End Health Care Disparities to provide a biomonitoring focused technology strategy for reducing disparities. The Commission, formed by the AMA, NMA and other health care provider organizations, after a presentation to the Commission on the work of the DRA Project, asked the DRA Project to develop our biomonitoring work into a report with the Commission. That report will be released or published shortly.

In 2008 we repeated our scan of biomonitoring and cell phone developments. This reinforced our 2006 forecasts for significant advances. We assembled a group of federal agency leaders, DRA Partners and other experts to review our scan, forecasts, and recommendations. This July 28th meeting on Biomonitoring and Reducing Disparities also featured Molly Coye, founder of the Health Technology Center reviewing our forecasts and summarizing their research. She reinforced our scan and forecast and noted that there are proven applications of biomonitoring making a difference for low income populations. Misaligned incentives currently slow the diffusion of these proven, cost effective approaches. The meeting recommended the DRA Project focus on key next steps including encouraging appropriate cell phone applications, leadership support for key federal agencies.

Other DRA Project Activity:

In addition to the eight central efforts mentioned above, other DRA Project activities include:

Tobacco Control

Recognizing the central importance of tobacco use in diminished health and increased health disparities, the DRA Project will continue to encourage DRA Project Partners to implement the recommendations of the Campaign for Tobacco Free Kids.

Mapping and Modeling

Monitoring and promoting the use of mapping and modeling to reduce disparities, including tools from: Archimedes, CRIC University of Missouri, diversitydata.org, Harvard School of Public Health, and the Syndemics Prevention Network. And we are promoting issues, policy analysis and strategy development tools for communities, such as ENACT by Prevention Institute. The DRA Project has successfully encouraged new applications of some of these tools among DRA Project Partners and will continue to do so and report the results.

Health Equity Scenarios

Scenarios can be an important tool for considering the possibilities and uncertainties in the field. IAF is a major developer of scenarios and has developed a set for the DRA Project. These provide a strategic thinking resource to the field by exploring alternative pathways over the next two decades. The scenarios consider what happens if we don't change or if things get worse. Two additional scenarios identify different pathways to successfully achieving health equity. A preliminary draft of the scenarios was discussed at the March 31 DRA Partners meeting and the final version was released at the September 29th Partner's Meeting.

Disparities Foresight Briefings

To disseminate the learning from the DRA Project and promote disparity reducing advances, Disparities Foresight Briefings are held on Capitol Hill. IAF has been doing such look-ahead briefings on health innovation on Capitol Hill since 1978. These Briefings are held in conjunction with relevant members of Congress and focused on Congressional staff and the Washington policy community.

On December 6 the DRA Project and the Congressional Hispanic Caucus hosted a Disparities Foresight Briefing on *Reducing Health Disparities Faster: Addressing Social Determinants of Health* that highlighted the public health efforts of the DRA Project. A significant panel was assembled for the Briefing:

- Amparo Castillo, MD, MS, Project Director, Midwest Latino Health Research, Training & Policy Center, University of Illinois Chicago;
- Larry Cohen, MSW, Executive Director, Prevention Institute;
- Rosemarie M. Henson, MPH, MSSW, Deputy Director, National Center for Chronic Disease Prevention and Health Promotion, CDC;
- Stephen Thomas, PhD, Director of the Center for Minority Health at the University of Pittsburgh Graduate School of Public Health and Philip Hallen Professor of Community Health & Social Justice.

Despite challenging weather in DC that morning, a standing room only crowd of 115 people attended the briefing and The Henry J. Kaiser Family Foundation produced a webcast. The video and slides presented are available at: <http://www.kaisernetwork.org/healthcast/af/06dec07>

2008:

In November we hosted a Disparities Foresight Briefing on the Health Disparities Collaboratives and their evolution to the Expanded Care Model. This session explored the Collaboratives, their history, approaches and where they are headed.

HRSA funded community health centers are leading safety net providers. These centers bring preventive and primary health care to more than 18 million underserved, underinsured and uninsured Americans each year, including migrant workers and homeless individuals. They provide their services to all persons regardless of ability to pay, charging for services only on a community board-approved sliding-fee scale that is based on patient's family income and size. Approximately two-thirds of health center patients are minorities, and 9 out of 10 have incomes 200% below the federal poverty line. Four in ten health center patients have no health insurance. These health centers have created one of the most significant quality improvement campaigns in health care. The Health Disparities Collaboratives, now 10 years old, have been shown to improve outcomes and reduce costs in treatment of diabetes and other conditions. Using these approaches, community health centers provide a primary health home - an enhanced, team focused form of the medical home. This is primary care that lowers health care costs, improves health outcomes, and reduces health disparities. Another significant panel was assembled for the Briefing:

- David M. Stevens, MD, Associate Medical Director & Director of the Quality Center, National Association of Community Health Centers; & Research Professor, Department of Health Policy, George Washington School of Public Health and Health Services
- Paloma Hernandez, President & CEO, Urban Health Plan, Bronx, New York
- Roland Gardner, CEO, Comprehensive Health Services, Inc., Beaufort, Jasper & Hampton, South Carolina

In the first part of 2009 we will have a Briefing focused on the state of the social determinants of health, the health equity movement and the policy implications.

Other DRA Briefings to Organizations

Since 2006 we have made presentations on the DRA Project or specific efforts to a wide range of DRA Partner organizations, such as AHRQ, the American Cancer Society, the Inter-Cultural Center, UTMB, the Commission to End Disparities, and Novo Nordisk. In addition we have provided presentations on at major conferences and disparities focused workshops.

We will continue to do these briefings on request.

DRA Project Newsletter

In 2007 a periodic e-newsletter was begun for DRA Project. This alerts DRA Partners and others on our over 1600 person distribution list of developments in the DRA Project, among DRA Partners, and in the larger community.

DRA Partner Meeting Summaries

The DRA Project has completed summaries from each of the five previous DRA Partner Meetings. These summaries cover not only the highlights of the meeting, but the work of the DRA Project and its Partner Network.

The DRA Project Sponsors and Partners

Founding Sponsors:

- National Cancer Institute
- Agency for Healthcare Research and Quality

Sponsors:

- Robert Wood Johnson Foundation
- Centers for Disease Control and Prevention
- American Cancer Society
- University of Texas, Medical Branch
- Florida Hospital
- Novo Nordisk

Partners:

- Active Living by Design
- Alliance for Health Reform
- American College of Nurse Practitioners
- American Diabetes Association
- American Health Assessment Association
- Bastyr University
- BodyMedia, Inc.
- The Brady Center to Prevent Gun Violence
- California Newsreel
- Center for Applied Research and Environmental Systems (CARES), University of Missouri
- Center for Community Health Education Research and Service, Inc. (CCHERS)
- Center for Future Health at the University of Rochester
- Center for Information Therapy
- Center for Integration of Medicine and Innovative Technology (CIMIT)
- Center for Minority Health at the University of Pittsburgh
- Center for Public Health Practice at Emory University
- Central Florida Family Health Center
- City Year Detroit
- Clinical Directors Network
- Convenient Care Association
- Corporate Office of Science and Technology (COSAT), Johnson & Johnson
- CRW, Inc.
- Detroit Medical Center at Wayne State University
- Directors of Health Promotion and Education
- Dr.Tango, Inc.
- El Paso Diabetes Association
- Families USA
- Health Care Center for the Homeless, Inc.
- Health Resources and Services Administration (HRSA)
- Hehni Nutrition Consultants, Inc.
- Henry Ford Health System
- Hill Health, New Haven, Connecticut
- Institute for Alternative Futures
- Institute for Community Health
- Institute for the Elimination of Health Disparities at The University of Medicine and Dentistry of New Jersey
- Institute for Healthcare Improvement
- Institute for Palliative & Hospice Training, Inc.
- Integrated Healthcare Policy Consortium
- Intercultural Cancer Council
- The Joint Center Health Policy Institute
- Joseph P. Addabbo Family Health Center, Inc.
- Lance Armstrong Foundation
- Maryland Department of Health and Mental Hygiene
- Medical Automation Research Center at the University of Virginia
- Mobile Dentists and Children's Dental Health Foundation
- National Assembly of School Based Health Care
- National Association of Community Health Centers, Inc.
- National Association of Social Workers
- National College of Natural Medicine
- National Medical Association
- National Nursing Centers Consortium
- Office of Disease Prevention and Health Promotion (ODPHP)
- Outside In Clinic
- Policy Analysis Center
- Planetree
- Prevention Institute
- Resource Center for Health Policy at the University of Washington
- Samueli Institute for Information Biology
- The School of Social Welfare at Stony Brook University
- Siemens Communications, Inc.
- The Society for Social Work Leadership in Health Care

Other Partners Welcome:

The DRA Project is extending an open invitation to your organization to become involved in reducing health disparities. In 2009 the DRA project will work to accelerate appropriate advances and consolidate the learning from its partner network. Throughout the project, there will be periodic meetings. The next Partners meeting is tentatively scheduled for November 9-10, 2009. Organizations committed to reducing health disparities are welcome to join. Please visit our website at www.altfutures.com/draproject for more information on how to get involved.

