

**On the DRA Project: Insights and Implications for the  
Commission**

**For the Commission to End Health Care Disparities  
March 5 , 2007**

**Clement Bezold, Ph.D.  
Institute for Alternative Futures**

**DRA**

**The Disparity Reducing Advances Project**

**Institute for Alternative Futures** 

# Introduction

- **Congratulations to AMA, NMA, and other Commission sponsors and partners for taking on an essential task; focusing on health care**
- **DRA Project Advice: Consider where health care is going. In 10 years what will be different? What else should you be anticipating, fixing now? E.g. universal access; role of social determinants; emerging technology; care models.**

# Commission to End Health Care Disparities

## Mission statement

**The Commission to End Health Care Disparities, inspired by the Institute of Medicine Report, “Unequal Treatment,” recognizes that health care disparities exist due to multiple factors, including race and ethnicity. We will collaborate proactively to increase awareness among physicians and health professionals; use evidence-based and other strategies; and advocate for action, including governmental, to eliminate disparities in health care and strengthen the health care system.**

## Vision statement

**Aided by the work of the Commission and its member organizations, physicians, health professionals, and health systems will provide quality care to all people.**

## Strategies:

- **Increasing awareness of disparities**
- **Promoting better data gathering**
- **Promoting workforce diversity**
- **Increasing education and training**

# **Insights from Commission's Discussions on Sunday, Yesterday**

- **Some fixes e.g. P4P may worsen disparities**
- **Universal access is coming in pieces now, state by state, what should it include**
- **People (the public, many health care providers) are not aware of health disparities – especially those they are involved with**

# **Insights from Commission's Discussions on Sunday, Yesterday**

- **there is a disparities "syndemic" – a complex epidemic involving many factors**
- **Disparities solutions are occurring all around us – look at leading cities and states and have answers to 2 questions: Why Care? What to do?**
- **Are you "inside the loop" and don't know it?**
- **New levels of quality: from CQI to participatory quality improvement; co-defining culturally competent care**

# **Insights from Commission's Discussions on Sunday, Yesterday**

- **Oppression syndrome in medical culture & medical training**
- **Scientism vs dealing with uncertainty & ambiguity**
- **Sustain community's interest in its health by vision, passion and capacity, more than funding**
- **for topics that "get hot", how does disparity reduction link into that ((add global warming))**

# Summary from DRA Project

- **In terms of the Commission's Strategies**
  - **Consider where emerging developments can leverage the future to achieve its vision, eg. on-site, in home, on person testing**
  - **Understand and extend the role of health care providers and systems in getting the greatest leverage on reducing health disparities**
  - **Join, provide input in DRA Project efforts**

# The Origins of the DRA Project

- Health disparities and health care disparities are significant
- They are not perceived by most in the US
- Pursuit of equity (fairness) is a trend, like anti-slavery and women's rights, that will take time and support, but can be accelerated
- Health Equity in: WHO Health For All, Healthy People 2010, IOM's Crossing the Chasm Report
- There will be advances – some of which can be identified and accelerated to reduce disparities
- The DRA Project, using the DRA Partner Network and those we affect can contribute to this.

**DRA**

The Disparity Reducing Advances Project



# **Accelerating Disparity Reducing Advances**

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 reduce disparities, and to accelerate the development and deployment of these advances.

# **DRA Sponsors**

- **National Cancer Institute, Center to Reduce Cancer Health Disparities**
- **Agency for Healthcare Quality and Research**
- **Centers for Disease Control and Prevention**
- **Robert Wood Johnson Foundation**
- **American Cancer Society**
- **University of Texas Medical Branch**
- **Florida Hospital**

**DRA**

The Disparity Reducing Advances Project



# Project Partners

- **Active Living by Design**
- **Alliance for Health Reform**
- **American Cancer Society**
- **American College of Nurse Practitioners**
- **American Diabetes Association**
- **American Health Assessment Association**
- **Bastyr University**
- **Body Media, Inc.**
- **Center for Information Therapy**
- **Center for Minority Health at the University of Pittsburgh**
- **Center for Public Health Practice at Emory University**
- **Central Florida Family Health Center**
- **Clinical Directors Network**



The Disparity Reducing Advances Project



# Project Partners

- **Corporate Office of Science and Technology (COSAT), Johnson & Johnson**
- **Detroit Medical Center**
- **Directors of Health Promotion and Education**
- **Healthcare Center for the Homeless**
- **Health Policy Institute of the Joint Center for Political and Economic Studies**
- **Health Resources and Services Administration**
- **Henry Ford Health System**
- **Hill Health, New Haven, CT**
- **Institute for Alternative Futures**
- **Institute for Community Health**
- **Institute for Healthcare Improvement**
- **Institute for the Elimination of Health Disparities at The University of Medicine and Dentistry of New Jersey**



The Disparity Reducing Advances Project



# Project Partners

- **Intercultural Cancer Council**
- **Joseph P. Addabbo Family Health Center, Inc.**
- **Leadership by Design, Inc.**
- **Maryland Department of Health and Mental Hygiene**
- **Medical Automation Research Center at the University of Virginia**
- **National Assembly of School Based Health Clinics**
- **National College of Naturopathic Medicine**
- **Outside In Clinic**
- **Planetree**
- **Prevention Institute**
- **Resource Center for Health Policy at the University of Washington**
- **Siemens Communications, Inc.**



The Disparity Reducing Advances Project



# The 8 DRA Project efforts for 2007 & 2008

- Public Health
  - **Community Prevention: Refocusing on the Social Determinants**
  - **Healthy Eating/Active Living**
  - **Obesity Prevention in Schools**
  - **Reach 2010**
- Health Care
  - **The Care Model**
  - **Integrative Primary Care**
  - **Navigators**
  - **Continuous Passive Biomonitoring**

# DRA Project Information

- **DRA Material available:**
  - [www.altfutures.com/dra](http://www.altfutures.com/dra)
- **Biomonitoring Future Project  
(Component of DRA Project funded  
by RWJF)**
  - [www.altfutures.com/bfp](http://www.altfutures.com/bfp)

# Key Learning/Topics

- **What is “important” & Why**
- **What will the future bring:  
biomonitoring & cell phones**
- **the DRA Project Portfolio: 4 public  
health, 4 health care areas**
- **Implications for the Commission**
- **Input on the DRA Project**

# **“Most Important” Advances?**

# Focus & Caveats

- **Caveats:**
  - **Inadequate knowledge for evidence based answers**
  - **But much thought, work, and commitment to this question from around the US.**

# Significant Sources

- **Unequal Treatment, IOM 2003**
- **National Healthcare Disparities Reports, AHRQ**
- **CDC Office of Minority Health, Leading Health Indicators**
- **A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities, 2004**
- **California Campaign to Eliminate Racial and Ethnic Disparities in Health, 2003**

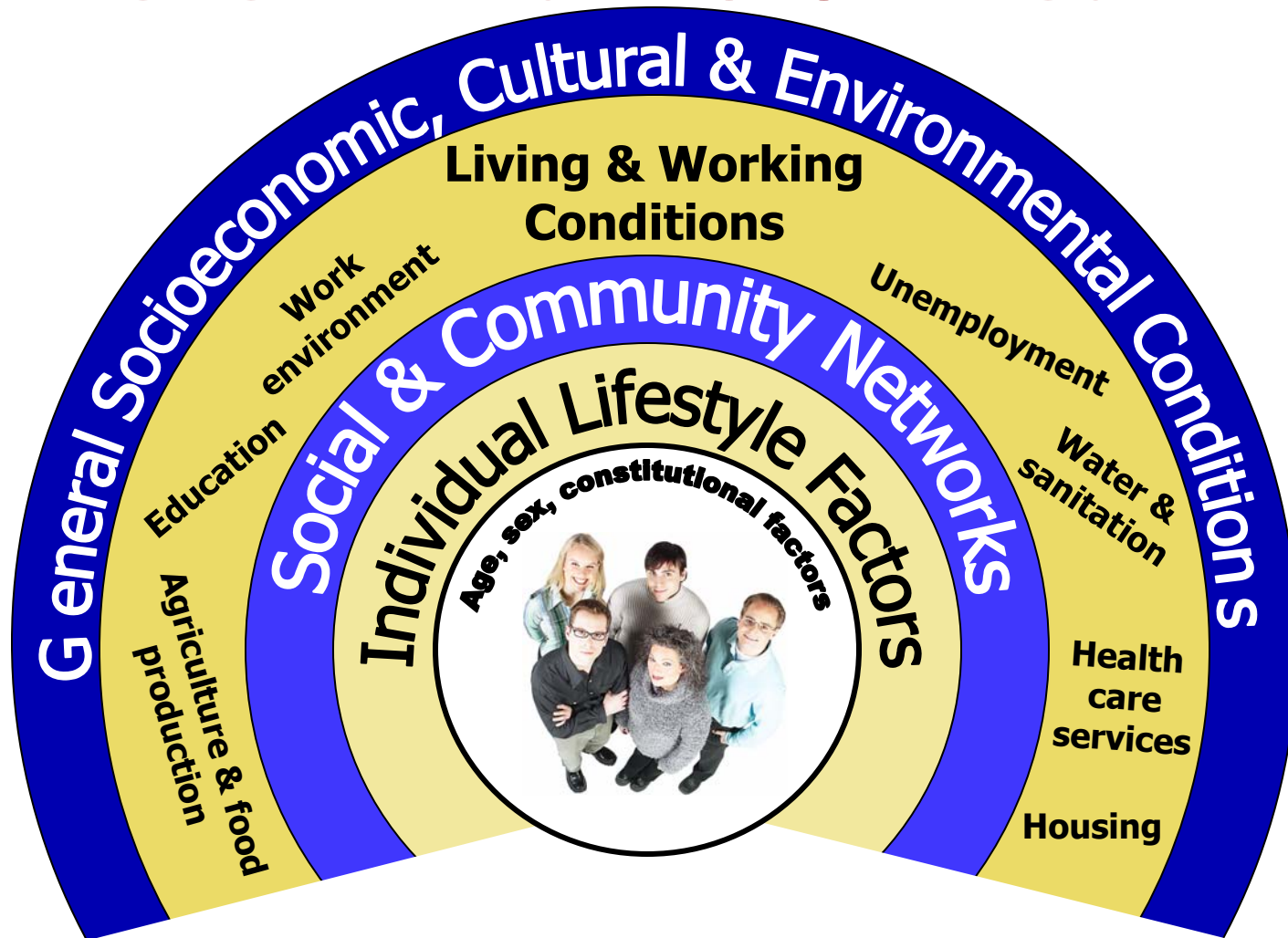
# Determinants of Health

## Relative importance of factors shaping health (Premature Mortality)

	1993	2002
Behavior	50%	40%
Environment	20%	
Social		15%
Physical		5%
Genes	20%	30%
Healthcare	10%	10%

Source: 1993 – McGinnis and Foege, JAMA, 1993, 270, 2207-2212;  
2002 - McGinnis, Russo, Knickman, 2002, Health Affairs, 21,3,83

# Determinants of Health



Reference: Institute of Medicine. (2003). The Future of the Public's Health in the 21st Century. Washington, D.C.: National Academies Press.  
Original source: Dahlgren G, Whitehead M. 1991. Policies and Strategies to Promote Social Equity in Health. Stockholm, Sweden: Institute for Futures Studies.



# Three Answers to a Question

What are the “most important” disparity reducing advances in health care and public health in the US?

1. The single most important strategy would be to **prevent and reverse obesity in poor and marginalized populations.**
2. The second view of the answer fills in the approaches relevant to accomplish this.
3. The third view of the most important disparity reducing advances considers it in relation to three high disparity diseases – heart disease, diabetes and cancer.

# 1. Preventing and Reversing Obesity

## Links to Key Diseases

- Hypertension
- Dyslipidemia
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis
- Some cancers (breast, colon and endometrial)



## 2. Approaches to Preventing and Reversing Obesity

Preventing or Reversing Obesity in Low Income and Minority Populations		
Levels of Action	Focus for Action	Specific Approaches
<b>General Social and Economic Environment</b>	Poverty	Income Support; Payment for Healthy Food
	Employment	Meaningful Jobs w/ Living Wages
		Workplace Support for Healthy Eating
	Education	Fostering Literacy; Including Health Literacy

## 2. Approaches to Preventing and Reversing Obesity

Levels of Action	Focus for Action	Specific Approaches
<b>Reversing the Obesogenic Environment</b>	Sustainable Agriculture	Healthier Food Availability, Marketing
	Safe, Active Living Environments	Active Living Programs
	Culturally Appropriate, Healthy Alternatives	Social Norm Changes and Healthier Diets

## 2. Advances for Preventing and Reversing Obesity

Levels of Action	Focus for Action	Specific Approaches
<b>Individual/ Family</b>	Food and Physical Activity Options	
	Weight Control	

# 2. Advances for Preventing and Reversing Obesity

Levels of Action	Focus for Action	Specific Approaches
<b>Healthcare</b>	Pre-Diabetes Screening & Early Diagnosis	Optimize Current Screening
		Easier Pre-Diabetes Testing
		Highlight/Promote pre-diabetes focused programs
	Quality Primary and Specialty Care	Including preventing and managing obesity
	Chronic Care Model	Financial Incentives
		Promote Lessons From the HRSA
Reinforce Physical Activity/Nutrition		

### 3. Disparity Reducing Approaches: Heart Disease, Diabetes, Cancer

	<b>Heart Disease</b>	<b>Diabetes</b>	<b>Cancer</b>
<b>Social and Economic Environment</b>	Reduce or Eliminate Poverty	Reduce or Eliminate Poverty	Reduce or Eliminate Poverty
	Education	Education	Education
	Employment	Employment	Employment
	Healthcare Access	Healthcare Access	Healthcare Access
	Obesogenic Environment Reversal	Obesogenic Environment Reversal	Obesogenic Environment Reversal
	Sustainable Agriculture	Sustainable Agriculture	Appropriate Food Choices
	Safe, Active Living Environments	Safe, Active Living Environments	Support for Physical Activities
	Culturally Appropriate	Culturally Appropriate	Culturally Appropriate
	Healthy Diet Alternatives	Healthy Diet Alternatives	Healthy Diet Alternatives
	Tobacco Control	Tobacco Control	Tobacco Control

### 3. Disparity Reducing Approaches: Heart Disease, Diabetes, Cancer

	<b>Heart Disease</b>	<b>Diabetes</b>	<b>Cancer</b>
<b>Individual and Family</b>	Family Cohesion		
	Stress		
	Emotional Support		
	Food/Diet	Food/Diet	Food/Diet
	Physical Activity	Physical Activity	Physical Activity
	Weight Control	Weight Control	Weight Control
	Tobacco Control	Tobacco Control	Tobacco Control
	Alcohol Control		Alcohol Control
	Monitoring Blood Pressure & Cholesterol	Monitoring Glucose Level	
	Maintaining Treatment Regimen	Maintaining Treatment Regimen	Maintaining Treatment Regimen

### 3. Disparity Reducing Approaches: Heart Disease, Diabetes, Cancer

	<b>Heart Disease</b>	<b>Diabetes</b>	<b>Cancer</b>
<b>Healthcare</b>	Access to Care; reimbursement for meds and supplies at reasonable cost	Access to Care; reimbursement for meds and supplies at reasonable cost	Access to Care; reimbursement for meds and supplies at reasonable cost
	Early Diagnosis	Early Diagnosis	Early Diagnosis
	Quality Primary and Specialty Care	Quality Primary and Specialty Care	Quality Cancer Care
	Chronic Care Model	Chronic Care Model	Chronic Care Model
	Simplifying Compliance	Simplifying Compliance	Simplifying Compliance
	Polypill	Polypill	
	Emergency Room Access		Patient Navigation
	CPR & Defibrillation		

# **Emerging Advances that could reduce health disparities: Biomonitoring**

# The Biomonitoring Futures Project

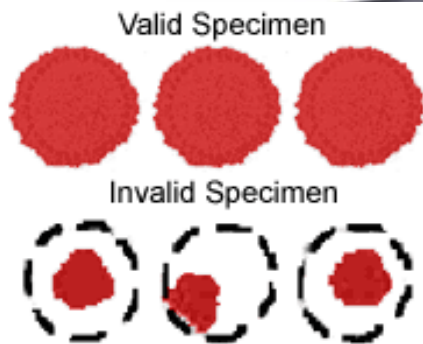
- Biomonitoring is one area of disparity reducing advance. The Robert Wood Johnson Foundation provided funding to consider the future applications of biomonitoring and its role in reducing health disparities.
- The BFP is a component of the larger DRA Project, focused biomonitoring for cancer and diabetes.

# Uses of Biomonitoring

- Predictive medicine – forecast disease
- Prevention
- Screening
- Behavior Modification
- Definitive Diagnosis
- Effective Disease Management
  - Empowering patient self-care
  - Selecting appropriate therapies
  - Confirming therapy is effective
  - Identifying relapses or complications
  - Help with prognosis

Doing any of these things well should help improve health and reduce disparities

# Biomonitoring Platforms



# Breath Test for Cancer?

- Will it be possible to identify pre-cancer or early stage cancer with simple, inexpensive tests?
- A “breathalyzer for cancer”?
- A blood test?
- Or?