



The Disparity

Reducing Advances Project

DRA Project Accomplishments - 2010 and 2011 Targets

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2010/2011 Highlights

The DRA Project continues its focus on specific activities, communicating with DRA Partners and the larger community concerned with health equity, and identifying additional targets of opportunity.

The highlights of 2010 and some of our activities for 2011 include:

Using Hurricane Scenarios to Promote Resilience & Health Equity in Galveston

With the Center to Eliminate Health Disparities (CEHD) of the University of Texas Medical Branch (UTMB), we developed scenarios and community mapping for a workshop with Galveston leaders in June 2010. The scenarios envisioned alternative futures after another hurricane of the intensity of the 2008 Hurricane Ike that devastated Galveston. The mapping showed the health of neighborhoods, the location of food desert areas, banks and pay day lenders, transportation, healthy housing, income inequality, and residential mobility. Participants used the scenarios to step into the future and develop recommendations for making Galveston healthier and more resilient by taking key actions now. The scenario workshop contributed to a growing healthy neighborhood movement in Galveston. The workbook and materials are part of a tool kit that will enable any coastal community to develop a similar exercise. The toolkit will be available in 2011 on the CEHD website.

DRA Project Report on Comprehensive Health Homes

The DRA Project has been working with HRSA, particularly Ahmed Calvo, to evolve the chronic care model that is the basis for the HRSA Health Disparities Collaboratives (see description below). One aspect of this is a report, "[A Comprehensive Health Home: Using the Expanded Care Model of the Collaboratives](#)". Some of the health home language and its concepts of more comprehensive integration of health services and community partners is emerging in the medical home developments, particularly in a recent Medicare directive that is based on section 2703 of the Affordable Care Act encouraging the states to develop health homes. The Comprehensive Health Home report adds two other concerns for the expanded care model. The first is the appropriate role for complementary and alternative therapies in the work of CHCs. The DRA Project, with the Samueli Institute and HRSA, had held a scoping meeting to consider what is known about this topic – the report is available [here](#). The second considers the role of health care providers, particularly CHCs, in leveraging the social determinants of health in their work. Health care accounts for 10% to 25% of the variance in health. The social determinants (factors like employment, education, housing, food, transportation, neighborhood safety, social exclusion) account for as much as 50%. Many CHCs routinely go beyond the clinic to affect these factors. This needs to be understood and included in models of care. Our work on this led to two related efforts that will be conducted in 2011.

Kresge Foundation Funds Effort on Community Health Centers Leveraging the Social Determinants of Health

The Kresge Foundation, which supports novel CHC collaborations with Public Health Departments, has provided IAF with a grant to explore what is known about CHCs leveraging the social determinants of health. This is a relevant question for all health providers, but particularly CHCs. The project will review the literature on health providers leveraging social determinants of health and develop a data base and 10 case studies. The project will consider the focus, nature, sustainability, and impact of these efforts. A national workshop will consider the project's preliminary report and develop national recommendations. The DRA Project has been working with CHCs, David Stevens of the National Association of Community Health Centers, and Jonathan Tobin of the Clinical Directors Network, Inc. on this project.

In a separate but related grant, the Kresge Foundation is supporting "Primary Care 2025: A Scenario Exploration." This project will consider how primary care will be affected by key forces such as health care reform, payment, advances in therapeutics, electronic medical records and other e-health advances, as well as differing deployment of the health care workforce. We'll also be working with specific providers in managed care, military medicine, and small group practices to develop their own forecasts for their settings. These will be combined in scenarios that will be available in the fall of 2011, after a national workshop.

2011 Foresight Disparities Briefing

The DRA Project has held four [Disparities Foresight Briefings](#) with the Congressional Hispanic Caucus or the Congressional Black Caucus since 2007.

Vulnerable Populations Scenarios

The Robert Wood Johnson Foundation (RWJF) was an early sponsor of the DRA Project, focusing on biomonitoring advances. In a separate but relevant grant, the Vulnerable Populations Portfolio of RWJF has had IAF develop scenarios on economic and social vulnerability in the US. The Portfolio focuses on the non-medical factors that shape health, and these scenarios will enable them and others working on the social determinants of health such as poverty, employment, and education, as well as those in philanthropy related to those fields, to consider the larger set of factors over the next two decades that will increase or decrease vulnerability. Draft scenarios will be released to the public in January and made available on IAF's website [here](#), with a final release expected in March.

Navigator Survey

The DRA Project identified patient navigators as an important disparity reducing advance. There is much effort to increase effective access to care by patient navigators, promotoras, community health workers, and others. While there is much activity and a growing literature, there are also many forms that navigation takes. To get a better sense of the current patterns and lessons from this activity, the DRA

Project, the American Cancer Society, and the University of Illinois at Chicago have been conducting a national survey. The results are now being analyzed and will be released in 2011.

Introduction to the DRA Project 2006 - 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. 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 Hebni Nutrition Consultants-author of the Soul Food Cookbooks)

The DRA Project has produced 26 reports focused on a range of topics - all are available at <http://www.altfutures.org/draproject>.

In 2006, based on our review of the literature and our DRA Partners' commitments we chose eight major efforts on which to focus: 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, advocacy for tobacco control, and promotion of modeling and mapping to reduce disparities. These eight major efforts and additional activities will be described below.

Initial Eight “Disparity Reducing Advances”

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. There have been three reports on this topic: the [DRA Project Report on the “Most Important” Advances](#); and the 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 a national movement for health equity.
- DRA Partners are also creating awareness of the social determinants of health. For example, the DRA Project has supported the public impact campaign using the PBS miniseries on health disparities which was first aired during the Spring of 2008. You can find out more about the miniseries and the public impact campaign at [Unnatural Causes: Is Inequality Making Us Sick?](#)
- Our December 6, 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. This is discussed in more detail below.
- On February 25, 2009, and on October 20, 2009, the DRA Project joined with the Congressional Black Caucus Health Brain Trust, to hold additional Disparities Foresight Briefings on Capitol Hill. These are discussed in more detail below.
- We have developed preliminary [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. These scenarios were an important input into the Vulnerability Scenarios developed for the Vulnerable Populations Portfolio of the Robert Wood Johnson Foundation (see below).

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 is working for low income communities and communities of color. These national programs are: Robert Wood Johnson Foundation’s [Active Living by Design](#); 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](#); Health Policy Institute of the Joint Center for Political and Economic Studies’ [Place Matters: Addressing the Root Causes of Health Disparities](#); 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

1. Contribute to healthy community conditions
2. Build community networks
3. Be framed around local concerns and benefits
4. Mitigate access barriers
5. Acknowledge and leverage cultural strengths

These lessons are the focus of a report that has been distributed 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.

http://altfutures.org/pubs/DRA/Report_08_01_Using_Healthy_Eating_and_Active_Living_Initiatives_to_Reduce_Health_Disparities.pdf.

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 survey has been released and is being widely distributed.

- One-page summary:
http://www.altfutures.org/draproject/pdfs/1_Page_Summary_08_04_DRA_Project_Report_on_School_Based_Wellness_Programs.pdf
- Full report:
http://www.altfutures.org/draproject/pdfs/Report_08_04_DRA_Project_School_Based_Wellness.pdf

REACH U.S. Lessons

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 which was co-sponsored by then Congresswoman Hilda Solis, the previous 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 U.S. 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 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 on 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.

In the report [*A Comprehensive Health Home: Using The Expanded Care Model of the Collaboratives*](#), many similarities are noted 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 health care to anticipate needs and to provide continuous care across various health conditions and multiple health care providers. This report has been shared with those working on the medical home, enhanced quality care through other means, funders (private and government), and other stakeholders. The concepts of the health home and its broader focus are a growing part of the health care reform debate. On November 24, 2008, the DRA Project also held a Hill Briefing to educate hill staffers on the Expanded Care Model, and its use in the Comprehensive Health Home. This is discussed in more detail below under the Disparities Foresight Briefings section.

The DRA Project is working with HRSA on the evolving Expanded Care Model, particularly to focus on two additional components of the Expanded Care Model: first, the role of health care providers in leveraging community conditions or social determinants of health in their care for prevention and treatment; and second, consideration of the role of integrative medicine or complementary and alternative medicine (CAM) use in high quality prevention and treatment (see the next topic below). Working with the National Association of Community Health Centers and individual CHCs, we have been funded by the Kresge Foundation to review the activities of CHCs and other health care providers in leveraging the social determinants of health. This will include the development of a data base of cases, case studies, and a national workshop in 2011 to review best practices and develop recommendations for CHCs leveraging the social determinants of health.

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 works 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 is the role that evidence based CAM options can play in the protocols of community health centers. This is 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 summary report is available here: http://www.altfutures.org/draproject/pdfs/Report_09_04_Integrative_Medicine_and_Health_Disparities_A_Scoping_Meeting.pdf. The results have been used for the Expanded Care Model development and for consideration of the next steps for integrating appropriate CAM use into community health centers including the development of a “Vanguard Group” to consider proposing and developing a HRSA Collaborative on CAM/Integrative Medicine.

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 promotoras. They have a range of training from being volunteers, including disease survivors, to paid staff, such as licensed social workers or nurses. Navigators 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 been working with the American Cancer Society and the University of Illinois at Chicago on a national survey of navigators and their functions. Navigator programs are at times financially insecure and hard to make sustainable. The survey will provide a better understanding of the range of activities that various types of navigators perform.

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) and 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 summarized in the [BFP Final Report](#). The other background papers, including forecasts for diabetes and cancer, and their use of biomonitoring are at www.altfutures.org/draproject. The recommendations 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.

Since 2006, the DRA Project has worked to encourage pilot testing or trials of continuous passive biomonitoring as well as home monitoring system.

The DRA Project has continued to follow emerging developments in biomonitoring, cell phones, electronic medical records and personal health records, and has networked to develop support for the recommendations for accelerating biomonitoring to reduce health disparities. In 2007 and 2008, the Commission to End Health Care Disparities, formed by the AMA, NMA and other health care provider organizations, collaborated with the DRA Project to develop the Project’s biomonitoring work into a

special report. The report, [Anticipating Opportunities to Use Emerging Biomonitoring Technology to Reduce Health Disparities](#), provides a biomonitoring focused technology strategy for reducing disparities.

In 2006, we assembled a group of federal agency leaders, DRA Partners, and other experts to review our scan, forecasts, and recommendations on biomonitoring and reducing disparities. This July 28 meeting 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 that the DRA Project focus on key next steps including encouraging appropriate cell phone applications and leadership support for key federal agencies. In 2008, we repeated our scan of biomonitoring and cell phone developments. The *Biomonitoring & Disparities: Update and Targets* report is available [here](#) and reinforces our 2006 forecasts for significant advances.

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. We are also promoting issue analysis, policy analysis and strategy development tools for communities, such as ENACT by the 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. The Galveston Hurricane Scenarios effort described below is another example of mapping to support health equity.

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 scenarios 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 final draft of the scenarios was discussed at the September 29, 2008 DRA Partners meeting. The final report can be accessed here: http://altfutures.org/pubs/DRA/Report_08_06_Health%20Equity%202028.pdf.

These scenarios were an important input to the Vulnerability 2030 Scenarios prepared for the Vulnerable Populations Portfolio of the Robert Wood Johnson Foundation. (See 2011 highlights above)

Galveston Hurricane & Healthy Neighborhood Scenarios

The approach to mapping local health conditions and disparities was well presented in a scenario workshop on hurricanes and equity in the summer of 2009. We worked with the UTMB Center to Eliminate Health Disparities to develop a workbook on Community Health, Neighborhood Resiliency & Disasters. This presented three scenarios for responses to a major hurricane hitting Galveston (similar in impact to Hurricane Ike that devastated Galveston in 2008). Maps of city neighborhoods displayed variables from the Healthy Development Measurement Tool (HDMTs), including food deserts, neighborhood income levels, local public transportation, housing, income inequality, banks and pay-day loan vendors. Galveston residents gathered at a one day workshop using the mapping and scenarios to develop recommendations to make the community more resilient and more equitable.

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 done in conjunction with relevant Caucuses and members of Congress and focus on Congressional staff and the Washington policy community.

On December 6, 2007 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/iaf/06dec07>.

On November 24, 2008 the DRA Project, in conjunction with the Congressional Hispanic Caucus, held its second DRA Foresight Briefing in Washington, D.C. titled: **The Health Disparities Collaboratives: Enhancing Quality and Reducing Disparities**. Influential panelists included:

- *David M. Stevens*, MD, Associate Medical Director & Director of the Quality Center, National Association of Community Health Centers
- *Paloma Hernandez*, President & CEO, Urban Health Plan, Bronx New York
- *Roland Gardner*, CEO, Comprehensive Health Services, Inc, Beauford, Jasper & Hampton, South Carolina

More than 100 Congressional staff, NGO representatives and academics attended the standing room only event.

On February 25, 2009, in conjunction with the Congressional Black Caucus Health Brain Trust, the DRA Project held its third DRA Foresight Briefing in Washington, D.C. at the Library of Congress - **Health Equity: Focusing on Health in All Policies**. Opening remarks were made by The Honorable Congresswoman Donna Christensen. Because of the growing awareness of this important issue fostered by the recent inauguration of President Obama, the briefing drew a standing room only crowd of over 130 Congressional staff, NGO representatives and academics. An influential panel was composed of:

- *Dolores Acevedo-Garcia*, PhD, Associate Professor of Society, Human Development and Health, Harvard School of Public Health
- *Larry Cohen*, MSW, Executive Director, Prevention Institute, Oakland California
- *Brian Smedley*, PhD, Vice President - Director of Health Policy Institute, Joint Center for Political and Economic Studies
- *David R. Williams*, PhD, Florence & Laura Norman Professor of Public Health, Harvard School of Public Health and Staff Director, Robert Wood Johnson Foundation Commission to Build a Healthier America

Given the success of the February 2009 Briefing, the DRA Project and the Congressional Black Congress Health Brain Trust held the DRA Project's fourth Disparities Foresight Briefing on **The Social Determinants of Health, and Health in All Policies** on October 20, 2009. Adolph Falcon of the Hispanic Alliance on Health joined Larry Cohen, Brian Smedley, and Congresswoman Christensen for a very successful briefing.

The briefing summaries, slides, reports and related handouts are available at:
<http://www.altfutures.org/draproject>.

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 the Agency for Healthcare Research and Quality, the American Cancer Society, the Inter Cultural Council, University of Texas Medical Branch at Galveston, the Commission to End Disparities, and Novo Nordisk. In addition, we have provided presentations at major conferences and disparities focused workshops. We will continue to do these briefings on request.

DRA Project Newsletter

In 2007, the DRA Project launched a periodic e-newsletter. The mailing list is currently more than 1900 strong and alerts DRA Partners and others of developments in the DRA Project, among DRA Partners, and in the larger community.

DRA Project Publications

The DRA Project has published 26 reports, most described above, as well as summaries of the DRA Partner Meetings. These are all available at <http://www.altfutures.org/draproject>.