



SUMMARY REPORT

i-HIT

Exploring the Intersections
of Health, Technology, and Equity
among Young Adults and
Communities of Color

Thursday, February 16, 2012 • 8:30AM-2:30PM

The Pew Charitable Trusts

901 E Street, NW • Washington, DC 20004



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Catalyst for health

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SYMPOSIUM OVERVIEW

On February 16, 2012, CommonHealth ACTION (CHA) presented *i-HIT: Exploring the Intersections of Health, Technology, and Equity among Young Adults and Communities of Color* at the Pew Conference Center in Washington, DC. The half-day event convened leaders and stakeholders from the non-profit sector, community-based organizations, academia, government, the telecommunications sector, and a premier research institute to discuss technology's role in creating or preventing health equity given its growing influence on health care and public health.

The goals of the symposium were to:

- ☐ Convene a conversation of interested stakeholders to look at the emerging relationships among health, technology, and equity in communities of color and with young adults;
- ☐ Explore the implications for health equity in communities of color as telehealth plays an increasing role in the public's health;
- ☐ Serve as a catalyst for new conversations and raise awareness of challenges and opportunities in the telehealth field to support young adults and improve the overall health of communities of color;
- ☐ Gather recommendations to inform government, the technology, public health, and health care sectors regarding ways to leverage technology to improve health and well-being for young adults and communities of color; and
- ☐ Provide an opportunity for networking and collaboration amongst young adults, organizational representatives, and health information technology (HIT) experts.

The symposium consisted of two panel discussions in the morning and small workgroup sessions during the afternoon. **Natalie S. Burke**, President of CommonHealth ACTION launched the program by providing an overview of the symposium and defined key HIT terms that would be discussed during the day (refer to glossary of terms section). In addition, Ms. Burke highlighted the roles that determinants of health and access to resources play in our collective and individual health as well as how technology serves an increasingly important function in disease management and prevention, as well as health promotion.

The first panel, moderated by **Evelyn Kelly**, Program Manager at CHA, featured four speakers representing diverse sectors including the federal government, telecommunications, a community health organization, and a nonpartisan research organization. **Arnaub Chatterjee** from the U.S. Department of Health and Human Services (DHHS) provided an overview regarding the status of HIT in the public and private sectors and also highlighted federal government efforts. He also discussed how DHHS expects to engage young adults and communities



Evelyn Kelly, CommonHealth ACTION, moderates as the expert panelists answer audience questions. Pictured clockwise from the left are Arnaub Chatterjee, U.S. Department of Health and Human Services; Howard Wright, Qualcomm; Susannah Fox, Pew Research Center; and Raul Posas, Metro TeenAIDS.

of color. **Howard Wright** from Qualcomm shared the telecommunications perspective about the importance of broadband access and adoption of HIT and highlighted the company's innovative efforts. **Susannah Fox** from the Pew Research Center's Internet & American Life Project discussed mobile usage among communities of color and young adults, as well as trends and barriers in regard to mobile usage. **Raul Posas** from Metro TeenAIDS concluded the panel with a presentation highlighting his organization's social media campaigns that bring technology and youth together for the purpose of promoting health and discussing how technology has impacted traditional outreach efforts. Before the Q & A session with the audience began, each panelist was prompted to provide their vision for HIT among young adults and communities of color for the next five years.

Rejane Frederick, Program Associate at CHA, moderated the second panel comprised of eight young adults from various universities. The panel included: **Jordan Allen**, American University; **Bria Gilmore**, Howard University; **Shriya Kothur**, George Washington University School of Public Health; **Brittany Lashley**, University of Maryland; **Charles Martinez**, Howard University School of Nursing; **Gavette Richardson**, Howard

"People have greater access to health information than they ever had before and technology in essence is enabling self management and that is what is happening in health care that hasn't happened in a while."

■ ARNAUB CHATTERJEE

"Because of [Qualcomm's] partnership with Kaiser and other entities in the health care world...I am able to put our Qualcomm 2net Hub in the house...and it is connected to a pulse oximeter, biomedica arm sleeve, weight scale, and pill cap...such that at any given time I can see exactly how my 71 year-old mother is doing."

■ HOWARD WRIGHT

"What we are seeing from our data is that when you include mobile devices in our definition of who is an Internet user, the traditional digital divide that you see between African Americans and Caucasian adults disappears."

■ SUSANNAH FOX

"The advancement of technology is always evolving and young people are always at the front line of the trends. ...in the next five years we really need to work on creative ways of getting health information technology to young people."

■ RAUL POSAS

"A large portion of the young adult population is very accessible in terms of technology, but they may not necessarily pay attention to the applications regarding health ... and a lot of that has to do with the perception of risk and the psychographics around their health care."

■ SHRIYA KOTHUR

"In order to use technology as a tool to improve health and increase equity, we can't live our lives in response to it. We must also drive it forward--with intent."

■ NATALIE S. BURKE



University; **James Rogers**, University of California, Berkeley; and **Ariel Young**, George Washington University.

The panelists addressed the following questions:

- ☐ What technology is most important to your daily life and why?
- ☐ What role does technology play in your health?
- ☐ In what ways would you be affected if your cell phone, computers, and access to Internet were no longer available to you for a week?



Rejane Frederick, CommonHealth ACTION, introduces the student panelists during the young adult session. Pictured clockwise from the left are Brittany Lashley, University of Maryland; James Rogers, University of California - Berkley; Jordan Allen, American University; Bria Gilmore, Howard University; Ariel Young, George Washington University; Gavette Richardson, Howard University; Charles Martinez, Howard University Graduate School of Nursing; and Shriya Kothur, George Washington School of Public Health.

Each panelist was given an opportunity to share their perspective and respond to one of the posed questions. The panel unanimously agreed that the cell phone serves as the most important form of technology in the daily lives of young adults because of its multi-purpose use ranging from researching medical conditions, keeping up with the latest news, finding directions, and keeping in touch with family and friends through social media outlets. While most of the panelists felt they would not be able to function without their cell phones for a week, some expressed that they could adapt by utilizing more outdated forms of communication and technology, including using a rotary phone.

SUMMARY OF WORKGROUP RECOMMENDATIONS

Following the panel presentations, the audience and panelists separated into three workgroups. Each workgroup was asked to identify a note taker and a reporter and allotted 40 minutes to respond to the following question:

What recommendations would you make to the government, technology, and public health/health care sectors regarding how to help communities of color and young adults leverage technology to:

- ☐ Prevent disease
- ☐ Promote health
- ☐ Manage chronic diseases



The following are recommendations from all three workgroups:

Recommendations to the Technology Sector:

- Engage in philanthropy that decreases the digital divide by increasing access to technology for communities of color and young adults (e.g. provide free cell phones)
- Develop software to track data trends and identify patterns; involve community members in the development process
- Explain data, don't just spout! It is important to provide context for all data so that they can be used appropriately

Recommendations to the Government:

- The government should:
 - Provide funding and incentives for technological innovations that help prevent disease and promote health
 - Provide effective and safe data to target chronic diseases in a community
- Government transparency will:
 - Expose problems with HIT and help prevent future issues
 - Lead to advocacy that will help increase health equity, eliminate digital inequities, and spur future innovations that leverage technology to improve the public's health
- Everyone should be held accountable for HIT advancements including the government, communities, corporate entities, and individuals

Recommendations to the Public Health/Health Care Sectors

- Leverage technology to increase awareness about disease prevention, health promotion, and chronic disease management
- Steer the perspective of health care away from a purely business model – in which profit comes before well-being – to one in which the health of the individual and the community come first
- Dispel myths and misinformation about technology and health through education/awareness campaigns that explain the data
- Foster and support strategic leadership and advocacy regarding the use of technology in health care and disease management

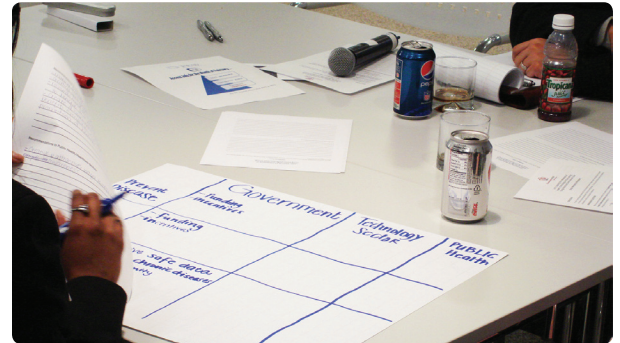


Workgroup participants actively discuss recommendations they would make to the government, technology sector, and public health/health care sectors regarding how to help communities of color and young adults leverage technology.



General Recommendations:

- Improve efforts to educate health care providers about social media (i.e. reliability/validity, how to use information)
- Raise general awareness about health and how its importance goes far beyond learning about and navigating through the health care system
- Design technological interventions based on personal health beliefs, psychology of a specific community, and perception of risk
- Transform local school systems into effective health care delivery venues that cultivate healthy behaviors within its student populations
- Promote a national focus on physical activity (benefits) and put physical education programs back in schools
- Develop a national education campaign about chronic stress reduction and its connection to chronic disease
- Focus on aligning the built environment with health
- Increase collaborations among all sectors (i.e. technology, government, and public health/health care)
- Use social media to track trends, provide a forum for public health information sharing, and highlight health issues (e.g. Facebook and Twitter)



A workgroup recorder structures their group recommendations into a visual chart.

NEXT STEPS

As a national public health organization, CommonHealth ACTION works as a catalyst and intermediary among communities, national and local non-profit organizations, academia, philanthropy, and local and state governments to identify and implement policy changes and interventions that create equal opportunities for optimal health. In an effort to further the dialogue regarding the intersections of health, technology, and equity, CHA will disseminate this report and explore collaborative opportunities with interested stakeholders. A recommendation that was continually expressed throughout the symposium was the need to continue the dialogue across diverse sectors (e.g. government, the technology sector, public health, and health care). Based upon the feedback submitted, CHA plans to host a second symposium later this year.

ACKNOWLEDGEMENTS

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GLOSSARY OF TERMS

Telehealth: A broad term that is used to describe remote health care which does not necessarily include the provision of clinical services.

Determinants of Health: Social determinants of health refer to conditions of society that reflect root causes of community and individual health and well-being. Such causes include but are not limited to quality and affordability of housing, level of employment and job security, standard of living, availability of mass transportation, quality of education, forms of clean economic development, racism, poverty, distribution of goods and services, chronic stress, and workplace conditions.

e-Health: The use of electronic (“e”) technology — computerization, digitization, the Internet — to improve or manage one’s health.

Telemedicine: The use of telecommunication technologies to provide medical information and services. These technologies typically involve the use of phone or video conferencing and remote monitoring

m-Health: The use of mobile technology to support health outcomes. The term is most commonly used in reference to using mobile communication devices, such as mobile phones, tablet computers and PDA’s for health services and information.

Health Information Technology (HIT): “The application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making” (Brailer, & Thompson, 2004).

Health Equity: Health Equity aims to achieve the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices. (Healthy People 2020).

Health Inequity: Refers to disparities in health [or health care] that are systemic and avoidable and, therefore, considered unfair or unjust.

Health: A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity World Health Organization. (World Health Organization, 1998)

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