Health Disparities Megacommunity: Creating a Model to Address the Rising Demand and Cost of Healthcare amongst Baby Boomers

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Abstract

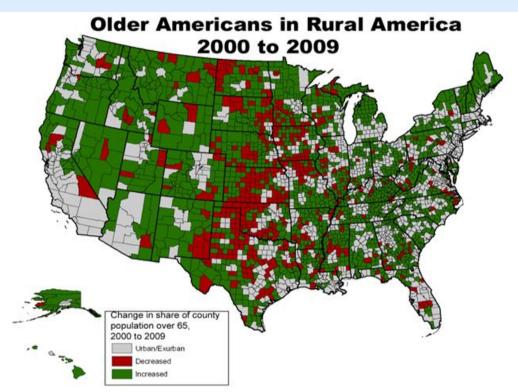
Reducing minority health disparities (HD) would have saved \$1.24 trillion between 2003 and 2006 including nearly \$230 billion in direct medical care costs¹. Researchers have determined that HDs follow geographic lines². Geographic isolation, socio-economic status, health risk behaviors, and limited job opportunities contribute to HDs in rural communities³. While 20% of the United States population lives in rural areas, higher rates of chronic illnesses and poor overall health are found in these communities.

To confront this ongoing issue, we developed a reproducible and transferrable **Health Disparities Solutions Model (HDSM)**. Such a model will use analytics and information technology to align resources of potential stakeholders to address the inequities in a given geographical area.

Background

The rural population consists of older, poorer residents with fewer physicians to care for them. This inequality is intensified as rural residents are less likely to have employer-provided healthcare coverage and are often not covered by Medicaid.

In 2012, 10,000 Americans will turn 65 years of age and by 2030 when all the baby boomers have reached age 65, the number of older Americans will reach 71 million or approximately 20% of the population⁴



Also, AARP has detected migration patterns of baby boomers from urban to rural areas which has the potential to overwhelm the rural infrastructure where there are fewer resources to meet the demand for health care⁵

Promoting healthy lifestyles and broadening the use of clinical preventive services are critical to preserving health, reducing healthcare costs and long-term care needs.

To meet these objectives, a collaborative effort from all segments of the public and private health infrastructure (Megacommunity) will have the greatest effect of reducing costs and making effective and efficient use of available resources⁶.

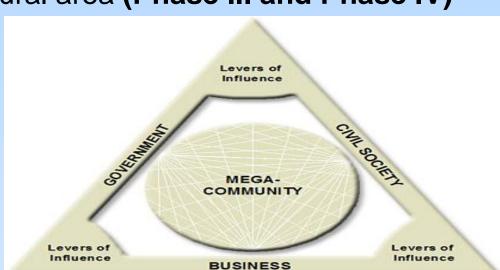
Objective

Our initiative has multiple objectives because of the distinctive capability of the Megacommunity to address complex issues:

Objective 1: To develop HDSM to assist in expanding our healthcare market brand and enhance visibility by leveraging Booz Allen's core capabilities to address priority public health issues, more specifically HD **(Phase I and Phase II)**

Objective 2: To increase our visibility in the healthcare market by engaging local stakeholders to address the quality of health in the communities we serve **(Phase III)**

Objective 3: Develop a Megacommunity to address HDs among baby boomers in a rural area (**Phase III and Phase IV**)



Methods

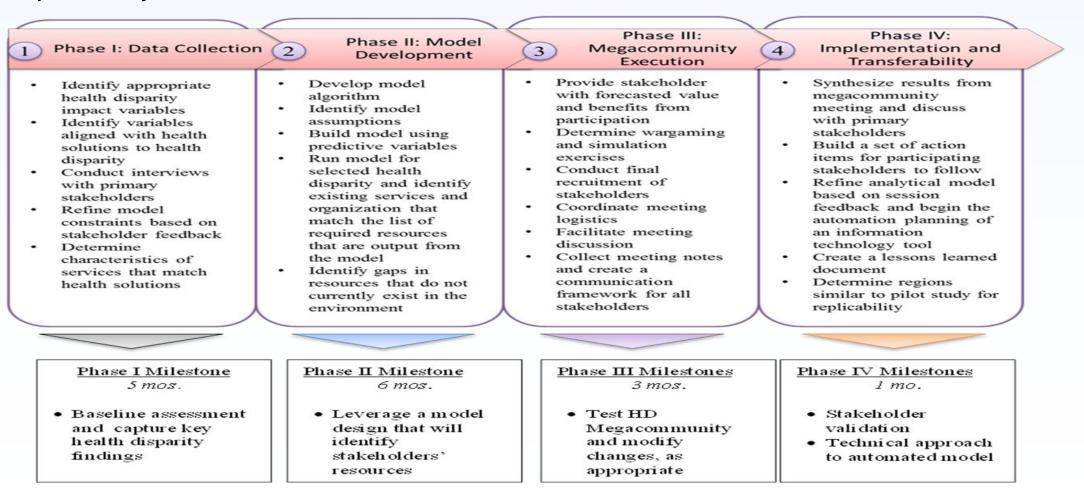
Over a 12-month time span, we have identified a four phased approach which captures key phases, steps and milestones to measure successful outcomes of this project.

Phase I: Data Collection - Identify appropriate health disparity impact variables to determine characteristics of services that match health solutions

Phase II: Model Development - Develop a model algorithm to identify existing services and gaps in resources that do not currently exist in the environment

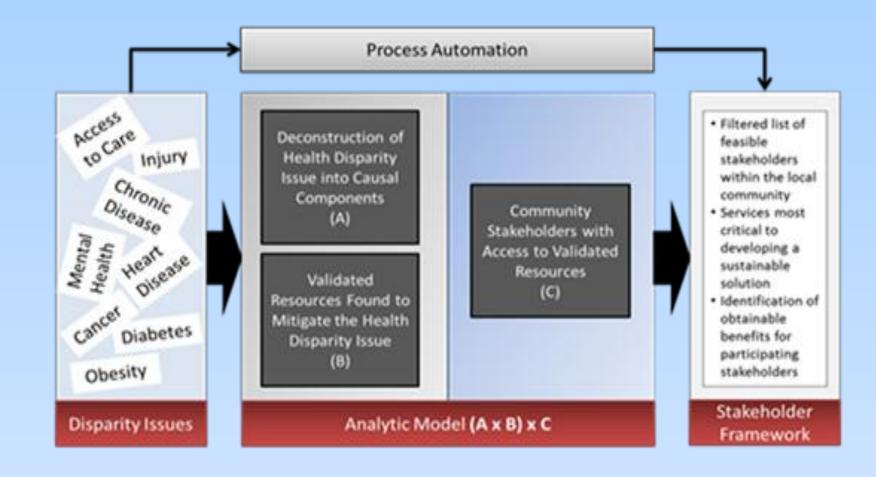
Phase III: Megacommunity Execution - Provide stakeholder with forecasted value and benefits from participation, coordinate meeting logistics and facilitate discussion

Phase IV: Implementation and Transferability - Synthesize results from megacommunity meeting and determine regions similar to pilot study for replicability



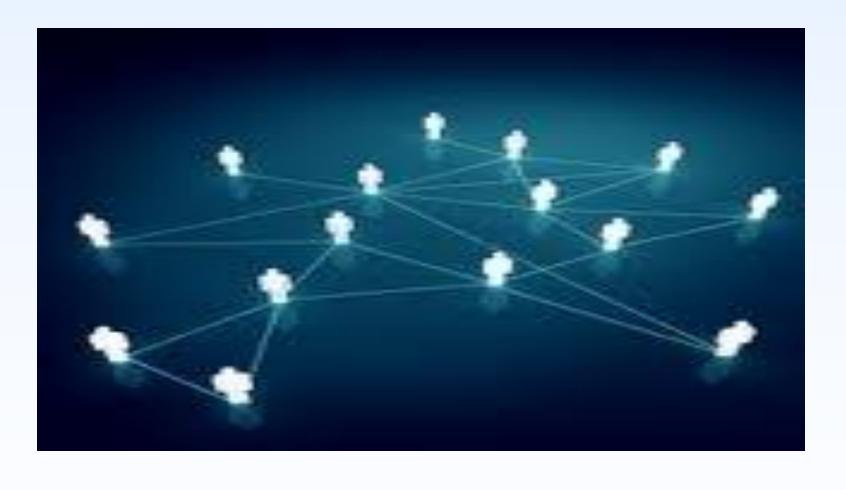
Results

We developed a reproducible and transferrable **Health Disparities Solutions Model (HDSM).** Our HDSM will allow a user to input an HD issue (i.e., access to care) and obtain a picture of how a selected geographic location's resources can be used to address the defined problem.



We have identified the three source variable components in the schematic model in Figure 1 through boxes A, B and C. When the model is run, the cross-walk of these variables output a structured report that identifies specific local entities with resources that can be utilized to reduce the HD within a targeted area.

These entities could be traditional (e.g., hospital) or non-traditional (e.g., Wal-Mart). As the variables become more standard and formally categorized, we can leverage predictive analytics within HDSM to identify stakeholders in non-local areas and create a roadmap by which regional stakeholders can follow as they develop stakeholder networks.



Conclusion

HD is a growing, complex and costly issue that impacts all segments of society either directly or indirectly. It has been identified that without innovative methodologies to mitigate the impact on the current economic climate, the deficit will continue to increase and the healthcare systems will continue to operate in vertical silos. To lead in this endeavor, we created a transferrable and reproducible model, HDSM, to help identify resource gaps using computation analysis. This will allow local leaders to consider efficient policies that can help to fill the resource gaps for the betterment of health in their communities while leveraging a Megacommunity to vet the model.

Booz Allen is the company that can tackle this endeavor and deliver results that endure.

References

¹National Conference of State Legislatures. *Disparities in Health*, August 2010

²Minkel, JR. Health Disparities found to follow geographic lines. Scientific American. September 2006

3http://www.minorityhealth.hhs.gov/

⁴The State of Aging and Health in America 2007. www.cdc.gov/aging

⁵http://www.raconline.org/topics/disparities/

⁶Megacommunities: How Leaders of Government, Business and Non-Profits Can Tackle Today's Global Challenges Together (2009).Gerencser, M., Van Lee, R., Fernando, N., Kelly, C.

Acknowledgements

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