

Telehealth and Telemedicine Offer Significant Benefits for African Americans

By Natalie Burke,
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The partisan bickering that underpins the continuing healthcare debate threatens to overshadow a key contributor to poor health outcomes: inequities and disparities in access to quality health care between minority and majority populations. Deliberate planning and action is required to effectively address these inequities. The recently passed health care legislation is but the first step.

I am pleased that the current health insurance reform legislation works to increase access to care for millions of un-served and under-served populations. However, I cannot ignore that we are still miles away from addressing the significant health disparities perpetuated by broken and biased systems, most often experienced by African Americans. Health insurance reform cannot have the intended, comprehensive effect if we fail to address issues that marginalize our communities and limit equal opportunities for good health. To maximize the impact of increased access to care, we must complement these important legislative efforts with multifaceted solutions that leverage technology and innovation.

The health data for African Americans are shocking and unsettling. For example, according to the Centers for Disease Control and Prevention, blacks had a 51% higher prevalence of obesity than whites. While infant mortality rates (often used to indicate a country's overall health) are 13.60 per 1,000 live births for

African Americans, whites have a much lower rate of 5.66 infant deaths per 1,000 live births. Additionally, diabetes rates for blacks are almost twice that of whites, at 11.8% and 6.6% respectively. Indeed, the need to address these disparities is one we cannot ignore.

While those of us working in public health recognize that access to healthcare, particularly preventive care, is an important determinant of health outcomes, so are a myriad of social factors, such as education, housing, employment/income, and structural racism. Access to broadband technology is one way to mitigate these factors. On a daily basis, use of broadband technology supports educational attainment and employment, two major predictors of health outcomes. More specific to health care, through mobile medical applications collectively referred to as telemedicine, patients are able to exchange medical information with health care providers using broadband enabled, wired, and wireless devices (e.g. cell phones). Telehealth allows individuals to access and transmit information that supports health education and in-home/remote management of disease and chronic conditions such as diabetes and hypertension. To bridge the health care delivery gap and reduce health disparities in African American communities, health and information technology companies have taken unprecedented steps that increase access to telehealth and telemedicine services.

To properly address the African American health crisis, we

must take advantage of America's technological advances and mainstream the use of telemedicine and telehealth technologies to combat troubling health outcomes in our communities. The same wireless devices we use to communicate with family and friends can provide us with quick access to healthcare and medical professionals. Credible online medical information can help African Americans become better advocates for their personal health and the health of their families.

In addition to overcoming obstacles to care, telemedicine, when used effectively, can reduce health care expenditures. According to the Center for Information Technology Leadership, widespread deployment of telemedicine could help the United States achieve \$4.28 billion in savings after a five year investment. Moreover, hospital care costs will be lowered by almost 69% and broadband remote monitoring could cut medical costs for chronic diseases by \$197 billion over the next

25 years as noted in a study by the Better Health Care Together Coalition.

What is required to achieve these cost savings? First, we need sufficient broadband infrastructure so that everyone has access to broadband Internet. We have a responsibility to put an end to digital destitution and the digital divide. Second, we need doctors, nurses, and hospitals to adopt broadband Internet in their patient care workflow. Third, we need the applications, equipment, and training to facilitate the use of telemedicine. Lastly, we need costs to be contained to the point that telemedicine and telehealth applications are universally affordable.

Telemedicine and telehealth have great potential to increase access to healthcare and improve health status for African Americans, but the appropriate broadband infrastructure is needed to realize this potential. These improvements, in conjunction with effective health care reform, can help eliminate the glaring health inequities that most often affect



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African Americans. Together, we must encourage policymakers on all levels of government to support continued investment in broadband technologies – from wireless devices, to broadband in our homes, schools, community based organizations, and institutions.

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Preventions, Cures Too Late for Some Patients

Local nursing center helps with toughest cases

Between Michelle Obama's Let's Move program and the recently signed Affordable Care Act, preventive health care and affordable treatment options have made headlines daily for the better part of a year.

But, as Mayor Fenty's recent "Preventable Causes of Death" report pointed out, large numbers of residents throughout the metro area already suffer from irreversible, lifestyle-related illnesses, many of which are fatal. In Fenty's report, tobacco ranked first (causing 16.6 percent of preventable deaths) and poor diet and physical inactivity second (causing 15.1 percent of preventable deaths).

Many people who have spent a lifetime neglecting their own health have moved beyond both preventions and cures, and into the realm of coping. But a little at a time, a few are building new lives for themselves.

Forty-two-year-old Carl Hollins is one of them. Diagnosed with diabetes at age 17, Hollins did not successfully begin managing his illness until late last year – after both his legs were amputated below the knee. Now he is eating right, going to the gym daily, and learning to walk again. But it's

been a long, hard road – and it always will be.

"Before the amputations, Carl had very little movement in his feet and legs, could only walk very short distances, and needed help getting up and down," said Mark Pellas, the Rehabilitation Director at Fox Chase Rehabilitation and Nursing, where Hollins has lived since he was 37. "He was ordering food out about 80 percent of the time."

When sores on his legs became gangrenous, Hollins had emergency amputations. Upon his return from the hospital last fall, Pellas said, "Our big focus at first was on getting him to sit up. He had lost substantial amounts of weight, his eyes were sunken, and he could barely hold his head up."

That's when Hollins finally decided enough was enough.

"I was laying there in bed one day, and then I started doing some things for myself – doing some exercises," said Hollins. "I wanted to be independent again. Before, when I had two legs, I was independent. I didn't need help. I wanted it to be that way again."

While Hollins had not always used his independence wisely when he had it, Pellas reports that the turnaround has been remarkable. Although still on dialysis three times a week, Hollins is in the gym voluntarily every single day. He orders takeout only about 20 percent of the time, and makes better choices when he does. He has a motorized wheelchair and is fully independent now – but that's not enough. He wants to walk again.

To reach that goal, Hollins endured hours of agonizing stretches just so his knees would be flexible enough to


allow him to wear his new prostheses. "It takes a lot of sacrifice and tolerance – literally an unbearable amount of pain, dealing with the stretching," Pellas explained. "But now he is progressing so fast with walking that the staff and other residents can't even believe it."

Others around him are noticing his progress as well. An even younger man at the dialysis center noticed how much healthier Hollins looked and asked if he too could come to Fox Chase, in his case for outpatient rehabilitation. "Having that positive reinforcement helps him see how far he's come instead of how far he still needs to go," said Pellas. "It's very important."

It may also help him continue his new, healthier lifestyle after he moves – which, thanks to a special program offered by Montgomery County to help people transition from long-term care back to independent living, could be anytime.

Asked if he felt confident that he will be able to stick to his better diet and keep exercising even when he's living in an apartment and just coming to the center for outpatient therapy, Hollins laughed that he didn't need to eat healthy foods a hundred percent of the time. But he felt up for the challenge of improving his life for the long haul, concluding, "I can do the things that I got to do."

Fox Chase, a member of Revera Health Systems, offers outpatient and post-acute care and therapy after surgery or illness for adults of all ages, as well as long-term, respite and hospice care. For more information, visit ReveraFoxChase.com.



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