

**Minutes from the meeting of the Underserved Populations in Headache Medicine
Philadelphia, PA, September 11th, 2009**

Present: Robert Scheeler, Tesha Monteith, Timothy Steiner, Christina Szperka, Ann Scher, Ulla Schultz, Larry Charleston IV, Hope O'Brien, Susan Broner.

1. Approve minutes of last meeting.
2. Discussion and agreement took place to create a plan to bring headache care to an underserved population through creating a program designed to educate primary care givers. Examining who the underserved encompasses in the US (economically underprivileged, lack of access to care, lack of access to headache specialists) led to the agreement to focus on those of lower socio-economic status. Though the correlation between low socioeconomic status and higher migraine prevalence has been established, more specific epidemiology regarding headache amongst the poor has not been elucidated. This data should be gathered 1) to presumably better support our assumption and 2) be used to raise funds to support the developed intervention. It could also be useful for lobbying purposes.
3. The group has agreed to engage in a two-pronged plan. One part would be to collect data on this population by doing exit surveys in selected Medicaid and Free clinics in the US and pooling and analyzing the data to get the burden numbers. A working group was formed consisting of Robert Sheeler, Larry Charleston, Tesha Monteith and Susan Broner to develop a survey to measure the burden. The group will look to existing validated questionnaires to build upon. It was agreed that 4 sites would be looked at: Olmstead County, MN, New York, NY, San Francisco, CA and Washington DC were discussed, although another non-urban site might also be important to use, evening out the urban to non-urban ratio.
4. The second part is an actual intervention, the first step of which is to choose the best interventional materials. It was agreed upon to look for the best validated intervention questionnaires or approaches that can be taught to primary care givers to intervene with headache treatment. In terms of sites to conduct the intervention, the sites where the surveys would be completed seemed appropriate targets. Alternatively, LC had suggested that we look at established groups already serving our target population. State and local initiatives via state and county medical societies may also be good ways to bring care our target populations.
5. Robert Sheeler asked about the status of R. Lipton's validation studies for the questionnaires from the *Lifting The Burden* campaign. Tim Steiner has reported that the results should be completed in the next 6 weeks or so.
6. Funding for the above projects was discussed and choices to minimize costs such as trying to engage residents and medical students in the projects would be pursued.
7. Direct campaigns in neighborhoods, including local screening (ie a screening initiative to meet community-based population needs) were also discussed but

thought to be out of the scope of this interest group and more under the domain of public outreach programs.

8. A brief discussion ensued of the possible IHS initiative to create an Ambassador program to educate neurologists in headache care in developing and other underserved countries. Some interest was expressed and we will keep abreast of how this program proceeds and see if there are ways in which we may aid this program. Susan Broner brought up the Ambassador program that the AHS used to give to primary care physicians. Hope O'Brien stated she had connections in a Tanzanian hospital.
9. We also discussed surveying a group of physicians to see what their approach to headache treatment is, to better understand the gaps in headache care. No concrete plans were made