Game Change: Leveraging Chronic Disease Prevention to Improve US Health and Competitiveness

Global Health & Innovation Conference
Yale University, April 2014
The U.S. Health Landscape
The Context

• “Large proportions of the US disease burden are preventable. The failure of the health system (which includes medical care and governmental public health) to develop and deliver effective preventive strategies is taking a large and growing toll not only on health, but on the nation’s economy.” (Institute of Medicine, 2012)

• “One of the most difficult challenges is to ensure that the urgent does not crowd out the important. In health, this challenge is especially difficult because urgent matters can be so riveting.” (McGinnis & Foege, 2004)

• “There is no consensus in the available literature or among experts that prevention and wellness efforts result in lower costs. Several prominent studies conclude that such provisions—while improving the quality of individuals’ lives in important ways—generally increase costs overall.” (US Chief Actuary, 2010)

• Unless meaningful demand is generated at the grassroots level, technology interventions, social levers, tools, and rewards offered by government, employers, schools, NGOs, and entrepreneurs will not achieve the critical mass adoption required to make a meaningful impact. (D. Schmuland, Microsoft, 2013)
The US performs poorly in health and places low on health rankings

Average body mass index in 17 peer countries


US Ranks 43rd in Health

Why Invest in Prevention?

Vitality Institute
“With health promotion and prevention, there are no tradeoffs—that’s what’s special about it. If you get it right, it’s good for business, it’s good for society, it’s good for individuals.”
Thomas Farley, Commissioner of the New York City Department of Health and Mental Hygiene

The Vitality Institute is something we in government public health very much want to succeed. If we are to succeed in reducing the rates of chronic diseases we’ll need all sectors of our society participating—local, state, and federal government, nonprofit organizations, healthcare providers, insurers, and the private sector more broadly.
Kelly J. Brough, President and CEO
Denver Metro Chamber of Commerce

“Better Health Means Better Economic Growth”

• Our workforce is our most competitive advantage. We make sure that employers understand that they can have as high as 25% increase in productivity from folks who are healthy, who aren’t calling in sick, who don’t need more time off, who aren’t slowing down in the afternoon.

• It is our quality of life that attracts a healthy workforce. If we can provide them a quality of life and an active lifestyle that allows them to maintain that health, we’ll continue to be one of the top economic drivers in the country.
"Failure to Prevent Will Drive National Debt"

Rising health care costs are the primary driver of our national debt, and that is in large part due to our chronic disease epidemic.

The Vitality Institute helps advance the case for more and better investment in successful strategies that serve two critically important and interconnected goals: improving health and cutting costs.
The Vitality Institute Commission
The Commission aims to place the power of evidence-based prevention at the center of health care policies and actions in the US. The Commission will focus on chronic diseases, mental health, and related determinants that drive the burden of disease and associated costs. Its work will look beyond the prevention provisions of the Affordable Care Act and related programs within federal, state, and local government structures, in order to identify multi-stakeholder solutions that address the issues in bold and transformative ways.
Process: From Evidence to Action

Commissioned papers (see annex for full list) to bring new insights & knowledge

Public hearings and extensive guided debate using social media to build a constituency for health promotion and chronic disease prevention

Future’s visioning to create a shared view of the way forward

Actionable Recommendations to Catalyze Change
Bringing it Together Through “Futures” Visioning, Richard Adler (IFTF)

- A “Technology map” for future innovations to transform health promotion and disease prevention with an emphasis on the major risks identified in the BOD work.

- Scenarios for the health of Americans in the 2040s will be developed that powerfully illustrate the impact of “more of the same”; deteriorating public finance for health promotion; and “a fully engaged multi-stakeholder approach” on risks and chronic disease outcomes in the 2040s.
## Public Forums

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<td>September 19, 2013</td>
<td>Leveraging Technologies for Health Promotion</td>
<td>New York Academy of Sciences – New York, NY</td>
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<td>January 7, 2014</td>
<td>Business for Health: Fostering Healthy Workplaces</td>
<td>Denver Chamber of Commerce – Denver, CO</td>
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<td>February 20, 2014</td>
<td>Health Promotion: Empowering Change through Policy</td>
<td>George Washington University, School of Public Health – Washington, DC</td>
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<td>March 19, 2014</td>
<td>Building Healthier Societies: Pioneer Perspectives</td>
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<td>June 18, 2014 TBC</td>
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*BOLD = Upcoming event*
Our Recommendations
Health should be embraced as a core value in society and as a strategic imperative across sectors.

Pathways:

• Build evidence to demonstrate that a healthy population can improve economic growth, national security, and competitiveness.

• Facilitate collaborations between the private, public, and government sectors (e.g. Departments of Health, Agriculture and Transportation) to develop and implement standardized health metrics.
Principal Recommendation #2

Align public and private sector voices to strengthen and amplify the rationale and message of prevention.

Pathways:

• Develop and provide clear and concise messages that are based on conclusive evidence of the human and economic value of prevention using partnerships to ensure broad ownership and uptake.

• Frame health as a strategic asset with potential to yield cost savings.

• Support interactions between public and private sector players to catalyze investment in prevention.
Principal Recommendation #3

Encourage employers to integrate metrics on workforce health into financial reports.

Pathways:
• Position employee health and well-being as a metric for business success.
• Develop common metrics for small, medium, and large companies.
• Measure and report absolute and relative changes in workforce health.
• Promote leaders and scale up from a small group of early adopters.
Principal Recommendation #4

Shift investment dollars to fund prevention science and to create a future field of prevention science trained leaders in diverse positions of influence across public and private sectors.

Pathways:

• Increase funding that is aligned with prevention science research within federal government agencies and the private and philanthropic sectors.
• Ensure that prevention research (including behavioral and applied sciences) focuses on applications that stimulate greater industry innovation and product development.

Definition of Prevention Science (by the Vitality Institute): Systematic application of scientific methods to the causes and prevention of health problems in populations.
Principal Recommendation #5

Stimulate markets and business models to develop and deliver healthier products and services by investing in and scaling up prevention.

Pathways:

• Catalyze investment in private sector innovation in prevention by developing incentives that drive business and consumer behaviors.
• Create greater synergy across sectors, including government and business, aimed at prevention.
Thank you

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1. Tech-based innovations to advance prevention and health promotion in relation to major risks identified in the BOD work (New York Academy of Science & IFTF)

2. Behavioral economic innovations to advance prevention and health promotion in relation to major risks identified in the BOD work (Kevin Volpp, UPenn)

3. Review of the effect of legislative, regulatory, and tax policies on constraining or supporting prevention (Jennifer Pomeranz, Temple University)

4. Shifting agriculture to address nutrition needs & urban design to address physical activity (Johanna Goetzel, Vitality Institute & Caitlin Morris, Nike)

5. Review of the recent recommendations of the IOM related to health promotion and chronic disease prevention (Bridget Kelly, IOM)

6. Document R&D spending on health promotion and disease prevention related to risks by lead public and private funders and users of research along with reasons for the low priority given to prevention and health promotion (Chris Calitz, Johns Hopkins)

7. Evaluation of the content and importance of health promotion and disease prevention related to BOD risks in the core curriculum of public policy, medical, allied health, public health education (Susan Kim, O’Neill Institute & Alyson Listhaus, Columbia University & Daryl Berke, Yale University)
**Prevention Science:** Systematic application of scientific methods to the causes and prevention of health problems in populations.

*We Propose:*
1. **Classic scientific methods** be extended beyond the confines of public health.

2. Broader scope by advances from **behavioral economics** and innovations in **personalized technologies**.

3. **Government-led interventions** be adapted and expanded to draw upon new insights about **behavior change** and opportunities arising from advances led by the **private sector**.