

# Health System Transformation Lecture

## The Missing Link in Health Reform

### Panel Discussion

*This podcast is presented by the Centers for Disease Control and Prevention. CDC—safer, healthier people.*

You all will have an opportunity to ask questions of all three of our speakers in just a minute, but first, we're going to hear from Dr. Janet Collins, and I hope she'll share with us some of CDC's prevention priorities.

And then you'll hear from Dr. Ron Goetzel, and I'm hoping he'll talk to us a little bit about how we might begin to better measure ROI and make the business case for prevention.

So, Janet.

Thanks, Lydia, thanks for the invite to join you this afternoon. I want to start by thanking Ken for all the tremendous work he's doing in this whole arena.

The Partnership to Fight Chronic Disease is just an extraordinary and profound coalition that... is just incredibly impressive in what they're coming together and the diversity of the coalition you've brought together and the visibility that they're bringing to these issues.

We've lamented for a long time in the Chronic Disease Center. You know, we've looked at how to do communications in this whole arena and we've studied how does the public respond to the term "chronic disease" and we found out that people don't like that term, they don't like to hear about it, they don't like to talk about it, they're not sure what it is.

But, you know, we've been sort of paralyzed. But Ken has just said, no, I'm going to go ahead, I'm going to communicate simply and directly, I'm going to tackle these issues. And I just give you a tremendous amount of credit. We have a lot to learn from you. I thought I'd just maybe build from where you ended a bit and broaden the discussion a bit.

Thankfully, my audience is not Ken's mom, but is you, so I can make this slightly more complex as I dig into a few issues here. And this is where Ken was going at the end, that, obviously, a lot of our discussion in the reform arena is around health care reform and it's natural because we've got \$2 trillion worth of investment and we're not meeting the needs and we're not doing particularly well in quality assessment. But I'm afraid that we're not going to meet the health reform agenda that has been laid out—and I think Ken's quite in agreement with this—simply through the health care reform agenda.

We really need to look at a health agenda. And that's very much, I think—and perhaps you would note that I come from a biased perspective on this with my position at CDC—but a real juxtaposition of bookends of the public health system with a good-quality health care system.

And I think we all recognize that, while health care can sometimes solve and often mitigate these disease issues, lack of health care is not the cause of these issues. The cause of these issues is a set of lifestyle behaviors but, in fact, there's causes of the causes. And I know many of you have probably been watching the unnatural causes episodes that have really laid out for us, I think, very clearly the underlying causes of the lifestyle factors that, in turn, influence our health. And they tend to be very broad in nature, they tend to be class-based, they tend to be educationally based, poverty-based, the social determinants of health that really determine a whole lot about our environments and our ability to access and advantage ourselves of health behaviors.

So I think, you know, we need to look at two things in addition to the very important work in health care reform. One is the investment in public health, which is abysmal at this point, and we simply can't deliver on the kinds of best practices that you referenced as related to community, school, and work site locations.

But in addition to investing in a really meaningful way on that whole arm of public health and population health and prevention, I think we need to look a bit at public health reform in addition to health care reform. And in that regard, I think, really, looking more seriously at what we're going to do regarding these underlying causes and begin to look at issues like health policy analysis, where we look at decisions around housing, employment, education, and other social policy issues from a health perspective.

So that we're actually analyzing what is the impact of a decision about housing, poverty, or land use or agricultural subsidies. What is the impact on health of an analysis of those social policies? We have begun doing this in the environmental realm so that, you know, before we do a building or set a bike trail or whatever, we look at the environmental impact of that building decision.

And yet we are not doing this in relationship to health. We are not looking at our social policy decisions in terms of how they play out in population health. So the task is enormous, it's complicated, it needs to be simplified so that we can communicate with policymakers.

But I think we need some decided investment and leadership, both in public health and on the health care reform end. And I would include doing things like forcing through the idea in the 2020 National Health Objectives that it be a cabinet-level effort where Housing and Agriculture, Education, USDA, and the like really need to commit their resources to the health arena or we are just not going to achieve the effect that we need to achieve here.

Thanks, Janet. Thanks, Ken.

I was jotting down some notes as Ken was speaking. Every time he speaks, I really learn so much more and crystallize some ideas and also open up some new questions. I work in both the academic world and the business world.

So I work for a private research company that's profit-motivated and also for the University, which is interested in gaining knowledge and truth. So when I speak, unlike Ken or Janet, I've got to speak at a sixth grade level because my audience is typically corporate CFOs. So I'll try to

make this as simple as possible in terms of the kind of research that we've done over the past twenty-some-odd years.

The research has focused on not only the health but the business impacts and the financial impact and the cost-benefit, the return on investment—to use CFO language—for improving the health and well-being of employee populations. And the kind of rationale and logic that we've covered through the years is to start where Ken and Janet have started, which is a lot of preventable disease is caused by lifestyle, but then take it a step further to say that these are expensive endeavors, not just for the nation, but they are expensive endeavors for the individual business, that have cost businesses a lot of money when people contract certain diseases, chronic diseases.

And there is a very large health and lifestyle component associated with those chronic diseases. And, in fact, it's not just in terms of direct medical costs, but they feel it in terms of absence and disability and workers' comp and safety incidents. And most recently, we've done research looking at productivity impacts.

When people have these lifestyle issues, that their on-the-job productivity, referred to as "presenteeism," is affected. People are actually less productive than they might be if they didn't have these health issues that they have to contend with. So the financing of health care is not only a good idea in terms of improving the health and well-being of the population, but it's also a very good idea from a cost/benefit standpoint.

In fact, we've done studies with large corporations, including Johnson & Johnson and Citibank and Procter & Gamble and Motorola and Chevron and many others, that have actually looked at the financial savings and positive return on investment from these kinds of investments. And there's no reason for us to think that, if done properly—and by "properly," I mean evidence-based, well-implemented programs—that are ground-in theory that, if those things are done on a national scope, that they, too, would produce cost/benefit and a positive return on investment.

You know, we hear a lot about prevention not saving money. And by and large, that's true if you think about prevention very narrowly defined as clinical preventive services: colorectal exams, mammographies, those kinds of things. Those, indeed, do not save any money. But if you pan out and think about it on a much broader scale, in terms of changing the health and well-being and health habits of a nation, there is actually good evidence that those things that are done under the mantle of primary and secondary prevention actually can be not only health-beneficial but also cost-beneficial.

And we've got to move away from the financing of health care from a spreadsheet type of activity to one that is much more focused on health improvement and how that may translate to health savings. And the consequences of doing nothing actually are severe. Actually, it's going to cost a huge amount of money if we just let things continue as they have been progressing over the past many years. So I'll stop here and open it up for any questions or comments.

*For the most accurate health information, visit [www.cdc.gov](http://www.cdc.gov) or call 1-800-CDC-INFO, 24/7.*