

Achieving a Healthy Balance

Is Prevention Important to Business?

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Vision

Healthy People in Healthy Communities

Health: A Shared Social Goal

- Employees
- Employers
and Business
- Residents
- Communities
- Society

People & Communities Are Changing

- Demographics
- Oral health needs and disparities
- Resource availability
- Accountabilities
- Understanding of oral health determinants
- Financing
- Evidence base
- Information sources
- Politics
- Workforce
- Economy
- Environmental factors
- Laws and regulations

Government's Role

- Health is a public good
- Government has fundamental, statutory duty to assure the health of the public

and

- Government cannot do it alone

Government Alone Cannot Assure the Public's Health

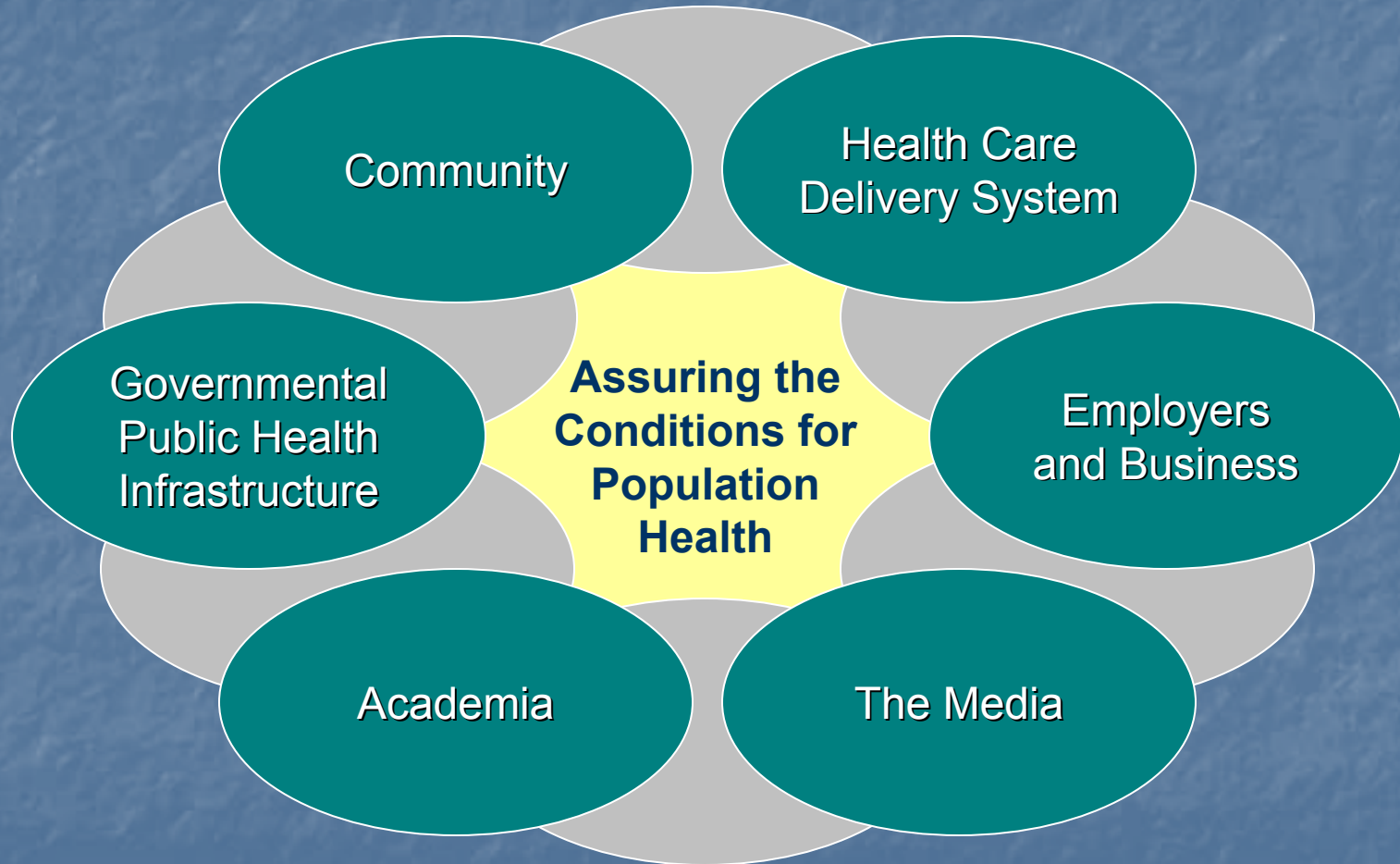
- Public resources are finite.
- Democratic societies define and limit the types of actions that can be undertaken only by government and reserve other social choices for private institutions.

Source: *The Future of the Public's Health in the 21st Century* (2002), Committee on Assuring the Health of the Public in the 21st Century, Board on Health Promotion and Disease Prevention, Institute of Medicine. Washington, DC: National Academies Press, page 2.

Government Alone Cannot Assure the Public's Health

- The determinants that interact to create good or ill health derive from various sources and sectors.
- There is a growing recognition that individuals, communities, and various social institutions can form powerful collaborative relationships to improve health that government alone cannot replicate.

Partners in Population Health



Source: *The Future of the Public's Health in the 21st Century* (2002),
Institute of Medicine, page 30.

Role of Business in Shaping Population Health

- May undermine health by polluting, spreading environmental toxicants, and producing or marketing products detrimental to health.
- May contribute to population health through efforts such as facilitating economic development and regional employment and workplace-specific contributions such as health promotion and the provision of healthcare benefits.

The Business Case for Investing in Prevention

- Improve productivity
- Lower healthcare costs
- Enhance corporate image and long-term interests by promoting health beyond the worksite

Source: *Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small* (2001). Washington, DC: Partnership for Prevention, pages 3-8. http://www.prevent.org/publications/Healthy_Workforce_2010.pdf

Improving Health. Improving Business.

A 4-Part Guide to Implementing Employee Health Improvement and Preventive Services

Center for
Prevention
and Health
Services



- 1 Assessing Preventive Care Needs and Selecting Services
- 2 Developing/Purchasing High-Quality Preventive Services
- 3 Communicating Your Preventive Care Program
- 4 Measuring the Success of Preventive Services

Health Disparities Initiative

ISSUE Brief

November 2003

Reducing Health Disparities: *Why and How Companies Are Making It Their Business*



Community Voices
ADVOCATES FOR THE UNDERSERVED

A Quick Assessment of the Research Terrain

Over the last decade, there have been numerous studies documenting that racial and ethnic disparities in health status persist among both adults and children, even when they have adequate health benefits coverage. Racial and ethnic minorities, more so than whites, suffer worse health outcomes from treatment, have higher rates of morbidity and mortality,¹ and are more likely to rate their health as fair or poor.²

There also is a robust body of evidence documenting racial and ethnic disparities in health care. Even with similar health conditions and insurance, racial and ethnic minorities often do not have the same access to, or use of, some of the most advanced

preventive, diagnostic and treatment services currently available. For example, racial and ethnic minorities are less likely than whites to undergo appropriate cancer diagnostic tests³ or receive appropriate cancer treatment⁴ and pain management.^{5,6}

QUICK DISPARITIES FACT:

A study of treatment for prostate cancer found that African-American men, 50 to 69 years of age, were less likely than white men of the same age and the same cancer diagnoses to undergo prostatectomy.

Source: Harlan, L., et al (1995). Geographic, age, and racial variation in the treatment of localized/proximal carcinoma of the prostate. *Journal of Clinical Oncology* 13:933-938.

Not only do racial and ethnic groups under-use some services, but they also over-use other services and treatments that are

not appropriate or are downright harmful, such as lower limb amputations, invasive surgical procedures and extensive testing to determine type and stage of illness.⁷ Tragically, African-American diabetics were nearly 3.5 (3.47) times more likely than white diabetics to have had a lower limb amputation procedure performed.⁸



PREVENTIVE SERVICES: HELPING EMPLOYERS EXPAND COVERAGE



ISSUE Brief

August 2004

Promoting Healthy Weight Families: An Employer Analysis of the Causes of Overweight Among Youth and Promising Solutions to the Problem



This issue brief presents a comprehensive analysis of the epidemic of child and adolescent overweight, including information on prevalence, health consequences, costs and causes. The brief also outlines a number of ways that employers can help families achieve healthy weight goals and therefore be a part of the solution to this growing epidemic. The Business Group's goal kit, Reducing Child and Adolescent Obesity is made possible by support from the Maternal and Child Health Bureau of the Health Resources and Services Administration, Health and Human Services.

Why Employers are Concerned About Overweight Youth

The U.S. now has the highest percentage of overweight youth in our nation's history and the added weight is taking a severe toll on many young people's health. A national composite index on the status of American children confirmed that obesity is the single most widespread health problem facing children today. The index shows that because of obesity, children's overall health well-being is 15 percent lower than it was during the mid-1970s.

This decline in health status is largely caused by serious weight-related health conditions that were once rare in young people, but are now more commonly seen in pediatric practices across the country. The effects of these conditions could prove catastrophic for many young people as they reach what should be the prime of their lives. Among the most alarming pediatric overweight health problems are:

Metabolic Syndrome

A recent study found that half of severely overweight children have metabolic syndrome, a dramatic rise from an earlier study based on 1988-1994 data that found only 29 percent of severely overweight youth had the disorder. (Metabolic syndrome is marked by having three or more of the following conditions: obesity, high blood pressure, high blood sugar, high triglycerides and low HDL.)

Brief in Brief

- More than 50 percent of American youth ages 6 to 19 have some degree of unhealthy excess weight, a record high that has more than tripled since 1970.
- Once considered adult problems, diabetes, hypertension, metabolic syndrome and a host of other debilitating and costly health conditions are now more commonly seen among overweight youth.
- Businesses have a vested interest in addressing the problem of overweight among youth to ensure that the future workforce is healthy and to contain health care costs.
- The main causes of overweight among youth are unhealthy diet and too little physical activity, two factors that should be the central focus of any effort to address the problem.
- To design an effective response to the problem, emphasize prevention for all youth and still too recommend interventions that can help overweight youth reach and maintain a healthy weight.

PREVENTION PRIORITIES

Employers' Guide to the
Highest Value Preventive
Health Services

PARTNERSHIP
for PREVENTION

HEALTHY WORKFORCE 2010

An Essential Health Promotion
Sourcebook for Employers,
Large and Small



CREATING CHANGE WITH HEALTHY PEOPLE 2010

Fall 2001
Partnership for Prevention
Washington, DC

Partnerships for a Healthy Workforce

Eight Challenges to Business-Community Collaboration

- Lack of communication opportunities
- Lack of a common working language
- Lack of clarity regarding whom to contact in business
- Lack of clarity regarding whom to contact about a community's health
- Unclear information on available community health programs
- Absence of information on a program's impact on business productivity
- Limited ability to attract and initiate grant-based projects
- Lack of clarity in determining when to activate business participation

Source: Britt M and Sharda C. The Business Interest in a Community's Health. Washington Business Group on Health, August 2000, page 13.

<http://www.businessgrouphealth.org/pdfs/BusinessInterestKellogg.pdf>

Eight Opportunities for Business-Community Collaboration

- Build consensus around health priorities for the community
- Develop consumer-responsive programs
- Develop web-based portals for “direct to consumer” delivery of health information
- Approach local business groups and coalitions for assistance
- Use business to help promote and disseminate health messages to the public
- Develop Web-based portals for employer access to data on local and regional health issues
- Develop research with emphasis on productivity, disability and lost time from jobs
- Fund and develop programs via local non-profits

Source: Britt M and Sharda C. The Business Interest in a Community's Health. Washington Business Group on Health, August 2000, page 15.

<http://www.businessgrouphealth.org/pdfs/BusinessInterestKellogg.pdf>

Assessing Investment in Prevention: Health Impact

- Clinically preventable burden, measured by the portion of disease, injury, and premature death that would be prevented if the service were delivered as recommended
 - Burden of disease targeted by service
 - Effectiveness of service, measured as the percentage of burden reduced
 - Common metric (e.g., QALYs, QATYs)

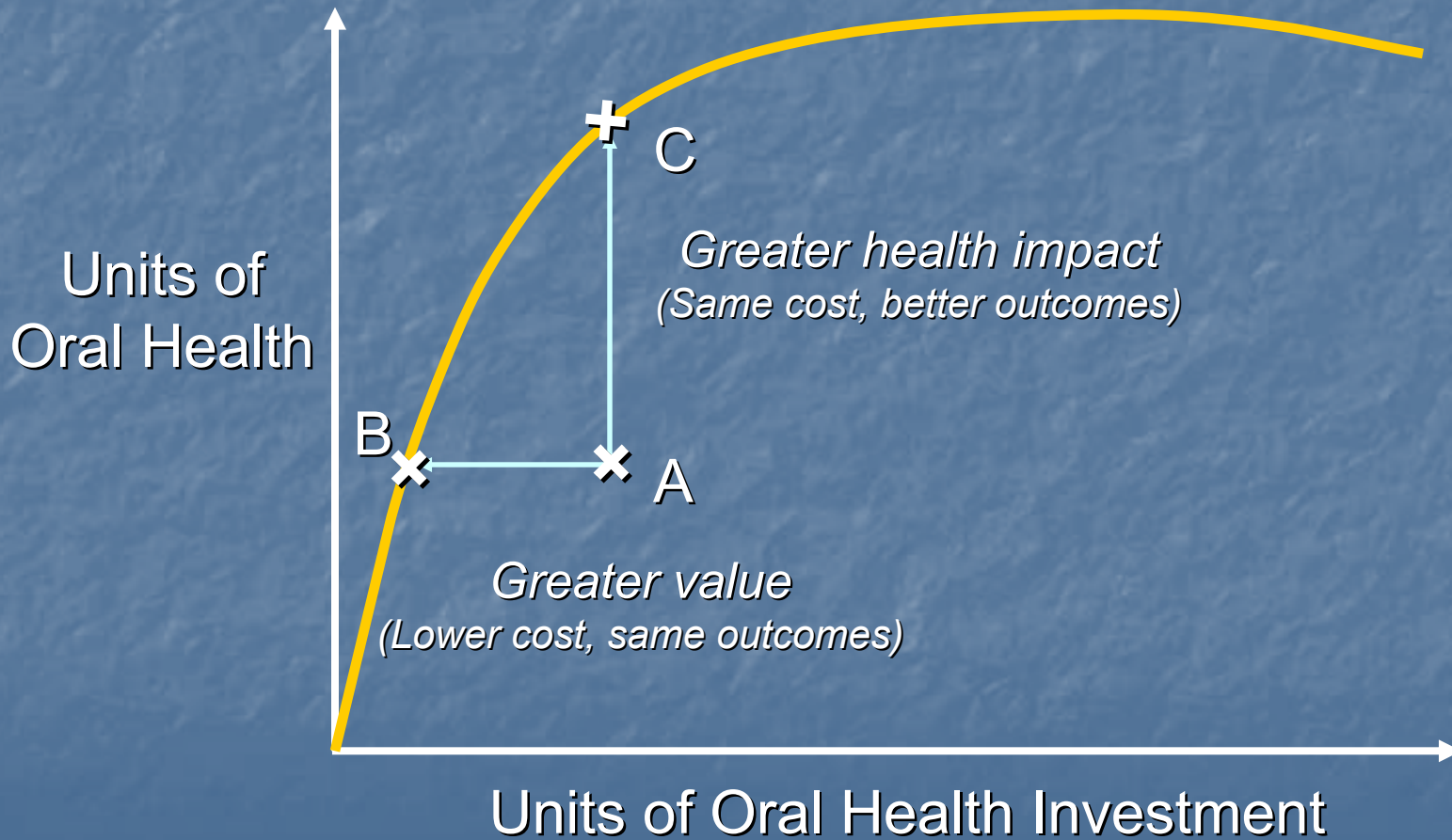
Source: Maciosek MV, Coffield AB, McGinnis M, Harris JR, Caldwell MB, Teutsch SM, Atkins D, Richland, JH, Haddix, A. Methods for priority setting among preventive clinical services. *American Journal of Preventive Medicine* 2001;21(1):10-19.
<http://download.journals.elsevierhealth.com/pdfs/journals/0749-3797/PIIS0749379701003099.pdf>

Assessing Investment in Prevention: Value

- Measured using cost effectiveness, which compares the net cost of a service to its health impact

(Cost of the service - the cost avoided because of the service)
Clinically preventable burden

Oral Health Outcomes and Costs



Perspective on Population Health

Health care services and biomedical technologies can generally only address the immediate causes of disease—for instance, controlling high blood pressure to prevent heart attacks—and do so on an individual basis. The fact that excellent health care exists in this country means little to millions who lack access to it or to those who are more likely to experience poor health because of their race, ethnicity, or socioeconomic status.

Perspective on Population Health

Preventive approaches that focus on populations are based on the evidence, presented in this report and elsewhere, on the multiple factors that influence health. These factors or determinants of health affect entire populations, and their impacts may occur long before the onset of disease or disability.

Perspective on Population Health

Personal health care is only one, and perhaps the least powerful, of several types of determinants of health, among which are also included genetic, behavioral, social, and environmental factors. To modify these, the nation and the intersectoral public health system must identify and exploit the full potential of new options and strategies for health policy and action.

