

# THE WIN VISION REPORT

## Introduction

All societies flourish by supporting individuals in their pursuit of health and happiness, enabling them to prosper and give back to society. Our nation has a vast storehouse of knowledge that if wisely used can produce health, security and wealth by enhancing the core components of human flourishing. If unleashed and spread to all our people, this knowledge will create a more productive, equitable and peaceful world for our children, and simultaneously reduce costs and national debt. Recently, there has been a proliferation of efforts focused on creating community health and wellness coming from a number of sectors. However, no integrated initiative or strategy has yet emerged among national leaders. Thus these efforts and our nation could benefit from a collective dialogue by national leaders. The goals for this dialogue can be to create a new public understanding of how health happens and accelerate our national investment in moving from healthcare to creating health. The Wellness In the Nation (WIN) Visioning Meeting held at Samuelli Institute in Alexandria, Virginia on May 1<sup>st</sup>, 2015 envisioned this dialogue. The WIN vision engaged leaders from federal, defense and veterans, corporate, healthcare, foundation and community groups. The purpose of the Visioning meeting was to explore how such a dialogue could be facilitated among these stakeholders and expanded into a movement for health and wellbeing.

## Deepening the National Dialogue

The Wellness In the Nation (WIN) Vision Meeting began unusually for the assembled policymakers, funders and thought leaders. The meeting design was drawn from processes in community development that deepen the shared experience and build trust among diverse stakeholders seeking a shared set of goals, aspirations and language. To initiate a deep engagement process people introduced themselves by sharing personal memories of when they first became aware of their compassion. For many this evoked shadows from childhood—killing a bird with a pellet gun, smashing a brother over the head, abuse in childhood, powerlessness, guilt, and remorse. These emotional triggers brought the realization that even out of trauma and disengagement our better natures can arise and make us compassionate people. This experience of our shared humanity helped people realize that when we get in touch with our compassion, often by being willing to show our vulnerability in a trusting community, this promotes shared openness and growth in our relationships. By introducing ourselves right from the beginning with more emotional depth subsequent conversations become more authentic. One person stated. “We feel so much with others we can’t separate ourselves.” The stories of compassion that opened our workshop prompted reflections on the engagement process:

- What creates our shared humanity? It is the sharing of our vulnerability as a way of being with each other. From this our strength and resilience emerges. Our social connectedness helps us be strong together.
- The pathways to wellbeing may be manifold; there is more than just one path from health to wellness then to wellbeing.

- An unexpected event can spark the volition to act and then a reflection may slow the action through an interior change that becomes compassion in action. Our inward and outward expression fuse to move us away from automatic acts. Are loving kindness and compassion the same? We see a distinction as compassion relates to both the kindness and the action.
- We also realize that there can be a conflict between science and compassion that too often plays out in medicine.

The introductions that began the workshop led to a series of dialogues interspersed with intellectually provocative presentations leading to an important conclusion: Wellness in the nation is the crucial agenda for our time.

### Why WIN Is Necessary—How the U.S. Fares

Stephen Woolf, MD, MPH from the Virginia Commonwealth University presented a disturbing update to the Institute of Medicine study “Shorter Lives, Poorer Health.” Perhaps the most dramatic finding is that the probability of a woman reaching the age of 50 in wealthy countries is lowest if she is an American woman. Yet the international comparisons also show the U.S. fares badly for children and men as well-- rich and poor-- even though we spend more money on health care. Rates of obesity, diabetes, cardiovascular disease, injuries and homicide... are among nine different areas of U.S. health disadvantage. The data shows an especially bad picture in the southern states of the country where health is worsening. Why is the wellness of our children worse than in other countries? Health is hijacked by healthcare and denial across our country keeps us from gathering the will to address wellness in the nation. The data shows we fare poorly. Dr. Woolf’s slides show:

- U.S. healthcare expenditures are far higher than those of 17 peer countries while life expectancy is lower than for all but a handful
- U.S. deaths from non-communicable disease are higher than for all but one peer country
- U.S. deaths from infectious disease are higher than all but three peer countries
- U.S. life expectancy is low at all age groups compared to other wealthy countries
- U.S. children fare poorly with high rates of violence and low comparative wellbeing
- U.S. obesity rates are higher than in all the peer countries as is prevalence of diabetes
- U.S. adolescent sexual health is worst of all the peer countries
- U.S. mortality from violence is far higher than in other countries
- U.S. Health disparities are some of the highest in the world and the divide is growing

**A Nation in Denial:** While there are some areas in which the U.S. compares favorably, the data shows conclusively that we are not doing well. Yet self-reported health status and statements about having “the best health care in the world” show we live in denial. Conceptually we can approach the U.S. health disadvantage by influencing five categories through which we can improve our standing: public health systems, health in all policies, social factors, individual behaviors and social values. Each plays a vital role in shaping environments for health. For example, we can improve housing, incomes and social

inclusion for those with the fewest resources which will yield high pay offs. If we just stay on the path that led us to poorer health and shorter lives in America then the prospects for our national security and prosperity will diminish.

## The Business Case for WIN

Cathy Baase, MD, FAAFP, FACOEM and Chief Medical Officer of Dow Chemical drew a direct line of sight between the diversion of resources into health care and the diminished prospects for business success. By showing that businesses' organizational priorities align with health she makes the case for action by business leaders. However broad and strong this case now is, it is not widely appreciated throughout the business community. We can align business priorities for reducing healthcare costs--which take from both corporate profits and workers' wages—with safety, reliability, human performance, sustainability, corporate social responsibility and corporate reputation. The macro-economic view shows how corporations draw from a common resource pool that includes education, infrastructure and societal priorities which are critical for business success and essential to the creation of health. Yet that pool is diminished every year by \$750 billion dollars of waste in health care.

**A Threat to National Prosperity:** We see awareness among business leaders that health must be a priority but this understanding needs to increase. The path of destruction that undermines our ability to get to health is a global economic risk. The World Economic Forum in 2010 highlighted this risk. Then McKinsey reported in 2014 that obesity has become a critical global issue needing a systemic strategy rolled out at scale. This strategy needs the power of allies across the public and private sectors acting to create collective impact. Companies that follow this strategy move beyond their walls to:

- align with philanthropies;
- take leadership roles in communities; form community advisory panels;
- advocate for health at the local, state and federal levels;
- support multi-stakeholder community work; engage employees, families and retirees in wellness efforts;
- encourage volunteerism initiatives.

The business case for this strategy is broad and strong yet the need remains for business leaders to articulate this case in terms that speak to the economic value of health.

## What Works In Health Care

**Primary Care - Getting the Health Engine Right:** Jeffrey Selberg, MHA, Executive Director of the Peterson Center on Healthcare noted that 30 percent of what is spent on healthcare does not result in improved outcomes, produces little value to the nation and could be better spent on other priorities. Yet there are bright spots in healthcare. Rather than reinvent healthcare we need to find those bright spots, validate and replicate them. There will be a steep learning curve, especially with regard to replicating successes. His Center has been working with the Stanford University Clinical Excellence

Research Center to identify the metrics for all per-capita costs associated with primary care. They concentrate on a small number of practices with high quality and low costs to determine what drives exemplary performance and identified ten:

1. Practices are 'always on'—patients can reach a care team quickly, anytime
2. Practitioners adhere to quality guidelines—they use tests wisely
3. Patient feedback gets solicited—practices work on improving the patient experience
4. Practices insource tests and procedures—when safe and feasible they keep care in house
5. Practices communicate closely—patients and specialist providers are contacted about decisions
6. Patient follow-up—practices assure patients are checked on following treatments
7. "Top of license"—staffs practice to the full extent of their education and training
8. Teams work in hives—workspaces are designed for open communication
9. Balanced compensation—pay incentives balance volume and revenue
10. Invest in people—practices focus on developing people more than equipment or space

The Center is finding where excellent care is provided and learning how that works so the top 5 percent of providers move the other 95 percent to better performance. The spread of models of primary care beyond the 5 percent will require collective leadership both inside and outside the healthcare industry.

## What Works in Community Wellness

**Health of the Community:** Jeffrey Levi, Ph.D., Executive Director of Trust for America's Health invited a humble understanding in our use of the terms 'community' and 'wellness' knowing that what we mean may be very different from what others mean. A good starting place for understanding wellness comes with the goals, strategic direction and priorities in the National Prevention Strategy. The vision guiding this strategy sees a new era for public health in which goals are reached through a partnership across all sectors. The partners must create safety and healthy environments, which also means addressing equity, social determinants and the empowerment of people. The EPODE methodology and international network for reducing childhood obesity shows the value of community engagement. By helping communities decide the pathways they will follow to solving health problems we learn how we engage people in shaping their health decisions to make a difference in the outcomes. This has been shown to work in childhood obesity and can be effective for bringing other health gains.

**Merging the Social and Health Spaces:** Today there is also a change in how health systems think about their responsibilities for social services. Entering a hospital is a healthcare failure in some systems. For example, in Hennepin County social responsibility has become part of the Accountable Care Organization (ACO) model as they use healthcare dollars to integrate social services. People are taking a systems approach to making the healthy choice the easy choice. They are engaging community based organizations to create complex solutions, knowing that socially complex people live in socially complex local conditions which require a multi-faceted approach. The approach begins with personal responsibility but requires a supportive physical and social environment. Education is necessary but insufficient for solving our health problems. We also have to address the profound health disparities in

many of our urban and rural communities. We can begin to do this by assessing the communal assets which include the relationships people hold within their community. Hennepin Health has taken this approach by using teams which might include a care coordinator, pharmacist, dentist, behavioral “inreach” worker, clinical social worker, community health worker, housing or social service navigator, vocational counselor, EMS staff and a data analytics professional. Hennepin health investments can include providing urgent care options to emergency rooms, dental clinic access, delivery of medicines to homeless shelters, a sobering center, interim housing for patients upon discharge and contracts with community-based organizations for vocational services. This shows how healthcare systems can take responsibility for social services using healthcare dollars. A recent report from the Bipartisan Policy Committee highlights examples of successful community-healthcare prevention programs and outlines policy recommendations for expanding these programs nationally.

## Dialogue Reports

Participants in the meeting engaged in small group dialogue on how to create community drivers of health and reported out to the full group. Health creation is complex and the solutions we seek should not be dictated by the government but come from communities. We have grown used to gun violence but Ebola gets us engaged. So the question is how do we catalyze business and government to act on a large-scale but on slower growing threats to the health of communities and workers? The report outs included the following:

- One need is to speak the language of business so that people understand how investments in wellness bring returns. For example, if business helps generate the will to address social disparities the returns can be flourishing children who enter the workforce ready to be engaged employees.
- There may be an opportunity to help hospital CEOs think this way and the ACA mandate for community assessments could provide a beach head for this thinking.
- There needs to be national demand coming from the public who then seek engagement across multiple sectors – government, business, healthcare and community. One way to engage the public and the business sectors is to create the burning platform so that poorer health seems more like the Ebola threat rather than a slowly accruing set of statistics that signal a decline in economic vitality. We must make the invisible more visible.
- Influential business and national leaders (such as those in the Department of Defense) who recognize the problem and know about avoiding false economies could help start the dialogue that generates public will.
- How do we engage individuals to see how their lifestyles effect the larger social changes needed? A public communication campaign linked to the national leadership efforts can help drive public demand for wellness and healthcare change.

## Institute Of Medicine (IOM) Population Health Roundtables

George Isham, MD, MS and Alina Baci, MPH, PhD, shared the IOM (now called the National Academy of Medicine (NAM) Population Health Roundtable vision for a strong, healthy and productive society that cultivates human capital and equal opportunity. The NAM is uniquely chartered to provide advice to Congress with a special position for convening, studying and making recommendations on health. The Roundtable mechanism promotes dialogue rather than consensus and it develops sponsors using workshops, web chats, briefings and research through commissioned papers. The Roundtable is now mapping population health networks and will be able to share this resource within a few months. This map may facilitate collaboration between public health, business groups and public health delivery.

To supplant the existing framework we will need to identify key goals and metrics, allocate resources and identify what works so we can deploy that, while also identifying what doesn't work. We need to create high impact public and private policies for wellness and use multi-sector partnerships to accelerate the growing drive for healthcare improvement. David Kindig, co-chair of the NAM Population Health Roundtable calls for the reallocation of savings from ineffective healthcare practices. Then we need to catalyze collaborations between leaders who share common goals while using different strategies.

## Spreading More of What Works

Wayne Jonas, MD and Soma Stout, MD, MS focused on where change will come from and how to bring this about.

**Building Community Capacity:** Soma noted that over 20 years she worked with both the Cambridge Alliance and the Guyana Youth Can Move the World programs. While the Alliance did well the villagers in Guyana who worked on health did even better. The key is making change less complicated while understanding this will still be deeply complex. Simple solutions become dynamically complex as we move them to scale. We need to focus on these solutions rather than talk more about the problems. By risking fast failure and having the courage to face our failures and try another approach we will have an opportunity to use innovative payment systems and quality measures in ways that address health equity. In the 100 Million Healthier Lives initiative the one requirement is that each of the partners must address equity. There are now 140 partners who touch 70 to 100 million lives. The Robert Wood Johnson Foundation also offers a support system with 20 pacesetter communities which create a peer-to-peer learning network that will reach from 20 to 100 communities with funding of \$60,000 per year. 100 Million Healthier Lives is seeking leaders to form "hubs" of activity that support the goal of documenting and stimulating community health and wellness. WIN could become such a hub to facilitate national leadership dialogue in support of this effort.

**Building National Leadership Capacity:** Wayne agreed and called for a radical public perception change strategy using repeated communication from national leaders to drive the shift in public attention and resources towards support of wellness in the nation. One theory of change holds that communicating we are in crisis will drive the financial support from the community and business leaders which can be

cycled through the attention to the multiple crises that the current situation demands. To put this in business language there is a loss of prosperity from poor health that means shareholder value will decline unless we invest using such means as social impact bonds, pay for success and other methods. We will need messengers who are respected public and business leaders rather than politicians in order to drive this radical perception change that business and the public need.

How radical should this perception change be? Could today's healthcare dominance of our 21<sup>st</sup> century economy be equated with slavery's economy in the agrarian 19<sup>th</sup> century so we need the equivalent of a civil war? Does health inequity mirror what was driving riots in Baltimore and across the country as we face a profound disquiet that may stimulate revolutionary change? How do we make the crisis that we see everyone's crisis? The answer may offer us a way to unleash the power of the people to bring about systemic change. We need to bring all parties involved into a movement that engages all sectors with a vision that sees all our highest common interests aligned.

Do we have to change the behaviors and investments of the healthcare industry? This is a political question that some expect to be answered by the shift to value-based payment. But this is too timid an approach. The U.K. takes a bolder approach by reallocating funds from the National Health Service to public health, and increasingly including the social determinants of health in that equation. In the U.S. we need to change the public perception of healthcare and not separate it from other businesses. Healthcare spending that is wasted, harmful or not aligned with health creation should be placed in the context of overspending that robs us of funds needed for investments in other areas required for the country to flourish, such as education, innovation, job creation, infrastructure and national defense. We need to create a "wellness industry" that goes beyond medical care and prepares the next generations of new Americans to build a prosperous nation.

## Perspectives on Moving Forward

Tom Daschle, co-founder of the Bipartisan Policy Center and former Senate Majority Leader, quoted John Adams who also faced a time in 1774 when a revolution was needed and wrote. "We are deficient, but there is only us." Invincible determination can change the world. Though we face adversity and long odds if we think outside the box to combine innovation with invincible determination we can win. We can collaborate to create magic but it is always hard. To change the world we have to engage our networks and create a system of health from a collage of sub-systems, or we will have wasted this day. Technology and policy drive change so we have to harness these forces to create the results we want.

Gail Christopher, DN, senior vice president at the W.K. Kellogg Foundation said our minds are designed for stories so we have to tell a new story about health and well-being in this nation and we must connect this story to people's lives. We have to create this new narrative about our innate ability to heal our human bodies with this ability going right down to our cellular level of being. Our greatest victories in health, as in civil rights, teach us that we need a litigation strategy. This nation is over-medicalized and we need to see how we can use litigation the way people did to take on the tobacco industry. We need to understand how this is part of the long historic struggle for equity in this country



and enlarge our influence. Beliefs shape our behaviors and until we believe we are equal in our deservedness to live healthy lives we won't reshape our nation. Our new story has to be about reverence for our bodies as well as how our people can be infused with the intention to stop putting some people above others.

Eric Schoomaker, MD, PhD, professor and vice chair of centers and programs, Uniformed Services University of the Health Sciences, pointed to four ways for moving forward. One way is to change policies so they reinforce healthy life habits. Another is to bring about a social revolution through which Americans see how their individual commitments to wellness contribute to the well-being of their society. We cannot retreat to our gated communities with our gated mindsets. We must see ourselves as responsible members of a larger society. A third effort has to be to communicate the limits of science for health. In the 19<sup>th</sup> century the system of health was based on the body's ability to heal itself. Then in the 20<sup>th</sup> century we brought science in, which sought to help improve health by treating disease. It was successful at the time. However, we have reached the limit of value from such an approach where more healthcare no longer means more health. So our fourth effort must be a campaign with multiple lines of effort to shift from more health care to more health through wellness and health promotion efforts. This must be a campaign with a clear strategy and incremental steps with lines of advance and effort.

The discussion of this campaign raised important points:

- Technology can support the communication so we need a focus on social media
- Diverse communities will strengthen the movement so it is important to understand who needs to be in the room when we plan and execute the campaign
- Gentle action works through highly coordinated activity that amplifies the power of one
- Cross-sector collaboratives can avoid the partisan discord of clashing ideologies by using community and family engagement
- Just as the human body can heal from within so too can our body politic heal injustices
- We can talk with the public about underinvestment in neighborhoods because people in general do not talk about social determinants

## Next Steps

Don Berwick, MD, MPP, former Administrator for CMS and candidate for governor in Massachusetts made clear that we first commit to our continuity of purpose, knowing this will be a long-term rather than short-term effort. Our steps include: creating a framework for how healthy community occurs; reaching communities of color with the message that we are "all in;" help mobilize with the 100 Million Healthier Lives initiative; assemble a catalogue of community level work; engage Fortune 500 companies (though not primarily healthcare companies) in pursuing the business interest in health; take joy in this work so our health status is enriched by our effort. If you are going to change the world you better understand the world. We have the examples of the LGBT movement and we can see similar victories won for the politics of wellness.



Wayne Jonas committed to recruit people into this effort and invited participants to join the Creating Wellbeing Leadership Group (CWLG) which meets via conference call every other Wednesday. Our campaign needs to work with the widespread dis-ease—the growing public recognition that something is not right with our system, that it feels wrong. We can show the economic imperative that means the confiscation of money from business, education, labor and defense as health care undermines prosperity. We can show our demographic changes with the growing needs as more children, women the aged and communities of color fall behind. These circumstances make Wellness In the Nation the agenda for our time. A new dialogue can feed change and new ideas in multiple areas - new technology such as mobile health for self-care, stopping the spread of Hepatitis C among the incarcerated, making end of life care better through Medicare. We can show the growing number of bright spots that nobody knows about but that give hope and show us that we can make the needed changes. We have the ideas and the examples but we need the execution to make them visible and the general rule in the nation.

Tom Daschle said he and Bill Frist have already convened twelve company CEOs that could be engaged by the WIN. Wayne Jonas offered to structure an integration platform that will include a steering function, writing, outreach and engagement with national leaders. We will work on a campaign plan and recruit people to work on this along with convening and connecting efforts. We will seek funding to sustain this effort and bring the resources needed for getting this campaign underway. Samueli Institute will be a hub for this effort and will connect through the CWLG to other hubs such as the 100 Million Healthier Lives initiative as well as to business, foundation, community and government leaders. Throughout this effort, the processes that engage compassion in ourselves and the valuing of all others will be used in the service of the enhancing national health and changing the trajectory that Steve Woolf showed. All who participate in sharing this vision for a healthy nation are invited to continue the dialogue that began in the WIN Vision Workshop.

## **A Wellness In the Nation Campaign**

Samueli Institute will work in coordination with the 100 Million Healthier Lives, the Health Innovation Program at Bipartisan Policy Center, the W.K. Kellogg Foundation, Trust for Americas Health, the NAM Population Health Roundtable and other groups to create a “Campaign” designed to accelerate investments in exemplar community health and wellness. To do this it will invite key national leaders from the Department of Defense, Veteran’s Health Administration and the Health and Human Services to a meeting with leaders from the corporate sector and foundations leading the healthy community movement. The goal of this invitation is to develop a national leadership group charged with changing the narrative about how health happens in the nation. It will present this group with a Campaign plan that includes highlighting the urgency of shifting to health creating activities and communication processes targeted to use their influence for increasing public, corporate and community demand for high value health and wellness practices, policies, programs and financing.

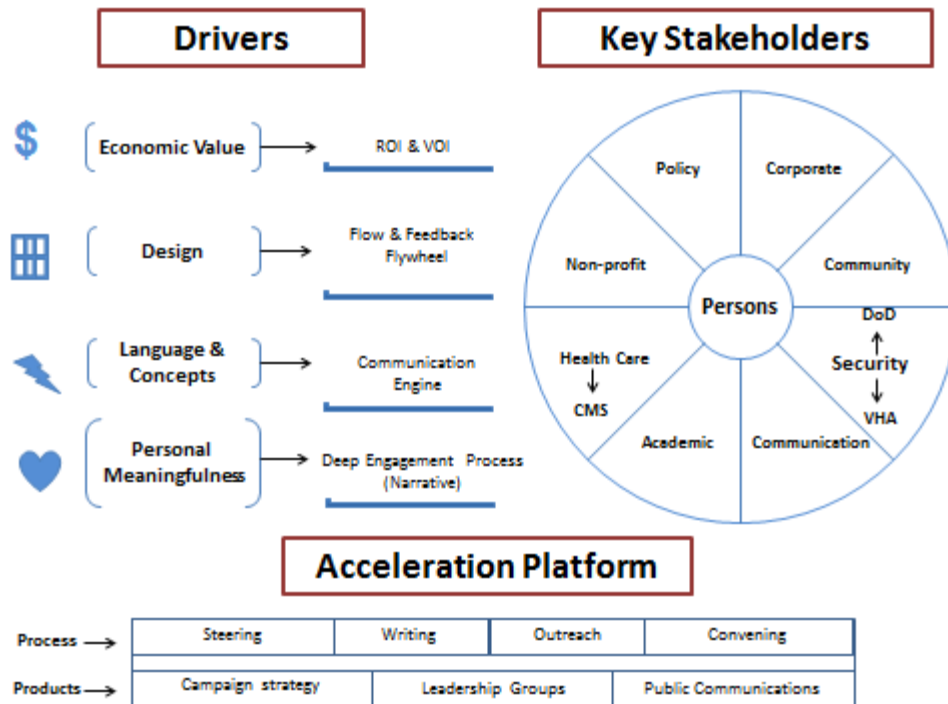
The Institute will do this by leveraging a current public-private partnership called the Creating Wellbeing Leadership Group (CWLG). The CWLG includes top leaders in federal agencies of the Department of Defense, Veteran’s Health Administration and Health and Human Services, as well as corporate leaders

from companies such as Dow Chemical, Google and Walmart and leaders in academic and community health such as W.K. Kellogg Foundation, Institute for Healthcare Improvement, Kaiser Permanente and the National Academy of Medicine (formerly the Institute of Medicine). The influence of these leaders will be brought to focus on the exemplars for health creation currently being collected by these and others from around the nation.

Top national spokespersons from each of these sectors will be approached to join this Campaign. They will be invited to join the Campaign and to collectively advise and communicate the new narrative on health creation to the nation. These leaders will be supported by an operational team drawn from the CWLG and others to plan the Campaign. The graphic below illustrates the drivers, stakeholders and processes to be used in constructing the Campaign for superior health. These potential national spokespersons will be invited to gather for a presentation and dialogue about the WIN Campaign at Wye River conference center in spring of 2016.

Preceding Wye River, the CWLG will begin with a planning and set up phase. During this phase Samueli Institute will establish an operational team consisting of three subgroups: 1) a strategy and steering group; 2) a writing and communications group; and, 3) a design and execution group. The planning phase will design the Campaign and convene the national spokespersons to help guide and support the process. Based on input from the WIN Visioning meeting, the current idea is that the Campaign will use a repeated, iterative process to do the following: 1) highlight a national urgency, 2) seek exemplar solutions in the federal, corporate and community sectors; and, 3) work a communications process to roll out public awareness and demand for similar exemplars by the public for themselves, their organizations and their communities.

Figure: A Platform for the Wellness In the Nation (WIN) Campaign



## Conclusion

The Campaign envisioned for WIN makes each person central to a movement addressing the issue of our time: Wellness in the nation. We invite leaders into a national dialogue that engages our better natures in a historic pursuit of happiness based on a health equity that fulfills the potential our country holds for each individual. We will overcome the denial that fails to see the disturbing trends which show our national disadvantages in health and wellbeing. We can demonstrate what works to make us prosperous by promoting community wellness. We can spread success through a larger collaboration based on a deeper understanding of our national interest. This understanding has already been shared by leaders whose invincible determination will only grow as we engage more people in the Campaign for Wellness in the Nation.