Three Great Tasks for Health

HARVEY V. FINEBERG, MD, PhD
President
Institute of Medicine

Each year, America’s Health Rankings® depict a nation with suboptimal performance and marked variation in health, in health care, and in the social conditions that are conducive to health. Dozens of countries have longer life expectancies and lower infant mortality than the United States. As one examines county-by-county performance on virtually any measure of health or socioeconomic conditions, one finds within the United States virtually the same degree of variation as between third world and first world nations of the world. Progress is highly uneven: between 1992 and 2006, female mortality actually rose in 4 out of 10 counties in the United States. At the same time, America spends double the per capita average of other wealthy nations on health care. In fact, if America’s health expenditures of $2.8 trillion were the entire gross domestic product (GDP) of a nation, it would rank fifth among the world’s largest economies.

America’s health system is neither successful nor sustainable. If we as a nation are going to achieve our potential for health, we will have to face up to 3 great tasks:
(1) Provide best care at lower cost, and make it equitably available;
(2) Foster a culture of health in America; and
(3) Invest in research that holds promise of new understanding, better prevention and treatment of illness, and superior health in the future.

Each of these tasks has many components, will require a continuous effort over a number of years, and is technically challenging and politically fraught. However, they are the mutually reinforcing building blocks for a healthier society and worth the effort.

Best Care at Lower Cost
The Institute of Medicine and many others have pointed to hundreds of billions of dollars of expenditures each year on medical services that do not contribute to health. A number of organizations, including the Bipartisan Policy Center, the Brookings Institution, the Commonwealth Fund, the Kaiser Family Foundation, and the Urban Institute have called for policy reforms in the payment for medical care (away from fee-for-service and toward rewarding value); changes in the structure of insurance to reinforce high-value care; steps to reduce administrative waste; ways to increase the efficiency of insurance markets; and broader reforms in programs such as Medicare, for example, to apply steeper means-based individual contributions to payments. In its report entitled Best Care at Lower Cost, the Institute of Medicine elaborated on a set of wide-ranging recommendations to increase transparency in outcomes and costs; apply financial incentives to reward continuous learning and improvement; utilize information technology for management, tracking outcomes, and clinical decision support; continuously improve operations to reduce waste; enhance coordination across clinical services and with community support organizations; and, first and foremost, to actively involve patients and families as partners in decision making to suit individual preferences.

A Culture of Health
Regardless of how efficient and effective we can make medical care, we will never be able to cure our way to a healthy society. The only way to succeed is by intensifying our focus on prevention of disease. At present, we celebrate prevention more in principle than in practice. Illness is the result of multiple layers of causation, including genetic, behavioral, environmental, and social
factors. In the final common pathway to many chronic diseases, including cancer, heart disease, and diabetes, a relatively small number of lifestyle choices and individual behaviors play a disproportionate role. Use of tobacco ranks in the upper tier of causation. Despite declines in tobacco use since the first Surgeon General’s report in 1964, approximately 1 in 5 adults in the United States smoke, and flavored small cigars are gaining favor among female adolescents and young women. Diet and activity are key drivers of the obesity epidemic in America, and some estimates rank dietary factors now as the leading cause of the overall burden of disease in America.vi Obesity is both an individual condition and a social phenomenon, as the living environment, ready access to unhealthy foods, and interactions with overweight friends and family can foster excessive weight gain. Excess use of alcohol and driving after drinking is another major source of chronic illness and injury.

A culture of health would make the healthy choices easy, natural, and cheap. They would be choices without decision-making—the default in daily life. It is possible to introduce and reinforce these kinds of social norms: consider increased use of seatbelts over time or the way in which most of us no longer think of littering along the roadways. Science, public education, professional standards, municipal ordinance, and national policy can all be mutually reinforcing, as demonstrated in the case of trans fats and the recent Food and Drug Administration (FDA) decision to no longer classify trans fats as generally recognized as safe. More broadly instilling a culture of health will require a sustained effort over many years that involves traditional and social media, educational institutions, philanthropies, community organizations, patient interest groups, employers and business leaders, civic figures, and policy makers, in addition to health professionals and public health leaders.

**Health Research**

The best hope, really the only hope, for fundamental understanding and new insights that will alter the development and course of illness is research. Despite wide public support, public investment in health research has been erratic over the past decade.vii Setting aside the 2-year pulse of funding to National Institutes of Health (NIH) from the American Recovery and Reinvestment Act of 2009, support in terms of inflation-adjusted dollars for NIH has declined every year over the past decade. The NIH issued 10,393 new and renewed grants in 2003 compared to 8,765 in 2011. The decline is ironic in light of the opportunities for progress in such areas as stem cell and regenerative medicine, genomics and proteomics, immunology, neurosciences, and translational and regulatory science, in

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addition to systems engineering, health services research, comparative effectiveness studies, and outcomes research.

When one considers the millions of persons living with, and dying from cancer, heart disease, and other major illnesses as well as the growing burden of neurodegenerative disease, diminished investment in health research seems incredibly short-sighted. What is required from government is commitment to long-term funding for research, and from the research community, adherence to the highest standards of research integrity and a willingness to evaluate progress and make appropriate course corrections.

Key Ingredients
These 3 great tasks comprise a grand challenge to achieve a healthy nation. Many different actions by many actors over a sustained period will be needed for substantial progress to be realized. Here are 5 key principles for success that cut across the 3 great tasks.

1. Social commitment and individual responsibility. America has a long-running political debate about the place of government in meeting social and economic needs of individuals. The US constitution provides no guarantees of a right to education, to work, to old-age pensions, or to health. Rather, the Bill of Rights speaks to civil and political rights, such as free speech, freedom of the press, the right to peaceful assembly to petition the government, and freedom of religion. It was not until well into the 20th century that every state required primary schooling for every youngster and not until 1940 when the majority of American adolescents graduated from high school. A century of debate over universal access to affordable health care can be traced from proposals preceding the advent of social security to enactment of Medicare and Medicaid in the 1960s to the Affordable Care Act of 2010. At every step, public responsibility for health coverage in the United States has been a matter of political decision, not a constitutionally guaranteed individual right. To achieve political reconciliation around broadened coverage, it will be necessary to combine public commitment to achieve universal access with individual responsibility to pay according to one’s means, within a system designed to enhance value and equity in health care. Individual and social responsibility likewise must be combined to achieve a culture of health, where disease prevention and health promotion become the norm.

2. Partnerships. No individual or group, whether public or private, can solve the grand challenge for health working alone. Government has a key part in all 3 great tasks, as do industry, private employers, health institutions and professionals, universities, philanthropies, civic organizations, patient groups, and individuals and families. Partnerships will be established most readily among those who are largely aligned in their values and objectives. However, success across the broad domains of health care, disease prevention, and health research will also
require partnerships among disparate groups who can nevertheless find common ground and ways to define and achieve shared goals. Patient groups, industry, health professionals, philanthropies, and government have diverse roles and purposes, yet by finding shared goals and means of collaboration, can accomplish more to build a healthy society.

3. Leadership. Leaders in every sector will need to find their voices to solve pressing health problems and achieve a healthy America. At a time when political figures in Washington seem bent on disagreement, leadership at state and local levels will be more important than ever. As states are the laboratories of democracy in America, state-based programs can often show the way to national solutions. Visionary business leaders have demonstrated the value of work-based programs to promote healthier lifestyles, encourage a more productive workforce, and provide more available and person-centered health care.

4. Learning from success. Solutions to the ills of health care often exist somewhere in the United States. The challenge is to identify where and why they have worked and to disseminate success more widely. Incentives embedded in payment for medical services, institutional practices, and long-standing habit, coupled with the dearth of relevant, accessible information on performance all conspire to deter adoption of changes that improve health and performance of health care. Relevant information on cost and performance is becoming more readily available, and the push for greater transparency should be accelerated.

5. Perseverance. As the economist John Kenneth Galbraith once observed, “Faced with the choice between changing one’s mind and proving that there is no need to do so, almost everyone gets busy on the proof.” Many minds will need to change over time if the 3 great tasks for health are going to be achieved. By working on parts without losing sight of the whole, by persisting in the face of indifference, resistance, and opposition, and by seeking common ground with others, those who favor a healthy America can prevail. The current path, neither sustainable nor successful, is unworthy of a great nation. With the right leadership, vision, spirit of cooperation, perseverance, and willingness to change, the world’s wealthiest nation can also become the healthiest people on the planet.

The views expressed in this commentary are those of the author and do not necessarily represent those of the Institute of Medicine.

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