Using National Networks to Tackle Chronic Disease

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Grantmakers in Health
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Collaborating to accelerate social impact
A core problem in public health: Interventions known to prevent chronic disease exist but do not reach the masses

Proven Interventions

DPP reduces the risk of developing type 2 diabetes by 58%.

CATCH results in 11% fewer girls and 9% fewer boys becoming overweight or obese.

National Problems

26M with diabetes in America; 79M at risk with prediabetes

25M overweight or obese children in America

How do we get effective models to reach more people in need?
Bridgespan research conducted in fall of 2011
An innovative solution: Tap the distribution networks of national nonprofits to scale public health interventions

Four keys to success...

1. Find an intervention that fits the mission and capacities of the network

2. Adapt the intervention for community-based delivery

3. Maintain fidelity to the intervention as it scales up

4. Secure funding to scale up the intervention
Findings and recommendations synthesized in Winter 2013 Stanford Social Innovation Review article

The YMCA and other national nonprofit networks are using their reach into local communities to deliver public health programs that help people live healthier lives and reduce their chance of chronic disease.

Using National Networks to Tackle Chronic Disease

By Taz Hussein & Michaela Kerbshev

Today, heart disease, stroke, diabetes, asthma, and other chronic diseases account for about 75 percent of all deaths in the United States and restrict daily living activities for millions of people. They also impose huge costs on families and the economy, gobbling up an estimated 75 percent of the money Americans spend on health care. Unlike acute care, chronic conditions target the underlying reasons for illness or even roll back significant gains made in Americans' health and life expectancy.

In fact, some experts predict that chronic diseases continue to grow at the present rate, children born today will be the first generation in two centuries to live shorter lives than their parent.

In response, the framework for public health has shifted from late-stage treatment to chronic disease. Major infectious diseases of the 20th century, like polio, were brought under control through the development and dissemination of vaccines, but today's chronic diseases require different approaches. The causes of most chronic diseases are dangerous interplay between where we live and how we live. So it's not enough to merely treat these diseases; we'll require a new mindset focused on both our environments and our lifestyles. It's environmental interventions that harm smoking in public places or the use of trans-fat in packaged foods are necessary but not sufficient. Behavioral interventions that help people quit smoking or eat nutritiously are equally important part of the equation.

The good news is that for some chronic diseases we have a pretty good idea of what it takes to change individual behavior. Consider diabetes: 26 millions Americans already have the disease and another 79 million are estimated to be at risk with prediabetes, a condition where blood glucose levels are higher than normal but not high enough to be diagnosed as diabetes. The National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), and others spent more than $100 million over 10 years to study a structured intervention that helped people with prediabetes lose on average 7.5 percent of their weight and participate in daily physical activity such as brisk walking. The results were impressive. The Diabetes Prevention Program (DPP) reduced the risk of developing type 2 diabetes by almost 60 percent.

The program worked, but the challenge for this and other evidence-based interventions targeting chronic diseases is to reach the people who need it beyond small state demonstrations and pilots. As Wayne Clin, director of the Division of Population Health at the CDC's National Center for Chronic Disease Prevention and Health Promotion, says,
Our Panelists

Jonathan Lever  
Vice President, Health Strategy and Innovation, YMCA of the USA

Marcia M. Kerz  
President, OASIS

James R. Knickman  
President & CEO, New York State Health Foundation
A few questions to consider during our discussion

• What roles can philanthropy play to help enable national nonprofit networks to tackle chronic disease?

• What are some of the challenges national networks may face as they work to scale effective public health programs and interventions?

• Who else needs to be at the table to make solutions like this work?
Thank you!

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