

Transcending Traditional Boundaries

Health and well-being have always constituted a massive, complex ecosystem. While our ability to intervene to improve health and well-being has traditionally been limited to specific, siloed areas within that ecosystem, we're now gaining new abilities to communicate, coordinate, and cooperate between these siloes. Over the next decade, we'll be able to break down traditional boundaries and transform the scale of interventions, creating new commons-based approaches to health and well-being. These new cooperative efforts—which will range from peer-to-peer bottom-up solutions to cross-boundary governmental collaborations—will underlie the most innovative approaches to controlling costs and reimagining collective approaches to creating and maintaining health.

Mapping indirect reciprocity to create support networks

We tend to understand reciprocity as a one-to-one interaction, where one person helps another and then gets something back directly from the person they helped.

Over the next decade, connected technologies and data visualization tools will catalyze indirect reciprocity by making interactions between individuals known to a larger network. For the 7 million people providing long-distance care in the United States, the ability to map and track indirect reciprocity will drive innovation by building complex networks of caregivers across geographies. These support networks will create new ways of collaborating to support personal and family health challenges that transcend geographic barriers.

Creating data commons to identify new insights

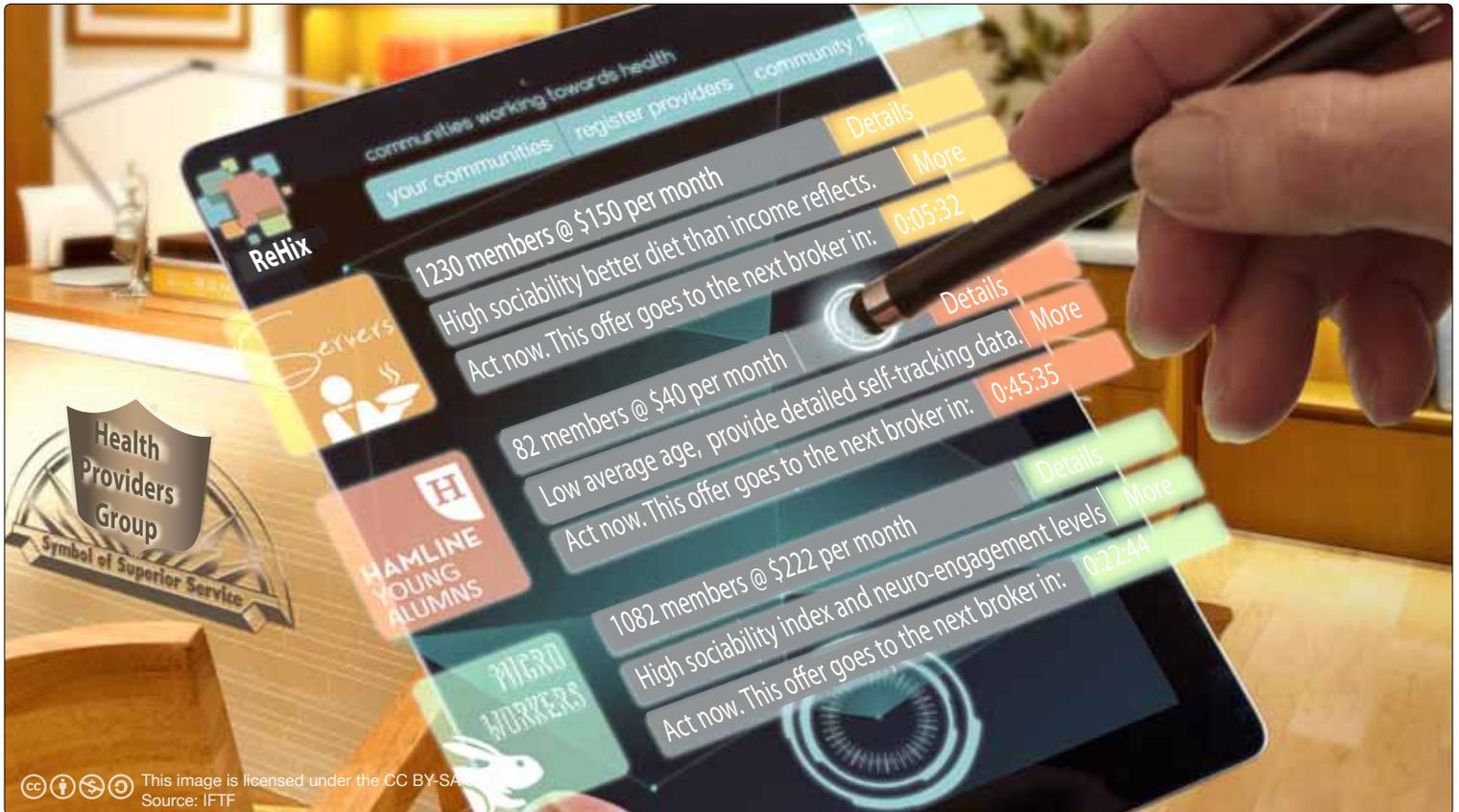
As the volume of health information continues to grow exponentially, new commons-based approaches that enable data to be shared while also maintaining security will be critical to advancing health knowledge. For example, as the cost of genome sequencing has fallen a millionfold in the past several years, the next decade offers an extraordinary opportunity to uncover the genetic basis of cancer, inherited diseases, infectious diseases, and drug responses. Yet currently competitive models and security concerns have resulted in genetic data being collected and studied in silos—by disease, by institution, and by country. As millions of people choose to decode their genes over the next decade, cooperative strategies will be critical to enabling secure sharing of a huge variety of personal health data.

Aligning incentives to remake the scale of intervention

As the world becomes increasingly globalized and interdependent, governments and other large organizations will begin to find ways to align incentives to cooperate across traditional boundaries—and find innovative solutions to challenges at a previously unreachable scale. For instance, the global food web relies on constant transnational movement of animal and plant products, making international cooperation crucial to combatting transboundary diseases. Instead of ramping up biosecurity measures and trade restrictions as a means to promote food security, governments will adopt legal and institutional infrastructures that reward cooperation and prevent zoonotic pandemics by anticipating and containing the international spread of outbreaks. And partnerships between corporations who are otherwise competitors, such as the Global Food Safety Initiative, will create new global food safety practices that are consistent across companies.

These **artifacts from the future** are examples of products, services, and experiences that may play out in the future based on this forecast.

REHIX



WHAT:

You're turning 26 years old next week and you need to select a plan from the state's insurance exchange. You know nothing about benefits plans and have no idea how to select one over another. But one of your classmates from your undergrad years at Hamline told you about a different way to do things. ReHix lets self-defined groups get together and decide what kind of coverage they want and the price they are willing to pay and then lets the companies come to them. Luckily for you, other Hamline alums have already figured out the kind of coverage they need, and all you have to do is add to their ranks! Together, you demand a low rate, 40 dollars a month, but your average age and socioeconomic status make you a great buy.

SO WHAT:

The health insurance exchanges that opened in October 2013 were designed to be a marketplace for individuals to compare, choose, and buy affordable health insurance. While they allowed individuals to compare health insurance options based on cost, the expectation was that people would choose their plan independently. Younger adults faced with the task of navigating the exchanges will employ networked-based, cooperative strategies to gain leverage in the marketplace. They will find others with similar goals for health care coverage and comparable budgets and will bring an element of group purchasing to the individual health insurance market.

CERTIFIED TRAUMA INFORMED



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Source: IFTF, Flickr user: Wolfman-K

WHAT:

Every time you see the “trauma-informed” certificate at the job site, you can’t help but feel a sense of satisfaction. A few years back, when an article about the lifelong effects of trauma opened your eyes, you suddenly realized you’d been going about your health all wrong. Getting a grip on your health meant avoiding, or taking time out to deal with triggers that reignited past trauma. And they used to happen all the time at the construction site. But some searching online turned up a community of people from all professions and walks of life that faced the same challenge—and they had a solution: trauma-informed workplaces. You joined the coalition of health providers, community organizations, and groups inside and outside of companies to create standards for trauma-informed workplaces. Now that your company has gotten itself certified, you feel like your whole workplace is behind you.

SO WHAT:

Mitigating the downstream behavioral and biological effects of trauma will require cooperation between health institutions, communities, and workplaces. With one in four children in the United States estimated to have experienced a traumatic event before the age of 17, the next generation of workers will include many still ailing from residual physical and emotional impacts. Not only will employers face the behavioral consequences linked to adverse childhood experiences, but the biological consequences that have a lasting negative health impact will take their toll on productivity as a result of absenteeism due to chronic illness. Employers that create trauma-informed workplaces that routinely screen for trauma exposure, accommodate traumatized workers, minimize secondary traumatic stress, and offer easy access to professional services will both improve productivity and the health and well-being of their workers.

Over the next decade, efforts to coordinate across stakeholder groups will create new opportunities for more seamless, continuous approaches to addressing health challenges. Spurred by formal collaboration between disparate institutions, as well as novel efforts by community-based networks, collaborative approaches will transform traditional approaches to creating health interventions.

CREATE CONTINUOUS CHRONIC CARE: Aligning incentives for affordable chronic care



The federal government and states can work together to control health care costs through harnessing “cooperative federalism,” suggests Alan Weil of the National Academy for State Health Policy. Over the next decade, as the Affordable Care Act takes effect, the federal government will establish requirements and set standards, leaving states to design and implement the actual programs. Finding ways to align incentives and resources among stakeholders such as state and federal governments, providers, employers, individuals, and communities can lower total costs associated with caring for chronic conditions.

ENHANCE EARLY CHILDHOOD HEALTH: Sharing institutional data



Collaborative leadership initiatives—such as Children’s Optimal Health (COH) in Austin, Texas—are already sharing resources and leadership capabilities to improve the health and well-being of children by working across institutions. Sharing previously siloed data gives stakeholders in the community a fuller picture of the assets and vulnerabilities facing children, enabling them to develop overlapping responses to more effectively enhance early childhood health.

SUPPORT END-OF-LIFE CARE: Regulation through reciprocity



The most rapid surge ever in the senior population in the United States began in 2011 and will continue through 2030, creating a significant rise in demand for home care workers. As platforms for indirect reciprocity catalyze complex networks of caregivers across geographies, these support networks will act as their own regulators, meeting families’ caregiving needs while ensuring quality and keeping costs low.

OPTIMIZE WORKPLACE WELLNESS: Aligning community and workplace wellness goals



Some employers are already moving away from company health and wellness programs and toward community-based models of employee health that extend the reach of interventions into the community. By aligning employee health management programs with larger community-wide goals and objectives, employers not only support the health of their present workforce and their loved ones, but also make a meaningful investment in their future workforce, as well as the overall health of the communities in which they reside.

BUILD COMMUNITY HEALTH CAPACITIES: Spreading social norms through networks of reciprocity



In 2011, Tarpon Springs, Florida, launched a grassroots citywide effort to become a community that works to address the causes and consequences of trauma. Peace4Tarpon relies on cooperation as a key skill to build, legitimize, and spread the movement. Networks of indirect reciprocity could be an important way to spread information and new social norms virally, allowing individuals and organizations to leverage tools of cooperation to build new community health capacities.

KEY RESOURCES

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