

Editorial

Communicating and Advancing Health with Research

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It is nearly a certainty that there will be rising demand for healthcare. It is estimated that over 30% of Gross Domestic Product (GDP) will be spent on health in the United States by the middle of this century. Experts (Hall and Jones, 2007) have recently predicted such a situation could develop globally. In their article last year, they demonstrated that rising incomes alone could lead to a doubling in the efficient share of health spending in GDP in the coming decades, even without the degree of population aging that is forecast.

We should all be aware of the consequences of this forecast. This has impact on how we allocate resources, value health, and advance society. Leaders, policy-makers, and citizens need to understand the benefits that arise from investment to develop better practices, new treatments, and technologies for health outcomes. Better health promotion and disease prevention strategies, better treatments for individuals, and broader health, societal, and economic benefits can be achieved with long-term thinking, vision, and creativity.

The post-modern global society in which we live with changing demographics, psychographics, and economic drivers continues to have environmental and societal stress that will further challenge us in areas of mental health, chronic disease, and new emerging and rapidly spreading infectious diseases. Yet, the health sector is often amongst the slowest to adapt.

Translating our knowledge and research with communication and information with “post-genomic,” population, and personalized medicine may require a new set of mechanisms and incentives. Such a new health “system” with interventions that focus on prevention and early diagnosis, instead of the age-old paradigm of “diagnose, treat and rehabilitate” after the onset of disease may have vast consequences for the health polity that has helped build and support such an approach.

The idea for “health translating to wealth” and efficiencies in health research are supported with numerous studies including micro- and macro-economic models that support high returns on investment from medical research and its socio-economic effects. In the United States in the last century, improvements in health were found to account for almost half of the gain in American living standards in the previous fifty years.

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The Mary Woodward Lasker Charitable Trust helped describe the value of medical research for society: the decline in deaths in the US between 1972 and 1992 from cardiovascular disease and stroke was worth more than USD 1.5 trillion per year to the U.S. economy. This included partnerships and engagement of the National Health Lung and Blood Institute, academia, non-governmental organizations, and the private sector bringing behavior and technological innovation to the American public. Clearly, this return on investment of \$1.5 trillion per year was considerably greater than the economic cost of clinical and applied research and the laboratory, not to mention the value people and society have with better health outcomes and longevity (Mary Woodward Lasker Charitable Trust, 2000). Even with past success, recent estimates of spending on health-related research and development are very small compared to current and likely future health expenditure (e.g., in Europe and the US, respectively 0.14% and 0.33% of GDP).

The health is wealth premise also requires a multidisciplinary approach whereas research can be advanced with hard and soft science, evidence-based approaches alongside creativity, and innovation that is ethically-based. We need innovative solutions with cultural, moral, and economically feasible technologies and systems that can support behavior change at the individual, community, and societal level to meet this challenge. The exponential growth of technologies helping to provide knowledge on genetic analysis, biomarkers and risk assessment, and IT applications for epidemiology and utilization could be harnessed for better and longer lives for people globally.

Health and medical research could be used a priori to transform the present healthcare system into one that is focused much more on prevention with participation in health decisions along with adequate communication and understanding (health literacy). If we stay the current course and have economic models and cost-driven systems, that is not evidence, ethical, nor science based, health care spending will increase without the concomitant rise in health outcomes. Voices from academia, practitioners, policymakers, and the public will advance what we all strive for: a health competent society with not only new knowledge, but also creativity and innovation to help diffuse such progress into action at all levels.

References

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