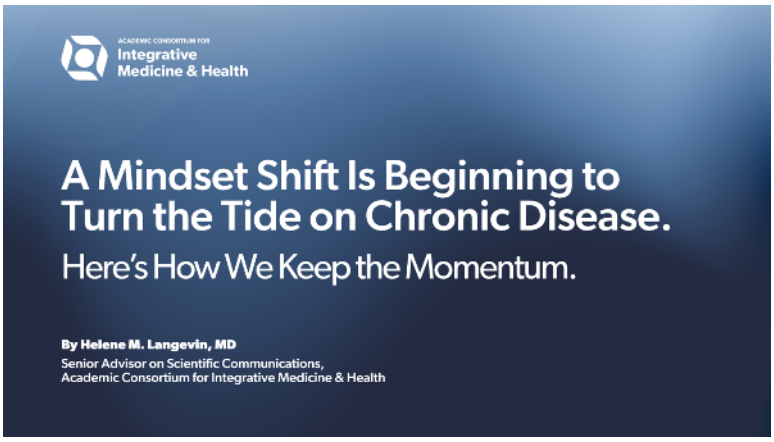

A Mindset Shift Is Beginning to Turn the Tide on Chronic Disease. Here's How We Keep the Momentum.

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American healthcare has a persistent numbers problem. Despite ballooning health care expenditures, the rate of chronic disease in the U.S. keeps increasing and life expectancy continues to **lag behind** other industrialized nations. Too often, patients find themselves frustrated by a fragmented healthcare system geared to treat diseases and symptoms, leaving them stuck in a cycle of declining health. And rising health care costs now tops the list of **worries for Americans.**

The good news is that the strategic shift we need to both win the war on chronic disease and spend our healthcare dollars more wisely is underway, through the growing understanding and application of whole person health.

At its core, whole person health is a simple and intuitive framework that brings together two key concepts—whole person and health. "Whole person" recognizes that we are not disconnected body parts. Our biology, behavior, social network and physical environment interconnect and function as a whole. "Health" signals the importance of recognizing that our health exists on a continuum between good health and illness with many opportunities to restore health. Each day, we encounter little "forks in the road" that can influence the direction we take toward or away from health.

Whole person health breaks down long-standing siloes in research and healthcare, digging into the factors that support health. It's a mindset that "rewinds the tape" to better understand and address the factors that can keep people healthy over a lifetime. While it's tempting to think of whole person health as simply prevention, the framework goes further by focusing on restoring good health, not just averting disease.

I developed a passion for the concept after years of clinical practice and research, when it became evident to me that our expertise in treating diseases was not enough for patients. For me, patient care felt like whack-a-mole, treating diseases that had already manifested and often managing the subsequent effects of the treatment itself.

When I took on my role at NCCIH in 2018, I came with the overall goal of integrating whole person health within all of NIH. Starting within NCCIH, our team made whole person health the centerpiece of our five-year strategic plan, and got to work. As I talked with colleagues across NIH, I found a growing interest in moving to a more integrated model for understanding human health. The enthusiasm didn't surprise me: we can make a theoretical case for why a whole person health model is desperately needed across many areas of medical research. For example, it is clear that a poor diet, sedentary lifestyle, and chronic stress together predispose to multiple chronic diseases that often "co-occur" in the same person including type 2 diabetes, fatty liver disease, hypertension, degenerative joint disease, and depression—that are currently treated separately with different medications for each.

We also know that well-meaning efforts to support healthy lifestyles can collide quickly with the economic realities of healthcare delivery. That's why I worked with colleagues at RAND Corporation to explore whether a whole person health model could also offer hope for improving how we spend our healthcare dollars. We **modeled** the hypothetical case of a 40 year old woman, "Mrs. M" and examined what her health care spending might look like from age 40 to age 80, comparing conventional care to a whole person health model with her health care expenditures validated with Medical Expenditures Panel Survey (MEPS) data.

Under conventional care, we found Mrs. M increasingly frail and living in a skilled nursing facility, with total cumulative health care costs of $353,155. With whole person care, we found her active and generally healthy at age 80, with total cumulative health care costs of $52,425. The model is instructive for health system leaders grappling with increasingly strained resources and budgets. With some modest initial investment for sustained support of healthy behaviors starting early in life, far better health and quality of life could be achieved at a fraction of our current spending.

Over the last half-decade, NCCIH has been able to deliver progress on building the necessary research infrastructure to transform whole person health from being a concept to an applicable working framework. The work has advanced research **methods**, created meaningful **measures**, and built the scientific **engine** to foster rigorous study. In my new role at the Academic Consortium for Integrative Medicine & Health, I'm seeing how NCCIH's work is reshaping conversations across the research community.

As the research landscape shifts to adopt the whole person health framework—to address root causes of chronic disease, understand the

framework— to address root causes of chronic disease, understand the role of food and nutrition in health, and leverage approaches that can support health over a lifetime— we are seeing important efforts to apply what we already know in the healthcare system. For example, CMS's **MAHA Elevate** initiative focuses on research bringing a whole person health approach into care settings. This follows the work and leadership of those at the Veterans Health Administration in reshaping the care veterans receive as well as the growing work across academic centers to bring whole person practices to surrounding communities.

Maintaining the momentum towards whole person health requires scientific leadership and expertise, and NCCIH contributions will continue to be essential for driving transformation in healthcare delivery. The growing body of research will inform clinical care, reimbursement, measures, and eventually medical education.

Health sector leaders in the U.S. have an opportunity to inform and drive a long-overdue shift from *disease care* to *healthcare*. Because if we continue to make real strides in recognizing the interconnectedness of human health and the fundamental desire of people to experience health—not simply avoid or combat disease—we can make decisive gains in the war against chronic disease. Fostering the scientific infrastructure to better understand whole person health and identifying effective ways to embed it into care will help us see not only better health but also more bang for our buck.

Dr. Helene M. Langevin served as Director of the NIH's National Center for Complementary and Integrative Health (NCCIH) from November 2018 - November 2025. She currently serves as Senior

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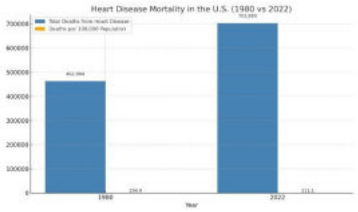

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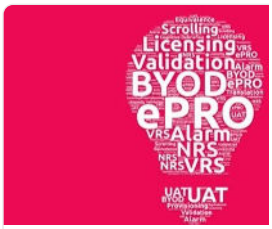

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