



Western Cape
Government

Health

Discovery Vitality

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OCTOBER 8TH-14TH 2011

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70 Business The Economist October 8th 2011

Schumpeter | Getting on the treadmill

A South African company has some bright ideas for promoting health

THE thorniest problem facing the health-care profession is how to strike the right balance between promoting health and curing illness. As is routinely pointed out, prevention is better than cure—and cheaper too. But the forces ranged against this benign cliché are formidable. The sick require immediate treatment. The medical profession values surgeons more than dieticians. And most of us are greedy and short-sighted: why forgo the instant ecstasy of a Mars bar, or the joy of unprotected sex, when the rewards of restraint are so distant?

This is one reason why it is so hard to curb health-care inflation. Insurance premiums have surged 9% in America since 2010. In emerging economies, too, greater prosperity means people are eating more and slouching behind desks instead of sweating in fields. So these countries are increasingly suffering from rich people's illnesses, such as heart disease and diabetes. The World Health Organisation expects the incidence of such non-communicable diseases to rise by 7% over the next decade.

Some policymakers are reaching for a new tool: behavioural economics. Behavioural economists are mapping out ways to “nudge” people to drop the cream pie and chew an apple instead. Cass Sunstein, the co-author of “Nudge: Improving Decisions About Health, Wealth and Happiness”, works in Barack Obama’s White House. David Cameron, Britain’s prime minister, has established a “nudge unit” in Downing Street. Mr Obama’s health-care law encourages employers to offer wellness programmes.

At the same time technology is making it easier for people to look after themselves. Monitoring equipment is becoming cheaper and easier to use. Philips is developing an app which uses the camera in an iPad to measure heart and respiration rates. You can keep your health records up to date with programmes such as Microsoft’s HealthVault. You can also use social media to shame yourself into shaping up. It is remarkable how much more effective a new year’s resolution to lose weight is if you make it public—and agree to a forfeit if you fail.

America is beginning to embrace nudges. Some of the biggest health insurers are introducing incentives of one kind or another. Most reward people for having their vital signs tested and hitting goals such as lowering blood pressure or burning off fat. Some have added interesting bells and whistles to this basic formula.

Aetna offers discounts for gym equipment and medical devices that can be used at home. Anthem provides e-mail access to a health coach. Sonicboom uses a combination of high-tech and peer pressure: members can monitor vital signs with “tip” devices attached to their shoes and join groups such as Weight Warriors. A new type of health-care firm helps companies design incentive systems. Examples include IncentOne and Anderson Performance Improvement, both based in America.

Perhaps surprisingly, the most interesting incentives have been developed in an emerging economy: South Africa. The Discovery group, based in Johannesburg, has crafted a programme called Vitality that applies the “air miles” model to health care. You earn points by exercising, buying healthy food or hitting certain targets. You rise through various levels, from blue to gold, as you accumulate points (rewards are adjusted to your starting level of fitness to give everybody a chance of making progress). And you are given a mixture of short- and long-term rewards ranging from reduced premiums to exotic holidays.

Discovery has formed alliances with a host of companies to provide rewards linked to your “vitality level”. Pick ‘n’ Pay, a South African grocery chain, provides discounts of up to 25% on 30,000 “healthy foods”. Airlines such as Kulula offer discounted flights. Discovery can measure whether people actually go to the gym, rather than just join, by swiping their membership cards. It says it has solid evidence that participation in the programme more than pays for the rewards: active participants are less likely to fall ill and, if they do, they spend a shorter time in hospital.

This model has taken Discovery from “one man and a desk” in 1992 to become South Africa’s largest health insurer, with 5,000 employees. The company is now entering new markets. It has formed partnerships with Humana, an American health insurer, and Prudential, a British company. It has also taken a 20% stake in Ping An Health, one of China’s largest private health insurers. The model has even been stretched to other industries, including a credit card that offers discounts linked to well-being and car insurance that offers cheaper petrol to people who drive safely (a telematic device installed in your car monitors aggressive driving, like harsh acceleration or sharp cornering).

Medical necessity
The Discovery story is another example of how quickly new ideas are starting to flow out of emerging markets

“The Discovery story is another reminder of how quickly new ideas are starting to flow out of emerging markets”



Western Cape Government

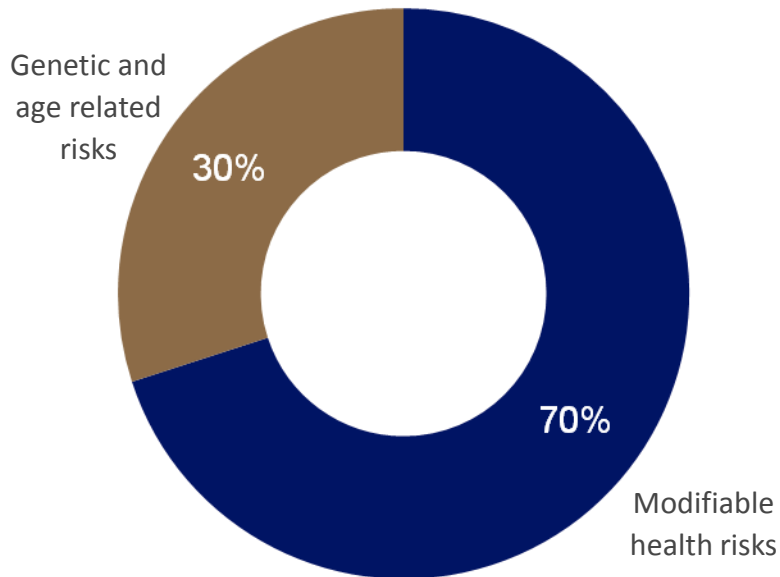
Health

Problem definition and underlying behavioural causes

Increasing prevalence of diseases of lifestyle

Under-consumption of preventative care

Distribution of healthcare costs



Problem of behavioural economics

Immediate price to wellness, hidden benefit

Access

Hyperbolic discounting places undue emphasis on the present

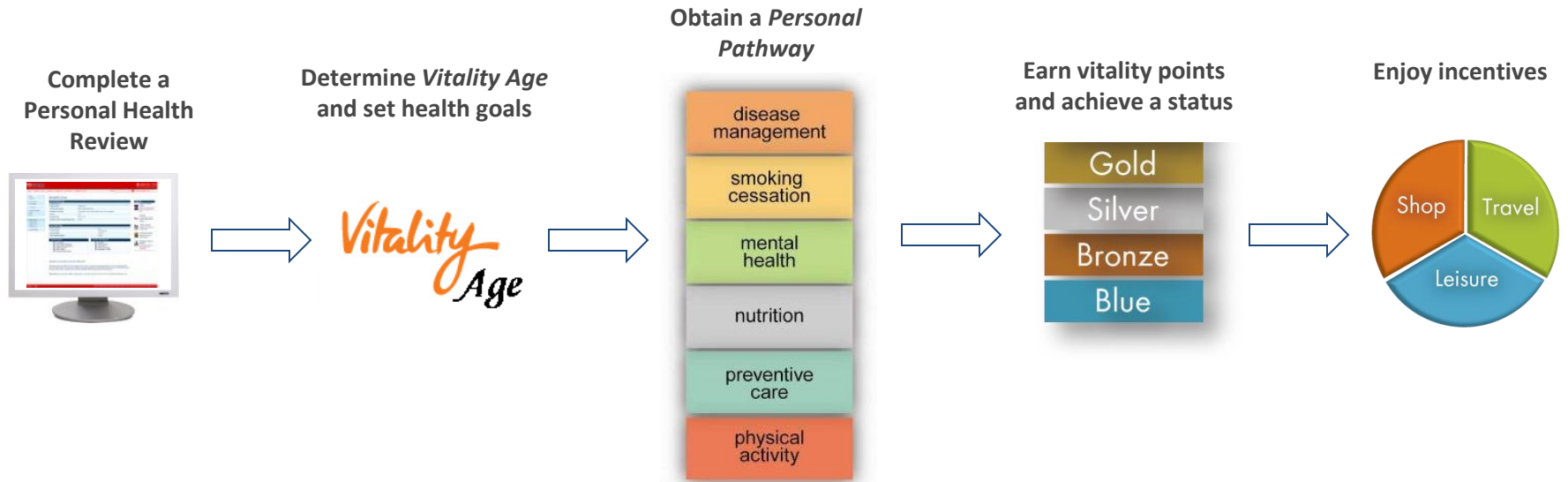
Behaviour

Over-optimism of ability to take corrective action

Behaviour

Facilitated access and immediate benefits are required to address behavior tendencies and to motivate long-term health behaviour change

Vitality Programme



Online capability

Clinical and scientific basis

Personal Pathway algorithms

Wellness network

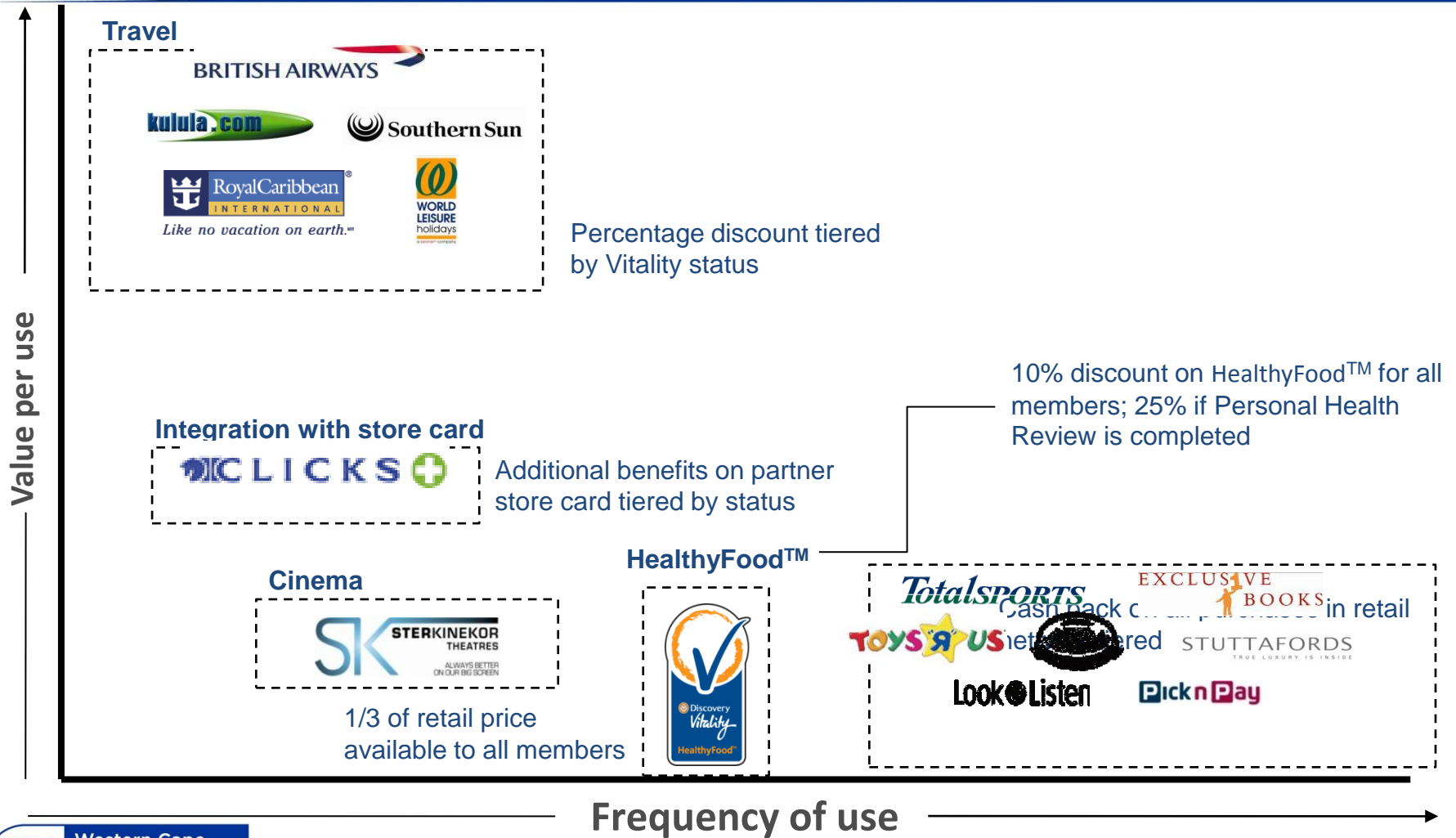
Actuarial points allocation methodology

Reward network

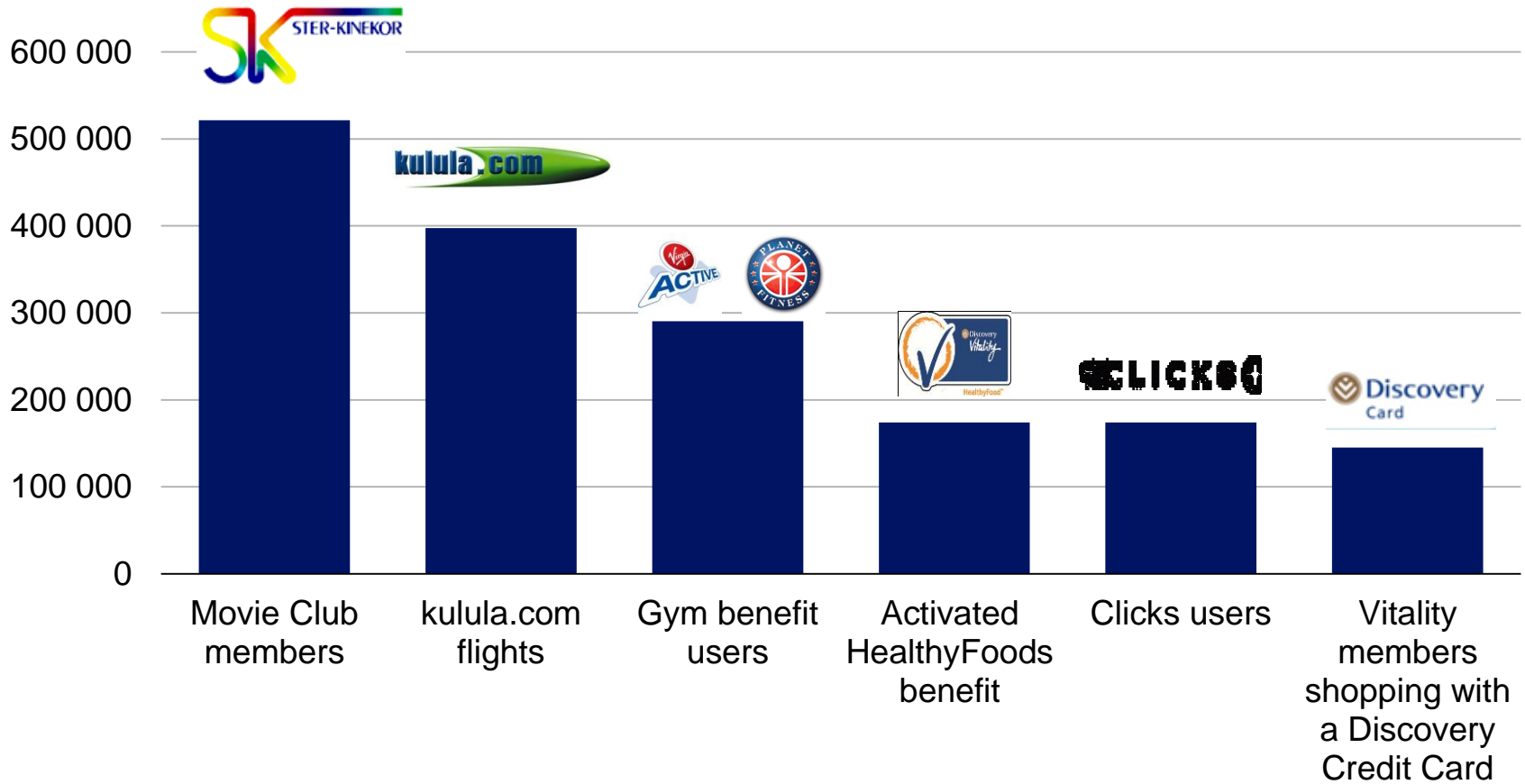
Valuable incentives

Assets and capabilities

Broad Rewards Motivate Differing Aspirations: SA Vitality partner network



Reward utilisation is high across the benefit spectrum



Nature of reward

Motivating factor

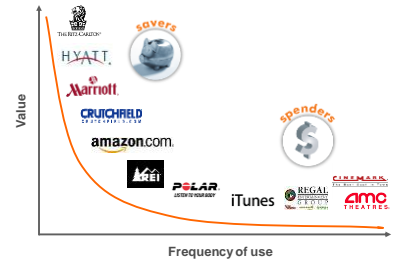
Example

Tangible rewards Self-interest

Charity Noble cause

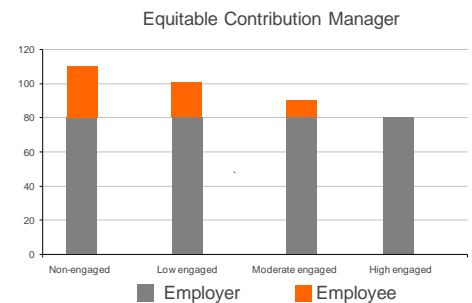
Lottery Self-interest

Contributions Loss aversion



1. Earn money for a charity of your choice
2. Promotion through social networks

1. *Points* convert into entries
2. Status gears number of entries



PREVENTING CHRONIC DISEASE

PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

VOLUME 6: NO. 4

OCTOBER 2009

ORIGINAL RESEARCH

Fitness-Related Activities and Medical Claims Related to Hospital Admissions — South Africa, 2006

Estelle V. Lambert, PhD; Rosanne da Silva; Deepak Patel, MD, MSc; Libero Fatti, PhD; Tracy Kolbe-Alexander, PhD; Adam Noach; Craig Nossel, MBChB, MBA; Wayne Derman, MBChB, PhD; Thomas Gaziano, MD, MSc

Suggested citation for this article: Lambert EV, da Silva R, Patel D, Fatti L, Kolbe-Alexander T, Noach A, et al. Fitness-related activities and medical claims related to hospital admissions — South Africa, 2006. *Prev Chronic Dis* 2009;6(4). http://www.cdc.gov/pod/issues/2009/oct/08_0226.htm. Accessed [date].

PEER REVIEWED

Abstract

Introduction

We report on the effect of an incentive-based wellness program on medical claims and hospital admissions among members of a major health insurer. The focus of this investigation was specifically on fitness-related activities in this insured population.

Methods

Adult members of South Africa's largest private health insurer ($n = 948,974$) were grouped, a priori, on the basis of documented participation in fitness-related activities, including gym visits, into inactive (80%, equivalent to ≤ 3 gym visits/y), low active (7.0%, 4–23 gym visits/y), moderate active (5.2%, 24–48 gym visits/y), and high active (7.4%, >48 gym visits/y) groups. We compared medical claims data related to hospital admissions between groups after adjustment for age, sex, medical plan, and chronic illness benefits.

Results

Hospitalization costs per member were lower in each activity group compared with the inactive group. This same pattern was demonstrated for admissions rates.

There was good agreement between level of participation in fitness-related activities and in other wellness program offerings; 90% of people only nominally engaged in the wellness program also were low active or inactive, whereas 84% of those in the high active group also had the highest overall participation in the wellness program.

Conclusion

Participation in fitness-related activities within an incentive-based health insurance wellness program was associated with lower health care costs. However, involvement in fitness-related activities was generally low, and further research is required to identify and address barriers to participation in such programs.

Introduction

Physical activity can reduce illnesses and deaths linked to chronic diseases (1,2). The health benefits of physical activity increase with increasing frequency, duration, and intensity of exercise (2–4). Data from longitudinal cohort studies suggest that physical inactivity is associated with at least a 1.5-fold to 2.0-fold higher risk of most chronic diseases of lifestyle, such as coronary heart disease, type 2 diabetes, and hypertension (1,5), and accounts for an estimated 1.3% of lost disability-adjusted life-years worldwide. Furthermore, studies corroborate the public health recommendation that 30 minutes of accumulated, moderate-to-vigorous intensity physical activity on most days is protective for these chronic diseases (3). The associated risk of inactivity is similar in magnitude to many other well-known risk factors, such as overweight, smoking, hyperlipidemia, and low fruit and vegetable intake (1,6).

The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the US Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named above.

www.cdc.gov/pod/issues/2009/oct/08_0226.htm • Centers for Disease Control and Prevention 1

Financial Analysis

The Association Between Medical Costs and Participation in the Vitality Health Promotion Program Among 948,974 Members of a South African Health Insurance Company

Deepak N. Patel, Mmed; Estelle V. Lambert, PhD; Roseanne da Silva, BSc Hons; Mike Greyling, MSc; Craig Nossel, MBBCH; Adam Noach, BSc; Wayne Derman, PhD; Thomas Gaziano, PhD

Abstract

Purpose. Examine the association between the levels of participation in an incentive-based health promotion program (Vitality) and inpatient medical claims among members of a major health insurer.

Design. A 1-year, cross-sectional, correlational analysis of engagement with a health promotion program and hospital claims experience (admissions costs, days in hospital, and admission rate) of members of a national private health insurer.

Setting. Adult members of South Africa's largest national private health insurer, Discovery Health. Insured members were also eligible for voluntary membership in an insurance-linked incentivized health promotion program, Vitality.

Subjects. The study sample included 948,974 adult members of the Discovery Health plan for the year 2006. Of these, 591,134 (62.3%) were also members of the Vitality health promotion program.

Measures. The study sample was grouped based on registration and the level of engagement with the Vitality health promotion program into the following: not registered (37.5%), registered but not engaged with any health promotion activity (21.9%), low engagement (30.9%), and high engagement (9.5%). High engagement was defined a priori by the accumulation of an arbitrary number of points on the Vitality program, allocated against specific activities (knowledge, fitness-related activities, assessment and screening, and healthy choices). Hospital admission costs, the number of days in hospital, and hospital admission rates were compared among highly engaged members and those members who were not enrolled in the program, nonengaged, and lowly engaged. Data were normalized for age, gender, plan type, and chronic disease status.

Results. Highly engaged members had lower costs per patient, shorter stays in hospital, and fewer admissions compared with other groups ($p < .001$). Low or no engagement was not associated with lower hospital costs. Admission rates were also 2.4% lower for cardiovascular disease, 13.2% lower for cancer, and 20.7% lower for endocrine and metabolic diseases in the highly engaged group compared with any of the other groups ($p < .01$).

Conclusions. Engagement in an incentive-based wellness program, offered by a health insurer, was associated with lower health care costs. (*Am J Health Promot* 2010;24(5):159–204.)

Key Words: Health Insurance, Wellness Program, Health Risk Appraisal, Chronic Disease, Prevention Research. Manuscript format: research; Research purpose: modeling/relationship testing, descriptive; Study design: cross-sectional, analytic; Outcome measure: financial/economic, hospital costs; Setting: private national health insurer; Health focus: health risk appraisal, fitness/physical activity, nutrition, smoking control, stress management, weight control; Swaerg: education, skill building/behavior change, incentives; Target population age: adults; Target population circumstances: health-insured population

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INTRODUCTION

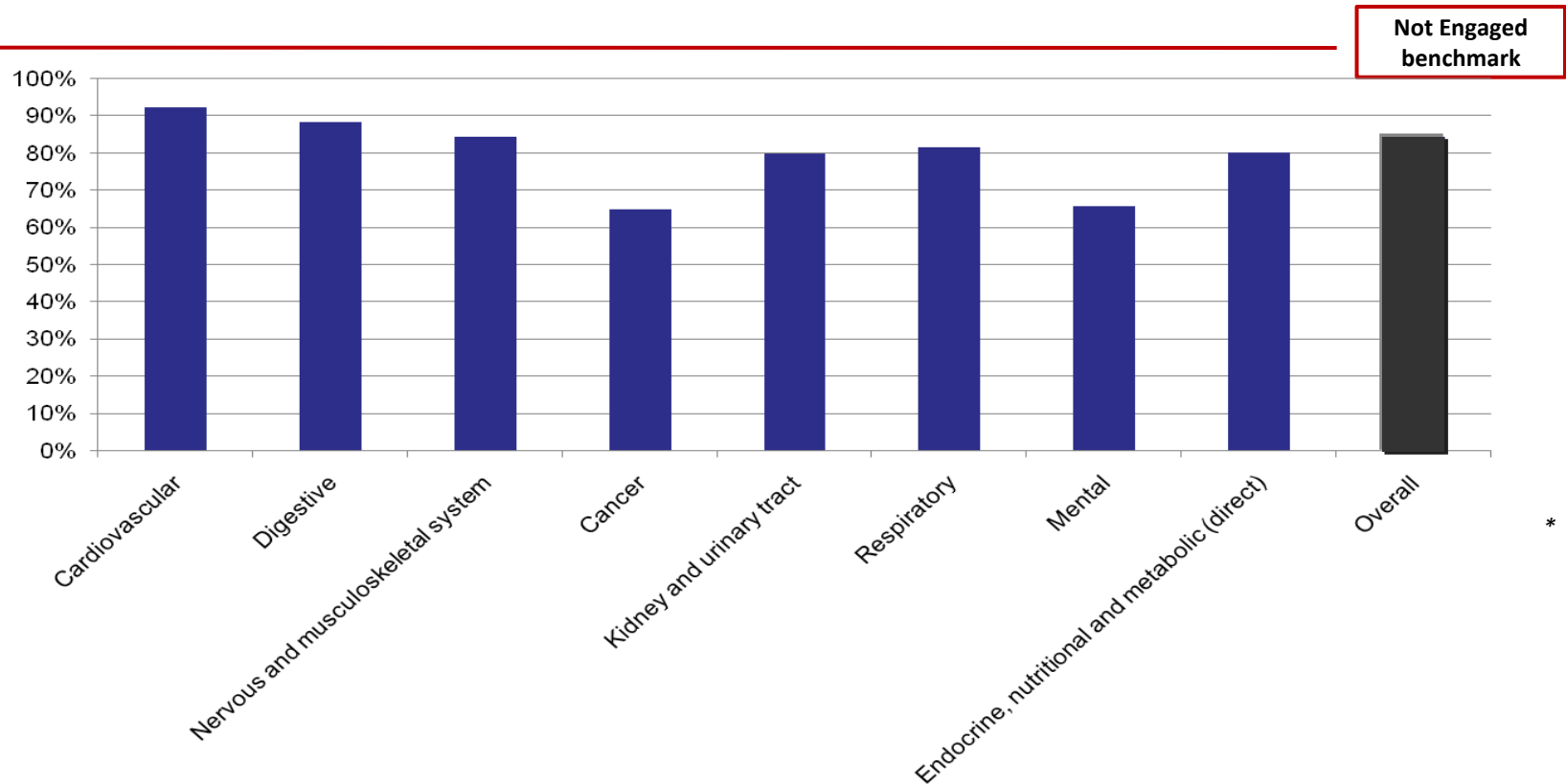
Health care costs are increasing globally.^{1,2} Among the many reasons for burgeoning costs are advances in health technology, newer and more expensive drugs, increasing costs of hospitalization, and the increasing burden of chronic diseases requiring more intensive treatments.^{3–5} The increase in chronic diseases can be partially attributed to an aging population, particularly in developed countries, but combined lifestyle risk factors such as smoking, unhealthy eating, obesity, and physical inactivity share considerable responsibility for the increase.^{1,6}

Recently some insurers have begun to offer incentive-based health promotion programs in an attempt to change health behavior and improve the health of their members.⁷ It is reasoned that improving the health of members is a more sustainable way of reducing long-term health care costs.^{7,8} Numerous public health approaches or strategies have been suggested to improve health behavior in the general population and among select population groups.⁹ The approaches that private organizations such as health plans offer may complement government actions, but there are limits to the scope of interventions that private organizations can adopt.

Moreover, in most countries, legislation prevents programs from requiring members to participate.¹⁰ Interventions offered by health plans to

VIP Study 1: Vitality engagement is correlated with lower healthcare costs

Risk-adjusted hospital admission costs for engaged vs not engaged

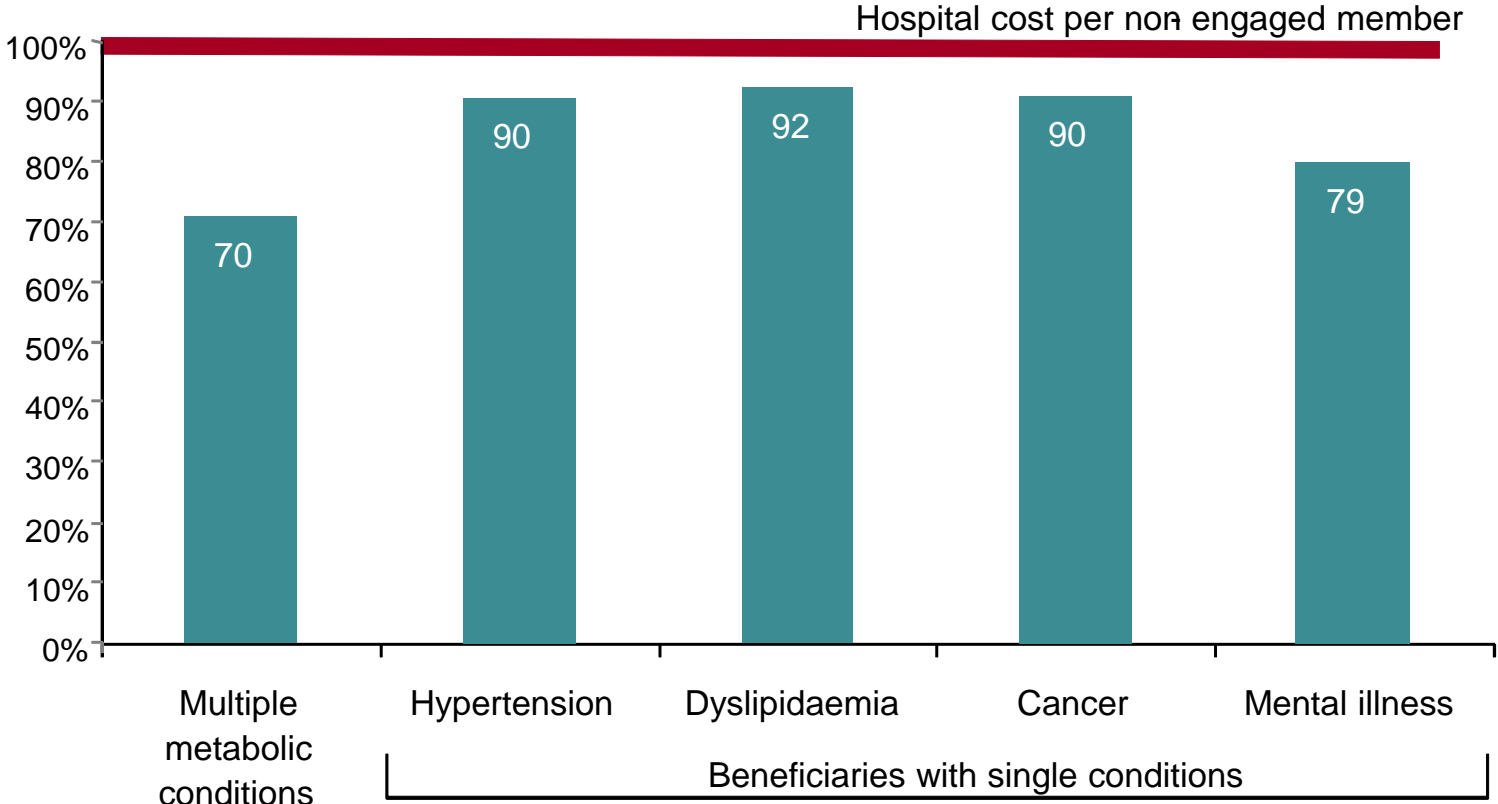


P < 0.001 for all categories (incl overall result) except cancer where P < 0.01

*Categorisation based on diagnosis-related groupers using ICD-10, CPT-4 and local procedural codes

VIP Study 2: Vitality engagement reduces the cost of managing chronic disease

Risk-adjusted hospital cost for chronic members: engaged vs not engaged

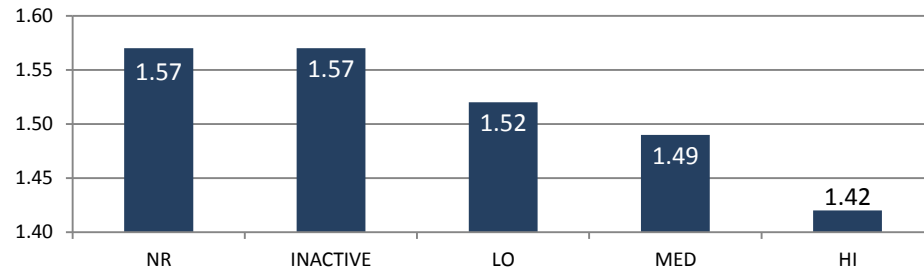


P = 0.001 for multiple metabolic conditions, all single conditions are not statistically significant

VIP Study 3: Fitter people spend less time in hospital and incur lower healthcare costs

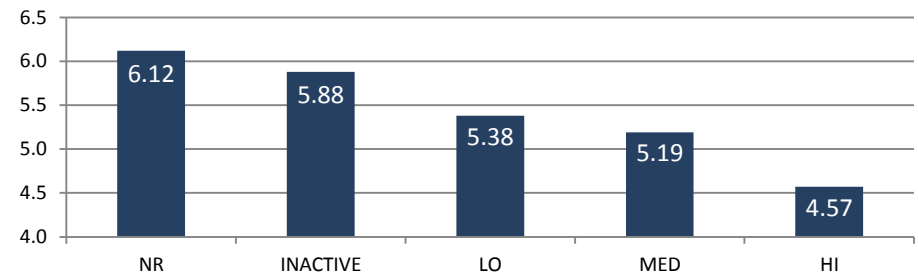
1. Admission per patient*

- 9.6% lower in highly active individuals vs inactive



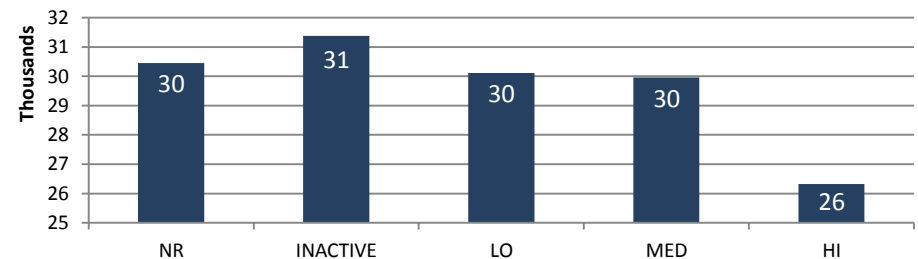
2. Length of stay in hospital

- On average 0.57 days shorter for highly active individuals vs inactive



3. Cost per patient

- Medical costs once hospitalised R5,052 lower for highly active individuals vs inactive



Fit people make better patients – admissions, length of stay and costs are risk-adjusted

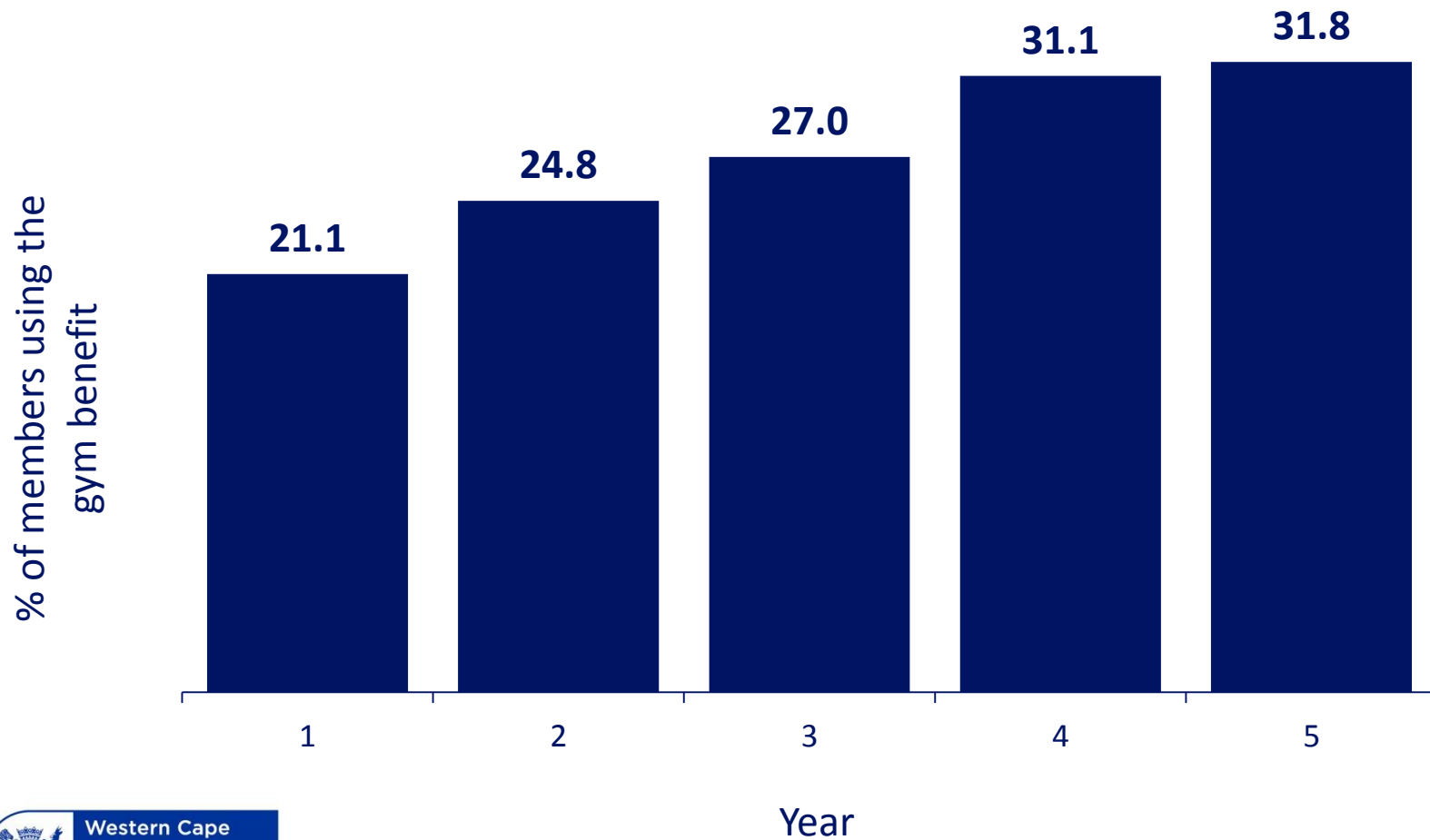
*Patients with at least one admission event

Longitudinal Study of Fitness Engagement

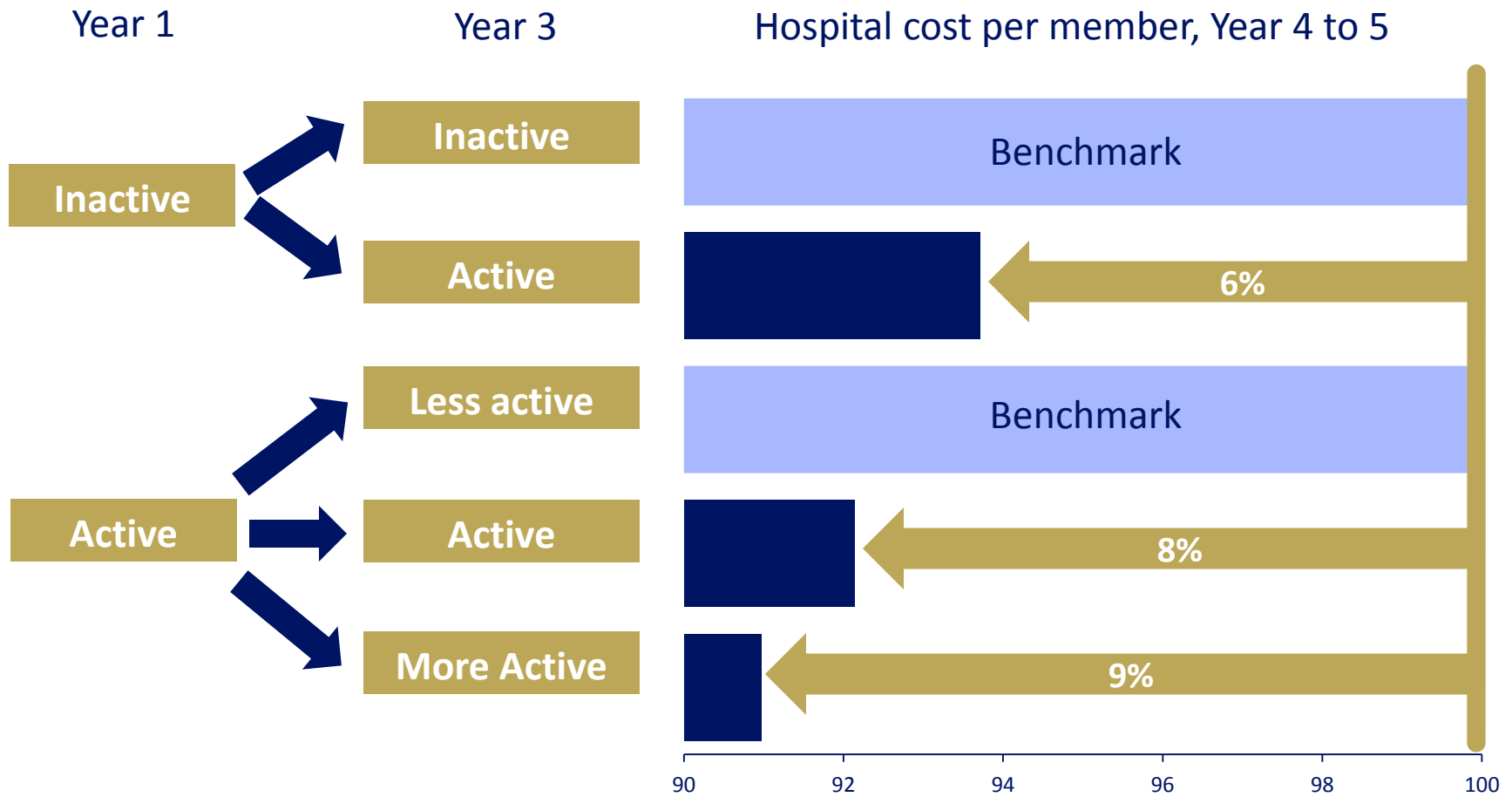
- A retrospective analysis of 304,000 adults over the period 2004 to 2008
- The analysis was designed to test
 - For significant changes in engagement with fitness-related activities over time
 - Whether these changes were associated with changes in the probability and cost of hospitalisation



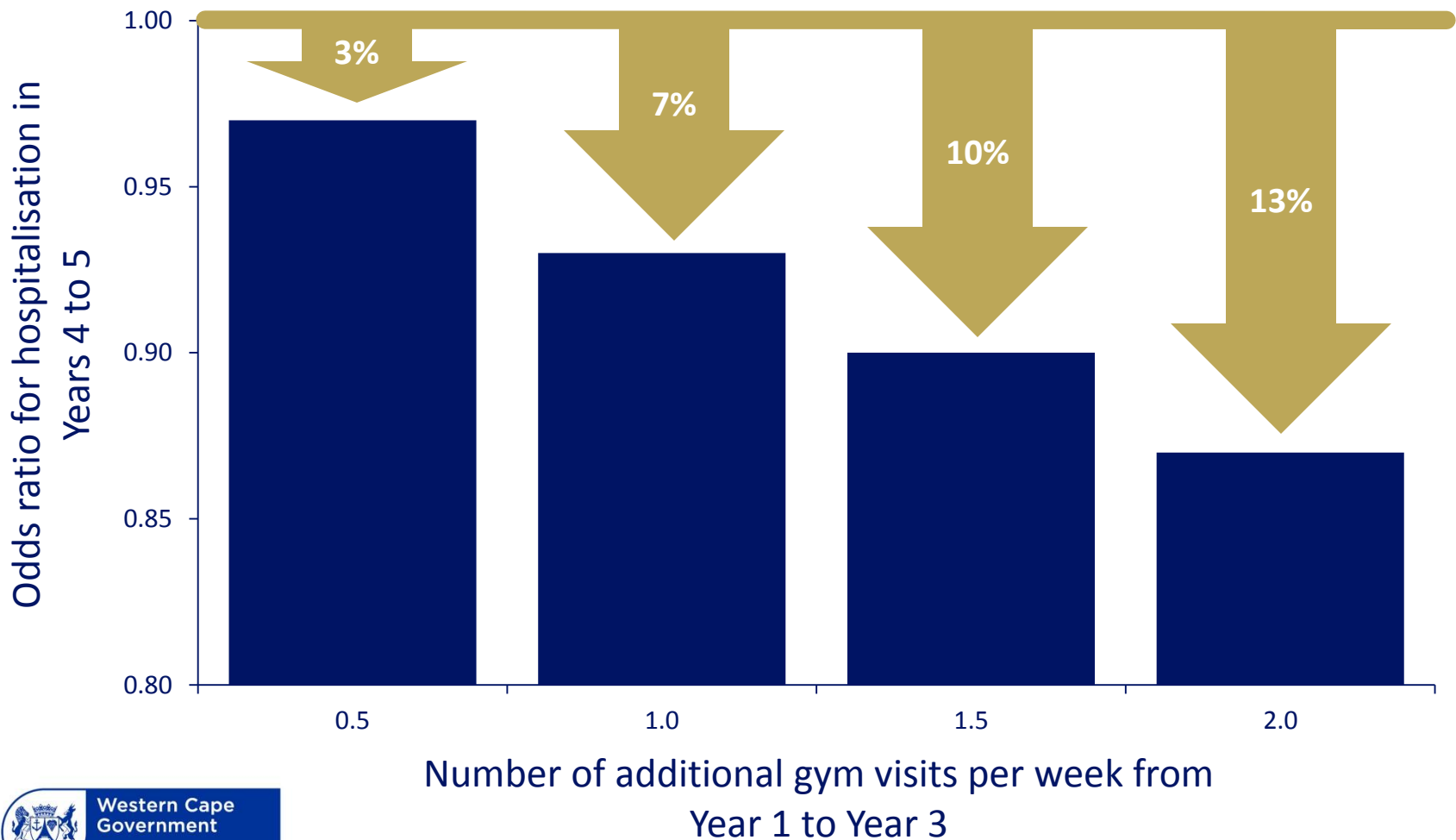
Increase in Fitness Engagement



Outcomes associated with transitions between engagement levels



Relationship between increasing activity and the odds of hospitalisation






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In partnership with **Pick n Pay**
Inspired by you

25% saving on nutritional items purchased at Pick n Pay

HealthyFood™ structure

Fruit and vegetables 3,000 products		Nutrient	WHO dietary recommendations	Chicken, fish and meat alternatives 479 products
Grains and cereals 1,425 products		Saturated fat	10 en%	Vegetable oils and nuts 536 products
Lentils and legumes 373 products		Trans fat	1 en%	Milk and dairy products 217 products
		Sodium	1.2mg/kcal	
		Added sugar	10 en%	
		Dietary fibre	1.3mg/kcal	

61,000 products assessed; 10,000 classified as HealthyFood™

HealthyFood™ mechanics

HealthyFood™ purchases marked on till slips



MINERAL WATER STILL 000				12.99
WHITE GRAPES BOX 000	#	VIT		24.99
F/F STRAWBERRY YOG 000		VIT		14.99
CHICKEN STIRFRY 000				10.09
LOW FAT CHEESE VP 000				25.99
BABY MARROWS 000	#	VIT		11.99
PRETZELS SESAME RING000				18.39
CHIPS CARIB/ONION&B/000				7.29
ITEMS	8	TOTAL		126.72
BANK CARDS				126.70
CARD-NO	*****3013			
Rounding				0.02

TAX EXEMPT INDICATOR	*
NON-TAXABLE INDICATOR	#
DISCOVERY VITALITY	VIT

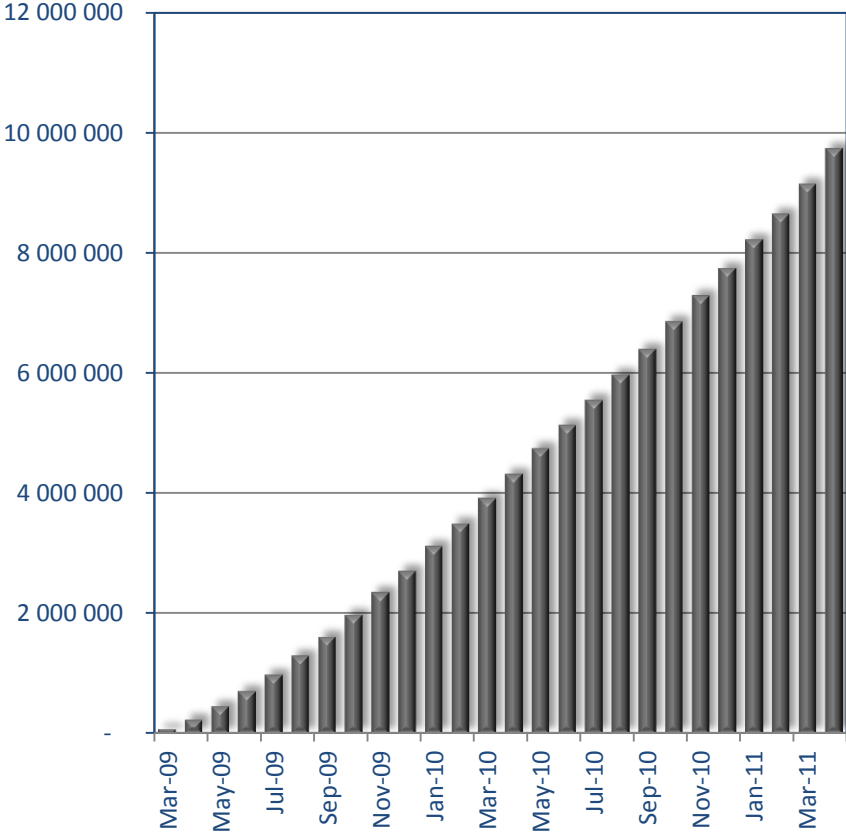
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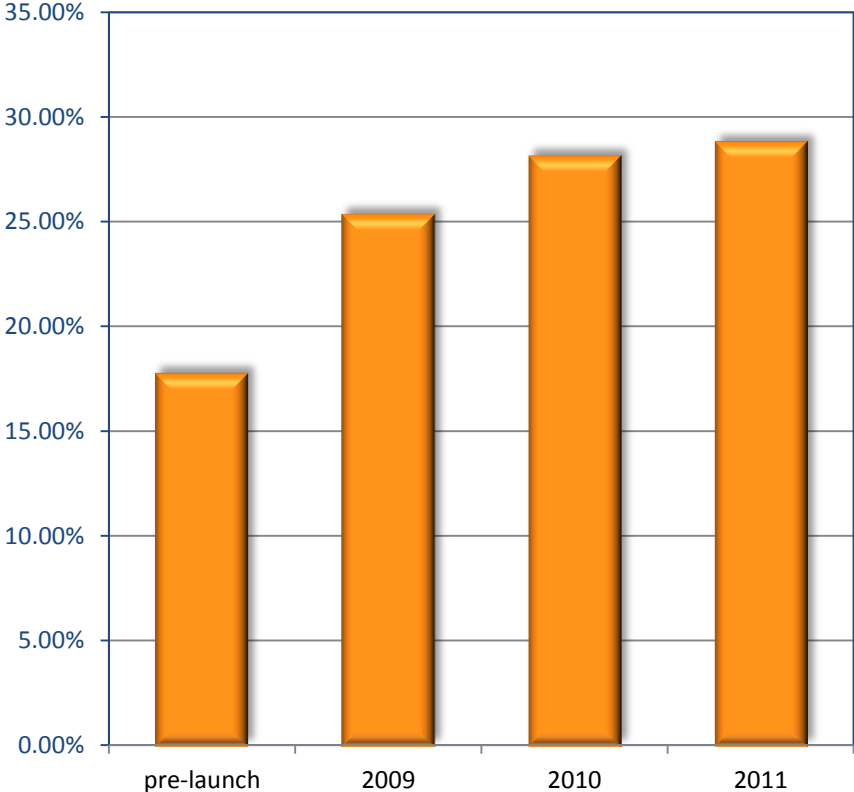
Discovery Vitality members save up to 25% on HealthyFood™.
Visit www.discovery.co.za
Now more than ever it pays to be healthy!

Adoption of the HealthyFood™ Benefit

Number of HealthyFood Store Visits



HealthyFood as % of cart



Result: Over 240,000 families have activated the HealthyFood™ benefit

Discovery Healthy Company Index



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Health



Discovery Sunday Times

Healthy
Company Index



Most people spend the better part of their day at work so a healthy workplace is one of the keys to a healthy lifestyle. The Discovery Sunday Times Healthy Company Index is the first survey of its kind in South Africa. And your company can take part too! It's all about helping your company understand how healthy your workplace is, and what it can do to ensure all employees' wellbeing.

Login to www.healthycompanyindex.co.za before 26 November 2010 to register your company and join the race to become South Africa's healthiest company to work for.

Discovery is an authorised financial services provider.

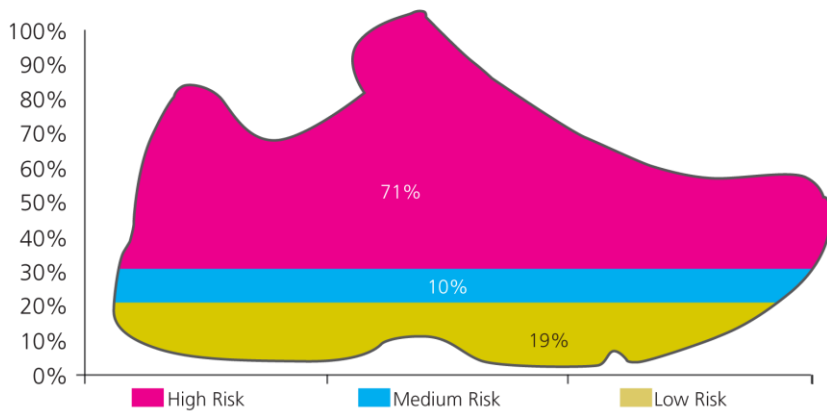
The Health of a company

is reflected in the
figures of its people

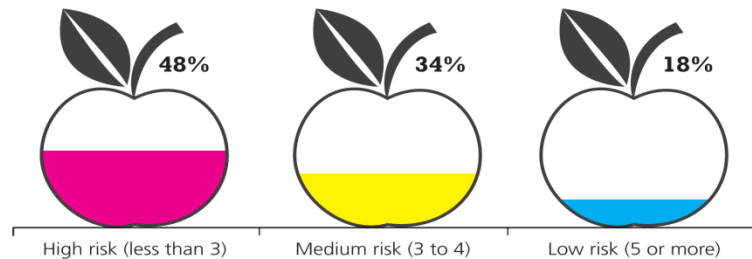
Find out how healthy your company is!

Discovery Healthy Company Index

Levels of physical activity

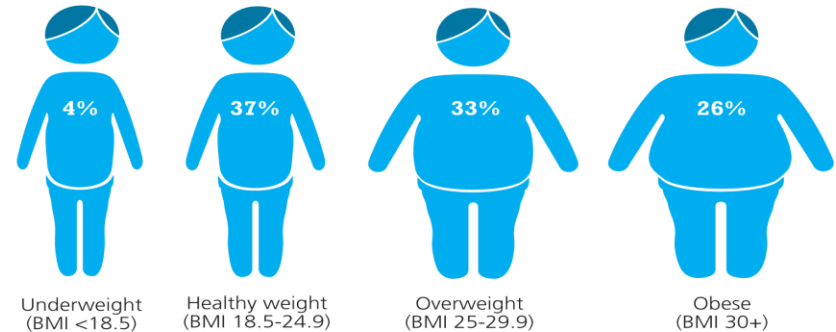


Nutrition risk according to the number of daily fruit and vegetable servings



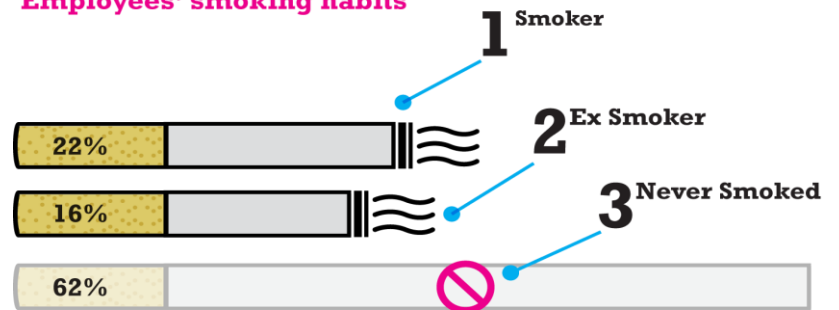
“ 82% of employees do not eat enough fruit and vegetables every day ”

BMI of employees



63% of respondents have an unhealthy weight, with 25.9% obese

Employees' smoking habits



“ 78% of employees do not smoke ”

Healthy Active Kids Report Card 2010



Western Cape
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Health

Healthy Active Kids Report Card 2010



Physical Activity (Grade D):

- Less than 70% of high school learners report having regularly scheduled physical education.
- Less than 50% participate in enough physical activity for it to be considered 'health-enhancing'.

Nutrition (Grade D):

- Just over 2 servings of fruits and vegetables per day, with less than 1 serving of fruit per day.
- Over 50% drink sweetened cool drinks more than 4 times a week.
- Nearly 30% eat fast food between 2 and 3 times per week.

Healthy Active Kids Report Card 2010



Screen time (Grade F):

- Nearly 1 in 3 adolescents watch more than 3 hours of television daily

Overweight, obesity (Grade C-) and stunting (Grade D-):

- 20% are overweight and 5% are obese
- 13% of teens are stunted

Smoking (Grade D):

- 29.5% of adolescents report having smoked
- 21% are current smokers

Vitality Schools Programme

	Carbohydrate	Protein	Fat	Vegetable	Fruit
Monday	Whole-wheat bread (2 slices)	Sliced lean ham	Soft polyunsaturated margarine or butter / low fat mayonnaise	Lettuce and cucumber	Banana
Tuesday	Seeded roll	Low fat cheese	Soft polyunsaturated margarine or butter	Tomato	Raisins
Wednesday	Baby potatoes	Canned tuna or salmon (in brine)	Low fat mayonnaise	Lettuce, tomato and / or cucumber	Fruit juice: 100% fruit juice (diluted with water)
Thursday	Seed loaf	Low fat yoghurt	Peanut butter	Carrots	Mixed dried fruit
Friday	Whole-wheat mini-pita bread	Sliced chicken breast or drumstick	Low fat mayonnaise	Red, green and yellow pepper strips OR mixed salad	Apple

© 2017, 2018, 2019

Name: _____

Here's the formula for a healthy lunchbox:

Carbohydrate + Protein + Fat + Vegetable + Fruit + Water

Discovery is all about keeping yourself, and the one's you love, healthy. We know it's not easy to think of new and tasty school lunches every day. So here's a weekly lunchbox planner to cut out and stick on your fridge. It'll help you to mix and match the formula and put together delicious, nutritionally balanced meals. And while you do, get your child involved by colouring the planner in. Remember, eating well and exercising are the best ways to keep a healthy body and a healthy mind.

Discovery is an authorised financial services provider.



Lesson plans
Grades 1 to 3

Grade 4
Life orientation: LO 4: AS 1, 2, 3 and 4
Integrates with natural science LO 1 and LO 2

Lesson two: Muscle strength (40 minutes)

1. Outcomes
By the end of this lesson learners will be able to:

- understand

Name: _____

Home: _____

Tel: _____

Example below:

Grade 1
List of warm up and cool down exercises

Warm up exercises

1. Warm up exercise one (5 minutes)
In the warm up exercise, you should demonstrate hopping, hopping on one leg, bunny hops and walking on the spot.

- Divide the learners into four groups and give each group one of the activities (group 1 - hopping, group 2 - hopping on one leg and)
- Every 20 seconds show the whole class the learners to rest on to do the next activity
- Let the learners go through the series of four movements twice.

Afterwards, show the learners how to do the following exercises:

Hamstring (back of thigh)

Calf exercise (front thigh)

The learners must hold each stretch for 20 seconds, and repeat them twice on both sides.

- Explain to the learners that the reason we warm up is to the 'hub' in our bodies and that our bodies know that they have to get ready for further action. This helps to prevent injuries and helps the body to perform better during activities.

2. Warm up exercise two (5 minutes)

This warm up exercise will teach the learners how to copy movements and serve as a warm up for the lesson ahead.

- Put the learners into pairs.
- Put the partner in the actor, and the other the mirror.
- The actor must perform any movements they like, and the mirror must copy.
- Encourage learners to use big and exaggerated movements.
- Show the actors to stretch. Give each learner approximately 20 seconds to be the actor before they become the mirror.
- Continue the exercise for about five minutes.

Vitality Schools Programme



Developing healthy active kids

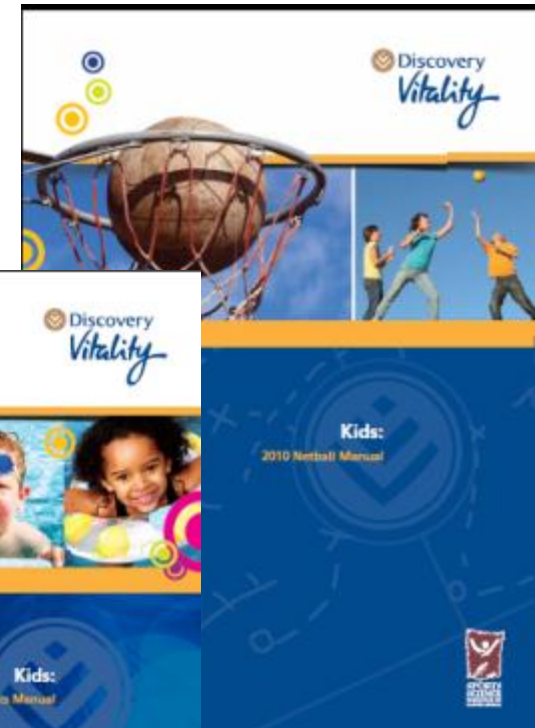
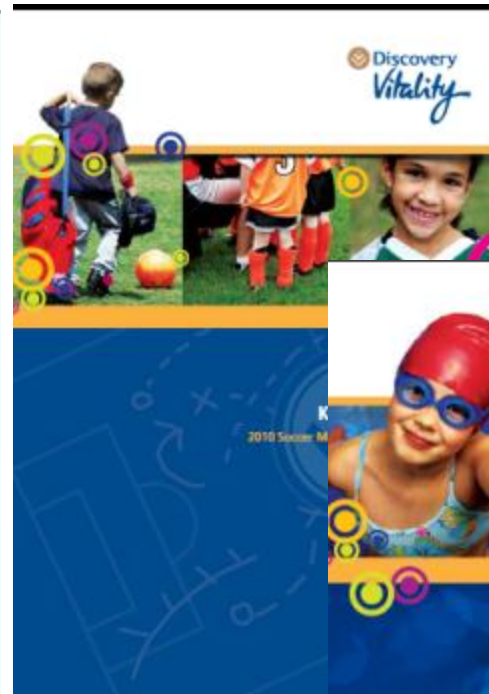
EAT MOST OFTEN

-  Popcorn (plain)
-  Fruits and vegetables: nuts, dried fruit
-  Dark chocolate
-  Water (low salt / not pure)
-  Whole-wheat roll, bun or pita with bran/whole egg / cheese with salsa / homemade vegetable soup
-  Low fat yogurt, fresh fruit / fresh natural frozen yogurt, ice-cream

EAT Rarely

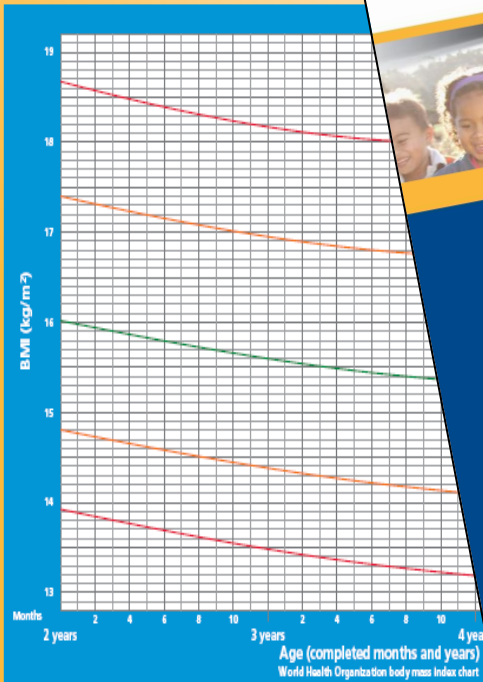
-  Chips
-  Sweets: Chocolate, Candy bars, Ice-cream, Creamed tea
-  Hamburgers, Cakes, Ice-cream, Doughnuts, Sweets
-  Sugary drinks: Energy drinks, Soft drink, Milk-shake, Flavoured water
-  Burgers, Hot dogs, Pies, Sausages, Sandwiches, Salads, Pasta, Soft drinks, Rice, White bread/cakes/pita
-  Ice-cream, Ice-lollies

Make the healthier choice!



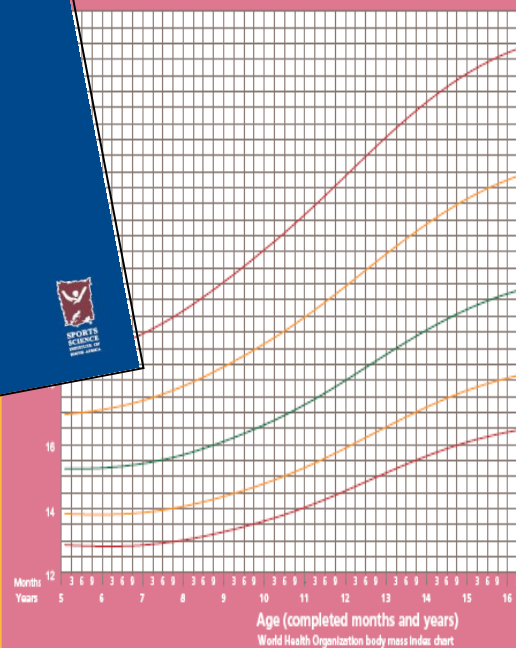
Developing healthy active kids

BMI-for-age Boys
2 to 5 years (percentiles)



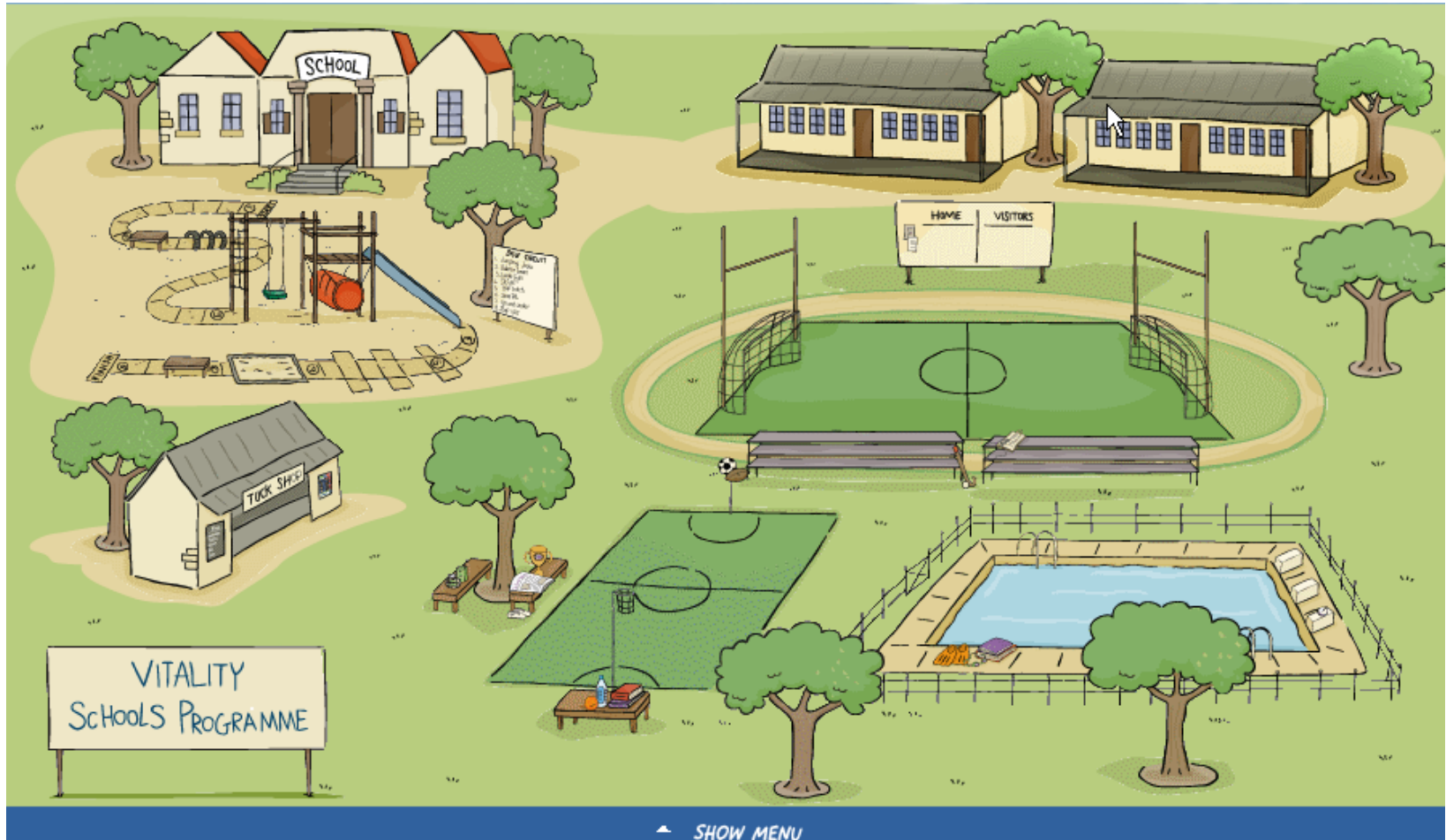
The cover of the 'Discovery Vitality GP's information guide: A guide to children's health' features a photograph of three young children (two girls and one boy) smiling and playing outdoors. The text on the cover includes the Discovery Vitality logo, the title 'GP's information guide: A guide to children's health', and the Sports Sciences logo.

BMI-for-age Girls
2 to 5 years (percentiles)



A vertical poster titled 'See How Tall You're Getting?' from Discovery Vitality. It features a large vertical axis on the right side for height measurement in centimeters. The poster includes several illustrations of children in various active poses: a boy jumping, a boy sitting on the floor, a boy playing soccer, a girl standing, and a girl jumping. Text on the poster includes 'Watch out for the ceiling', 'You're growing in leaps and bounds', '1 metre', 'Heading for halfway', and 'You must be kidding'. The Sports Sciences logo is at the bottom.

Vitality Schools Programme



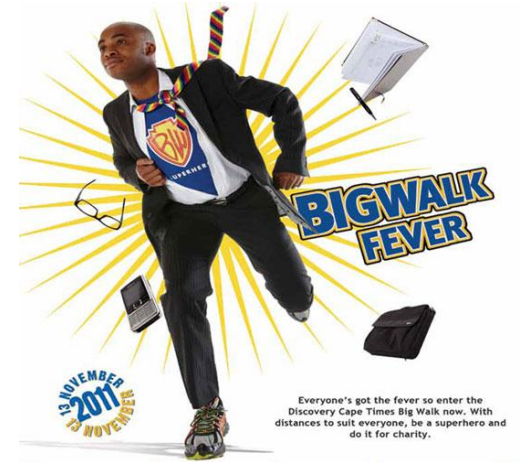
Western Cape
Government

Health

Vitality Schools Programme



Get South Africa walking



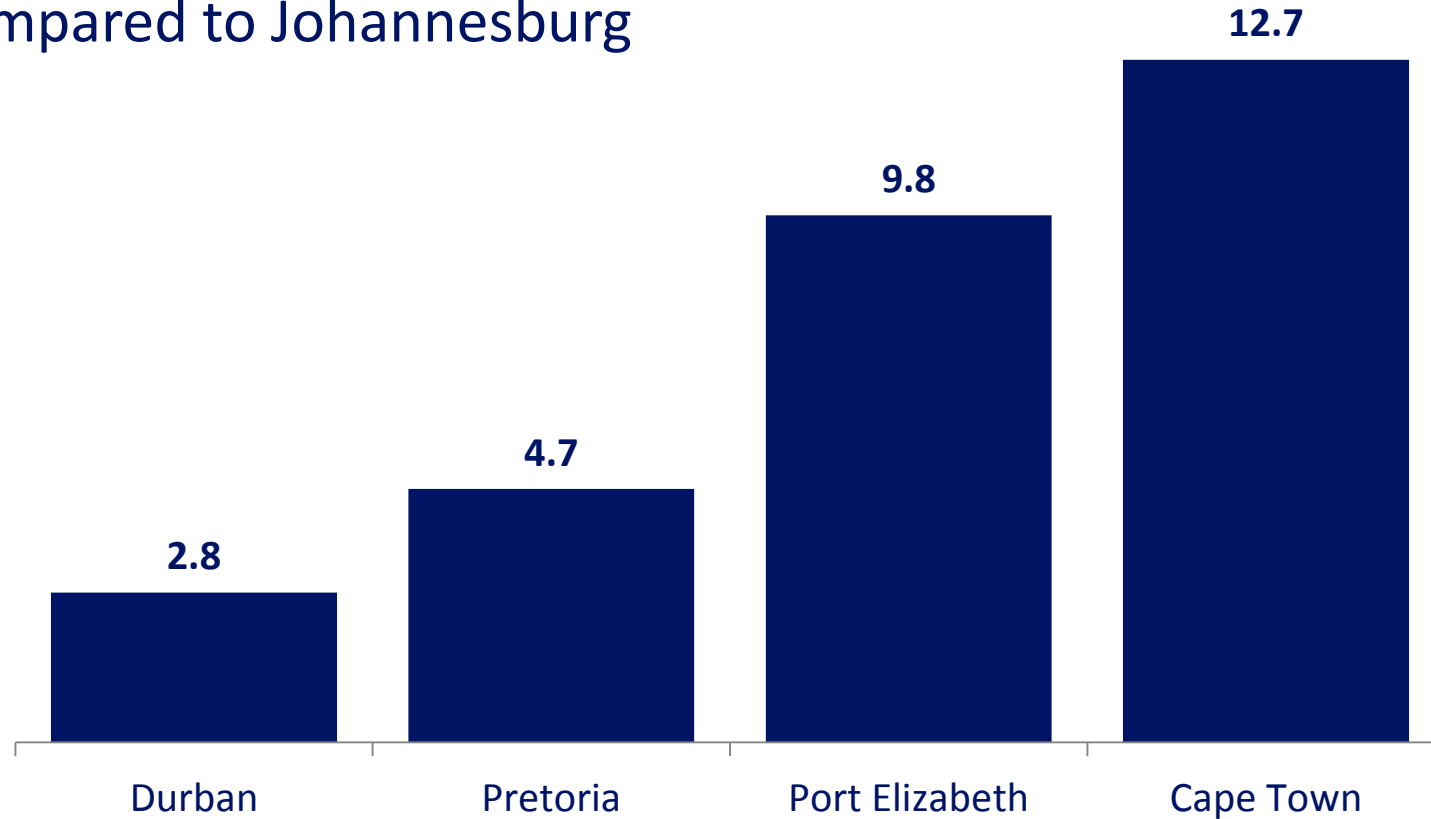
Western Cape Government

Health



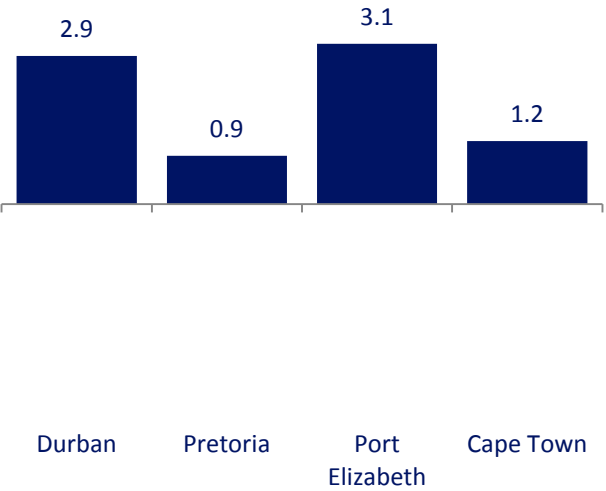
Vitality Healthiest City

% Difference in mortality risk,
compared to Johannesburg

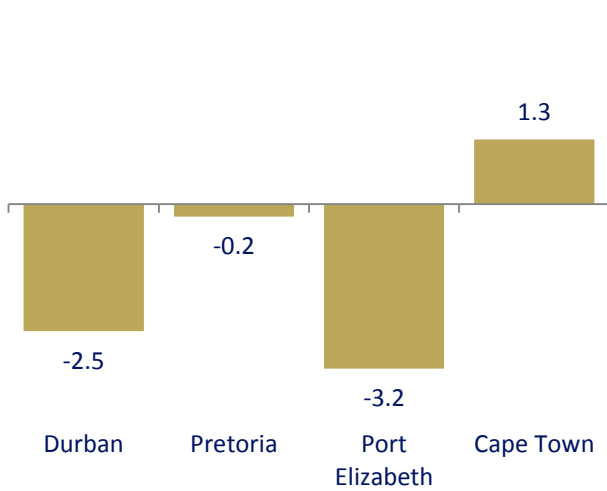


Vitality Healthiest City

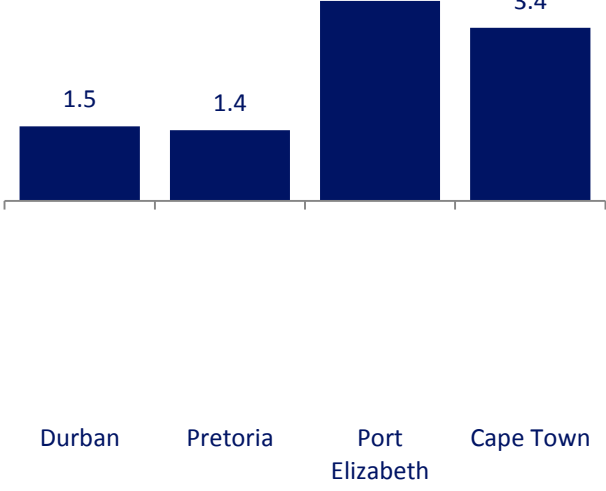
High Blood Pressure



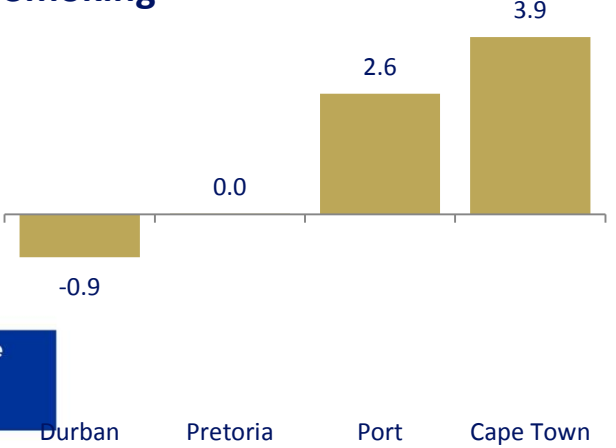
High Cholesterol



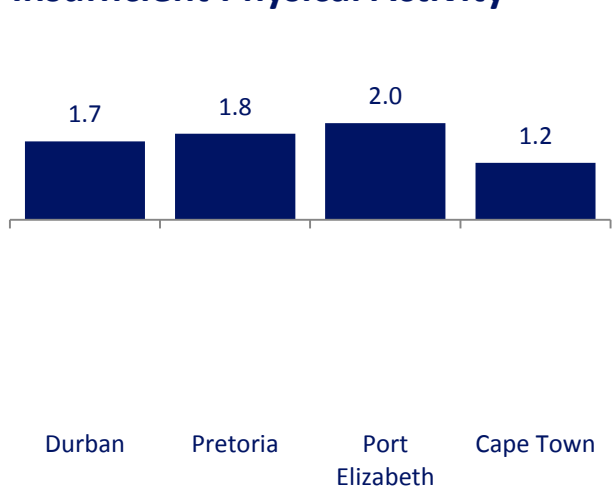
Unhealthy Weight



Smoking



Insufficient Physical Activity





Western Cape
Government

Health

Discovery Vitality