

Decreasing the Cost of Care by Avoiding Illness, A Prevention Strategy for South Dakota

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INTEGRATING MENTAL, SOCIAL, AND PHYSICAL HEALTH

Decreasing the Cost of Care by Avoiding Illness

Article · February 13, 2018

Allen S. Weiss, MD, FACP, FACR, MBA

NCH Healthcare System

Lengthening Life Expectancy: Improving Health and Decreasing Health Care with the Blue Zones Project

Ben Franklin's adage that "An ounce of prevention is worth a pound of cure" originally referred to fire safety but now is most applicable to our nation's health. Keeping people healthy by encouraging wellness and healthy behaviors has many tangible benefits, including improved productivity, lower costs, increased happiness, and longer life expectancy. Eighty percent of Americans consume very little health care and, according to the World Health Organization, 80% of illnesses are self-induced. As 5% of the population consumes 50% of the nation's health care resources, successfully decreasing the rate of self-induced illness by making the healthy choice the easy choice will have a profoundly positive effect on health care and the overall economy.

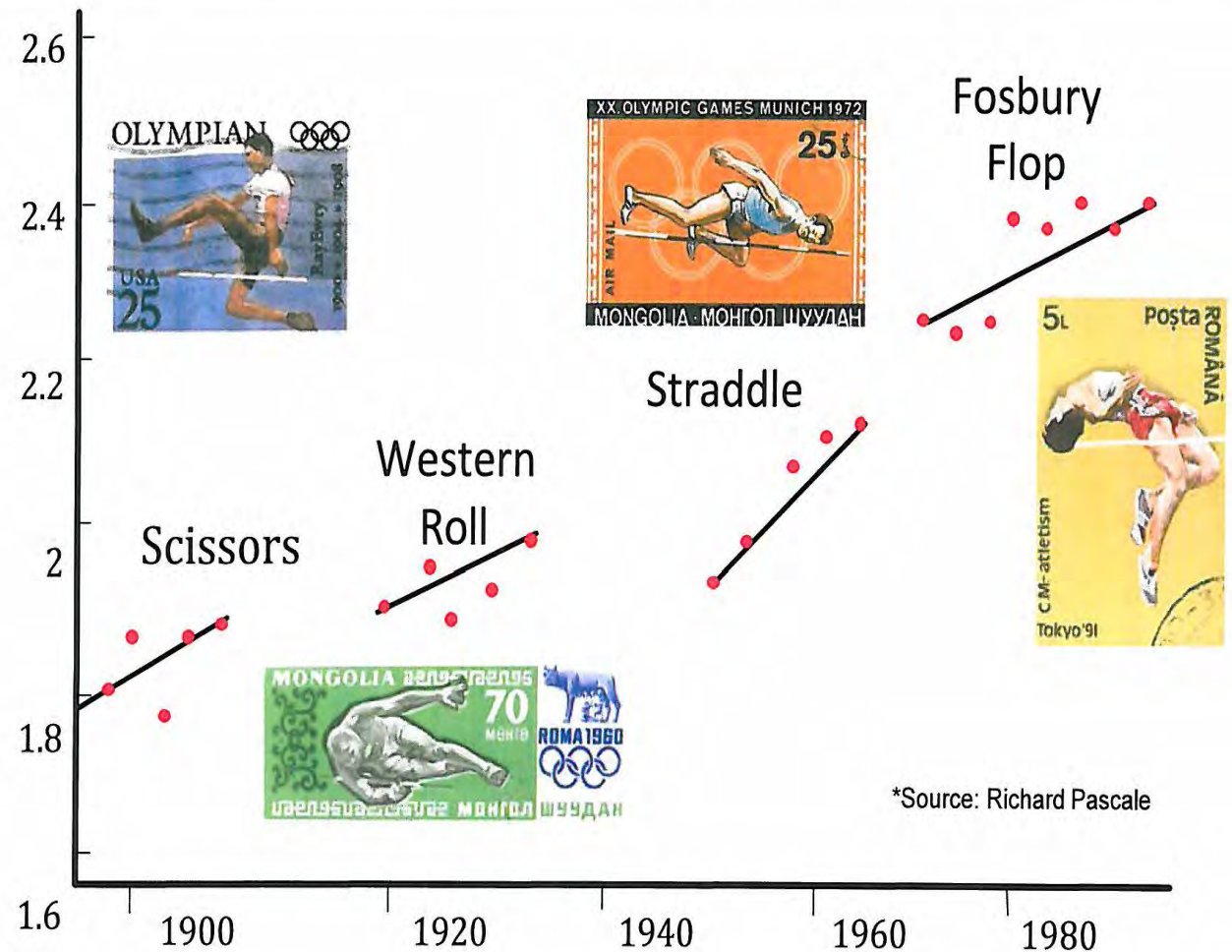
The goal of the Blue Zones Project is to improve health

NCH Healthcare System is a nonprofit integrated health care organization based in southwest Florida with the mission of help-

Agenda

- Our Patient, John R.
- International Overview
- National Perspective
- South Dakota Metrics
- HealthCare Responses
- Physician and APPs' Opportunities
- Case Studies
- Our Future

Re-Setting the Bar and Innovating the Offering The Olympic Gold Medal Winners in High Jump Analogy*



Patient History: John R., from Wall, South Dakota

John R. is a 63-year-old Caucasian male residing in Wall, South Dakota, where he has spent most of his life working as a farm equipment sales representative. He is married, with two adult children and two grandchildren, and remains active in his local community.

Past Medical History: John has a history of hypertension diagnosed in his late 40s, for which he has been intermittently compliant with medication. He was also diagnosed with hyperlipidemia in his early 50s but has struggled with consistent dietary changes. He has no known history of diabetes. His BMI has ranged from 29–31 over the past decade, placing him in the overweight to mildly obese category.

Social History: He is a former smoker, having quit at age 58 after a 30-pack-year history. He drinks alcohol socially, typically 1–2 beers a few evenings per week. His diet has traditionally been high in red meat and processed foods, with limited fruit and vegetable intake. Physical activity is moderate, largely related to his occupation, though he does not engage in structured exercise.

Family History: His father died at age 68 from a myocardial infarction, and his mother had hypertension and lived into her late 70s. There is no family history of stroke or DM.

Presentation: At age 62, John presented to a local emergency department with acute onset of substernal chest pain radiating to his left arm, associated with diaphoresis and shortness of breath. The symptoms began while he was loading equipment and persisted for over 30 minutes.

Hospital Course: Electrocardiogram showed ST-segment elevations consistent with an acute anterior myocardial infarction. He was emergently transferred to a regional medical center where he underwent cardiac catheterization, revealing a significant occlusion of the left anterior descending artery. A drug-eluting stent was successful. He was started on dual antiplatelet therapy, a statin, a beta-blocker, and an ACE inhibitor. His hospital course was uncomplicated, and he was discharged after three days.

Recovery and Follow-Up: John enrolled in a cardiac rehabilitation program and attended regularly for 12 weeks. He made meaningful lifestyle changes, including adopting a heart-healthy diet, reducing red meat intake, increasing physical activity with daily walking, and maintaining smoking cessation. At one-year follow-up, he reported good functional status with no recurrent chest pain. His blood pressure and lipid levels were well-controlled on medication, and he had lost approximately 15 pounds.

Current Status: Now 63, John remains stable with no further cardiovascular events. He continues regular follow-up with his primary care physician and cardiologist, adheres to his medications, and maintains improved lifestyle habits.

“The most expensive patient is the one we didn’t prevent.”

Estimated Cost of His Care

For a patient like John in the U.S., a straightforward heart attack with stent placement typically falls into this range:

Acute Hospitalization (largest cost)

Emergency care + ambulance: **\$1,000–\$3,000**

ER evaluation, labs, imaging: **\$5,000–\$10,000**

Cardiac catheterization + stent (PCI): **\$25,000–\$50,000**

2–4 day hospital stay: **\$10,000–\$20,000**

Subtotal: \$40,000–\$80,000

Post-Hospital Care (first year)

Cardiac rehab (12 weeks): **\$3,000–\$7,000**

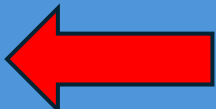
Medications (statin, beta-blocker, ACE inhibitor, dual antiplatelets):
\$500–\$2,000/year (generic vs brand dependent)

Follow-up visits and testing: **\$1,000–\$3,000**

Subtotal: \$5,000–\$12,000

Total First-Year Cost

~\$45,000 to \$90,000

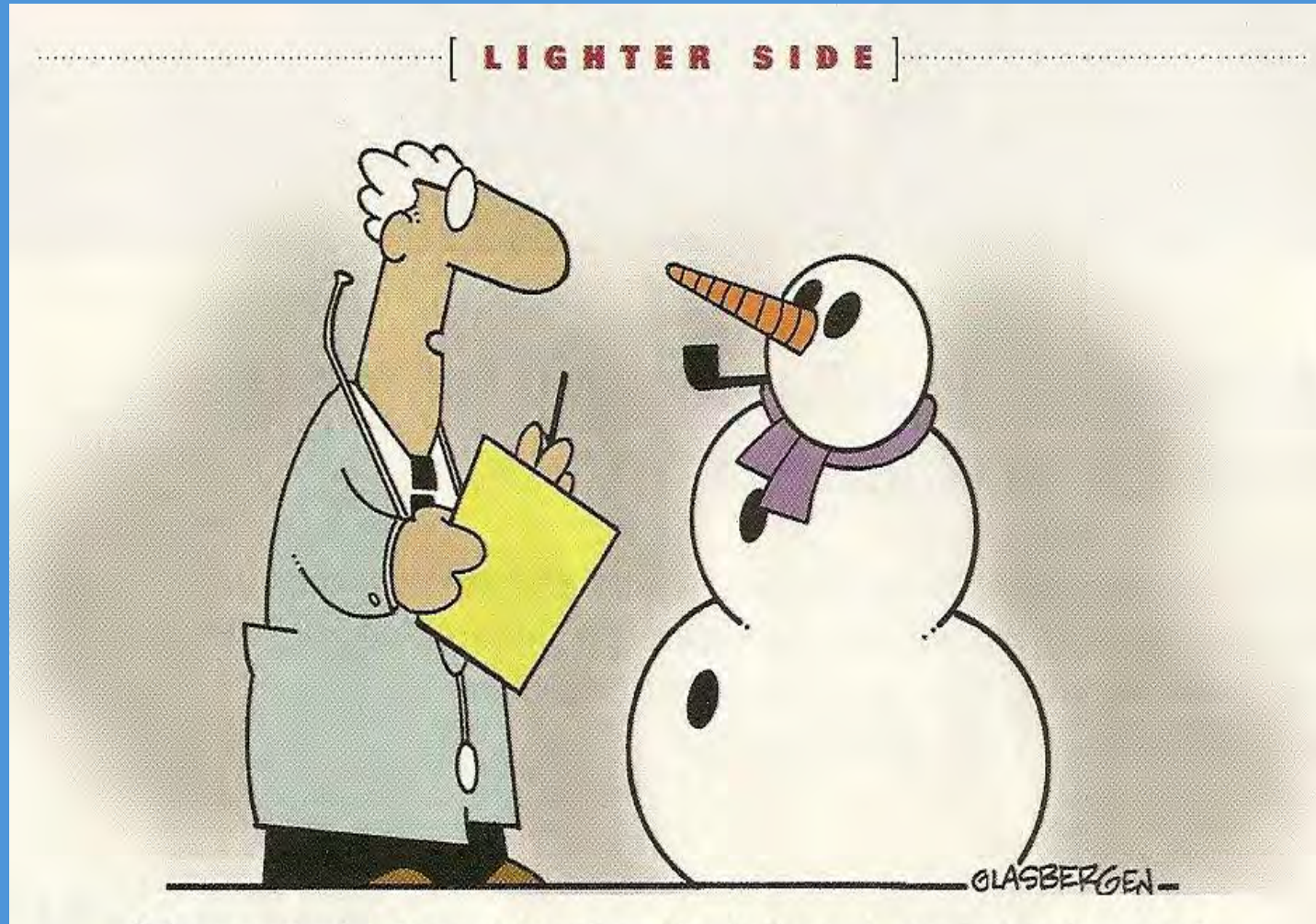


With insurance (e.g., Medicare): patient out-of-pocket might be **\$3,000–\$10,000+**

Without insurance: potentially the full amount

Long-term costs (meds, visits) continue but are much lower annually.

My suggestion is to lose weight, quit smoking, be less sedentary, and eat the carrot.



Healthcare Costs & Current Trends...

US spends 18% GDP Healthcare, 6% GDP Education

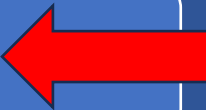
France spends 7% Healthcare, 7% Education

~70% Americans are overweight or obese

Rising rates of diabetes

80% of Americans over the age of 60 will die from heart disease or cancer

Our children predicted to have shorter life-expectancy than we do!



Over 75% of Americans report experiencing medium to high stress

U.S. Healthcare Quality vs The Globe

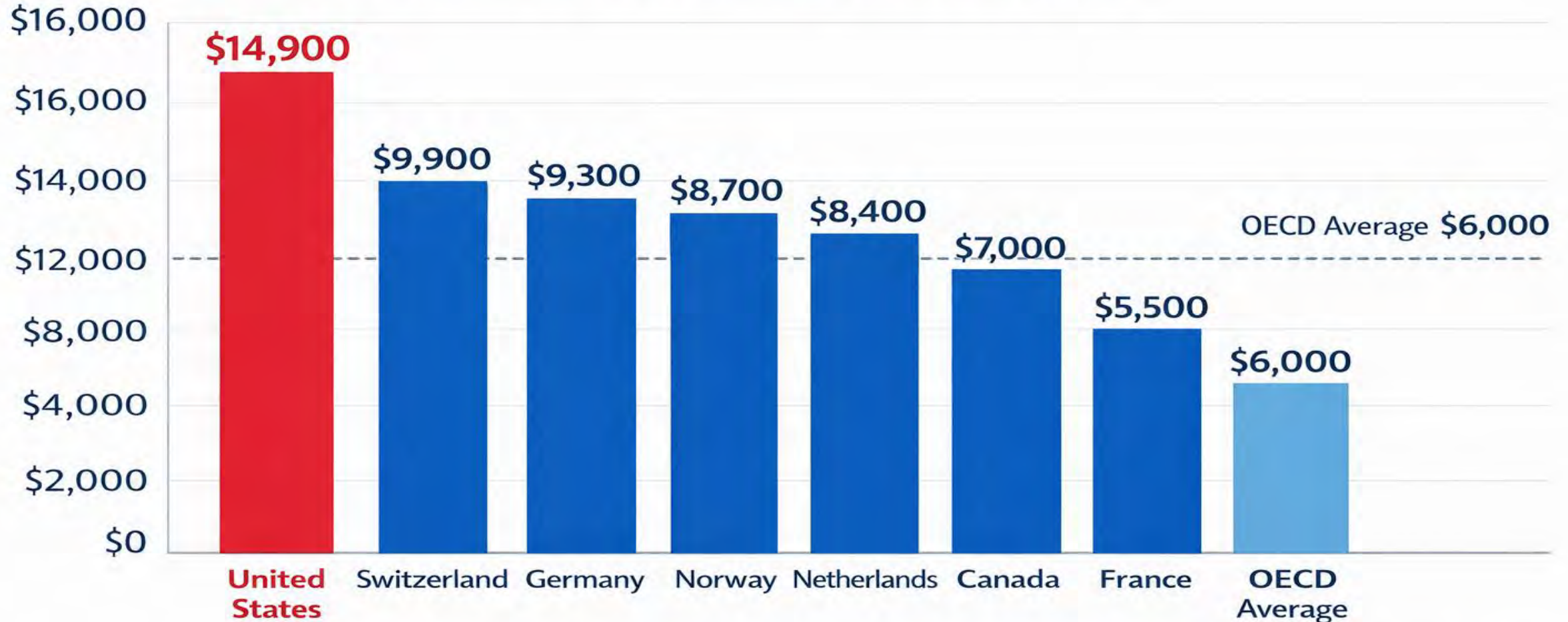
Top 50 Countries for Quality of Healthcare *Compared to the United States*



1. France 2. Italy 3. San Marino 4. Andorra 5. Malta 6. Singapore 7. Spain 8. Oman 9. Austria 10. Japan 11. Norway 12. Portugal 13. Monaco 14. Greece 15. Iceland 16. Luxembourg 17. Netherlands 18. United Kingdom 19. Ireland 20. Switzerland 21. Belgium 22. Colombia 23. Sweden 24. Cyprus 25. Germany 26. Saudi Arabia 27. United Arab Emirates 28. Israel 29. Morocco 30. Canada 31. Finland 32. Australia 33. Chile 34. Denmark 35. Dominica 36. Costa Rica 37. United States of America 38. Slovenia 39. Cuba 40. Brunei 41. New Zealand 42. Bahrain 43. Croatia 44. Qatar 45. Kuwait 46. Barbados 47. Thailand 48. Czech Republic 49. Malaysia 50. Poland

Healthcare Costs: U.S. vs. Other Countries (2024)

Per Capita Health Care Spending (USD, PPP adjusted)

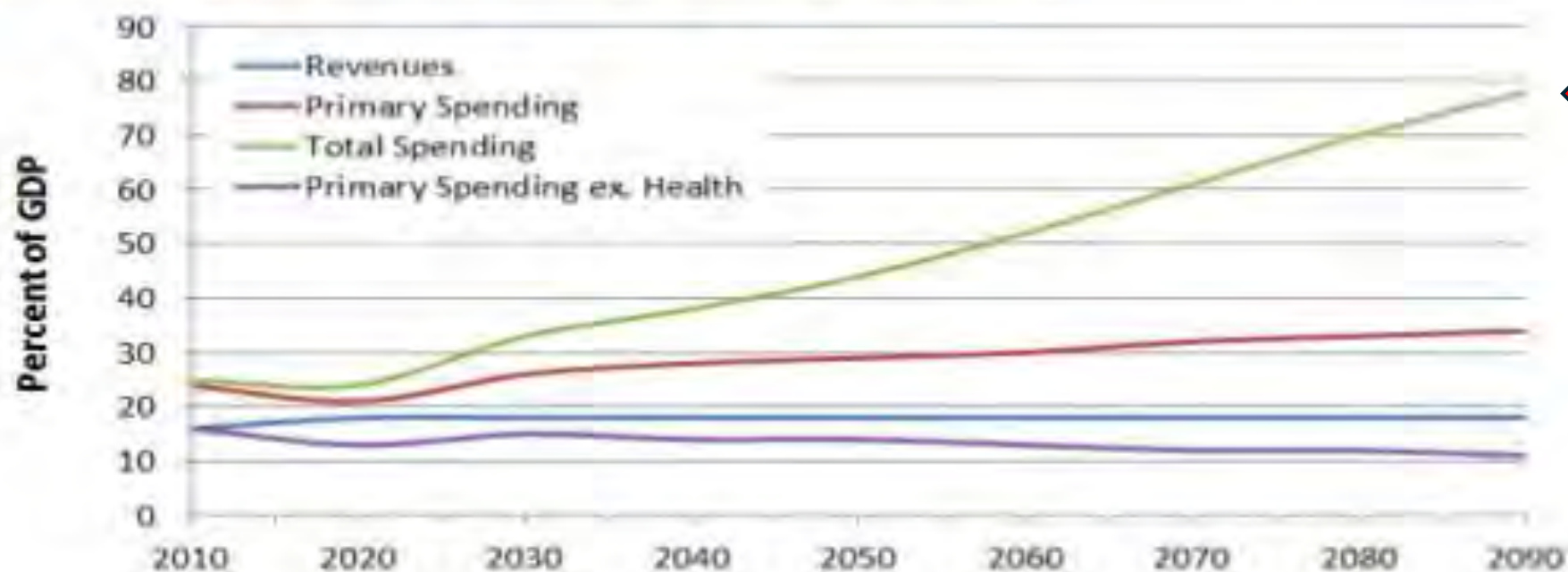


■ United States ■ Other Countries

Source: OECD 2024, KFF

The Driving Force Behind the Change to America's Healthcare System

The Dominant Role of Healthcare Spending (CBO's Long-Term Budget Projection)



Source: Congressional Budget Office: *Extended Alternative Fiscal Scenario*. Extrapolated by Committee for a Responsible Federal Budget, as illustrated in Blinder, A.S.: *After the Music Stopped: The Financial Crisis, the Response, and the Work Ahead*. New York: The Penguin Press, 2013.

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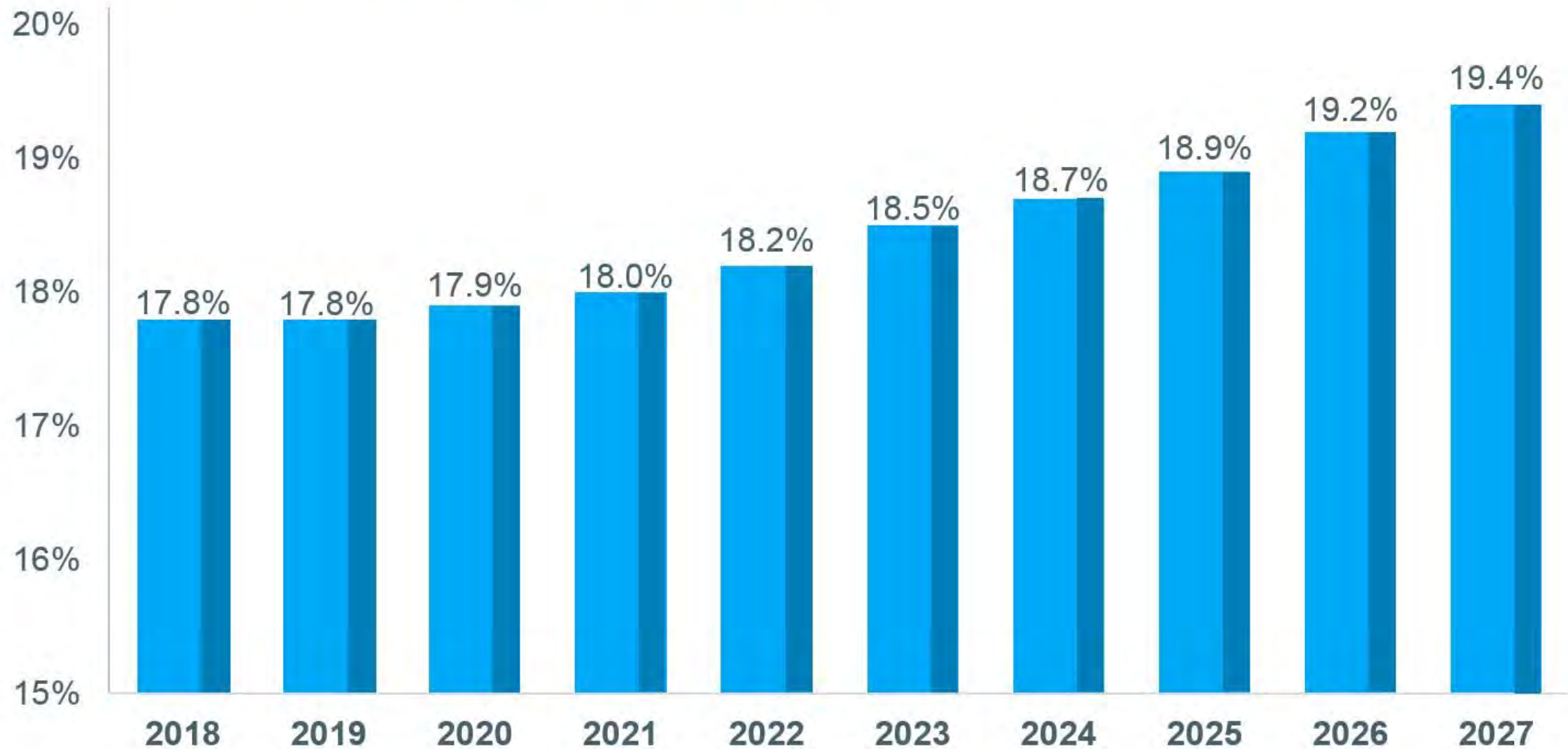
The Numbers Send a Clear and Present Message

- “The implications for budgeteers is clear:

If we can somehow solve the health care cost problem, we will also solve the long-run deficit problem. But if we can’t control health care costs, the long-run deficit problem is insoluble.”

Alan S. Blinder, Vice Chair of Federal Reserve: *After the Music Stopped: The Financial Crisis, the Response, and the Work Ahead.*

Figure 1. Projected US Healthcare Expenditures as a Percentage of GDP, 2018–2027



Sources: Centers for Medicare & Medicaid Services. [National Health Expenditure Projections 2018-2026](#), Forecast Summary and Selected Tables.

How The Food Industry Manipulates Taste Buds With Salt, Sugar, & Fat—Bliss Point

Save



It's getting harder to lead a healthy lifestyle



More than 70% of us can be classified as overweight or obese



Our environment increasingly encourages unhealthy behaviors



Loneliness and social isolation are risk factors for increased mortality

Editorial Note—This is one of a series of messages from the meat industry to help civilians better to understand the meat supply, and to aid them under rationing.

"Meat on the Table"



The 5-in-1 ration provides a day's meals for five men. Contains such products as roast beef, ham and eggs, sliced bacon, meat and vegetable stew, fancy meat stew, sausage and egg powder, spaghetti and meat balls, corned beef.



FOR A SECRET DESTINATION

Because military objectives cannot be divulged, the meat industry is called upon, with very short notice, to deliver huge quantities of meat to various ports of embarkation for shipment to secret destinations.

IN World War I field kitchens served 150 to 250 men in action. Food was prepared behind the lines, then moved up to the trenches.

The problems of the U. S. Army Quartermaster Corps today are entirely different.

Today's war is largely one of small detachments, moving rapidly and often isolated

—five men in a plane; five men in a tank; individual paratroopers; small groups in the mountains.

They must carry their food with them, and today's knowledge of nutrition has changed the whole conception of what those foods should be.

Meat naturally is the centerpiece of the meal in most of these rations as a source of proteins, B vitamins, minerals and for that good meat flavor.

At home, every housewife must be her own quartermaster in serving meat regularly.

Learn how to prepare the lower-point and often unfamiliar cuts that are available from day to day. Cooperate with rationing. Buy no meat except with ration stamps. Pay no more than legal ceiling prices. Buy only from reputable dealers who are supplied by licensed slaughterers.

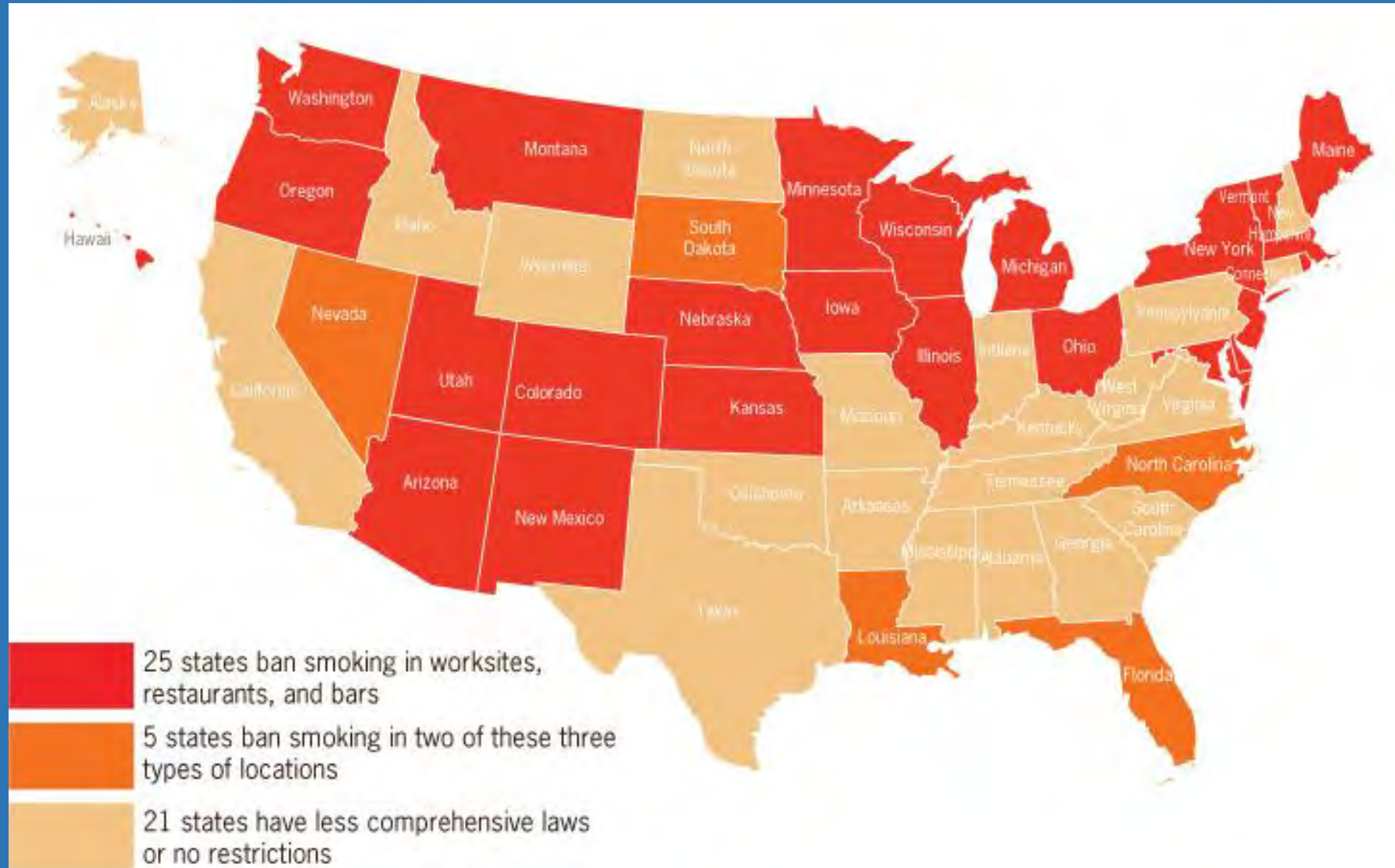
Remember, all cuts of meat, regardless of point value, contain complete high-quality proteins, essential B vitamins (thiamine, riboflavin, niacin), and important minerals (iron, copper, phosphorus). These nutritional essentials are not stored in the body to any appreciable extent; must be supplied in the daily foods you eat.

AMERICAN MEAT INSTITUTE, Chicago

This Seal means that all statements regarding nutrition made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



90% of Lung Cancer & Pulmonary Disease Prevented





Who's Your Designated Driver Tonight?

Designate your driver before you drink.

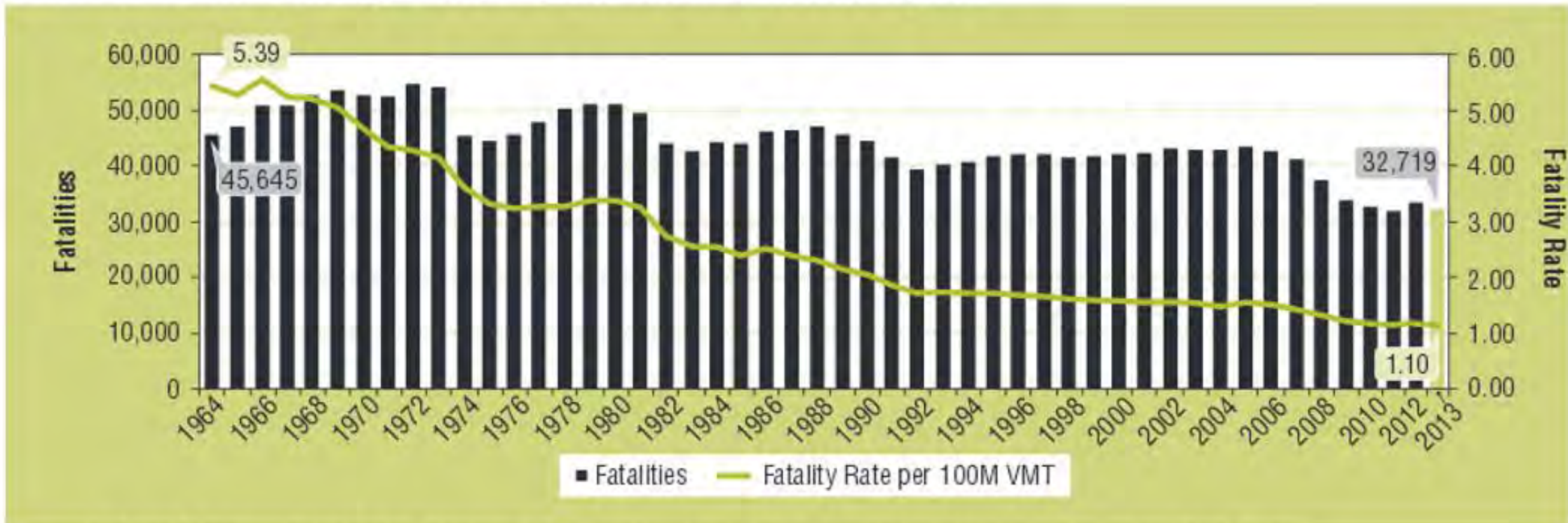
FREE unlimited soft drinks for your designated driver at all FIMVR clubs and bowling facilities.

In support of the FIMVR Family Discount



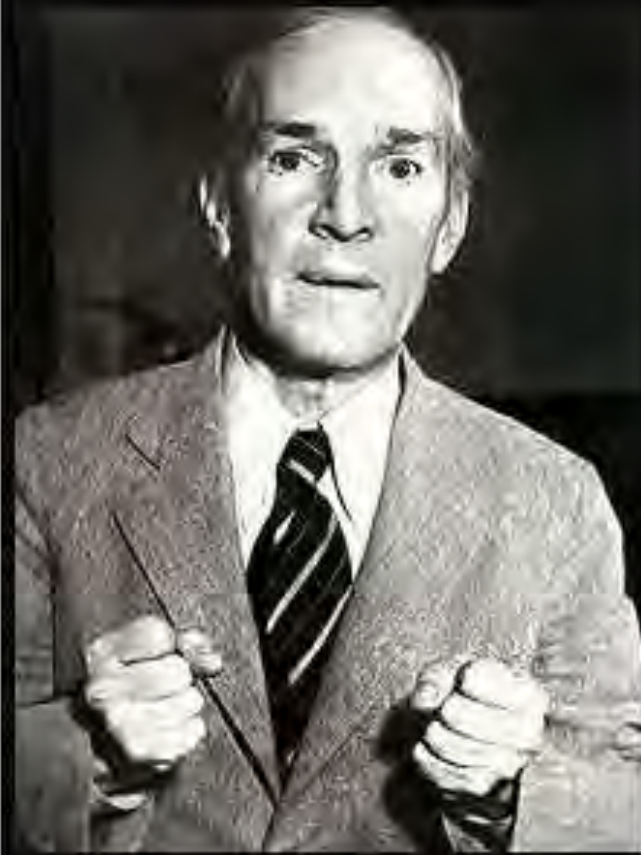
Seat Belts, Collapsible Steering Wheels, Air bags, Auto Glass, Highway Design, Alarms—All Improved Auto Safety

Fatalities and Fatality Rate per 100 Million Vehicle Miles Traveled by Year



Source: 1964–1974: National Center for Health Statistics, HEW, and State Accident Summaries (Adjusted to 30-Day Traffic Deaths by NHTSA); FARS 1975–2012 (Final), 2013 Annual Report File (ARF); Vehicle Miles Traveled (VMT): Federal Highway Administration.





It is difficult to get a man to understand something when his salary depends upon his not understanding it.

(Upton Sinclair)

Economic Battle: Who Benefits from Sickness?

Repair Shop Beneficiaries

- Physicians/APPs
- Hospitals/health systems
- Drug companies
- Device manufacturers
- Insurance companies

Prevention Plan Proponents: Payors

- Funders are federal, state, and local governments (46%)
- Employers and private businesses (27%)
- Uninsured and underinsured (15.5%)
- Self-pay, who pay on their own (11.5%)



“It’s not the owner of the stagecoach who builds railways.”

Joseph Schumpeter

Repair Shop

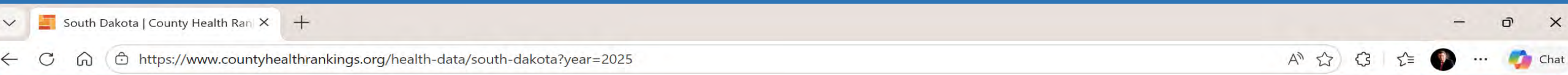
Prevention



A person's hands are shown holding a white rectangular sign against a white background. The sign features the text "HIGH COST OF DOING NOTHING" in a bold, dark red, sans-serif font. The text is arranged in three lines: "HIGH COST" on the top line, "OF DOING" on the middle line, and "NOTHING" on the bottom line. The person's hands are visible at the left and right edges of the sign, gripping it. The overall image is framed by a blue border on the left and right sides.

**HIGH COST
OF DOING
NOTHING**

Source: U. of Wisconsin Population Health Institute



County Health
Rankings & Roadmaps

What Impacts Health ▾

Health Data ▾

Strategies and Solutions ▾

Findings and Insights ▾

About Us ▾



[Home](#) » [Health Data](#) » South Dakota



STATE

South Dakota

2025 ▾

[Download South Dakota datasets](#)

Search by county, state or ZIP code

Search

Go

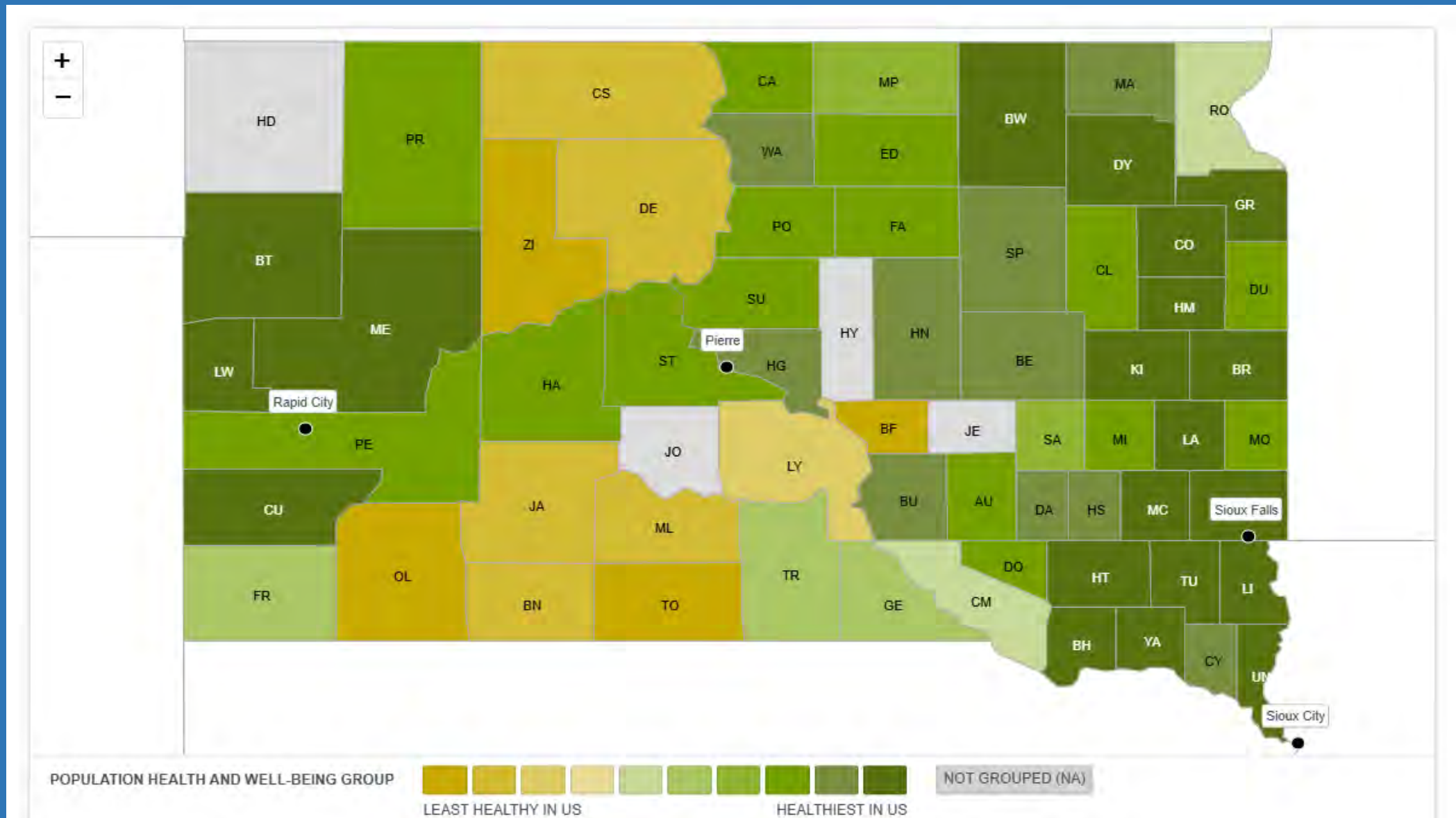
Data by County

Select a topic below to explore the health of counties across South Dakota or view [our Model of Health](#).

Population Health and Well-being ▾

Population health and well-being is something we create as a society, not something an individual can attain in a clinic or be responsible for alone. Health is more than being free from disease and pain; health is the ability to thrive. Well-being covers

South Dakota: Overall 21st of 50 States



† Data updated 09/24/2025
‡ Data updated 11/04/2025
§ Data updated 03/25/2026 ←

Population Health and Well-being

Length of life

	South Dakota	United States	
--	--------------	---------------	--

Premature Death	8,700 ‡	8,100 ‡	▼
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Additional Length of life (not included in summary)

	South Dakota	United States	
--	--------------	---------------	--

Life Expectancy	77.4 ‡	77.6 ‡	▼
Premature Age-Adjusted Mortality	390 ‡	390 ‡	▼
Child Mortality	70 ‡	50 ‡	▼
Infant Mortality	7 ‡	6 ‡	▼

Quality of life

	South Dakota	United States	
--	--------------	---------------	--

Poor Physical Health Days	3.8 §	4.5 §	▼
Low Birth Weight	7% §	8% §	▼
Poor Mental Health Days	4.9 §	5.7 §	▼
Poor or Fair Health	17% §	20% §	▼

Additional Quality of life (not included in summary)

	South Dakota	United States	
--	--------------	---------------	--

Frequent Physical Distress	12% §	14% §	▼
Diabetes Prevalence	10% §	11% §	▼

Adult Obesity	36% §	38% §	▼
Frequent Mental Distress	17% §	19% §	▼
Suicides	21 †	14 †	▼
Feelings of Loneliness		34% §	▼



Community Conditions

Health infrastructure

	South Dakota	United States	
--	--------------	---------------	--

Flu Vaccinations	45% §	44% §	▼
Access to Exercise Opportunities	73%	84%	▼
Food Environment Index	7.5 §	7.6 §	▼
Primary Care Physicians	1,260:1 †	1,310:1 †	▼
Mental Health Providers	380:1 †	290:1 †	▼
Dentists	1,550:1 †	1,340:1 †	▼
Preventable Hospital Stays	2,787 §	2,769 §	▼
Mammography Screening	54% §	46% §	▼
Uninsured	10% §	9% §	▼

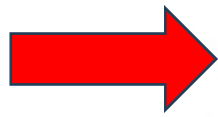
Additional Health infrastructure (not included in summary)

	South Dakota	United States	
--	--------------	---------------	--

Limited Access to Healthy Foods	8%	6%	▼
Food Insecurity	12% §	14% §	▼

Additional Health infrastructure (not included in summary)

	South Dakota	United States	
Limited Access to Healthy Foods	8%	6%	▼
Food Insecurity	12% §	14% §	▼
Insufficient Sleep	33%	37%	▼
Teen Births	18 §	15 §	▼
Sexually Transmitted Infections	 531.6 §	492.2 §	▼
Excessive Drinking	22% §	19% §	▼
Alcohol-Impaired Driving Deaths	 32% ‡	26% ‡	▼
Drug Overdose Deaths	11 ‡	32 ‡	▼
Adult Smoking	16% §	16% §	▼
Physical Inactivity	24% §	27% §	▼
Uninsured Adults	 11% §	11% §	▼
Uninsured Children	 7% §	5% §	▼
Other Primary Care Providers	480:1 †	680:1 †	▼



Physical environment

	South Dakota	United States	
Severe Housing Problems	11%	17%	▼
Driving Alone to Work	78%	70%	▼
Long Commute - Driving Alone	16%	37%	▼
Air Pollution: Particulate Matter	 5.4	7.3	▼
Drinking Water Violations	§	§	▼

Drinking Water Violations	§	§	▼
Broadband Access	90% §	91% §	▼
Library Access	3 §	2 §	▼

Additional Physical environment (not included in summary) South Dakota United States —

Traffic Volume	82	108	▼
Homeownership	69%	65%	▼
Severe Housing Cost Burden	10% §	15% §	▼
Access to Parks	34%	51%	▼
Adverse Climate Events			▼
Census Participation		65.2%	▼
Voter Turnout	65.5%	67.9%	▼

Social and economic factors South Dakota United States —

Some College	69%	68%	▼
High School Completion	93%	89%	▼
Unemployment	1.8% §	4.0% §	▼
Income Inequality	4.1 §	4.9 §	▼
Children in Poverty	14%	16%	▼
Injury Deaths	90 ‡	87 ‡	▼
Social Associations	15.4 §	9.1 §	▼
Child Care Cost Burden	21%	28%	▼



Child Care Cost Burden 21% 28%

Additional Social and economic factors (not included in summary) South Dakota United States

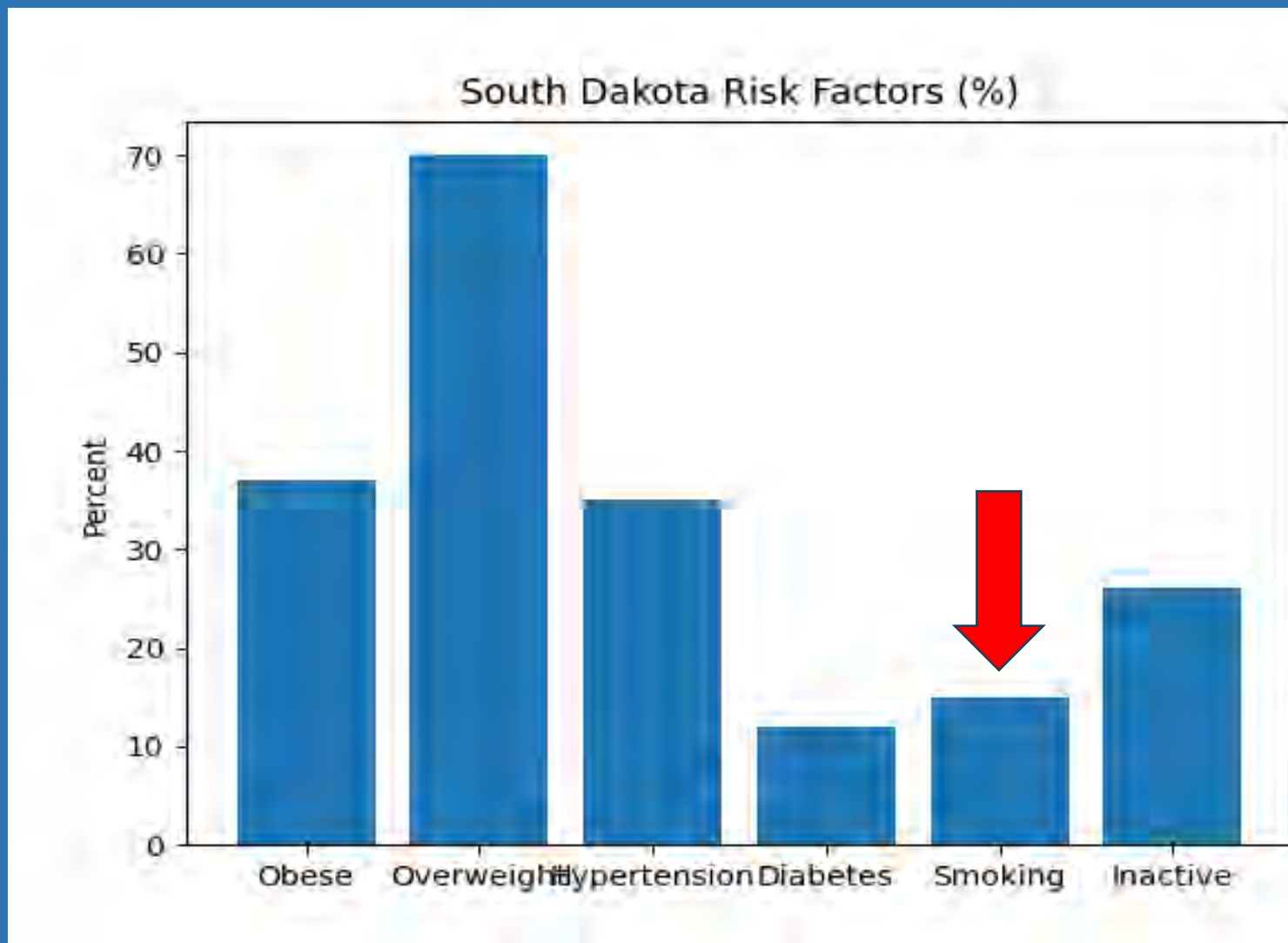
High School Graduation	82%	87%
Reading Scores	3.1	3.1
Math Scores	3.0	3.0
School Segregation	0.24	0.24
School Funding Adequacy	-\$173	\$1,411
Children Eligible for Free or Reduced Price Lunch	34% \$	56% \$
Gender Pay Gap	0.81 \$	0.82 \$
Median Household Income	\$72,800	\$77,700
Living Wage	\$43.81 \$	\$
Child Care Centers	6	7
Residential Segregation - Black/White	66	63
Homicides	5 †	7 †
Motor Vehicle Crash Deaths	17 †	12 †
Firearm Fatalities	14 †	14 †
Disconnected Youth	6%	7%
Lack of Social and Emotional Support		24% \$



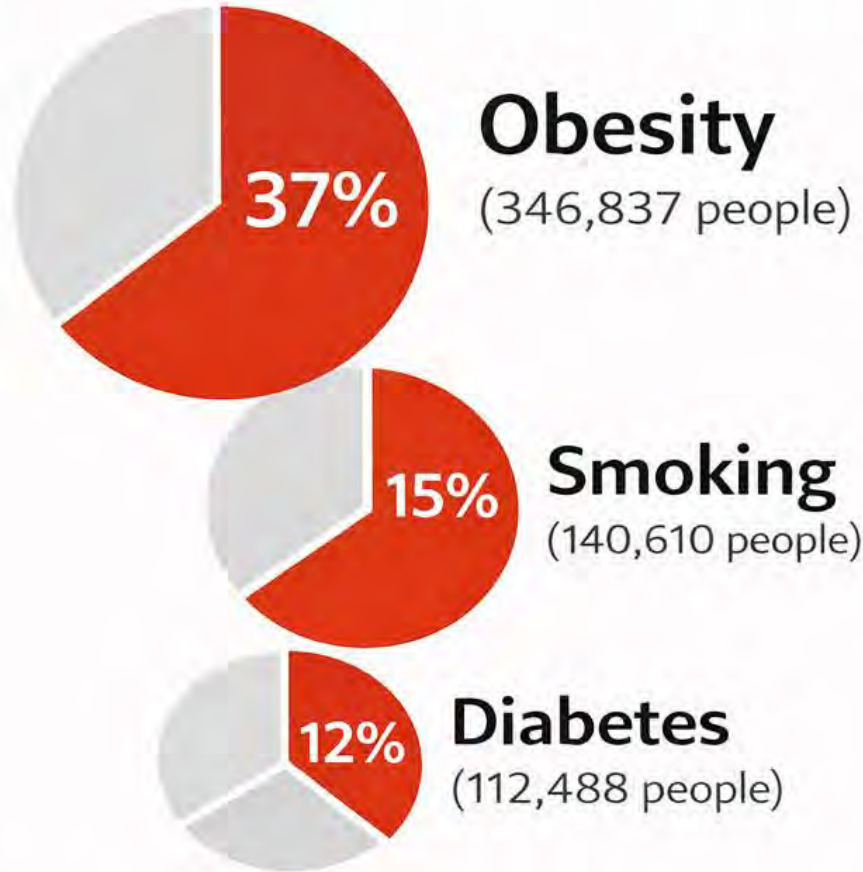
Note: Blank values reflect unreliable or missing data.

The Problem: 80-90% of cost tied to chronic disease

- Call to action: Make Prevention our Default
- The insight: We need to switch resources from treatment to prevention
- Preventing disease early versus treating it later



Preventable Conditions Are Driving South Dakota's Health Costs



Consequences

💰 **\$373M** annually

⚠️ **1,250** deaths/year

❤️ Heart disease burden

🕒 Late intervention = higher cost

High costs are not driven by care delivery—
they are driven by **preventable risk factors**
and **delayed intervention**.



What determines our health?

20%

genetics

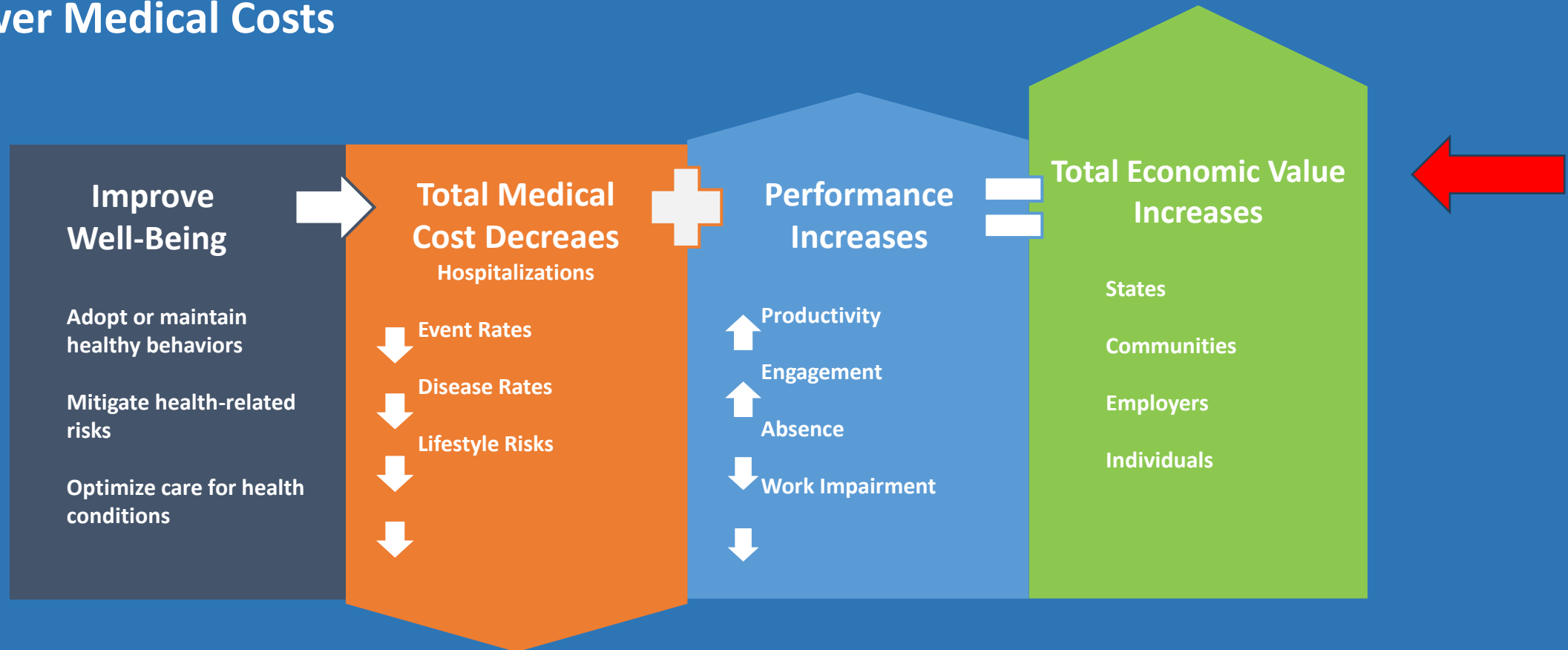
80%

lifestyle and environment

*The heritability of human longevity: a population-based study of 2872 Danish twin pairs born 1870-1900

Well-Being Impacts Medical Cost and Performance

People With higher Well-Being are Healthier, More Productive, Perform Better, and Have Lower Medical Costs



Prevention Is Possible—But System Barriers Limit Impact

Physician Impact

- Preventive counseling
- Screening
- Early intervention
- Telehealth
- Remote monitoring
- Apps & wearables

Barrier

System Barriers

- Time constraints
- Reimbursement gaps
- Patient adherence

Preventive services are not consistently delivered in primary care

Key Takeaways and Call to Action

Physicians and APPs are key

- Clinical leaders drive adoption and patient engagement
- Launch a cross-functional team with individuals & communities, document baseline metrics, define milestones, and measure impact

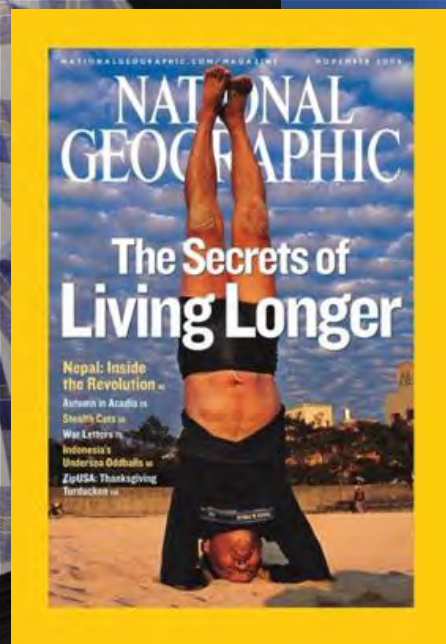
Make prevention the default

- Embed prevention into standard care with EHR prompts, order sets, and default pathways
- Start today



20+ years longevity study

It all began with with Dan Buettner's
20+ year longevity study to find the
world's healthiest people



THE ORIGINAL BLUE ZONES EXIST ALL OVER THE GLOBE

3x

more likely
to live to 100

.....
Living on average

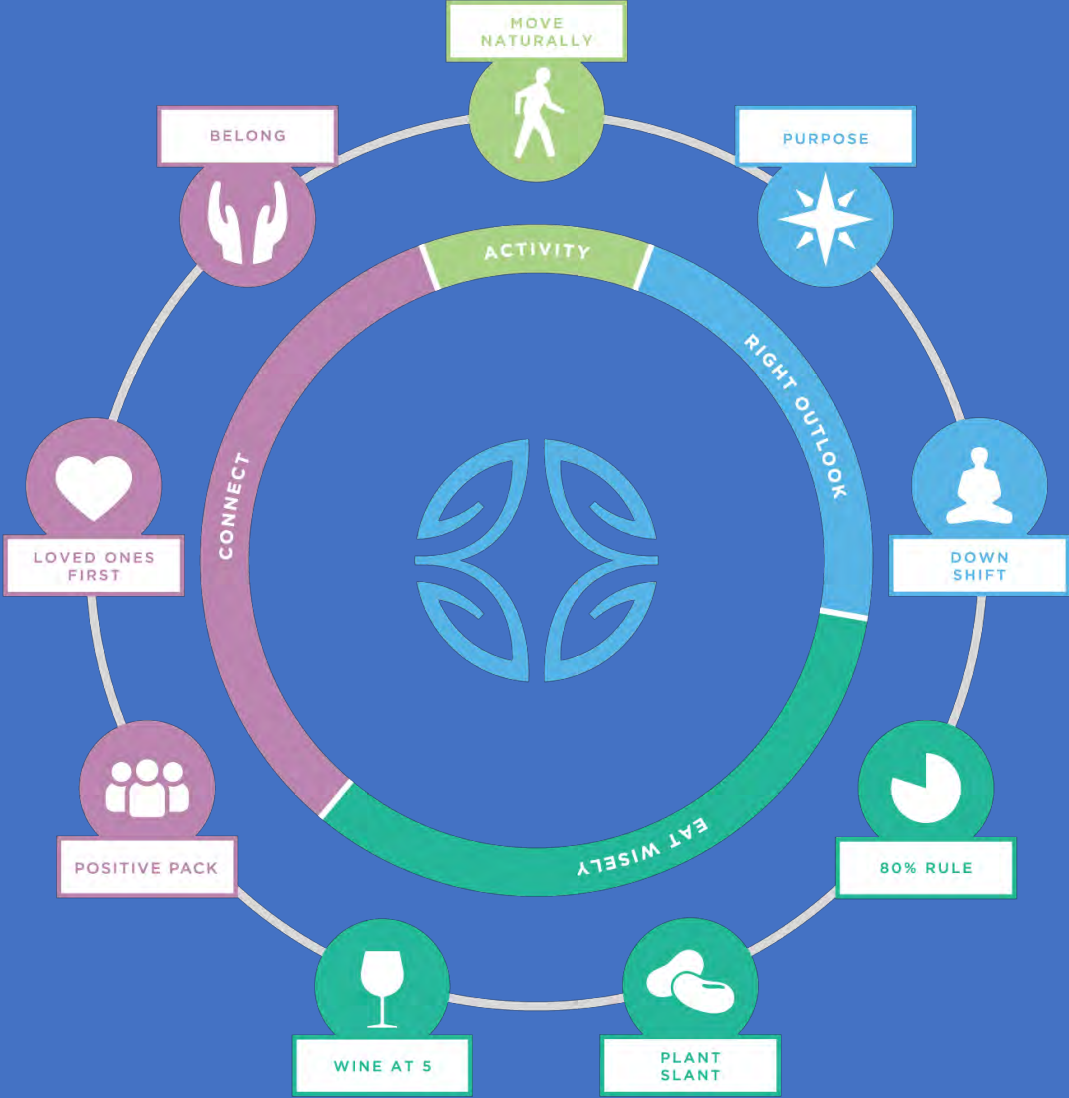
12 more

good years than
we do in North
America.



POWER 9[®]


Lessons for living longer, better



LIFE RADIUS

Blue Zones Project works to improve what we call the life radius; the area around a person's home where they spend most of their time.





A NETFLIX SERIES

LIVE TO 100

SECRETS OF THE

BLUE ZONES



Case Studies





Altru Health System: Cultivating a Culture of Well-Being

In 2022, Altru Health System partnered with Blue Zones to integrate well-being into everyday operations.

- **Strategy:** A systems-based approach focused on leadership engagement, physical/social environments, and policy expansion.
- **Goal:** Make the healthy choice the easy choice for all clinical and non-clinical staff.

Altru's Metrics

- 847 employees participated in Blue Zones activities by joining walking groups, attending Purpose Workshops, or completing a volunteer event of about 3,400 employees + physicians
- 115 Altru leaders completed Leading Well-Being Workshops
- 1,785 employees completed a Blue Zones well-being assessment
- Indoor and outdoor walking path signage increased daily activity across the campus
- Vending machines received a healthy makeover
- Downshift rooms for staff to relax, decompress, or pray were established on campus
- Altru Eatery became a Blue Zones Project Approved™ restaurant offering an array of healthy plant-based options

Realizing the Value of Altru's Commitment

Financial & Retention	Employee Well-Being
\$7M Saved (26% reduction in healthcare costs)	4% Increase in Physical Well-Being
8.8% Decrease in first year turnover	3% Increase in Social Well-Being
Higher Pride in hospital workplace	Lower Tobacco utilization

Altru's Leadership & Blue Zones Leadership's Response

“Through our work with the Blue Zones team, Altru has strengthened a culture where the health and well-being of our workforce is a true priority,” said Meghan Compton, Chief Administrative Officer of Altru Health System. “This designation reflects the dedication of our colleagues who show up every day to care for our community with excellence and compassion, and I’m incredibly proud of what we’ve accomplished together.”

Employees at all levels of the organization have achieved great results as they came together to create a cultural shift and environmental changes to make healthy choices easier. The most recent data shows that the entire workforce is more engaged, has more pride in their workplace, and Altru has reduced medical costs over its three-year Blue Zones worksite implementation period.

“Health care employers are experiencing some of the toughest workplace well-being challenges in the nation. By adopting the Blue Zones approach more than three years ago, Altru has strengthened its ability to support its workforce and is now well-positioned to build on that progress,” said Ben Leedle, CEO of Blue Zones. “We commend Altru and its leadership for their dedication and achievements, and we wish them continued success as they advance well-being for their team and community.”

CASE STUDY:

OSF Saint Anthony Medical Center: 2018-2020

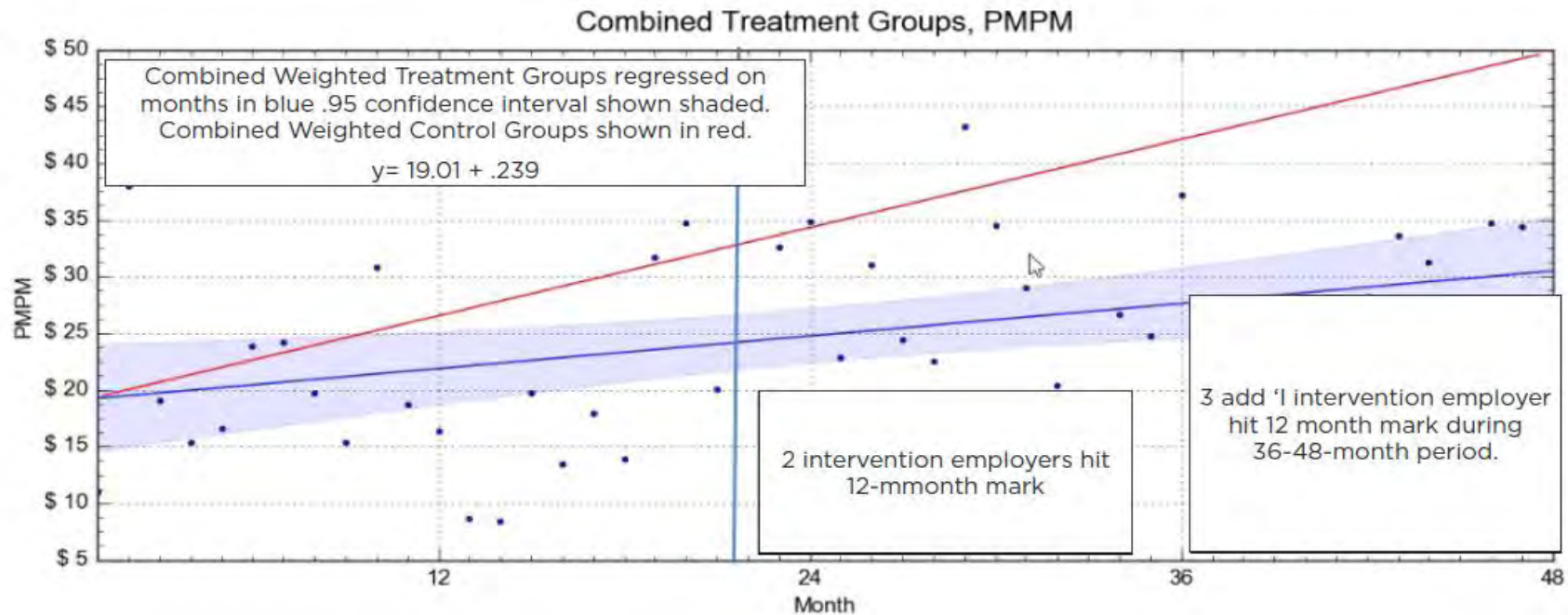
“ Blue Zones Certified Worksite is all encompassing. It’s about making small improvements slowly, overtime, that allow the worksite to make it part of their culture. It feels like there’s been a cultural shift here that is sustainable, as the whole hospital has changed and has supported this effort. We finally found a way to support ourselves so we can give better care.”

– Executive focus group participant

- **6.4%** reduction in sick time per capita (productivity)
- **8.7%** increase in self-reported "intent to stay" (retention)
- **5.1%** increase in the perception of the hospital as an employer (attractiveness)
- **7.7%** increase in self-reported work-life balance (resilience)
- **16.1%** reduction in turnover for 1+ year employees (14.3% to 12.0%)
 - Avoided losing 44 FTE’s
 - Avoided \$1.7M in hiring expense OR \$6.7M in temp labor/travel nursing costs

Results

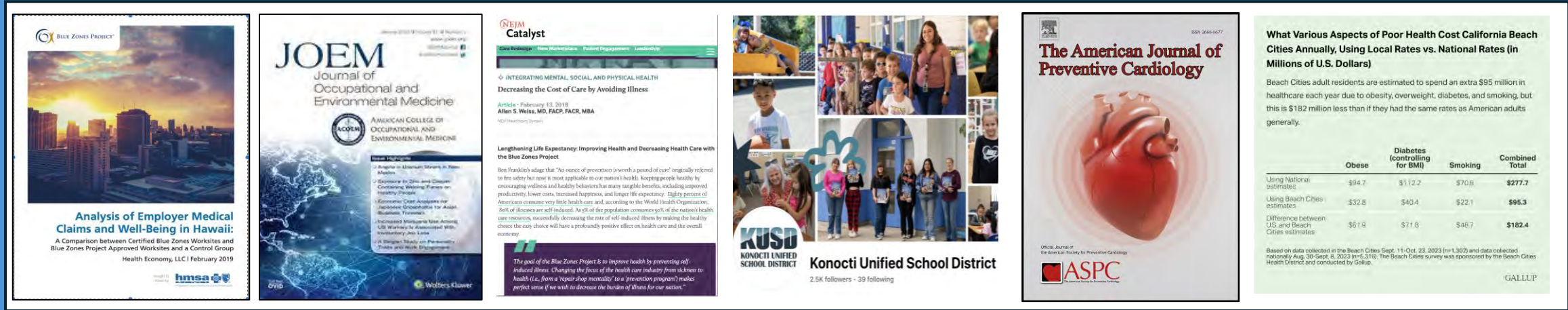
Figure 1: Intervention Group vs. Control Group,
Per-Member/Per-Month Costs for Target Illnesses



Red line: Control group; Blue line: Intervention group

Organization & Community Value

Creation, Capture, and Sustainability



4 Years
Control Trial

Reduced Prevalence & Incidence of Chronic Diseases
\$27 PEPM

5 Years
Longitudinal

13.5% Increase In Well-Being
\$98 PEPM

3 Years
Cross-Sectional

7% Increase In Well-Being
53% Reduction in Medical Claims

2 Years
Cross-Sectional

Annual Teacher Turnover
60% T.O. Rate - Baseline
42% T.O. Rate – YR 1
3% T.O. Rate – YR 2

20 Years+
Longitudinal

Prevalence of Cardiac Risk Factors Including Obesity, Smoking, Diabetes and Hypertension remain significantly lower

10 Years+
Matched Comparison

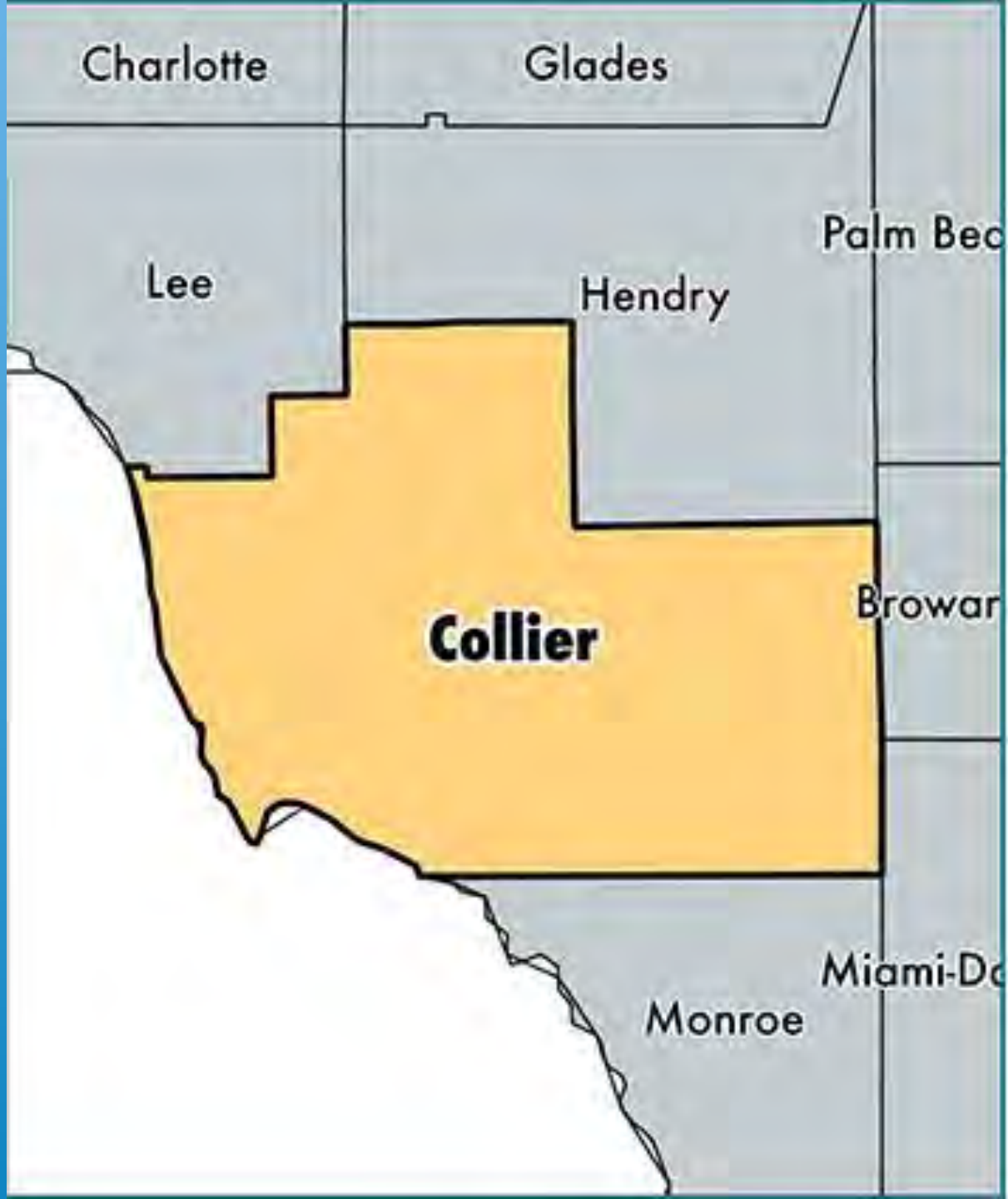
“Good Health Saves California Beach Cities Millions Yearly”
\$182 million saved in healthcare costs annually

NCH Healthcare System

- 2 Hospitals -
- 716 beds -
- 60 plus other facilities -



- More than 4000 employees
- More than 6,000 insured lives
- Alliance of ~800 physicians



F B I



CHALLENGE YOUR WORKSITE TO BE A LEADER



- ✓ Increase employee satisfaction, sense of purpose and belonging
- ✓ Increase productivity
- ✓ Decrease absenteeism
- ✓ Increase employee retention
- ✓ Decrease healthcare costs
- ✓ Increase competitiveness
- ✓ Become an employer of choice

MAKE SOUTHWEST FLORIDA AN EVEN
BETTER PLACE TO LIVE, WORK, AND PLAY.

BlueZonesProject.com

- **Increased employee satisfaction, sense of purpose and belonging**
 - ✓ Overall colleague well-being has increased 4.9 Points or 7.1%
- **Increased productivity**
 - ✓ 40% decrease in lost workdays related to injuries
- **Decreased healthcare costs**
 - ✓ Saved \$27 million in healthcare costs over 3 years
 - ✓ 54% reduction in healthcare expenditures
 - ✓ Did not raise premiums for 5 years
- **Increased competitiveness**
 - ✓ Using Blue Zones Project as recruitment tool
- **Becoming an employer of choice**

CASE STUDY:

NCH Healthcare System: 2017-2021

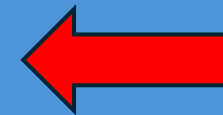
“ I’ve been on a plant-based diet for about TWO months. When I received my lab results, I was over the moon! My bad cholesterol went down. I’m sleeping better, I’m not bloated anymore, I have more energy, my clothes fit better, and my gut likes me again. ”

– Healthcare System Employee

Retention and Attraction

- 10% increase in desire to work there in 3 years
- 7% increase in recommending as great place to work
- 7% increase in overall satisfaction with job
- 0% increase in employee health insurance premiums over four years; In 2021, **eliminated healthcare premiums and IN network deductibles** for employees
- 14% increase in view management provides work climate that promotes patient safety

Healthier Employees and Risk Reduction



- 9% improvement in healthy LDL levels
- 5% increase in measured social and physical well-being
- 24% increase in healthy A1c and 2% decrease in high risk
- 6.8% increase in employees who exercise 30 minutes a day, at least three days a week

Entire SWFL Community Well-Being Outcomes

Well-Being Domain	Nation 2021	State 2021	SWFL 2015	SWFL 2021	SWFL 2015-2021
Overall Well-Being	64.4	64.0	68.6	72.2	+3.6*
Community	63.3	63.1	71.0	71.3	+0.3
Social	64.3	64.0	71.3	70.6	-0.7
Purpose	62.7	62.7	64.7	69.6	+4.9*
Physical	65.3	65.0	67.3	73.4	+6.1*
Financial	58.4	57.8	66.4	69.8	+3.4*

* Indicates statistically significant change

Note: Well-being element scores are out of 100. Higher scores are better.

SWFL Overall Well-being score increased 5.2% to 72.2, as compared to the state (64.0) and nation (64.4)

78.9% of our SWFL population is thriving (per life evaluation score). This is a 26.8% increase in the thriving percentage since 2015.

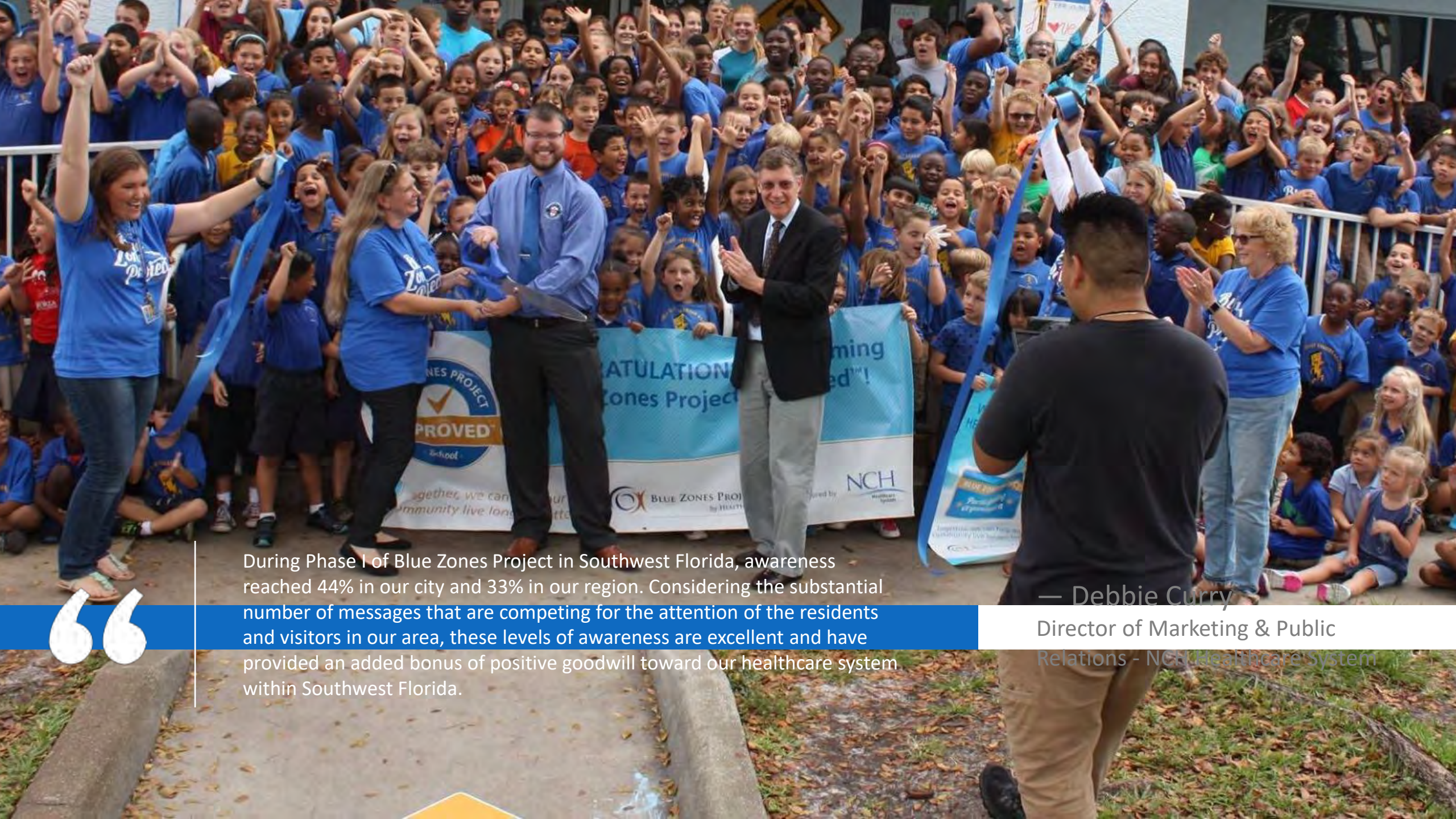
Tobacco and vaping is at an all-time low of 3.6% (down from 8.8%) compared to 18.6% across the state and nation

20.1% more people are exercising at least 30 minutes/ day, 3 days/ week

Engaging more than **835** organizations + **275,000** people

- 188** Worksites
- 107** Restaurants
- 78** Homeowners Associations
- 59** Schools & **19** Pre-Schools
- 3** Universities/ Colleges
- 39** Faith-Based Organizations
- 5** Grocery Stores
- 338** Other Organizations
(non-profits, small businesses)





During Phase I of Blue Zones Project in Southwest Florida, awareness reached 44% in our city and 33% in our region. Considering the substantial number of messages that are competing for the attention of the residents and visitors in our area, these levels of awareness are excellent and have provided an added bonus of positive goodwill toward our healthcare system within Southwest Florida.



— Debbie Curry
 Director of Marketing & Public Relations - NCH Healthcare System



My Colleagues



Sapphire Lakes

Moai = Supporting One Another's Well-being



MAKING ENDS MEET

TEACHING FAMILIES HEALTHY COOKING TECHNIQUES

IMMOKALEE

**WINK
NEWS**

Markets Making Healthy Choices Easier

Wynn's Market...

- Increased their water display by **57%** and reduced sugary drinks by **52%**. No surprise, by 2018, their water sales had increased by **105%** and now represent **34%** of their store's total beverage sales
- Added **plant-based options** to their grab n' go section
- Rearranged their cereal aisle so that the **healthiest cereals are lower for children to see**, and the sugar rich options are on the top shelf



LeGrand Caribbean Market



- LeGrand became the first market in Florida to offer Fresh Access Bucks. This program matches or discounts what a SNAP cardholder spends on healthy food
- 55% of LeGrand's sales were with fresh access bucks and 25% of those sales were for fresh produce

Tobacco use in SWFL is at an all-time low of 3.6% as compared to the state and nation where tobacco use is at 18.6%. Since 2015, SWFL has seen a 59.1% drop in tobacco use.



Our partnership with BZP enabled us to connect with several different organizations that wanted to implement greater tobacco policies and cessation services. Through this collaborative effort, we were able to expand our reach more rapidly and effectively in meaningful and measurable ways.

Cris Labra, Tobacco Prevention Program Manager
Department of Health – Collier County



BLUE ZONES® INSPIRED MENU

Great tasting dishes inspired by the longest-lived cultures in the world, Blue Zones. Plant-based, whole grain, nutritious and delicious. Add years to your life, and life to your years!

Avocado Scramble

One Egg on Whole Wheat Toast

Vegetable Stir Fry

Served with Brown Rice & Sweet and Sour Sauce

Chickpea Stuffed Pita

Served Chilled with side of Hummus

Burrito Bowl

With Brown Rice, Black Beans, and Fresh Pico de Gallo

Veggie Chili

With Kidney Beans and Barley

Mediterranean Plate

With Pita Wedges, Veggie Strips, Hummus and Tabbouleh

Beef Bowl

With Walnuts, Goat Cheese, and Arugula

Roasted Veggie Wrap

Served with Red Pepper Hummus or Balsamic Vinegar Tofu added upon request

Black Bean Burger

On Whole Wheat Roll with Lettuce, Tomato, and Onion

Grilled Peanut Butter on Whole Wheat

Jelly or Banana added upon request



Added 10 Blue Zones Inspired Dishes to Patient Menu Earned Rave Reviews

My family back home can't believe it when I send them photos of the wonderful vegetarian dishes I've been eating at the hospital. Before the Blue Zones items here, I had a hard time getting healthy vegetarian dishes while at any hospital; keep up the great work!

Optimize Physical Environment

Actions:

Tobacco Policy

Optimizing Moving Naturally

Walking Paths Enhanced

Moais Created

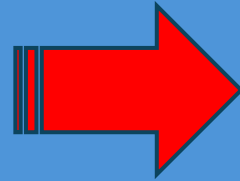
Walking Maps

Offered Challenges

Ergonomic Training

Purchase of Sara Lift Chairs

Offered a Kaia Digital Therapy Pain Mgt.
Program



Resulted in:

- Drop in % of smokers from 2.8 to 0.2
- 4.8% increase in NCH physical well-being score
- 6.8% increase in employees who exercise 30 min./d, 3x/ week
- Improved Biometrics
 - 24% Improvement in HbA1C
 - 2.2% Reduction in high BP
 - 9% Improvement in LDL
 - 7% Decrease in high risk BMI

Optimize Food Environment

Actions to Improve Food Environment:

Removed sugar-sweetened drinks from cafeterias & vending

Added BZ Inspired menu items

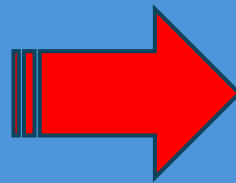
Added grab n' go plant-based choices

Product placement intended to nudge

Replaced deep fryers with air fryers

Produce Markets

Create & Maintain Organic Garden



Resulted in:

- ~500# of sugar NOT sold/ consumed monthly
- 220% Increase in water sales
- 39% increase in plant-based meals sales
- 72% increase in vegetables sales
- 34% decrease in sales of fried foods
- 25% positive change in nutrition score

Added 0.6 years of Life Expectancy for 400,000 People across the Socio-Economic Spectrum

Challenges

- Long view—initially expense before break even
- Costs come before savings for self-insured
- Decreased revenue in fee-for-service environment
- Decreased revenue for insurance premium dependent entities

Benefits

- Culture change
- Healthier community
- Lower absentee rates
- Better engaged workforce, students, and everyone else
- Attraction for similar people
- Lower health care costs



John Jr. Now in 6th Grade @ Wall Elementary



The Dangers of Smoking

Look at the image of the human body and its organs. Think about what you know about the dangers of smoking and how it affects the human body. Cut out the cards that show the effects smoking has on the body and stick them next to the correct organ to label the diagram.

The diagram shows a human figure from the front, with various organs highlighted in different colors. Lines connect these organs to empty rectangular boxes on either side of the body, intended for students to place labels describing the effects of smoking.

The Dangers of Smoking

Look at the image of the human body and its organs. Think about what you know about the dangers of smoking and how it affects the human body. Cut out the cards that show the effects smoking has on the body and stick them next to the correct organ to label the diagram.

This diagram is identical to the one on the left, showing a human figure with internal organs and empty boxes for labeling the effects of smoking.

ink saving Eco


“... For the secret of the care of the patient is in caring for the patient.”
Francis W. Peabody, MD (1881-1927)





Even
EINSTEIN

asked
QUESTIONS



**Decreasing the Cost of Care
by Avoiding Illness,
A Prevention Strategy for
South Dakota**

Allen@BlueZones.com

239 253 5557