

KEY TRENDS IN HEALTH

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In the United States and globally, we are in the golden age of rapid advances in scientific innovation and technology for a wide variety of health challenges. However, health outcomes continue to decline across populations in the US, as noted by a decrease in life expectancy. The Milken Institute Future of Health Summit brought together hundreds of leaders from across the public, nonprofit, private, and philanthropic sectors to discuss solutions to topics including biomedical research, public health, chronic disease, health equity, global health, and other pressing health issues focused on the theme “Closing the Gap: Better Health for More People.”

This brief summarizes the top **12 trends, ideas, and solutions** discussed at the summit.

ARTIFICIAL INTELLIGENCE: READY FOR PRIME TIME?

The potential for artificial intelligence (AI) to improve health care is great; however, it is important to ensure it is developed and implemented in a way that does not worsen access, affordability, privacy, and disparities. More efforts are needed to **ensure the regulatory environment keeps pace** with advances in AI-based products and that they are not a vehicle for spreading misinformation.

The applications of AI in health care are expected to:

- **Speed diagnoses:** AI can support and accelerate diagnoses, which may enable people to receive needed treatment or care earlier.
- **Reduce administrative burden:** AI can ease administrative burdens, such as clinical documentation and claims processing, which mitigates one of the causes of provider burnout.
- **Locate patient populations who are underserved:** Through data and analytics, machine learning is used to identify disparities in patient care and health outcomes so providers can develop and implement solutions to reach underserved patients.
- **Supplement the health workforce:** AI is used to identify workforce gaps and may be used to support providers with health-care workforce constraints to meet patient needs. For example, in Africa, where not enough people are trained to read tuberculosis scans, AI supplements the workforce to meet this need.

BRIDGING THE GAP BETWEEN BIOMEDICAL INNOVATION AND ACCESS

As new technologies like mRNA, cell and gene therapies, and liquid biopsy tests become more mainstream and scientific discoveries—perhaps accelerated by the use of AI—yield even more transformational advances, the landscape of biomedical innovation is poised to evolve dramatically. At the same time, achievements in science and technology are at risk of being overshadowed by questions about who will ultimately benefit from these advances. Long-term solutions to ensure accessibility and affordability of medicines are scarce. The drumbeat of these issues will likely get louder through 2024, making the **need for creative partnerships and ideas** to address these challenges even greater.

CLINICAL RESEARCH COMING TO A COMMUNITY NEAR YOU

Where you live matters, as zip codes correlate with access to clinical trials and health outcomes. People who can benefit from innovation in treatment and care must be able to access them. Specific to clinical trials, research should move into communities rather than exclusively conducted in academic settings.

Community health workers (CHWs) and community partnerships are a vital part of the foundation needed to build trust, reach patients where they are, and communicate in their language. They are true partners in clinical research. CHWs help recruit underrepresented individuals and **engage the community to co-design and facilitate the study**, from research questions to protocols to relevant endpoints and measurements.

CREATING ACCOUNTABILITY FOR HEALTH EQUITY

Achieving health equity requires remediating and addressing historical and contemporary disparities; overcoming educational, economic, social, and other obstacles to health care; and eliminating preventable health disparities. To close the gaps in health outcomes, we must **implement activities that foster accountability for the inclusion of health equity** across the health and health-care ecosystem. These steps include ensuring that policies are created and implemented with equity in mind, people with lived experience are a part of co-designing needed interventions, partnerships exist between community-based organizations (e.g., housing) and health systems, and trusted sources (e.g., CHWs) can provide care both upstream and downstream.

ELEVATING THE TRUSTED MESSENGERS

Community partners and coalitions are critical. Consideration should be made on how much, not if, to **invest in trusted community voices**. Nongovernmental and community-based organizations can help people navigate and connect to resources such as childcare/elder care, transportation, and services for immigrants. Specific to behavioral health, there are opportunities for investment and improved coordination and communication with insurers. Local governments can seek loan repayment and new degrees for people likely to stay and work in their communities.

Communication is key. We must acknowledge the past and train the public health workforce of the future to translate scientific evidence into actionable steps. In many cases, relationships are more important than facts. To combat misinformation, we need a population that understands the difference between anecdotal and evidence-based health information. The question becomes, how can information be presented in a context where it is more appropriate for someone to engage with the facts and it resonates with their community.

EMPLOYERS AND THE WORKFORCE: SHAPING THE FUTURE OF HEALTH

With more than 160 million employees in the US workforce, employers are uniquely positioned to craft policies, systems, and environments that support **whole-person health, with a focus on both prevention and chronic care management**. Since nearly half of the US population receives health insurance through their workplace, there's an opportunity to build a cohesive strategy that meets people where they are and considers the needs of employee populations and their families.



Employers can:

- invest in data analytics to understand the changing environment (including external factors) and tailor and incorporate social determinants of health-related needs of employees;
- recognize the benefits of providing comprehensive, evidence-based benefit packages for their employees that include counseling, diet, and exercise support;
- encourage value-based arrangements that promote prevention and primary care with full integration of primary behavioral health care; and
- bring health-care services and treatment onto their campuses to make it easier for employees to access, depending on the condition.

Simultaneously, there is a need to strengthen the health-care workforce. Challenges such as staff shortages, declining payment reimbursement, increased administrative demands, rising workplace violence, and the need for a living wage (in particular for hourly workers, such as in-home caregivers and nursing home staff, who are also facing wage competition from fast food and retail employers) must be addressed.

THE FUTURE OF THE FOOD SYSTEM

To catalyze a more nutritious, sustainable, equitable, and resilient food system, key leaders must use their social and financial capital to advocate for a future where food is health care and food is accessible to all. **Food Is Medicine (FIM) offers innovative solutions to treat and manage diet-related chronic diseases and multifactorial health conditions** through interventions such as produce prescriptions and medically tailored meals. Successfully scaling FIM involves comprehensive, blended funding mechanisms as well as collaboration across the full spectrum of care, from primary care providers to pharmacists to grocery retailers to nonprofits. As FIM becomes more digitized, advancements in technology must engage the community to ensure that patients have choice, access, and trust in their care plan. Partnerships between the public and private sectors are also essential to integrate FIM into health care successfully.

Beyond FIM, food policy must address structural barriers to the availability of nutritious food within communities, from access to healthy food to the built environment to investment in rural areas. This necessitates food policy being embedded within other sectors, including health care, sustainability, and economic policy. Research and data also play a significant role in accelerating, measuring, and incentivizing the innovations needed to transform the food system.

HOUSING IS A HEALTH ISSUE

Housing is foundational to health. The quality and safety of your neighborhood, availability of affordable housing, and access to health and social care services are often dictated by where you live. **Housing is paramount to keeping people healthy across the lifespan.** We need solutions that can overcome generations of systemic policies and procedures that limited not only where people could live but also the type of housing they could access. We need more investment in the opportunities and availability of housing so that when we age, we have the appropriate infrastructure to provide the level of care required, including acute care and preventive care at home, as well as access to social care-related services.

MENTAL HEALTH INNOVATION

To revolutionize mental health care through innovation, we **must overcome known barriers such as stigma, the shortage of behavioral health providers, and a lack of tools** that go beyond the management of symptoms and actually cure mental health conditions. Talking about mental health normalizes experiencing a mental health condition and helps people realize they're not alone, which aids in destigmatization. When people who are in recovery are open about their participation in recovery, this helps reduce stigma and encourages others by showing recovery is possible. Psychedelics are one potential strategy being considered that could revolutionize day-to-day symptom management for longer-form treatment of a variety



of mental health conditions. However, they remain in clinical trials and await regulatory approval and any subsequent access policies.

SUPPLY CHAIN RESILIENCE = NATIONAL SECURITY

The COVID-19 pandemic brought together diverse stakeholders to collaborate on shared health and health-care solutions. The pandemic response required immediate coordinated leadership, as does the ongoing preparation for the next pandemic. The health care **supply chain is critical to national security** and patient access to care. Disruptions can have serious consequences. Incentivizing more domestic production of drugs and supplies can help address shortages and ensure access during times of crisis.

THE POWER OF SOCIAL CONNECTION

In an increasingly interconnected world, social isolation and loneliness have emerged as a silent epidemic, leading to an increased risk of several physical and mental health conditions, such as heart disease, dementia, stroke, depression, and anxiety. In the US alone, loneliness affects one in two Americans. Social contact permeates every aspect of society, necessitating policies and interventions across every sector that empower communities, address social disparities, and enhance the overall health of the population. A broad **“social in all policy” approach** that focuses on the protective power of social connection via population-based prevention efforts is critical. For health-care leaders, employing social prescribing and promoting creative expression, intergenerational connection, and volunteerism as compelling ways to build authentic connections are imperative to protect against loneliness.

INCENTIVIZING PAYMENT FOR AND INVESTING IN MORE PREVENTION AND BETTER TREATMENT

Prevention, primary care, and public health are interconnected and critical to improving lives. In rethinking how we pay for prevention and health care, payment incentives and value-based care are options for achieving better patient outcomes.

We need a system of accountability and coordinated care. **Community-embedded, early interventions that meet people where they are** before they are in crisis are critical to success. For example, preventive measures that help protect youth mental health include resilience-building programs in schools with guidance counselors, therapists, and/or peer support programs. Public health investments focused on root-cause issues, such as improving childcare and fostering community gardens, can significantly improve health outcomes.

Years of investment and research in brain health and dementia prevention are also yielding progress, as highlighted by recent genetic breakthroughs, and innovative care models, such as the GUIDE Model from the Centers for Medicare & Medicaid Services. Collaborative efforts, led by the federal government through initiatives like the National Alzheimer’s Project Act (NAPA), reshape traditional approaches. There is a notable shift from treatment-focused care to holistic precision medicine, health equity, and an increased emphasis on early detection and proactive prevention strategies. These trends align with broader trends in preventive health care.

With the eminent need to close these and other gaps, all who are connected with the health and health-care ecosystem must play a role in creating change. Health and well-being are rights that all should have access to, and the time to act is now.

[Watch all public panels from the Future of Health Summit on demand.](#)

