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Diet ID[™]
DIET IS A VITAL SIGN



Proven Nutrition Solutions for Employers

March 9, 2022



Digital Nutrition Solution

- Rapid assessment
- Evidence-based recommendations
- Group-based programming
- Personalized plans
- Healthy eating challenges
- Bite-sized education
- Ideologically agnostic
- No calorie counting
- Available in Spanish
- Culturally sensitive

♥ **6%**

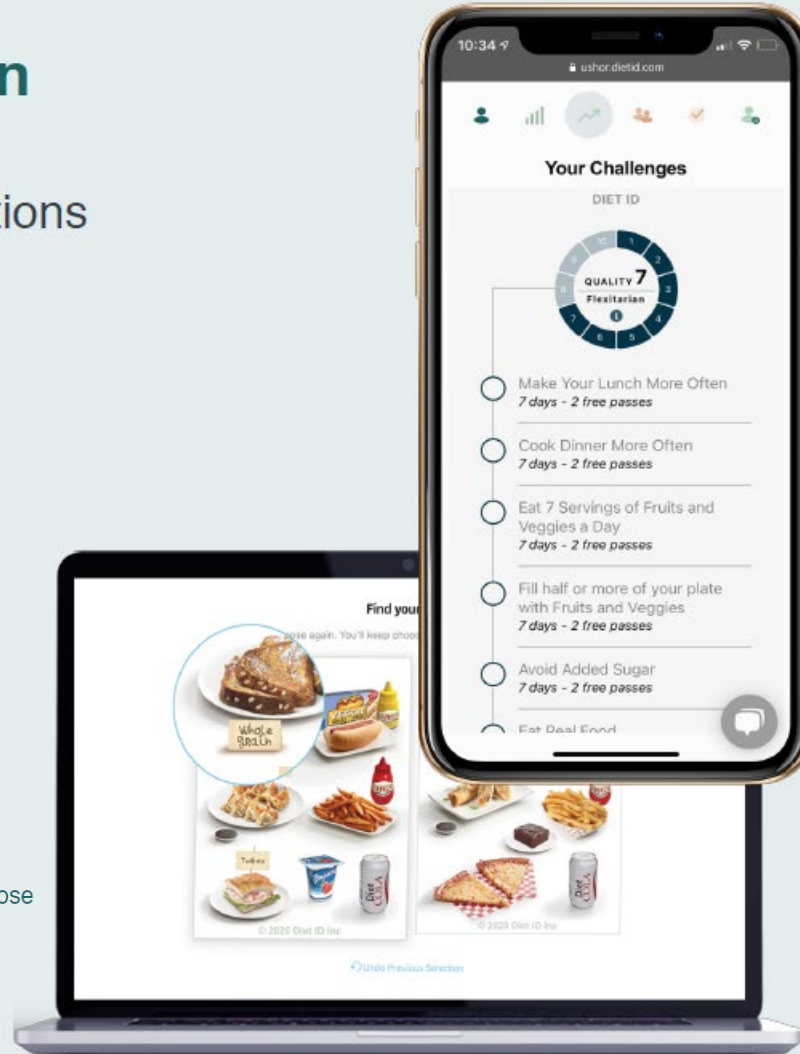
Reduction in chronic disease risk, as measured by improvement in diet quality.

📅 **5%**

Reduction in BMI for those who lost weight on the program.

🛡️ **95%**

Assessment completion rate. Effortlessly gather valuable info from your population.

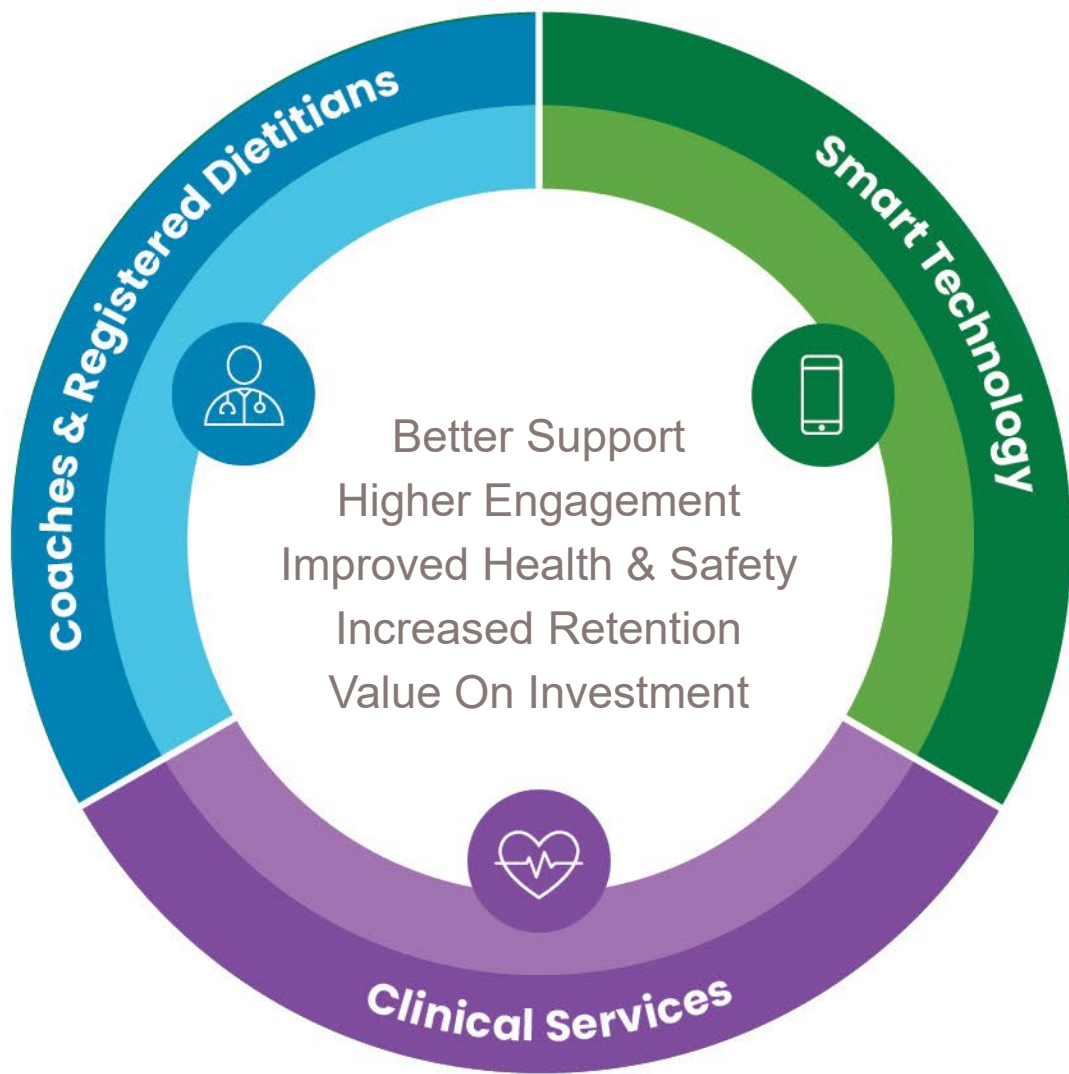


Reach out to us to learn more!



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Your Full-Service Solution



- Established in 2002
- Personalized Human Touch
- Smart Technology
- Service all 50 States
- 500+ Corporate Partnerships
- Comprehensive List of Clinical Services
- 250,000 Employees Currently Being Coached Toward Their Goals

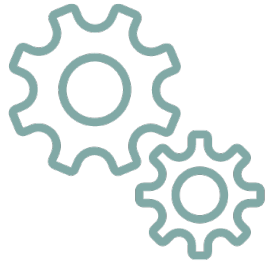
Agenda

- Employee Wellness: Why the Urgency?
- Proven Solutions
- Measuring Results
- Strategic and Practical Implications



Why the Urgency?

The Health Crisis and Cost of Poor Nutrition



\$150

BILLION

lost productivity cost



450

MILLION

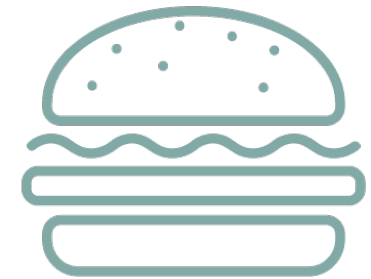
more days missed



42

PERCENT

more medical costs



\$300

BILLION

cost of obesity

Obesity costs U.S. employees an estimated 150 billion in lost productivity.

Obese workers miss 450 million more days per year than healthy employees.

Employers pay 42% more in medical costs for obese employees.

Total economic cost of obesity (U.S. & Canada)—\$300 billion.

Corporate Social Responsibility: The New Normal

Offering a proven health and wellness program staffed by credentialed providers is seen as crucial and therefore increasingly expected as a workplace benefit.

Social Determinants of Health



Employer Wellness Programs are Missing the Target

"Trends in Workplace Wellness Programs and Evolving Federal Standards." KFF, 9 June 2020, www.kff.org/private-insurance/issue-brief/trends-in-workplace-wellness-programs-and-evolving-federal-standards

Meister, Jeanne C. "Survey: What Employees Want Most from Their Workspaces." Harvard Business Review, 27 Aug. 2019, hbr.org/2019/08/survey-what-employees-want-most-from-their-workspaces.

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 **Wellness
Coaches**[™]



Lifestyle Modification

- According to the American Heart Association, American College of Cardiology, and The Obesity Society, Lifestyle Modification is the **MOST** evidence-based and cost-effective intervention to prevent and treat obesity and chronic diseases.
- **Nutrition** is one of the key pillars of lifestyle modification (along with not smoking, limiting alcohol consumption, and physical activity).



Proven Nutrition

Registered Dietitian Nutritionists, The Nutrition Experts

The National Academy of Medicine found that “the registered dietitian nutritionist is currently the single identifiable group of health-care professionals with standardized education, clinical training, continuing education and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy.”

Committee on Nutrition Services for Medicare Beneficiaries. “The Role of Nutrition in Maintaining Health in the Nation’s Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population.” Washington, DC: Food and Nutrition Board, Institute of Medicine; January 1, 2000



RDNs Provide Medical Nutrition Therapy (MNT)

- Evidence-based nutrition service
- Provided by Registered Dietitian Nutritionists
- Prevent, delay or manage diseases and conditions
- Personalized, in-depth assessment, nutrition diagnosis and intervention treatment plan
- Multiple visits over time positively impact nutrition behaviors and allow for continued personalized monitoring of the patient

Value on Investment



Quality of life years gained, on average, 17 years



Reduction in body-weight-related disease burden of 0.10% and 0.05%



Reduction in inpatient admissions: 2.8% vs. 22.5% in usual care



Reduction in risk of lost work and disability days 87.2%



For every \$1 spent on health, incremental economic benefit of \$2-4

Wolf AM, Siadaty MS, Crowther JQ, et al. Translating Lifestyle Intervention on Lost Productivity and Disability: Improving Control with Activity and Nutrition (ICAN). J Occup Environ Med. 2009 February;(51)2:139-145.

MNT: Weight Management (2015). Evidence Analysis Library. Academy of Nutrition and Dietetics. 2019. www.andeal.org/topic.cfm?menu=5284&cat=5230

Remes, Jaana, and Shubham Singhal. "Good Health Is Good Business. Here's Why." Fortune, Fortune, 21 Aug. 2020, fortune.com/2020/07/08/why-good-health-is-good-business

We Can Only Manage What We Measure

- When we start measuring **diet quality** as effortlessly as checking your blood pressure, we can:
 - Assess efficacy of interventions
 - Lift disease risk burden
 - Reduce costs associated with chronic disease
 - Realize financial return



Currently, We Only Track LAGGING Indicators

Most chronic diseases are “caught” only AFTER the disease has developed, limiting our ability to prevent and effectively treat



Successful Nutrition Interventions

Intervention	Description	Findings
North Karelia Project¹	40-year behavior/diet CHD prevention program	Significant declines in BP, cholesterol, smoking, CHD mortality
DASH Diet²	Major clinical trial implementing the DASH dietary pattern	Significant decreases in blood pressure, high adherence rate
Ornish Diet³	12-week program often used in clinical settings	Significant declines in TC, LDL, and TG. Typical LDL redux 40%
Diabetes Prevention Program³	Ongoing outcomes study of >2000 people over 22 years	So far, participants have a significant prevention advantage over non-participants

1. <https://pubmed.ncbi.nlm.nih.gov/27242088/>

2. <https://pubmed.ncbi.nlm.nih.gov/11208239/>

3. <https://www.ornish.com/wp-content/uploads/effectiveness-efficacy-of-an-intensive-cardiac1-2.pdf>

4. <https://www.clinicaltrials.gov/ct2/show/NCT00038727>

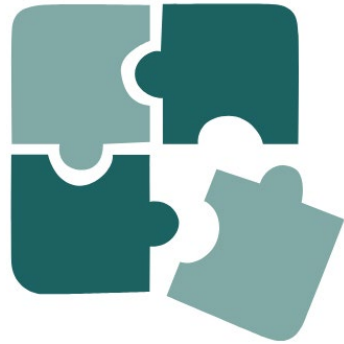
Quantifying the ROI of Nutrition Interventions

How is impact of nutrition interventions measured at scale?

- Two main current methods
 - Long form survey
 - Biomarker samples
- Limitations of current methods to measure ROI
 - Usability
 - Costly
 - Time to ROI



Challenges in Measuring ROI in Nutrition Interventions



Usability

- Low participation rate
- Hard implementation
- Low completion rate



Costs

- High cost
- Difficult to forecast costs



Time Horizon

- 1-3 years
- Prohibitive for rapid test and learn

ROI Calculator Free & Accessible To Everyone

dietid.com/roi-calculator



CALCULATE THE ROI OF FOOD AS MEDICINE
WITHIN YOUR POPULATION

Total Population

Cost Per Active Person Per Year for Intervention

Estimated activation rate in your population
Typically between 10% - 60%
0%

Expected improvement in Diet Quality
Typically between 5% - 20%
0%

Disease prevalence in your population
Defaults are based on the national average.

Obesity	<input type="text" value="40"/>	%
Hypertension	<input type="text" value="45"/>	%
Cardiovascular Disease	<input type="text" value="7"/>	%
Type 2 Diabetes	<input type="text" value="40"/>	%

Calculate ROI

Calculator Significance: Connecting the Dots



- **Main purpose:** estimate the cost savings associated with improving diet quality

Published in the American Journal of Health Promotion

The Financial Case for Food as Medicine: Introduction of a ROI Calculator

David L. Katz, MD, MPH¹, Rachna Govani¹, Kieran Anderson¹, Lauren Q. Rhee, MS, RD, LDN¹ and Dina L. Aronson, MS, RD¹

Abstract

Diet quality is now established as the single leading predictor of potential premature death in modern countries. However, practice at scale in modern medicine is driven as much by financial as clinical imperatives and yet the ability to quantify the potential ROI of food as medicine (FaM) interventions is limited by a lack of data. Utilizing novel advances in dietary assessment and data from the peer-reviewed literature, we constructed and tested a web-based calculator translating the return-on-investment associated with FaM interventions.

Keywords

nutrition, return on investment, financial impact, health communications, diet quality

Introduction

Food as medicine (FaM) is a venerable and ancient concept,¹ validated by modern epidemiology.^{2,3} Diet quality is now established as the single leading predictor of potential premature death in modern countries.⁴⁻⁶ Objective improvements in overall diet quality translate into significant improvements in health.⁷

Practice at scale in modern medicine, however, is driven as much by financial as clinical imperatives.⁸ This is particularly true for wellness, prevention, and lifestyle interventions often delivered in non-clinical settings such as workplaces. Consequently, the financial return on investment (ROI) in FaM interventions are a critical consideration in their adoption, especially by for-profit entities, including employers and insurers, and even hospitals. Such authorities as the CDC,⁹ and AHRQ¹⁰ and the Commonwealth Fund¹¹ have identified accessibility as a critical element in program planning, and implementation. The Commonwealth Fund has developed a ROI calculator addressing social determinants of health.¹² To the best of our knowledge, no ROI calculator specific to diverse FaM interventions has been devised. To address this gap, we leveraged a new method for assessing diet quality, and combined it with published estimates on the prevalence, incidence, and costs of chronic diseases to create an interactive web-based food-as-medicine ROI calculator. The tool—intended for use in program planning by employers, policy makers, health systems, insurers, and for use in assessments by researchers, consultants, and advocates among others—generates estimates of the potential financial gains from successful FaM interventions.

Methods

Authoritative sources and recent peer-reviewed articles were sought to establish (a) quantitative linkages between changes in objectively measured diet quality and changes in biomarkers of chronic disease, (b) linkages between quantitative shifts in biomarkers, and changes in diet quality, with incident chronic diseases, and (c) the linkages between transitions from disease-free to diseased states and the associated incremental, annual, per capita expenditures for medical care.

Diet IDTM, a novel, patent-pending, image-based dietary assessment tool, was utilized to assess dietary composition and quality. Devised via any web-enabled device, this proprietary tool substitutes dietary intake patterns, an objective measure of diet quality,¹³ and approximate intake of 150 nutrients and food group servings, in as little as 60 s.¹⁴ The ease and efficiency of use over short time spans informed the development of the calculator by providing an empirical basis for model assumptions.

To analyze the effects of changes in diet quality on health risk and associated costs, a narrative literature search was performed.

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CALCULATE THE ROI OF FOOD AS MEDICINE WITHIN YOUR POPULATION

Total Population

Cost Per Active Person Per Year for Intervention

Estimated activation rate in your population
Typically between 10% - 60%



Expected improvement in Diet Quality
Typically between 5% - 20%



Disease prevalence in your population
Defaults are based on the national average.

Obesity

40 %

Hypertension

45 %

Cardiovascular Disease

7 %

Type 2 Diabetes

40 %

Calculate ROI

Simple Inputs

- Population size
- Cost of intervention
- Activation rate
- Diet quality improvement
- Disease prevalence
(can opt to use established US national averages)

Example Use Cases



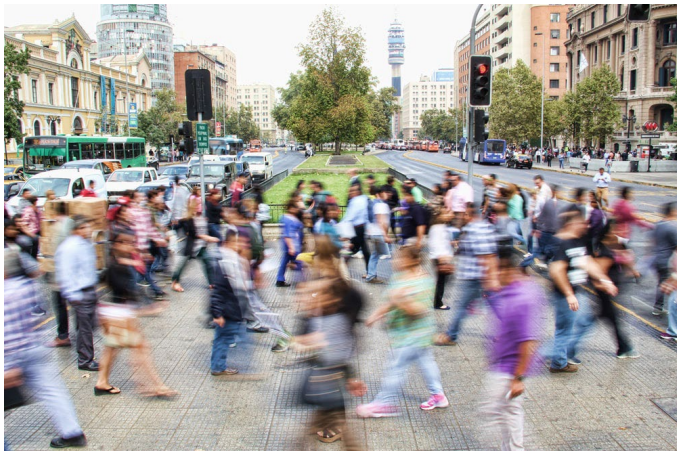
Employee Population

Using healthy food delivery + digital support for population

- Population size: 10,000
- Cost per active participant per year: \$500
- Activation rate: 20%
- Diet Quality Improvement: 10%

Annual Cost Savings: \$1,088,972

Time to ROI: ~1 year



Population Health

Using digital tools + selective medically tailored meals for most at risk

- Population size: 2,000,000
- Cost per active participant per year: \$50
- Activation rate: 20%
- Diet Quality Improvement: 5%

Annual Cost Savings: \$108,897,180

Time to ROI: ~2.5 months

Business Applications

- Include nutrition solutions as a key part of employee wellness programs
- Ensure the nutrition solutions are backed by Registered Dietitian Nutritionists, the nutrition experts
- Diet Quality as a business KPI
 - Lower diet quality of the workforce → higher healthcare costs & absenteeism
- Include proven nutrition interventions in benefit design
- Design “nudges” to improve diet quality into the environment; Make the healthy choice the easy choice
- Social determinants of health solutions

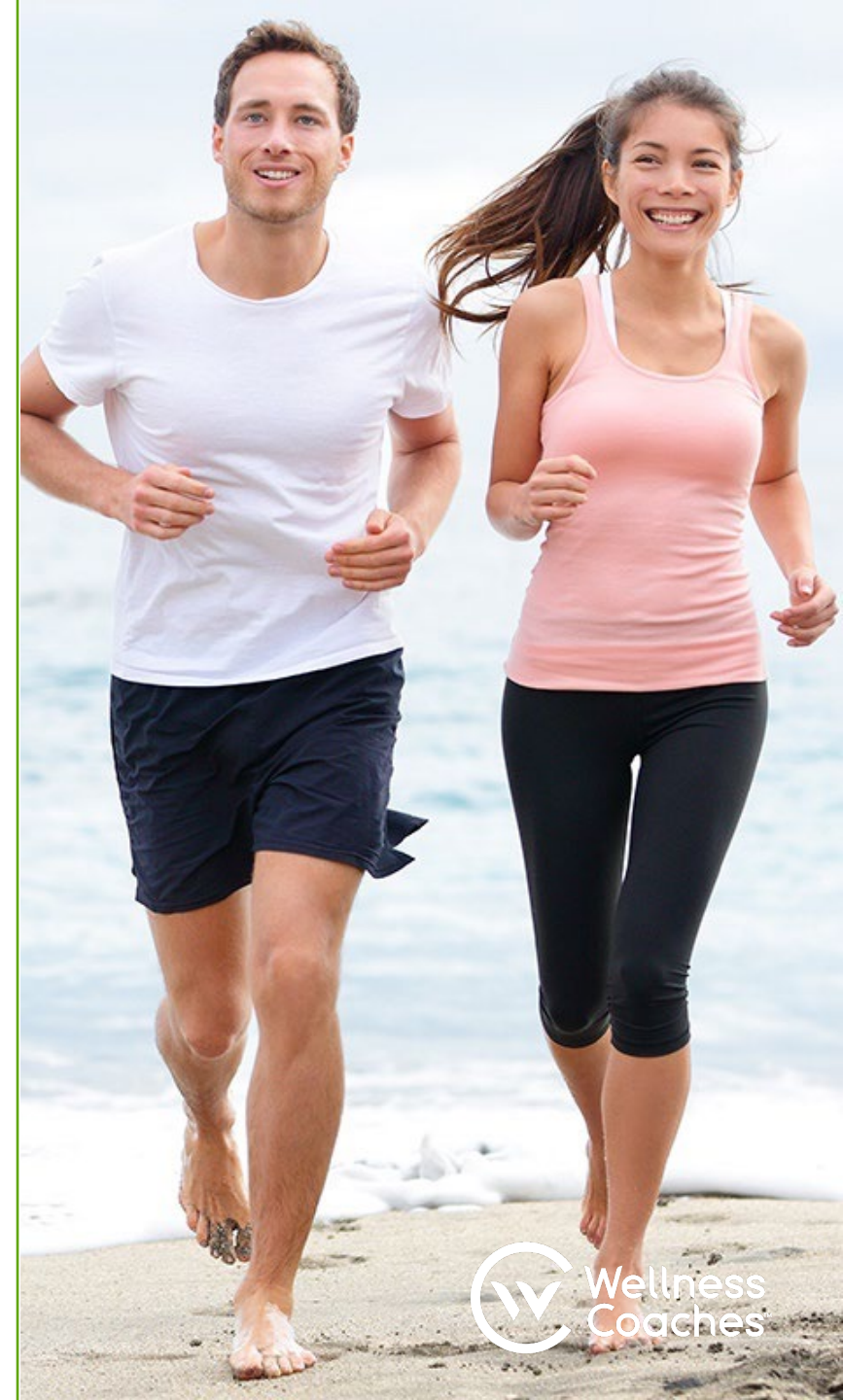
***We have evidence that nutrition interventions work.
It's time to Implement, Operate, and Translate!***

Experts Recommend Including MNT by RDNs in Plan Design

Insurance Coverage of MNT by RDNs

The Affordable Care Act (ACA) outlines covering, without cost sharing, all the adult preventative services recommended by the U.S. Preventive Services Task Force (USPSTF) with a Grade A or B which includes the following:

The U.S. Preventive Services Task Force recommends intensive Nutrition Counseling for cardiovascular and diet-related chronic disease delivered by clinicians including Registered Dietitian Nutritionists.



Accessibility

Insurance

Insurance Plans
cover visits –
Ensure they are
utilized

Telehealth

Convenient Connection
- Virtual Counseling

Credentials

Fully Credentialed
RDNs and
HIPAA Compliance

Success Story

Overview

Wellness Coaches identified a need for nutrition and wellness coaching services to meet the changing health profiles of 6,000 colleagues for a global automotive leader that serves commercial and consumer clients.

Challenge

Due to reorganizations in the company's operations, employees were moved from a physically active service job to more sedentary call center work. Sitting for all hours of the day on the phone presented risk factors for disease and obesity.

Process

The company worked with Corporate Wellness Nutrition to devise a strategic program to enable greater fitness and wellness without impacting productivity. Following the implementation of the program, there was a significant uptick in employees utilizing this no-cost, high-value benefit.



Outcome

The roll-out of this program helped the company be recognized as one of the healthiest workplaces in the country. The company chairman said, **“We are honored to be featured as one of the healthiest workplaces in the country, but more importantly, we will continue to prioritize the health and wellness of our team.”**

Summary

- Poor nutrition is a leading driver of skyrocketing healthcare costs and productivity loss
- Employers are in a unique position to address employee health while reducing organizational cost
- A successful Health & Wellness program needs to be delivered by credentialed providers and measured for efficacy and ROI
- Diet quality change is a critical KPI for Health & Wellness programs

Questions and Discussion

Please submit your questions using the Q&A tool in Zoom.

Contact



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