

Improving Health Behaviour through Multidisciplinary Personalized Interventions “Improve it”

group 3 + 4: Diet/Stress Management/Physical Activity

"Live sensibly ! Among a thousand people, only one dies a natural death, the rest succumb to irrational modes of living."

Maimonides, A.D. 1135–1204



1. The Goal of the Project



- **Problem**

Chronic diseases account for up to 80% of health care expenditures in a system that is designed mainly for acute phase treatments.

We are good at detecting risk factors and chronic conditions by screening, but fail to get behavior change in the screened population.

- **Solution**

Introduce individualized but multidisciplinary interventions (therapeutic patient education) with appropriate follow-up in between screenings.

2. The Pilot Phase

- **Where**

Population: > 45years with 1+ chronic physical condition or well identified risk factor following check-up in a volunteer company and/or occupational medicine

- **What**

Individualized, multidisciplinary, health behavior change in agreement with the **person**:
- face to face sessions, collective groups, knowledge transfer but more importantly skill training (“learning by doing”) → E-follow-up for sustainable results

If additional mental problems (25% of the cases) are identified the person will get specific help.

Dedicated technology will provide effective initial and follow-up measurement for the multidisciplinary team and include algorithms for personalized E-health follow-up.

- **Who**

A corporate champion to be identified (with help of ASTF + ZGZ) + Claus Voegele + Norbert Roesch + Dan Theisen

3. The Pilot: Requirements for success

- Data Gathering

Known measurable health measurements gathered semi-automatically into E-CRF:
weight, BMI, fat mass and its distribution, biological markers, BP, Heart rate,
dietary recall, physical activity, fitness, stress questionnaire, quality of life, etc

- Risks/Barriers

Confidentiality/Privacy, Data protection,

Dropouts

Change in organizational leadership in the Company

4. The Pilot: Outcome and Timelines

- Outcome

Measurable improved health (surrogate markers) from follow up in target population

- Timelines

Define the team, E-CRF's,... : 3 months

Get ethics approval : 1-2 months more

First person screened : 6-9 months

First results : 12-18 months later

5. Conclusions

Going from screening of diseases to **screening of risk factors** for such and then empowering persons for **sustainable** health behavior change through **multidisciplinary personalized** interventions.

This project gives the opportunity to create real life health improvement outcomes from the identification of health problems that we already know how to identify and to treat.