



The **TRUTH** About Our
**Relationships
with Health**



The Truth About Our Relationships with Health

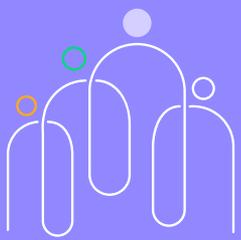
is a global perspective from MRM for Health and the first in a series looking at the truths preventing us from achieving a better relationship with our own health and with those along our health journey. Perhaps the most important finding in this study is the

tremendous opportunity for health, wellness, and pharma brands to help fortify these relationships by fostering new and forward-looking behaviors that truly benefit all.

The study is a meta-analysis of existing research and our experiences around the world. We draw on proprietary ethnographic, search, and social research from McCann Truth Central, the global intelligence unit of McCann Worldgroup (MWG), as well as our own research in more than 20 countries. We have curated studies from multiple authoritative sources, analyzed articles and papers in the field, and built our perspective in a series of workshops with a global team. This study also supports MWG’s commitment to a Well World, and its continuing research connecting sustainability with wellness.

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Relationship

The way in which people or groups are connected, and how they regard and behave toward each other. Fundamental to all relationships: trust.



Health

Not simply the absence of disease or infirmity. A personal definition of many interconnected dimensions beyond physical and mental, including spiritual, social, emotional, and even environmental.



There's no way around it: healthcare faced a test. Not just over the last two years, but the last five years. The past decade. And it's a test we did not pass.

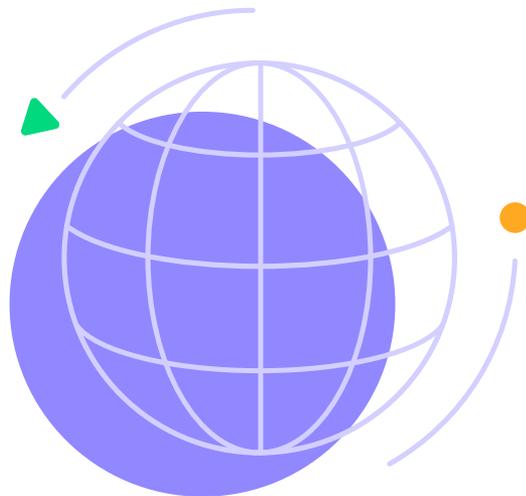
Despite the unprecedented acceleration of science to treat the world's most deadly diseases, the democratization of technology that has put supercomputers in every pocket, and the proliferation of vast amounts of data at our fingertips, the reality is harsh: we are sicker, more fatigued, more disconnected than ever before. And, as the ultimate consequence, life expectancy is declining for the first time in decades.¹

Given all these great advances, why aren't we seeing great leaps forward in health outcomes? Why aren't we recognizing the promise of our collective progress? The answers are equal parts structural and societal: the velocity of change itself is a disruptor. The personal technology in our hands and homes

isn't connected to the professional. Information is everywhere, but "truth" is difficult to discern. And it has become an individual responsibility to direct our own care, instead of a collaborative ambition with our physician.

As each of us moves across the spectrum of health, from calibrating our lifestyle choices to seeking options for preventive care to selecting treatments for sick care, our relationship with our own health changes. Depending on the moment and the motivation, it can become more important. Less paramount. Abruptly, irrevocably, urgent. The same fluctuations hold true for our relationship with others along that journey: family members, caregivers, peers, advocacy groups, physicians, even brands.

Our opportunity is to help strengthen these relationships. And in doing so, strive to strengthen health itself, not just from the standard of outcomes, but from a standpoint of healing.





Our Fraying Relationship with Health

Think about what makes your personal relationships strong. Resilient. Lasting. What makes them work so well?

Odds are, they are ever-present. Nurturing. Respectful. Rewarding. Responsive to your changing needs. No doubt, these relationships are founded on equality, filled with empathy, and provide real value — the kind that's reinforced over time. And, of course, the best relationships are built on a single, fundamental tenet: trust.

Now, take a minute and think about your relationship with health. Did you focus on actions associated with wellness? Or on your transactions in healthcare? For most of us, the two have become one and the same. And therein lies our problem.

We've anchored our relationship with health to our experience with healthcare; blurred the lines between caring for our health as humans and navigating healthcare as a system, whether that system is national, socialized, or competitive. And because of that, the health of our relationship to

health is at risk: who among us would describe a relationship centered around waiting times, specialized prescriptions or copays, and the intricacies of referrals as nurturing, rewarding, and built on a foundation of trust?

The more we define our health through the lens of healthcare and the complexities of the system (whether nationalized, socialized or free market), the more it limits our focus to sickness, to just one side of the well-being equation. The linguistic root of health, though, is the word "whole:" the restoration of our whole as self and in relation to our community. In ancient Greece (and Egypt, and Rome, in Hebraic society, and so on), health was a state unrelated to illness. It was the state of our connections and relationships.²

We live in a world where healing has become separated from healthcare. And our work reveals five key truths beneath that separation, breaking down our relationship with our health and those we rely on to support it.



The Great “Healthcare Trust” Recession

The COVID-19 pandemic has fundamentally increased people’s awareness of their own health, with far fewer people taking their health for granted. But it also has accelerated distrust in arguably our most important system, at inarguably the worst possible time: 52% globally reported their trust in the health system decreased during the pandemic; as many as 71% in Japan and 64% in Mexico, slightly less in the U.K. and the U.S. (49% and 48%, respectively).³

Physicians themselves doubt the system, too: whether their system is more centrally planned or more free-market-based, 30% of physicians don’t trust their healthcare organizations’ leadership, and an even greater amount distrust industry executives in general.⁴

Consumers do trust clinicians — doctors (84%) and nurses (85%) — more than the healthcare system as a whole (64%). But their expectations are decreasing with increasing wait times and plummeting time spent with healthcare providers.⁵

“For patients, the trust deficit invites lower rates of treatment compliance leading to potentially dangerous impacts on health.”

Daniel Wolfson
EVP & COO, ABIM Foundation⁶



**“Medicine is a team sport...
how many clinicians
need to be experiencing
burnout until we see an
effect on quality?”**

Carolyn Dewa
MPH, PhD, UC Davis Health, on NPR⁷



This downward trend is exacerbated by the on-demand world at our fingertips. The tremendous access to information, the diversity of sources with many different points of view, and the huge opportunities that technology promises are making the consumer rethink what is credible in terms of health. What the doctor says is no longer the only truth, but one more point of view, refutable and debatable. In fact, up to 40% did not listen to their doctors' recommendations on prevention.⁸

Self-care has been a rising ambition for several years; now it's a responsibility, if not a burden: 90% of people globally say they are most responsible for their own wellness. And almost two-thirds often measure their own health (highest in Brazil and China at 76%, and lowest in Japan, with only 48% measuring often).⁹ People are desperate to understand and control their own health to benefit their future. But, because we don't trust the system, we are turning to many less-credible sources. The guidance we once depended on from doctors is now found amongst internet interest groups and strangers. These shared networks, designed to build community, are based on common understanding — but not necessarily built on truths. Pseudo-science is undermining our grasp of the real. Consequently, it's separating us from those best equipped to meaningfully address our health.



How can we engender trust and equality to strengthen relationships for all across the healthcare system?



TRUTH

02

Postal Code: A Better Predictor of Health than Genetic Code

While healthcare improvement — centuries of achievement in lengthening lifespans, reducing child mortality, and enhancing health throughout life — has been one of the great triumphs of social evolution, it has not been evenly distributed.

Health equity remains an enormous challenge globally. 400 million people lack access to basic healthcare and around 800 million people spend

more than 10% of income on healthcare — and this can contribute to extreme poverty.¹⁰ In the U.S., Black adults are 25% less likely to trust the healthcare system than white adults.¹¹ Today, the achievement of health equity has plateaued. The level of inequality in life expectancy that once fell precipitously has nearly levelled off, even in some of the most developed nations.

25%

of Black adults are less likely to trust the healthcare system in the U.S.

400MM

lack access to healthcare worldwide

~800MM

spend more than 10% of income on healthcare



“...health disparities are crippling our health care system and society, driving up healthcare costs, leading to adverse health outcomes and ultimately an enormous burden of human suffering...”

Lisa Cooper, MD, MPH

Why Are Health Disparities Everyone's Problem?

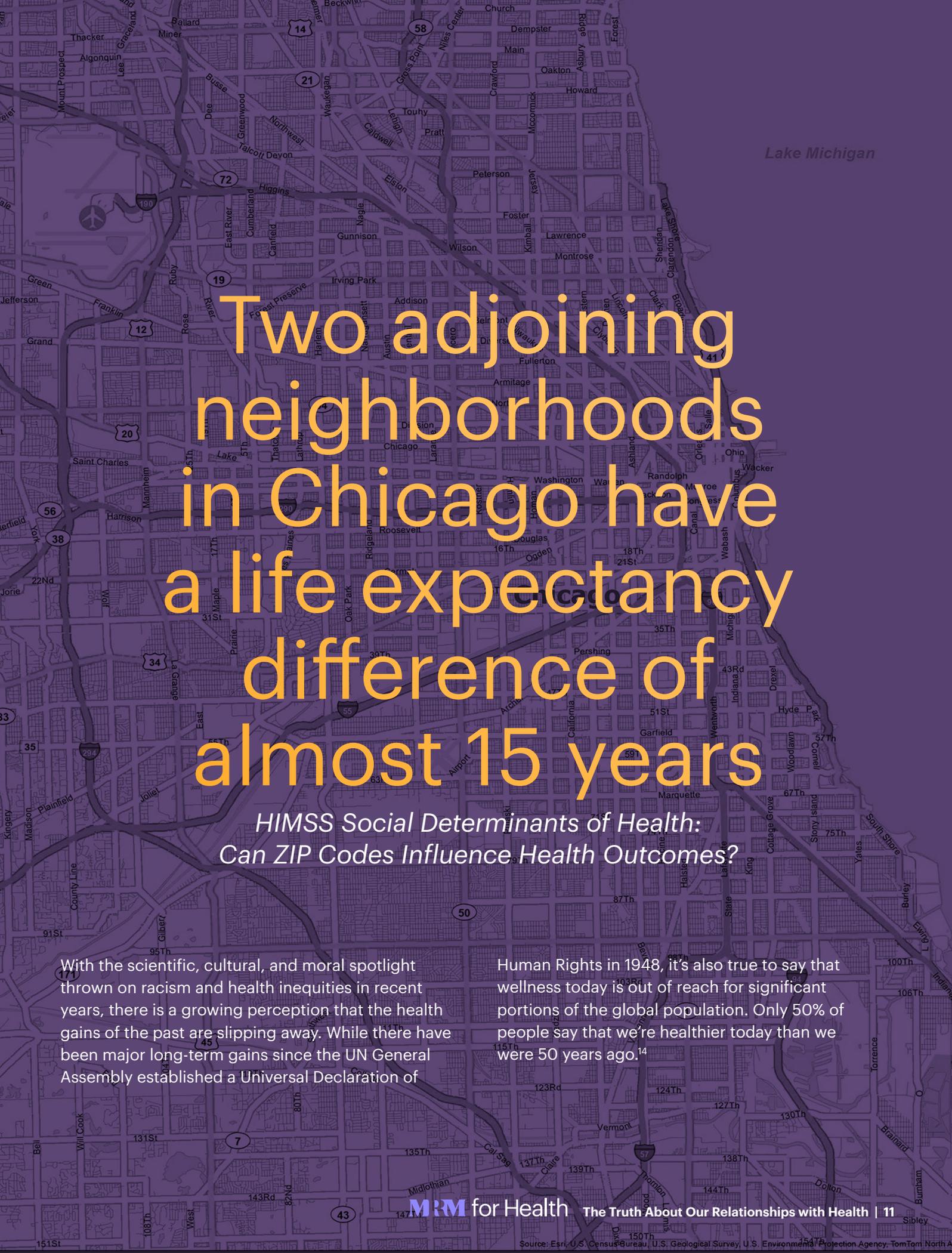
Social determinants of health – how our environments impact our health – play a significant role, maybe the most significant, in predicting overall well-being. In fact, up to 60% of health is governed by where we live. Air quality, nutrition/food security, education, housing, employment, income, access to care . . . the lack of these essentials invariably adds up to less.¹²

Without question, social determinants put race at the heart of the health disparities. Racism itself is a global health crisis declared by the World Health Organization, the CDC, the Robert Wood Johnson Foundation, the New York City Board of Health, and many more. From the continuity of care to inclusion in clinical trials, entire populations have been excluded from the healthcare system.

“Health equity is crucial to a vibrant nation. Unfortunately, many areas have experienced generations of isolation from opportunity. Policies and practices at every level have created deep-rooted barriers to good health. Because of this, far too many start behind and stay behind.

At the same time, communities are increasingly recognizing that when everyone has the opportunity to live their healthiest lives, we are all better off.”¹³

Robert Wood Johnson Foundation

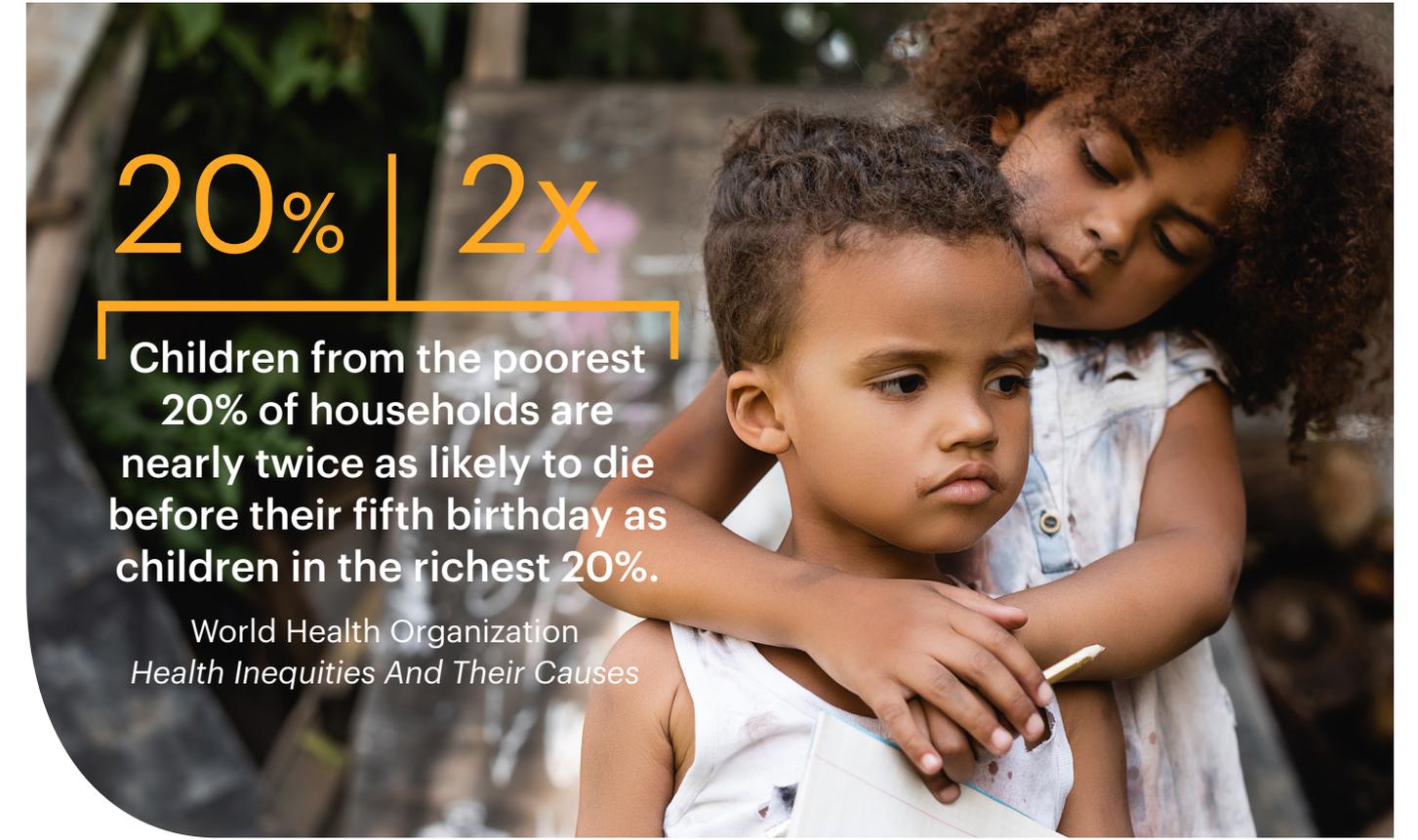


Two adjoining neighborhoods in Chicago have a life expectancy difference of almost 15 years

*HIMSS Social Determinants of Health:
Can ZIP Codes Influence Health Outcomes?*

With the scientific, cultural, and moral spotlight thrown on racism and health inequities in recent years, there is a growing perception that the health gains of the past are slipping away. While there have been major long-term gains since the UN General Assembly established a Universal Declaration of

Human Rights in 1948, it's also true to say that wellness today is out of reach for significant portions of the global population. Only 50% of people say that we're healthier today than we were 50 years ago.¹⁴



20% | 2x

Children from the poorest 20% of households are nearly twice as likely to die before their fifth birthday as children in the richest 20%.

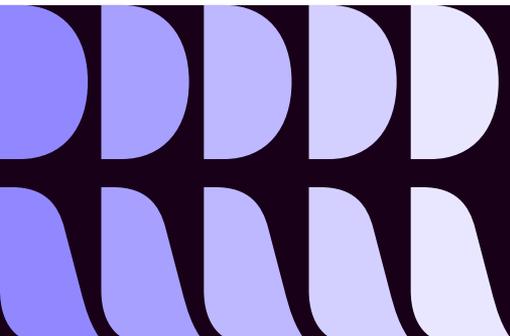
World Health Organization
Health Inequities And Their Causes

It's a vicious cycle: social inequity puts a strain on healthcare systems, and poorly distributed health improvement undermines social equity. Health disparities are quite complex to address because they are part of a social feedback system. Elements such as education, street violence, access to food, even adequate transportation, can make a critical difference in health outcomes.

Doctors are on the front lines of health inequality. They know that when they see a patient, there is an entire society in the room with them. To a pediatrician, an underweight child in one setting might signal issues with genetics, or a digestive disorder. But in a different nation or neighborhood, the cause is plainly hunger.

Physicians are far from blind about the issue. Across specialties, 74% are highly concerned about health inequity in the United States.¹⁵ And they do their best to do their part.

Yet, as we've seen, they don't have the tools to address these disparities on their own. They may advocate for change, but they can't solve problems as vast as poverty or poor social infrastructure. The public — especially for those who live on the front lines even more so than doctors — understands this and looks to more than just healthcare to address health access. They call on "every brand and business" to play a role.¹⁶



How can we create a more equitable, inclusive, and beneficial relationship with health for all?



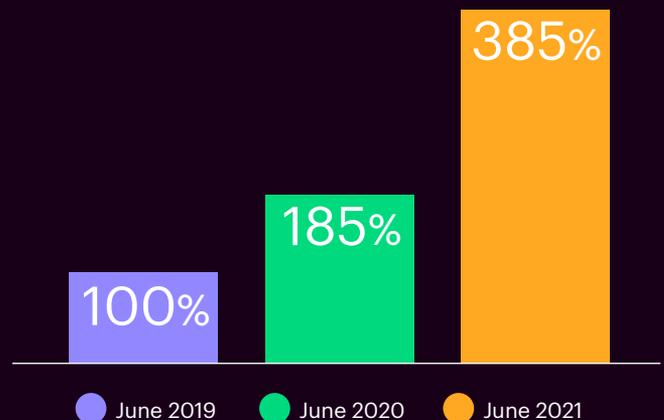
TRUTH
03

We Have Never Felt More Vulnerable

For the first time in modern times, we experienced a common human, social, and economic crisis. Renewed importance on health has prompted in people a heightened sense of vulnerability, not just for themselves, but for others close to them.

Most notably, we've experienced a significant increase in mental distress, from struggles with depression and anxiety to battles with sleeplessness and loss of will. Search volume worldwide on stress, mental health, and related topics almost doubled between 2019 and 2020 — then doubled (and beyond) in the next 12 months. The personal sense of vulnerability is a consistent theme in our global social listening.

Major Increases in Search Volume for Therapy, Online Therapy, Mental Health¹⁷



Seven in 10 people worldwide are struggling or suffering in their lives.¹⁸ Americans reported rates of depression and anxiety six times higher than in 2019.¹⁹ 50% to 80% with mental health conditions are prone to sleeping problems, exacerbating the issues.²⁰ And many communities are reporting sharp rises in domestic violence and adolescent/teen suicide. In the U.K. in 2020, almost 40% of adults met the clinical criteria for generalized anxiety, depression, or health anxiety.²¹ In Italy, 30% of the population showed signs of PTSD symptomology post-COVID-19.²² The stats are so sobering that Gallup has begun tracking stress (Global Stress

Poll) separately from their annual Emotions Poll after seven years of steady increases inflated the Negative Experiences Index.²³

We agonize with mental health. Worst of all, we do it alone. Conversations about mental issues are the most difficult conversations for people to have — more than sexual dysfunction, more than finances.²⁴ Some languages and cultures struggle to separate “mental health” from “mental illness.” People seek their own ways of dealing with stress (meditation apps, such as Calm and Headspace, are booming) without heeding the full mental and physical connection.



7 in 10 people worldwide are struggling or suffering in their lives

6x

Americans reported rates of depression and anxiety 6x higher than in 2019

Up to **80%**

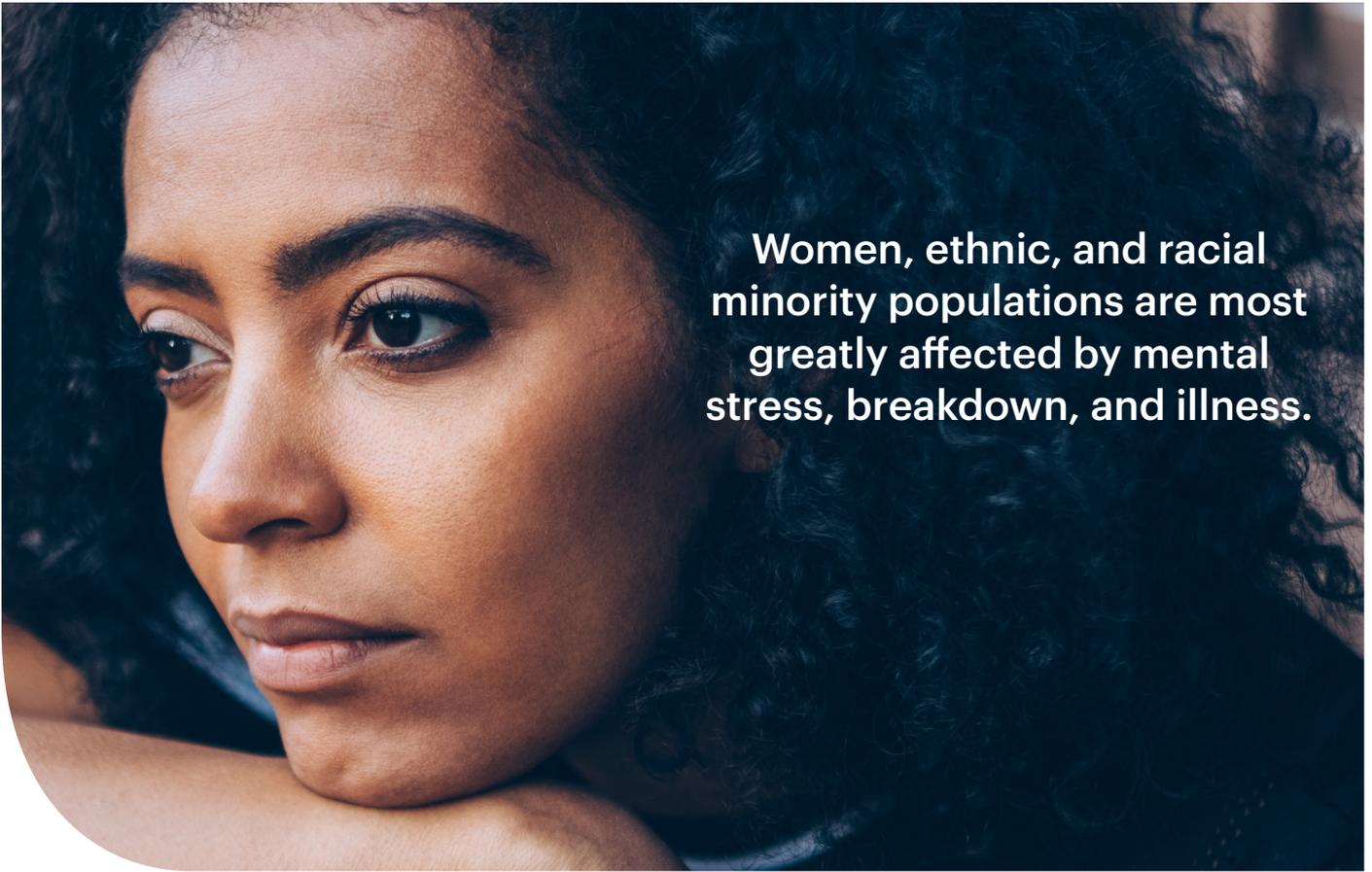
50% to 80% of people with mental health conditions are prone to sleeping problems

~40%

In the U.K. in 2020, almost 40% of adults met the clinical criteria for generalized anxiety, depression, or health anxiety

30%

In Italy, 30% of the population showed signs of PTSD symptomology post-COVID-19



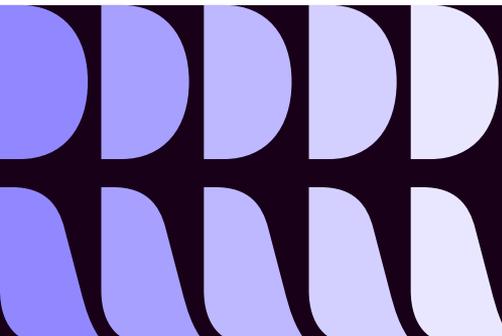
Women, ethnic, and racial minority populations are most greatly affected by mental stress, breakdown, and illness.

Exacerbating the health disparity discussed earlier: women, ethnic, and racial minority populations are most greatly affected by mental stress, breakdown, and illness.

Inarguably, our bodies end up paying the consequences for avoiding and ignoring the truth of our emotions. Mental health fuels physical health, and vice versa. For example, stress is known to cause anxiety, depression, the loss of ability to concentrate or function. But it also impacts sleep, heart rate, digestive problems, headaches, and high blood pressure. This becomes a vicious cycle between the mental and physical that largely goes unrecognized.

Poor mental health degrades relationships, physical health, and positive behaviors. Isolating by nature, it persuades us to withdraw from the family, friends, colleagues, and communities we need, just when we need them the most.

We must break down stigma, establish vocabulary and, above all, provide permission for people experiencing mental suffering to maintain or strengthen relationships with those around them and with providers of care. In short, it needs to become personally and universally okay to *not* be okay.



How can we create openness in both expression and action to validate our collective and personal relationship with mental health?



TRUTH

04

People are Recalibrating Their Behaviors in Health

There is a renewed focus on the wellness and healthiness of our own worlds, a dramatic shift in perception and attitude toward all aspects of our lives.

And the stakes have never been higher for each of us:

- It has become apparent that everything from obesity to drug overdose is lowering life expectancy dramatically.
- While the pandemic inspired a higher sense of vulnerability in general, those dealing with diabetes, high cholesterol, and other controllable maladies started viewing their conditions with a heightened sense of risk.
- Although we've historically relied on the very youth of our young to help protect them, our children are facing increased obesity, depression, food insecurity, respiratory

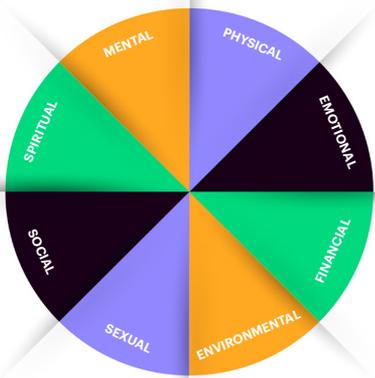
illness — what could be lifelong burdens are now beginning pre-adolescence.

- We also may not be aging as healthily as we believed, as age itself has become a risk factor. COVID-19, flu, and RSV are taking full viral advantage of our natural decline in immunity.

86%
of people globally believe creating a well and healthy world is the biggest challenge of the 21st century

Truth About Wellness 2021
McCann Truth Central

Health is an interdependent ecosystem



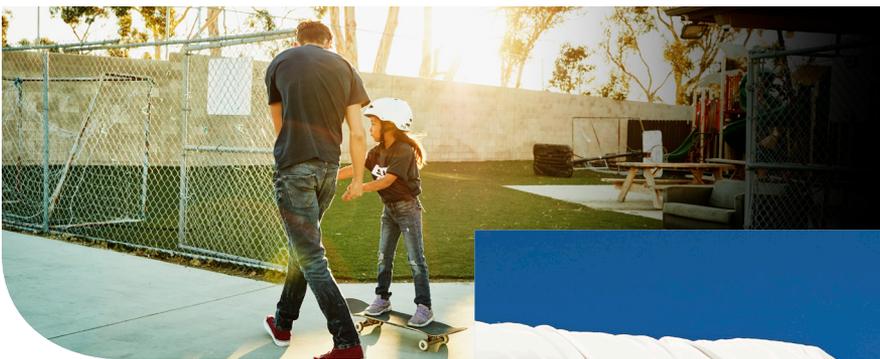
Truth About Wellness 2021, McCann Truth Central

As definitions of wellness evolve beyond the mental and physical to include many dimensions, this places further strain on personal aspirations. Furthermore, deepened perceptions of wellness, inclusive of the dependencies involved and the changes required to achieve it, increase cognitive stress, and people are seeking new behaviors to find or reestablish balance. Body and Mind. Prevention

and Reaction. Work and Life. The phenomenon known as the “Great Resignation” is fueled by this need for improved equilibrium: 52% of consumers are more proactive about their health. And we are increasingly focusing our free time on taking better care of ourselves through walking, recreation, and sports.²⁵

There’s an understanding of the importance of balance despite its lack of full recognition by institutions. There’s also uncertainty in how to achieve that balance. Work, family management, childcare, and managing family health are high stress factors. Everyone is experiencing enormous amounts of mental stress, and it’s even affecting the healthcare profession charged with healing us.

Which brings us back to our relationship with health. The more we equate health with healthcare, the more we’ve separated health from meaningful healing. Beyond the too-narrow purview of illness, our association with health must span the broad scope of our holistic well-being for this relationship — and each of us — to flourish. And right now, we do not seek wellness from our healthcare.



52%

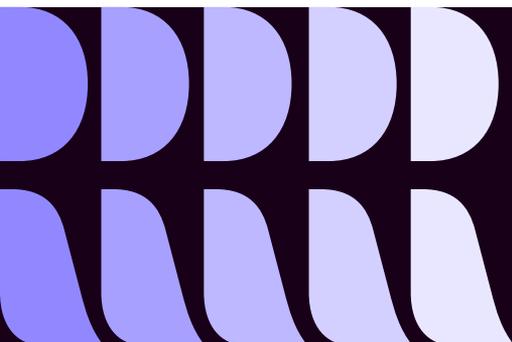
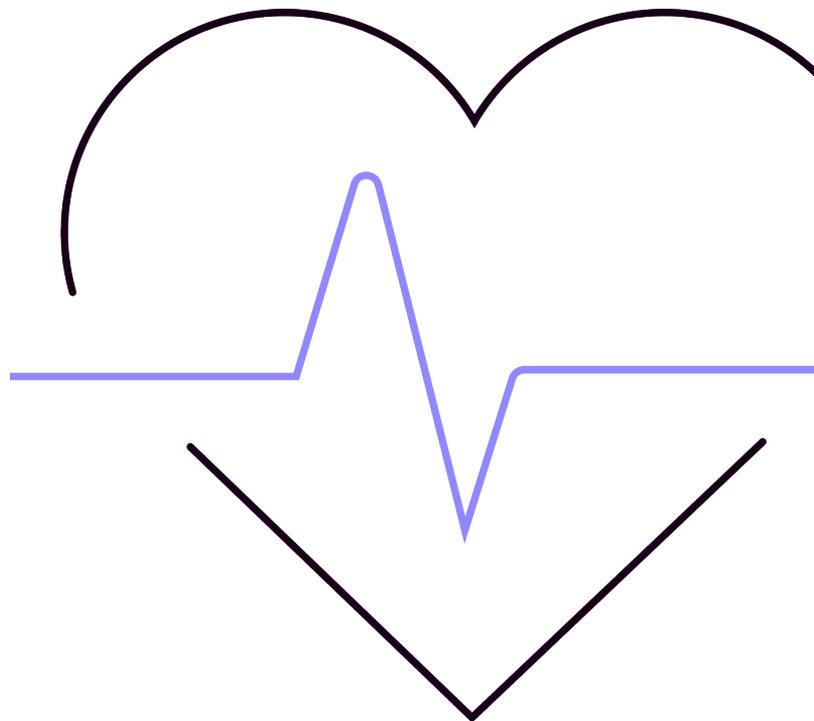
of consumers are more proactive about their health.





Despite efforts to shift toward prevention, the healthcare system and determinants of health remain reaction-based, responding when there's an illness to heal, waiting for a system to break down to repair. An analysis of U.S. physician organizations in early 2022 overwhelmingly found compensation and incentive models are based on volume of services, not value of care.²⁶

Refocusing on the true meaning of healing will refocus attitudes toward the health journey, allowing us to embrace it as a relationship that changes over time and circumstance. A relationship that makes more actions and interactions more rewarding, propels more positive and preventive behaviors. In a time when our aspirations toward wellness continue to grow even as our belief in its attainability falls, the way we look at health could change our entire health outlook.



As people approach health through new eyes and new behaviors, how can we help build relationships that support goals of greater wellness?



TRUTH
05

Data, Technology & Distribution of Care are Widening the Divides

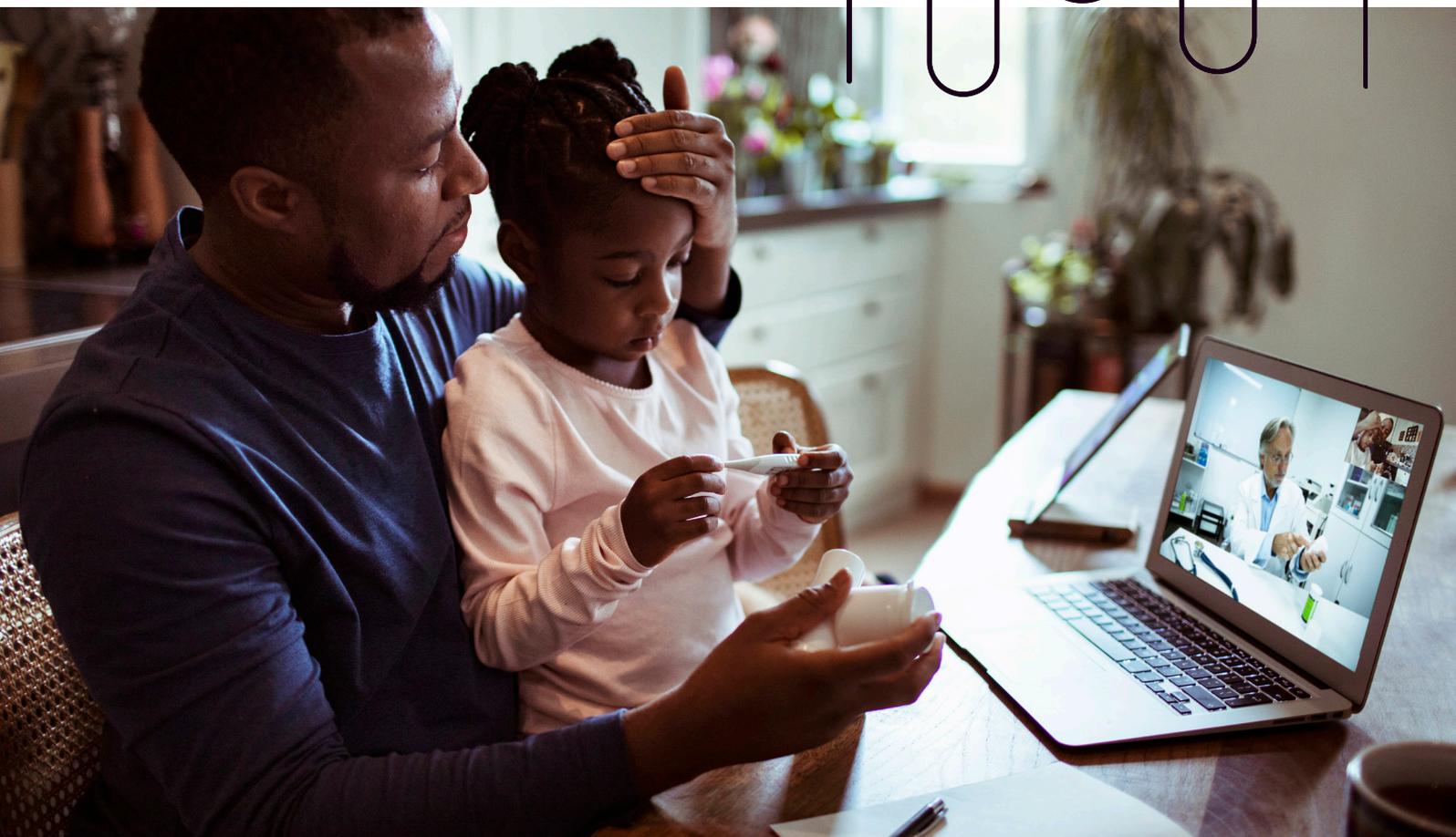
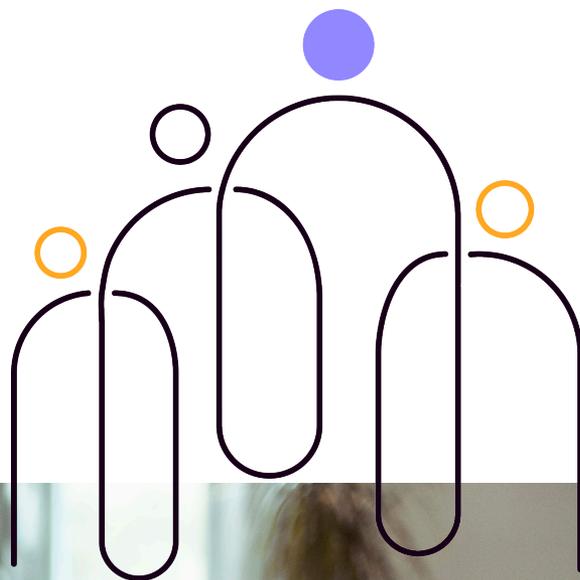
The promise of technology has loomed large in global health over the past two decades, beginning with a push to adopt electronic health records (EHRs) in 2009, and accelerated, for better or worse, by the COVID-19 pandemic. There's no doubt that technology and health data have the potential to level playing fields and connect patients and their providers in new, productive, and future-forward ways. But the reality of the current landscape is a fragmented system of disconnected resources, siloed data, and artificial intelligence (AI) solutions that many worry will fall short of expectations.

70% of internet users in the U.S. and U.K. believe technology will play a key role in managing their health and well-being in the near future.²⁶ While we can track heart rate, body temperature, sleep cycles, glucose and more, there is a disconnect between the data patients may perceive to be valuable and how healthcare providers can realistically apply the information collected. HCPs believe in the value of the data, but lack the education and capability to incorporate it into their practice. Adding to the complexity: privacy rules and clinical accuracy concerns.

Both patients and providers have been satisfied with telehealth, which advanced quickly during the pandemic. HCPs, especially, see telehealth, AI, and digital therapeutics offering great promise to manage chronically ill patients. But already there are disadvantages and barriers to full adoption: access disparity, inconsistent reimbursement models, licensure challenges, concerns over security and privacy, and more.²⁸ And while telehealth in its current state has been quickly overwhelmed, it's poised to accelerate with more demand and more devices, even into AR and VR (the metaverse is open territory). But better telehealth will require better user experiences, regulations, integration into practice, and evidence-based protocols.

The explosion of sensors and monitoring on the body and the home, and the health platforms built into everything from speakers to TVs to light bulbs in the home, may provide more data and more immediate access to an HCP, but they are all closed systems, closed networks. The consumer is talking to a physician, but not *their* physician.

HCPs see telehealth, AI, and digital therapeutics offering great promise to manage chronically ill patients.



Continuity of care is being fragmented to the urgent care model, resulting in individual use cases without continuity. And personal biometrics cannot be shared with any physician in a secure or meaningful way. We've made tremendous strides democratizing technology and means of access, but haven't yet solved the sharing of data or continuity of care needed to build strong relationships.

Further threatening the idea of a continuous relationship with a primary physician: the proliferation and splintering of sites of care. As people become more demanding of alternatives, 67% say they would be willing to receive healthcare in a non-traditional setting.²⁹ Recognizing this, investment and expansion is exploding. Community pharmacies like CVS and McKesson, along with retailers such as Walmart and Amazon, are bringing more primary care services to more locations. More opportunities for care, more possible screenings, more access for all . . . but all without direct connection and collaboration with a primary physician. Too many interventions cannot be standardized to offer continuity of care for chronic conditions. And it forces a deepening fracture of our relationship to health by becoming more retail and more transactional — cementing volume over value.



How can we turn expanded technology and data capabilities into force multipliers for meaningful, consistent relationships centered on continuity of care?



Health is Our Most Important Relationship

We have witnessed a century of great advances and an explosion of promise in just the last decade. But there are significant barriers to realizing that promise:

- A recession in trust as we struggle with disconnected systems
- Exclusion due to our struggle with the social determinants of health
- Isolation as we struggle with the aspects of, and attitudes toward, mental health
- Disillusionment as we struggle to attain wellness
- The declining value of healthcare as we struggle with its transactional nature

The root of these struggles: the dichotomy of health and healthcare. Health must be fundamentally human, a relationship that grows and changes. Healthcare is fundamentally a system, built on illness and medicine.

The root of the solution: reinventing and revitalizing people's relationships with health. A relationship that includes ourselves, our physicians, our caregivers, our family, our communities. Recognize the many dimensions of health and the role of healthcare, addressing the miscalibration of our definitions.

Because while we may be losing faith in healthcare, we have not lost faith in each other. We have just *lost touch* with each other.

Countless stories have been written about the physicians, nurses, emergency medics, assistants, even pharmacists who rose to the recent health crisis, and the communities who supported and celebrated them. Our trust in physicians is up to 40% higher than our trust in the health system.³⁰ Our trust in brands has never been greater: 87% of people globally believe that brands have more power to change the world than do governments or institutions.³¹

This trust is the foundation for the role of brands in health — whether it's wellness or pharma, care system or provider.

Role of Brands: Restore the Connectivity of Relationships



Rekindle the human touch.

Refocus our relationship with health in all its scope.

Establish vocabulary and expectations.

Influence culture.

Give meaning to information.

Enable the physical or digital connection between people.

Democratize care.

Divide after divide, brands have the power to bridge what's eroding our relationships in health, the opportunity to shift our understanding and concentration back to the fundamental needs of healing and connecting people.

Is that realistic?

Yes, and it's also an expectation.

87%

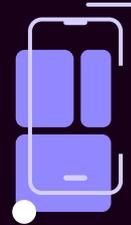
of people globally agree that every brand and business in the world needs to think more about people's health and wellness.³²

Brands Can Deliver Across Many Dimensions, Building Positive Relationships with and Across Health



Innovation

The promise of technology and data is locked in each device or use case — brands can build diagnostic aids, the bridges to the physician and behavioral programs for chronic illness.



Content

Brands can provide transparency and understanding, even recognition and validation, for the ambition and journey toward wellness.



Partnerships

To complete the circle of care, brands can band together to create a larger offering that supports relationships.



Platforms

Brands can foster connections between data and people to drive continuity of care.



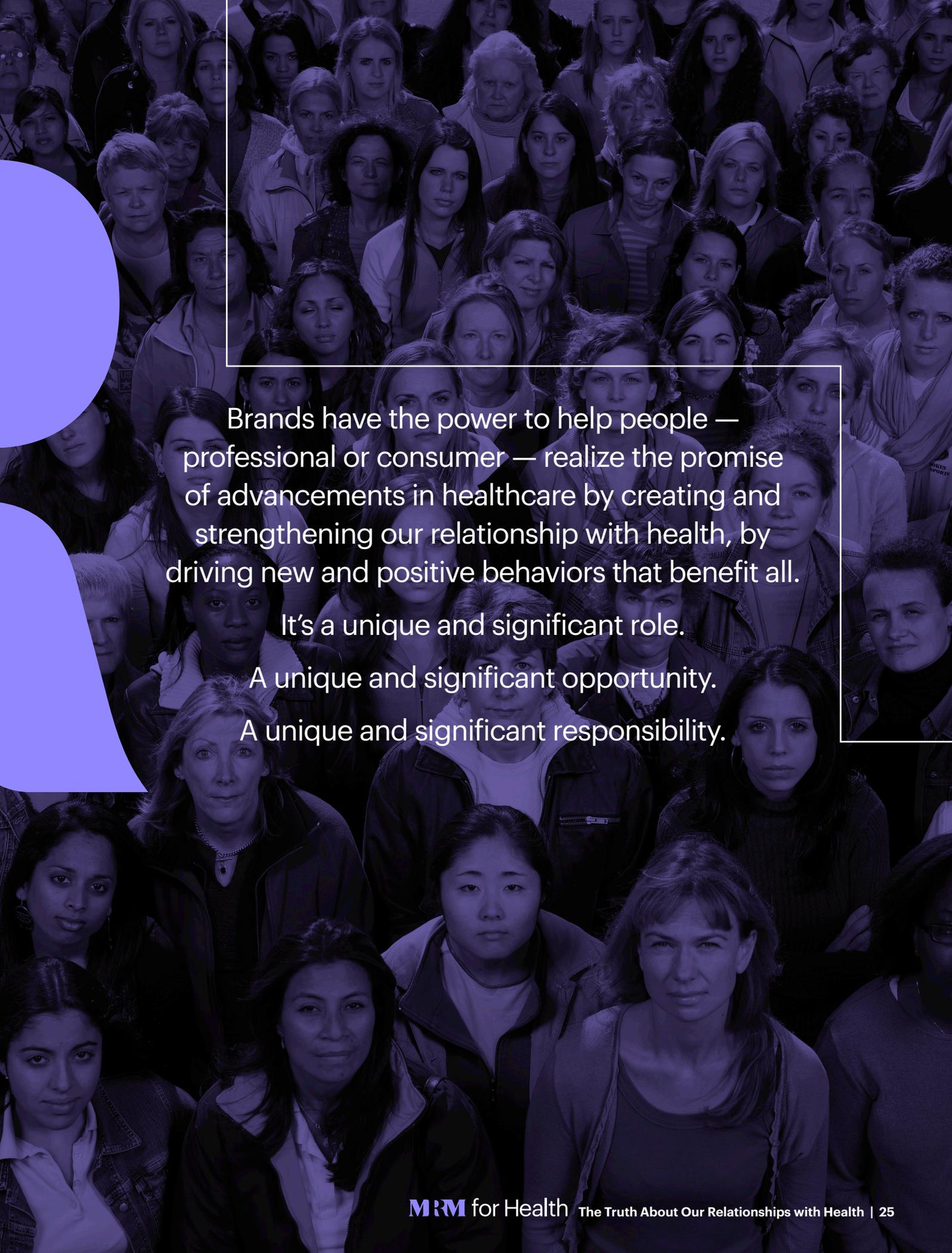
Representation

From how programs are portrayed to the ways they're run, brands can inspire and instigate better access for all.



Purpose

Brands can nurture the future by setting an ambition; a meaningful role that encompasses the value of a product or service but also drives future development and innovation.



Brands have the power to help people —
professional or consumer — realize the promise
of advancements in healthcare by creating and
strengthening our relationship with health, by
driving new and positive behaviors that benefit all.

It's a unique and significant role.

A unique and significant opportunity.

A unique and significant responsibility.

About MRM for Health

We are the healthcare center of excellence for MRM, a leading, digital-first, global marketing agency that drives end-to-end business transformation. Spanning 30 countries, the MRM for Health team shares a commitment to creatively engineer Total Human Experiences that positively impact and enhance relationships between people, people and businesses, and businesses with each other.

MRM sits within McCann Worldgroup and is a proud subsidiary of Interpublic Group (IPG), one of the world's premier global advertising and marketing services companies. Through IPG, we can draw on the talent, tools, and capabilities of partner firms to deliver holistic business solutions for our clients.

mrm.com/health

To learn more about this study or how we help businesses activate relationships across the spectrum of health, email **Peter Rooney** at health@mrm.com

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