



Shaun Francis

**EDITORS' NOTE** Shaun Francis assumed his current post as CEO of EHE in September 2016. He became Executive Chairman of the board in February 2016, where he continues to lead by overseeing all financials, programs, and plans that will effectively facilitate EHE's substantial growth. Prior to this, Francis was appointed CEO of Medcan in 2003 and was one of the founding employees and Senior Vice President of Strategy and Business Development for Dallas-based Broadlane, Inc. He also worked for Morgan Stanley's New York and Toronto investment banking division where he managed equity, debt, and mergers and acquisitions. Francis earned his M.B.A. from the Wharton School at the University of Pennsylvania and a B.S. with honors and merit from the United States Naval Academy in Annapolis, Maryland.

**COMPANY BRIEF** Since 1913, EHE ([ebeintl.com](http://ebeintl.com)) has been dedicated to helping organizations improve healthcare, reduce costs, and manage risks. Its Preventive Healthcare protocols are specifically designed for early detection of preventable disease and associated risk factors. The exam is supported by a full year of post-exam management and care coordination that includes personal health coaching, in-network physician referrals, patient engagement, and resources to support population health management. This is where the EHE value is realized – in its rigorous post-exam care program. EHE is the only preventive healthcare program available nationally. Its clinically based educational and social engagement platforms are the preferred choice among America's leading employers. EHE provides each client with free, HIPAA-compliant access to the health outcomes data it collects. Through its independent research advisory board, EHE provides analytical benchmark data that helps employers gauge the overall health status and culture of their organizations.

# Living Longer and Healthier Lives

An Interview with  
Shaun Francis, Chief Executive Officer, EHE

**When the opportunity to lead EHE presented itself, what interested you in it and made you feel it was the right fit?**

I've known EHE for decades and fortunately had a long experience interacting with them on a positive level. There is a great tradition and history at EHE that has been around for 104 years and continues today. Real luminaries founded the company, and EHE has a long track record of success.

On the other hand, EHE seems more like a start-up. We are a big secret in some ways. Several of our clients might not know or understand the brand well enough because we're consumed through an employer benefit plan. This made me realize that there's a considerable amount of opportunity for growth.

I wanted to join EHE at a pivotal time in the company's history and attempt to take it to the next level where we can revamp our brand to have more of a retail following. This will, in turn, make us more visible among our clients, help them have a better understanding about who we are and what we do, and become more engaged and excited to come to our centers. This revitalization will also help to expand our footprint through our own clinics naturally, as well as allow us to add supplemental programming to positively guide people toward a healthier, happier, and longer life. There is a lot in the toolkit we're

doing, and we will continue to improve with the confluence of new technologies entering the healthcare space.

**Is the proper dialogue taking place with regard to prevention and wellness?**

People know they could be living healthier; however, they may not know how to become healthier. While there is general knowledge available, it's not personalized. Many people will not make changes until a doctor or another person with professional credibility tells them about their health status. I can't tell you the number of times we've had someone who was obese, didn't realize it, and was offended when told. They have a difficult time believing the results because the medical definition of obesity actually sets a low bar.

On one hand, it can be frightening and, on the other, a wake-up call. Aging people often think they are the same person they were in their 20s. It almost takes an intervention from us to provide that wake-up call. We want to give all the education we can to patients and give them the tools to make healthy lifestyle changes. We have programs that offer these options to help people live healthier and happier.

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process of healthy eating. We look to educate the population and provide the medical credibility needed to become a trusted brand and advisor in that space.

Good nutrition is only one factor of a healthy lifestyle. Daily exercise and adequate sleep are the foundations for continuing good health. According to the Physical Activity Council, 27 percent of U.S. residents were inactive in 2016; that's equivalent to 81 million people who did not participate in any physical activity. We need to solve how to get more people moving – cardio correlates to length of life and strength training offers quality of life. To ski when one is 85 years old is about the strength training they've done throughout their life, and the fact that they are able to engage in that type of activity is a result of consistent cardio. Diabetes is increasingly prevalent in our country, especially Type 2 and, at EHE, we have the toolkit to help people better understand how to control their weight before it gets worse.

There is also the mental side of the issue. Our brains want to seek enjoyable activities, and many people don't think of exercise as one of them. However, even if we think of working out as exciting, we just choose not to do so. On the mental side, we need to provide tactics to evolve behavior so one can look forward to eating well and moving.

**Is this looked at as an expense or do clients understand the value this provides over the long run?**

Yes, it's an expense, but it's also an investment. Health benefits are considered to be one of the most valued benefits to employees. An employee's health affects more than just medical costs. According to Glassdoor's 2015 Employment Confidence Survey, about 60 percent of individuals reported that health benefits and perks are a major factor in considering whether or not to accept a job offer. That goes the same for those current employees they are trying to retain. The survey also found that 80 percent of employees would choose additional benefits over a pay raise.

With a healthy workforce comes a more productive workforce. By not implementing a preventative healthcare benefit into an

employee package, it can result in chronic diseases, sick days, and an increase in claims and insurance premiums, eventually costing the company more money. We must look at our company's long-term success and that includes our go-getting, hardworking employees. However, the emphasis is on long term, and most companies, especially public ones, are all about the short term, which means those companies might view preventive medicine as optional. Prevention is the last thing people invest in because it's perceived to be elective. Putting a gym in the office or sending an employee for a four-hour exam is still seen as a luxury, though it shouldn't be. Employers need to invest in the health of their employees; after all, morale and productivity are closely tied to happiness, and letting employees know they are valued through a preventative healthcare package is one of the best ways to do so. Knowing they have health benefits will help them stay happy and loyal, and work harder.

**From a broader healthcare perspective, is it daunting when it comes to addressing future challenges, and are you optimistic innovation will help address these challenges?**

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When it comes to a broader healthcare play, there are three major challenges: the unhealthy aging population, those without healthcare coverage, and the impact of new technologies.

The country is going to provide healthcare to as many people as it possibly can and, ideally, everybody. That decision has been made. The real question is, how can it be done more effectively and efficiently without all the chaos and unreliability. This is a struggle almost all countries are facing and are continually looking for new ways to improve it.

Secondly, as the unhealthy aging population increases, so do healthcare costs. There are certain health conditions such as cancer, dementia, obesity, falls, and diabetes that are expected to challenge our healthcare system. According to the Office of Disease Prevention and Health Promotion, more than 60 percent of Baby Boomers will be managing more than one chronic disease by 2030. Managing these conditions, along with a patient's level of disability, will raise the financial demands on our healthcare system.

Lastly, there are no productivity gains in healthcare. Current medical technologies can help us live longer, but aren't necessarily buying us decades, just years or only a few months. Technological innovation is a major source of increase in real per capita medical spending in the United States. Innovations can reduce spending, but most do not. Medical innovation is steered towards drugs, diagnostics, and vaccines that provide the biggest commercial rewards and not the greatest therapeutic benefits. We may find a new technology that can identify cancer, but this will only lead to more individuals being treated for cancer. They might then live longer, but invariably get another disease. It costs money, and there isn't a good answer to who pays as no one personally wants to pay.

However, from a consumer perspective, new technologies and more healthcare coverage will be life changing. From our business perspective, we are not trying to fix the issues with healthcare. We are striving to provide the tools for people to live a healthier, longer life – which we will – and we are going to build more of those tools over the decades. ●