



Agenda

- I. Healthy People 2020 & Health-Related Quality of Life (HRQOL) & Well-Being (WB)
 - Carter Blakey, Office of Disease Prevention and Health Promotion, HHS

- II. Relevance of HRQOL & WB to Improving the Health of the Nation
 - Ron Manderscheid, National Association of County Behavioral Health and Developmental Disability Directors



Agenda

III. Healthy People 2020's HRQOL & WB Topic Area and its Implementation

- Rosemarie Kobau, Centers for Disease Control and Prevention, HHS

IV. Tracking HRQOL & WB in Communities for population health assessment

- MATCH County Rankings
 - Patrick Remington, University of Wisconsin at Madison
- Oregon Community Care Organization
 - Kevin Campbell, GOBI

V. Question & Answer Session

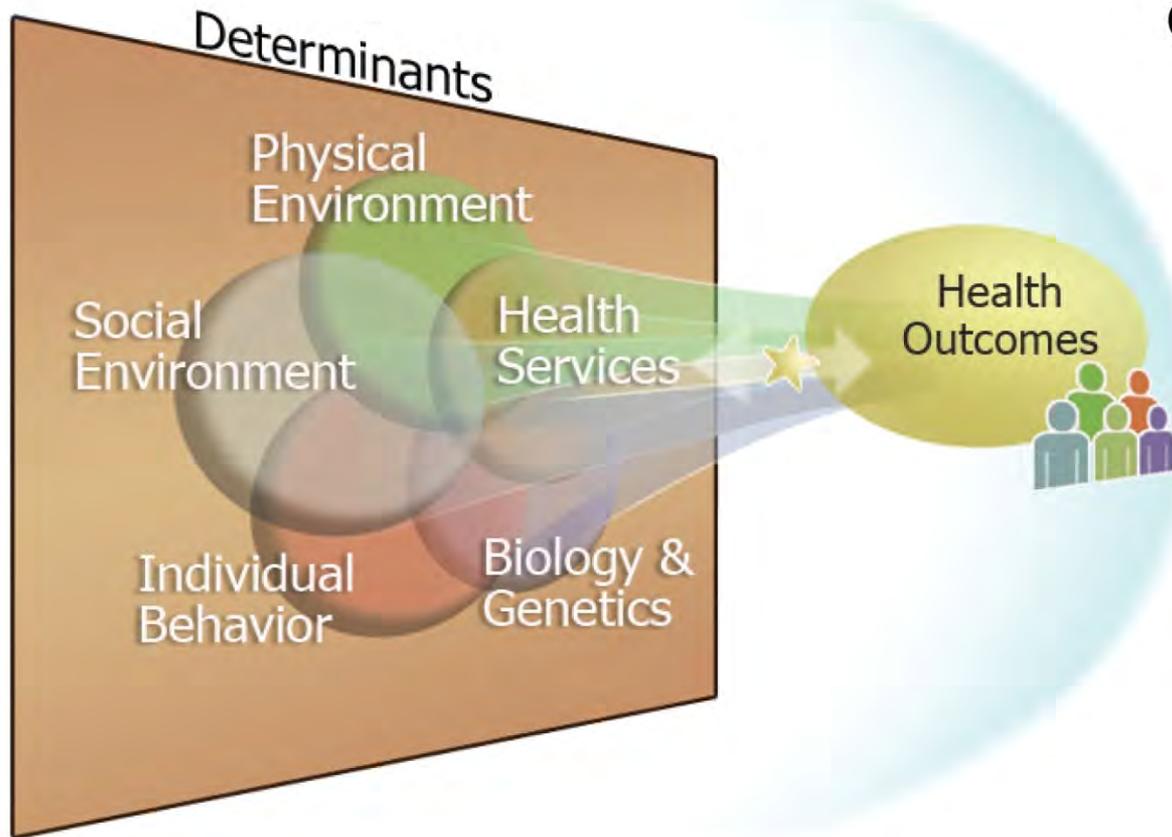


What Is Healthy People?

- Provides **science-based, 10-year national objectives** for improving the health of the Nation
- A **national agenda** that communicates a vision for improving health and achieving health equity
- Identifies **measurable objectives** with **targets** to be achieved by the year 2020
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action

Healthy People 2020

A society in which all people live long, healthy lives



Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.



Uses of Healthy People

- **Data tool** for measuring program performance
- Framework for **program planning and development**
- **Goal setting** and **agenda building**
- **Teaching** public health courses
- Benchmarks to **compare** State and local data
- Way to develop nontraditional **partnerships**
- **Model** for other countries



Healthy People Remains Relevant

HEALTHY PEOPLE
The Surgeon General's Report On
Health Promotion And Disease Prevention



1979



1990



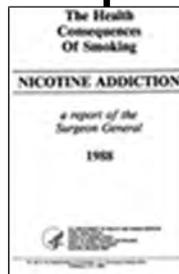
2000



2010



1979 Small Pox
Eradicated



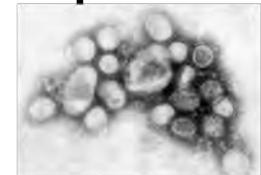
1988 SG
Declares
Nicotine
Addictive



1990
Human
Genome
Project
Begins



2000s Obesity
and Chronic Disease



2009 H1N1 Flu



1970 Clean
Air Act



1982 AIDS
is infectious



1990s Drinking
Water Fluoridation



September
11, 2001



2005 Hurricane
Katrina

Home

About Healthy People

2020 Topics & Objectives

Data

Learn

Implement

Get Involved

Leading Health Indicators

[Home](#) > 2020 Topics & Objectives

2020 Topics & Objectives – Objectives A-Z



Print



E-mail



Share



Healthy People 2020
Topics and Objectives

Topics A-Z

Objectives Search



NOW ONLINE
Search the Healthy People 2020 Data

Percent (age at)

Age Group	Percent (age at)
18-24	35
25-34	42
35-44	32
45-54	38
55-64	45
65-74	48
75+	38

Arthritis, Osteoporosis, and Chronic Back Conditions

B

Blood Disorders and Blood Safety *New*

C

Cancer

Chronic Kidney Disease

H

Health Communication and Health Information Technology

Healthcare-Associated Infections

Health-Related Quality of Life and Well-Being *New*

Hearing and Other Sensory or Communication Disorders

Heart Disease and Stroke

O

Occupational Safety and Health

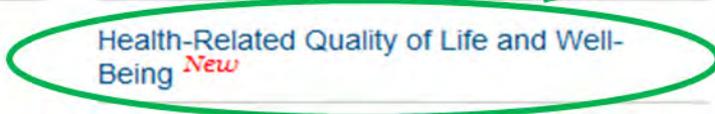
Older Adults *New*

Oral Health

P

Physical Activity

Preparedness *New*





Significance of HRQOL and Well-Being

- At the launch of Healthy People 2020, 4 cross-cutting measurement areas were identified as Foundational:
 - General Health Status
 - Health-Related Quality of Life (HRQOL) & Well-Being (WB)
 - Determinants of Health
 - Disparities
- Evolution → 2 new HP2020 Topic Areas created to define key national objectives in two of these areas: HRQOL & WB and Social Determinants of Health (SDOH)



Pivotal Role of HP2020

- **HP2020** is playing a significant *role* in fostering the *shift* from *disease to health*
- The framework for HP2020 addresses:
 - Social and Physical Health Determinants
 - Community and Clinical Health Promotion and Disease Prevention
 - Lifestyle and Health Behavior Change
 - Health Disparities and Equity
- Each area relates to lifecycle stage



Essential Background

- Well-being and HRQOL are integral to:
 - Current transformation underway in American healthcare
 - Our Health First Era in which good health has become a personal goal



Why Well-being and HRQOL?

- Well-being and HRQOL are essential health ***processes***, and they are essential ***measures***
- They are “***foundational***” because they reflect the dramatic shift in American healthcare from a focus only on ***disease*** and its treatment to a new focus on ***health***, disease ***prevention***, and health ***promotion***
- We simply cannot overstate the importance of this transition to our Health First Era



Example: Role of HP2020 in Reducing Disparities

- The HP2020 framework can identify and address ***disparities*** in ***health and health care***
- ***Disparities*** are ***avoidable*** differences in health and health care in which those who are less advantaged fare worse
- ***Equity*** represents an effort to reduce one or more disparities
- HRQOL and WB are excellent measures of disparities and can be used to track our efforts to promote equity



What is Health?

- The 1948 Preamble to the Constitution of the World Health Organization states:

Health is a state of complete *physical, mental and social well-being* and not merely the absence of disease or infirmity

- Measures of HRQOL and WB reflect the essence of what constitutes good health



HRQOL and Well-Being are *Personal Assessments of Health*

- HRQOL and WB reflect ***what one thinks*** of ***one's own health***—physical, mental, social
- They also reflect how one's health actually influences ***what one thinks*** about ***one's participation*** in the family, school or workplace, and the community



The Affordable Care Act

- The ***Affordable Care Act (ACA)*** of 2010 is designed to improve ***health insurance coverage***, the quality of ***health care***, and ***population health***
- ***Measures of population health and health care outcomes*** are essential to the success of the ACA
- HRQOL and WB are excellent measurement tools for these ACA efforts



Key ACA Prevention Measures

- One of the 10 ACA *Essential Health Benefits* for insurance is a **mandatory benefit for disease prevention and health promotion**
- Measures of HRQOL and WB are **key barometers of personal and social health**
- HRQOL and WB are excellent measures for assessing the progress made in maintaining and promoting good health under the prevention and promotion benefit



Key ACA Outcome Measures

- The ACA seeks to develop healthcare systems that are **person-centered**, in which the client is the “*true north*” of care
- The **client’s viewpoint is paramount** for assessing care outcomes
- HRQOL and WB reflect the client’s point of view and are excellent measures of care outcomes for the ACA



The National Prevention Strategy (NPS)

- With its focus on health determinants, disease prevention, and health promotion, **HP2020** was a **primary stimulus** in the development of a **National Prevention Strategy** in 2011
- A majority of the **objectives** and **measures** that are part of the National Prevention Strategy **come directly from HP2020**



Key NPS Measures

- ***National Prevention Strategy*** represents the first effort to coordinate all disease prevention and health promotion efforts across HHS
- These ***efforts will require evaluation*** to determine their effectiveness
- HRQOL and WB are excellent measures for these comparative assessments



Key Points

- HRQOL and WB ***reflect our tectonic shift*** toward health and away from an exclusive focus on disease
- They are ***essential measures*** for HP2020, the Affordable Care Act (ACA) and the National Prevention Strategy (NPS)
- They are useful for ***identifying issues in health and health care*** for counties and communities and for ***driving action*** for positive outcomes



Contact Information

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Division of Population Health Epilepsy Program Centers for Disease Control and Prevention





Goals

- Overview of Health Related Quality of Life & Well-Being (HRQOL & WB) Workgroup
- Review different measurement approaches approved for HRQOL & WB topic area



Overview of Healthy People 2020 HRQOL & WB Workgroup

- Topic approved by HP2020 Federal Interagency Workgroup, Winter, 2010
- Extends morbidity, mortality, chronic disease status measures to quality of physical, mental and social domains of life
- Multi-dimensional concepts
 - Multidisciplinary perspectives & measurement considerations (e.g., Functional status vs. Perception vs. Preferences, Assets vs. Deficits)



Overview of Healthy People 2020 HRQOL & WB Workgroup

- Workgroup defined 3 complementary measurement approaches:
 - i. Self-rated Physical and Mental Health
 - ii. Well-Being
 - iii. Participation in Society
- 3 measurement approaches developed from literature review, public comments, and open discussions
 - Subcommittee for each approach



3 Measurement Approaches

I. Self-Rated Physical and Mental Health

- Measures physical and mental health symptoms, including functioning and general health perceptions
- Generally deficit-based



3 Measurement Approaches

II. Well-Being

- Measures the positive evaluations of people's daily lives—when they feel very healthy and satisfied or content with life, quality of their relationships, positive emotions, realization of potential
- Presence of positive affect, absence of negative affect and life satisfaction
- Generally asset-based



3 Measurement Approaches

III. Participation

- Measures individuals' perceptions of the impact of their health and functional status on their participation in society
- Participation includes education, employment, civic, social and leisure activities
- Assumption: Person with a functional impairment (e.g., vision loss, mobility difficulty) can live a long and productive life and enjoy a good quality of life



Self-Rated Physical and Mental Health Subcommittee

- **Measure:** NIH PROMIS Global Health Measure (10 item measure)
 - Assesses physical and mental health symptoms, including functioning and general health perceptions
 - Efficient assessment of health status with minimal respondent burden
 - 2 summary measures of physical and mental health



Self-Rated Physical and Mental Health Subcommittee

- **Healthy People 2020 Objectives:**
 - ✓ Increase the proportion of adults who report good or better physical health
 - ✓ Increase the proportion of adults who report good or better mental health
 - ✓ Approved for inclusion in HP2020 July 2013
- **Data Sources:** NHIS (2010), and other surveys TBD



PROMIS Physical Health Items NHIS 2010 Data (Adults 18 years+)

1. In general, how would you rate your physical health?

2. To what extent are you able to carry out your everyday physical activities such as walking, carrying groceries, moving a chair.....

3. How would you rate your fatigue on average?

4. How would you rate your pain on average on scale of 0 to 10?



PROMIS Mental Health Items NHIS 2010 Data (Adults 18 years +)

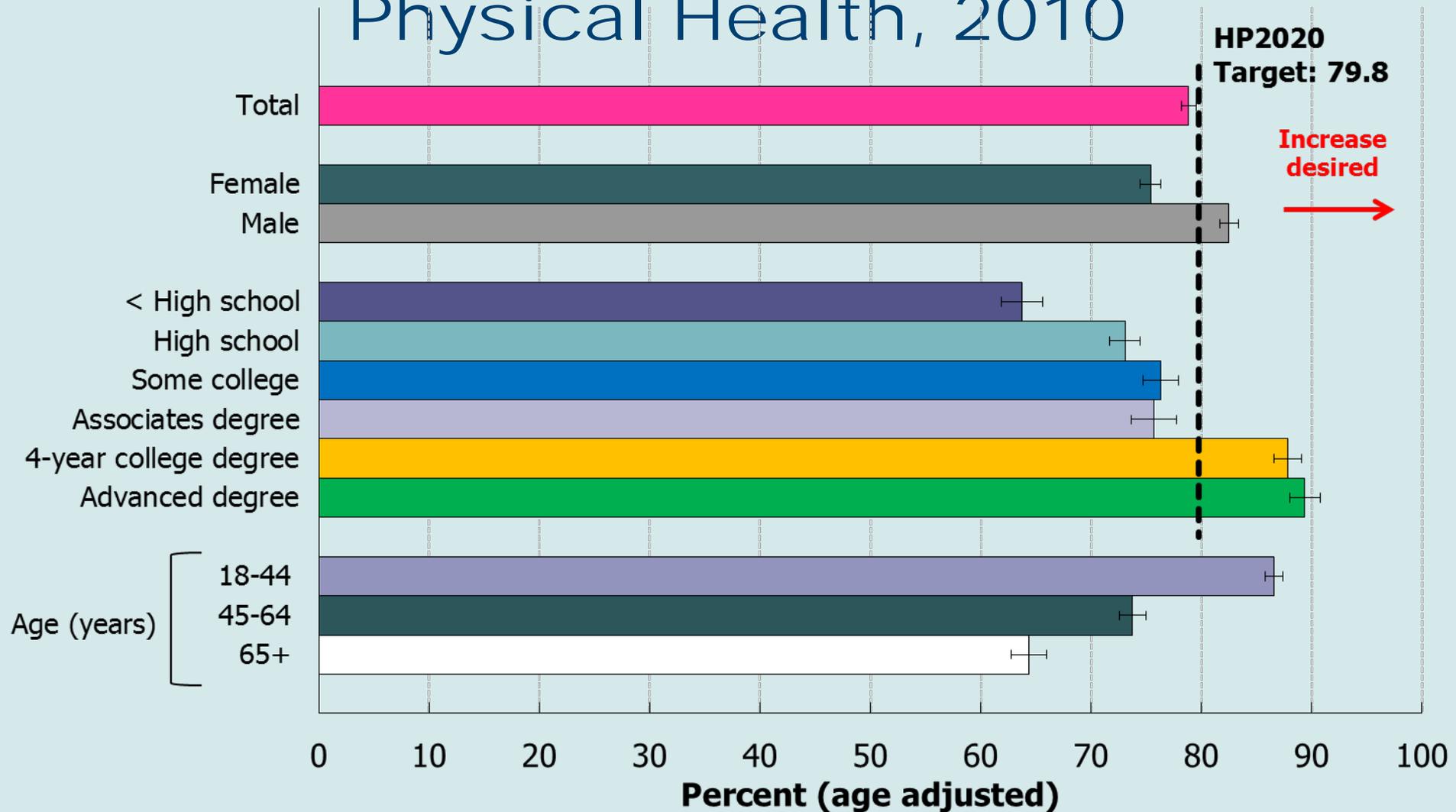
1. In general, would you say your quality of life is....

2. In general, how would you rate your mental health, including mood and ability to think?

3. In general, how would you rate your satisfaction with social activities / relationships?

4. How often have you been bothered by emotional problems?

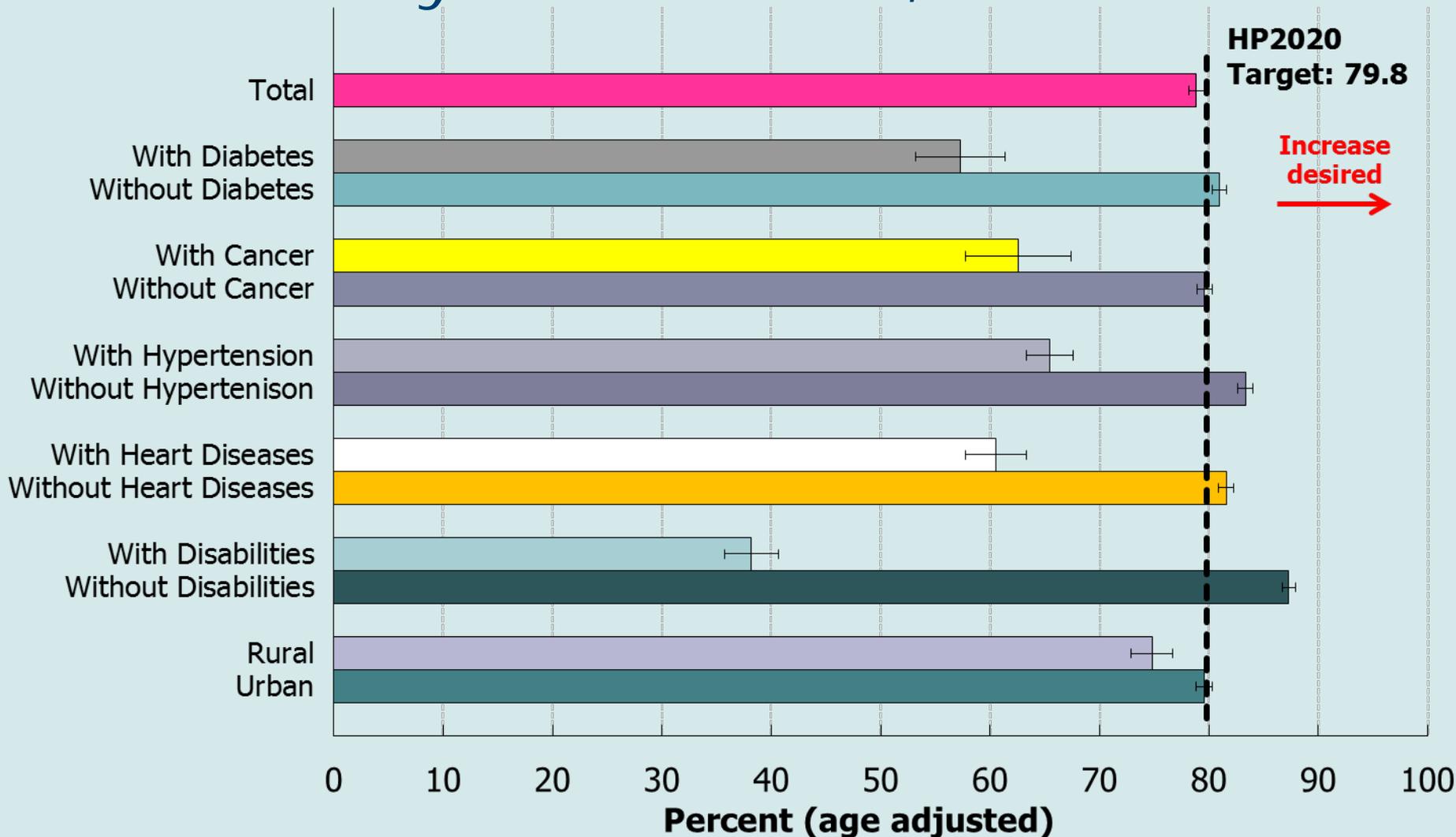
Adults who Report Good or Better Physical Health, 2010



NOTES: Data (except data by age group) are age adjusted to the 2000 standard population.
 SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. HRQOL/WB-1.1

Adults who Report Good or Better Physical Health, 2010



NOTES: Data (except data by age group) are age adjusted to the 2000 standard population.
 SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. HRQOL/WB-1.1

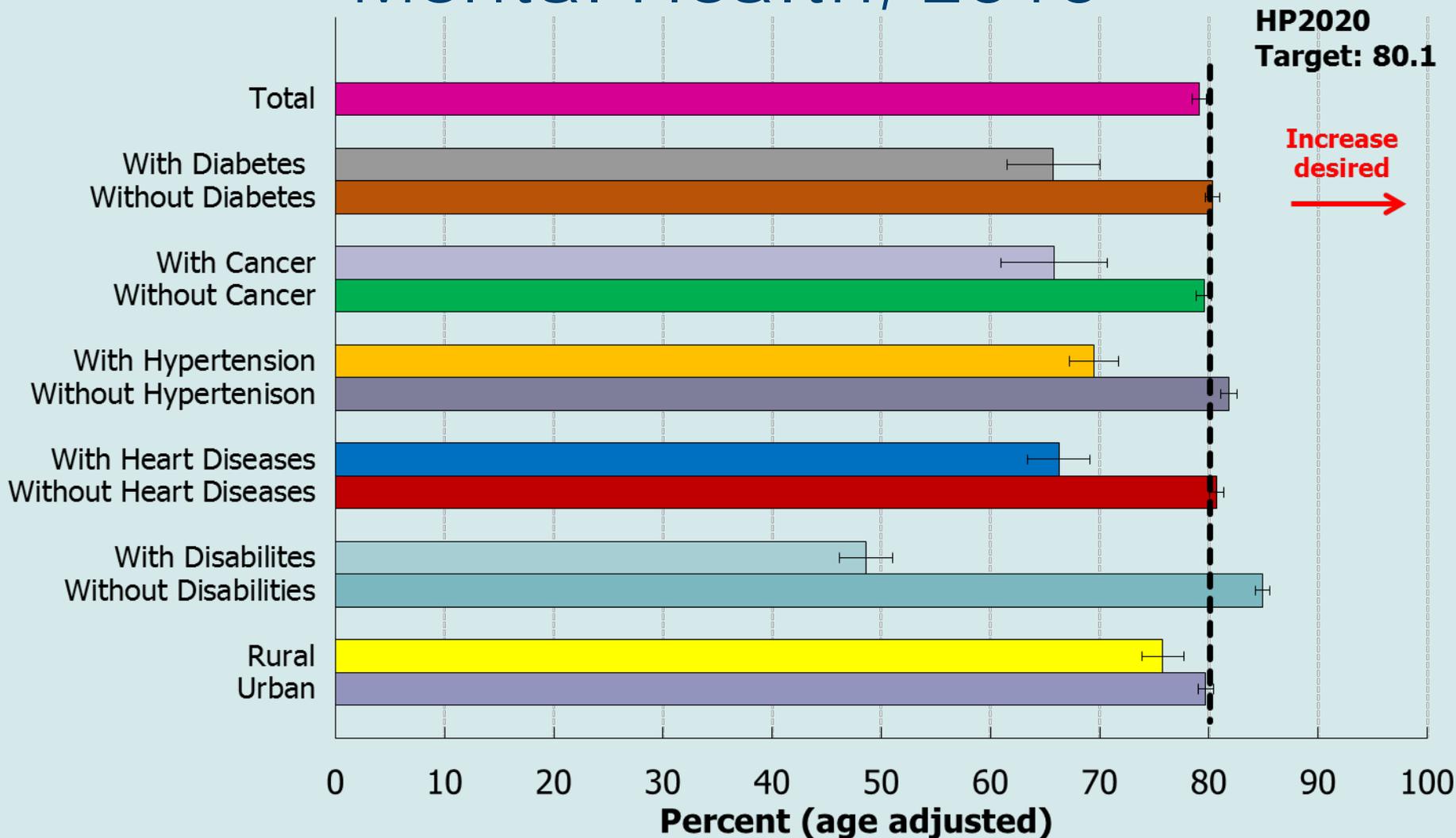
Adults who Report Good or Better Mental Health, 2010



NOTES: Data (except data by age group) are age adjusted to the 2000 standard population.
SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. HRQOL/WB-1.2

Adults who Report Good or Better Mental Health, 2010



NOTES: Data are age adjusted to the 2000 standard population.
SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. HRQOL/WB-1.2



Health-Related Quality of Life & Well-Being

New Topic Area

HRQOL/WB-1 Adults self-reporting good or better mental health (age adjusted, percent, ≥ 18 years)

HRQOL/WB-1.1 Increase the proportion of adults who self-report good or better physical health

HRQOL/WB-1.2 Increase the proportion of adults who self-report good or better mental health

Visit <http://www.healthypeople.gov/2020/topicsobjectives2020>



Next Steps for the 3 Subcommittees

- Continue to review the literature
- Consult with other subject matter experts outside of Subcommittees
- Analyze relevant data sources
- Identify evidence-based resource material



Opportunities for Partner Involvement

- Ensure strong data sources exist and continue to advance the field
- Provide feedback through the public comment process each Fall
- Use Healthy People 2020 measures as benchmarks for work at the state and local levels
- Implement evidence-based programs to improve HRQOL & WB in the population
- Access HP2020 tools and data online at healthypeople.gov

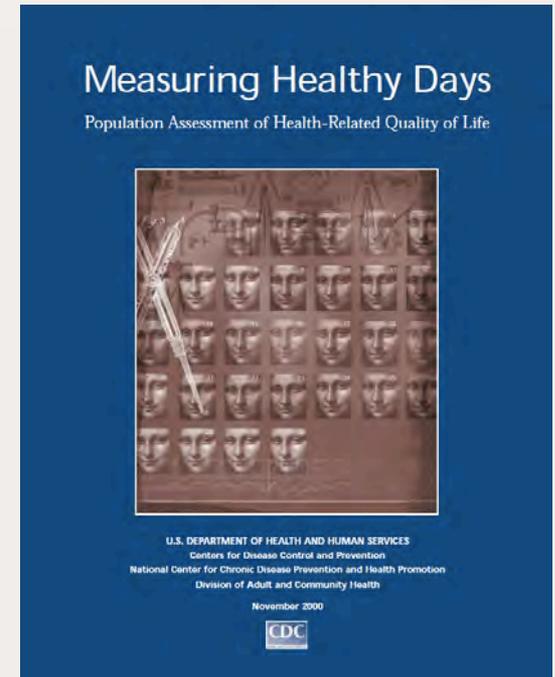
Health-Related Quality of Life and the County Health Rankings

Healthy People 2020 Spotlight on Health Webinar

September 25 , 2014

OVERVIEW OF TODAY'S TALK

- Describe variation in health-related quality of life in the U.S.
- Review the County Health Rankings model—visit: www.countyhealthrankings.org
- Discuss potential uses of health-related quality data in your own community

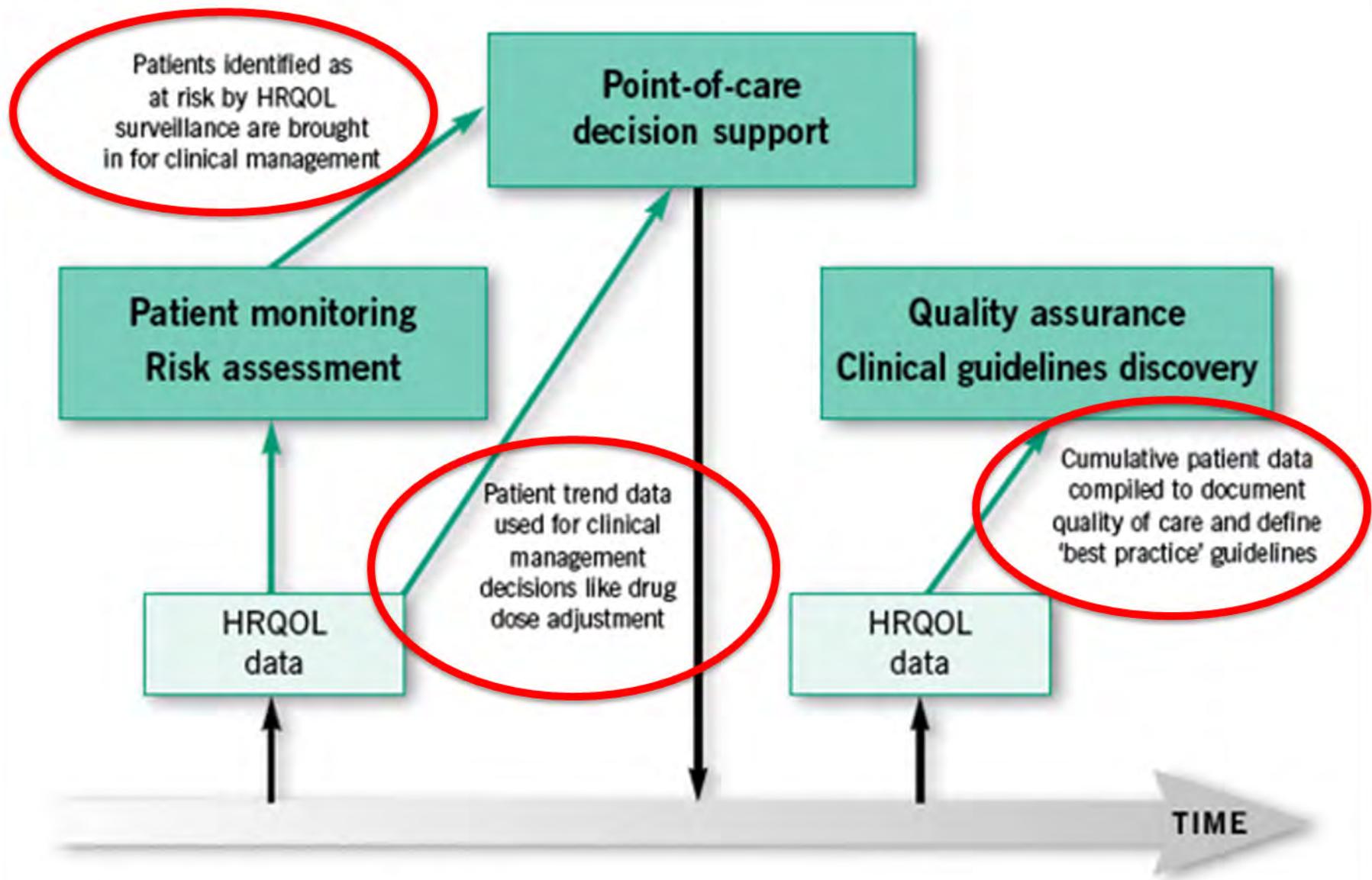


HOW DOES CDC MEASURE POPULATION HEALTH-RELATED QUALITY OF LIFE?

CDC uses a set of questions called the "Healthy Days Measures." These questions include the following:

- Would you say that in general your health is excellent, very good, good, fair or poor?
- Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?
- Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?
- During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

The County Health Rankings uses 3 of these 4 questions

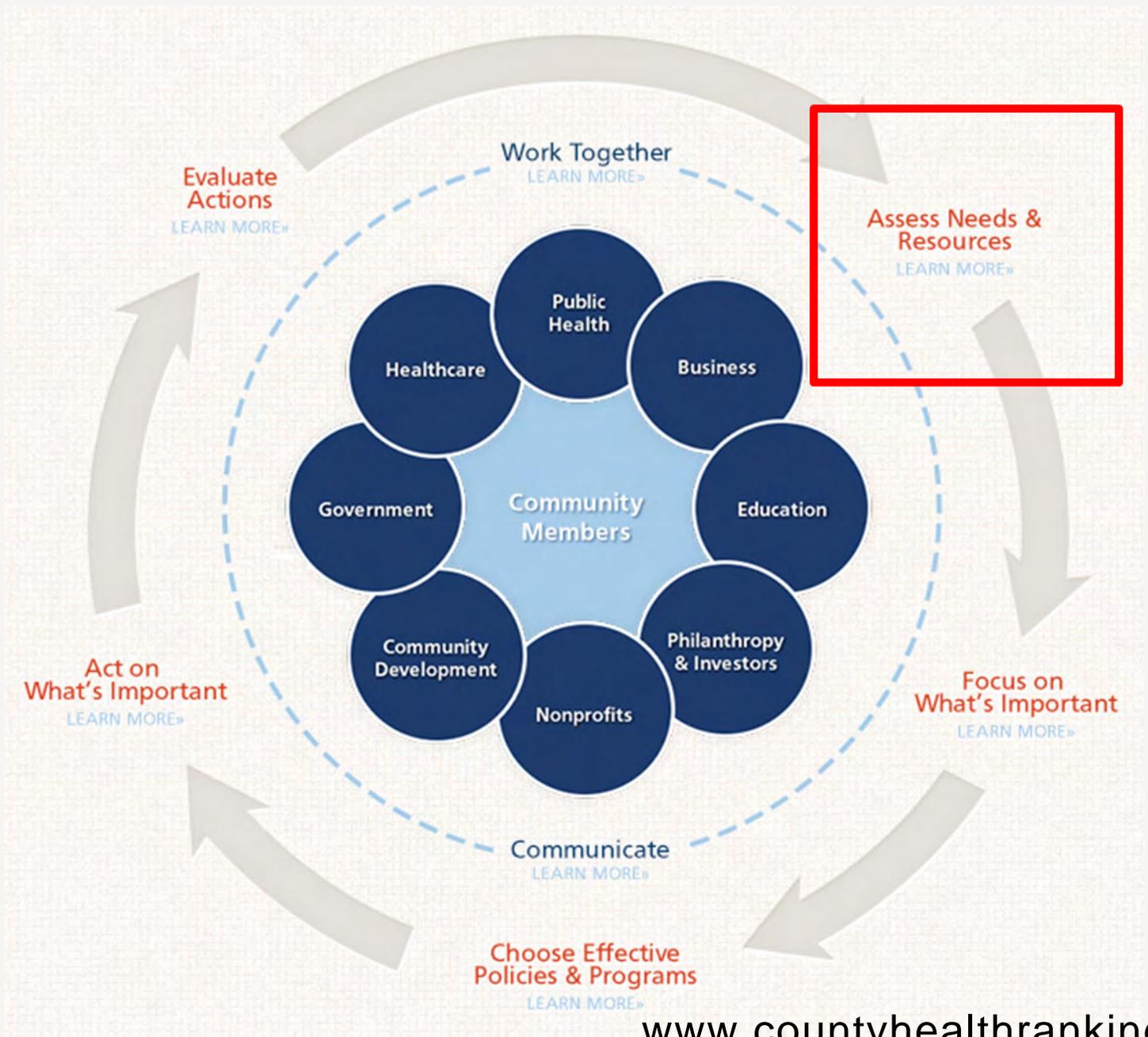


HRQOL = health-related quality of life

➔ = Data flow

➔ = Temporal links

Source: <http://myhealthoutcomes.com/pages/3002>



COUNTY HEALTH RANKINGS: 2 RANKINGS



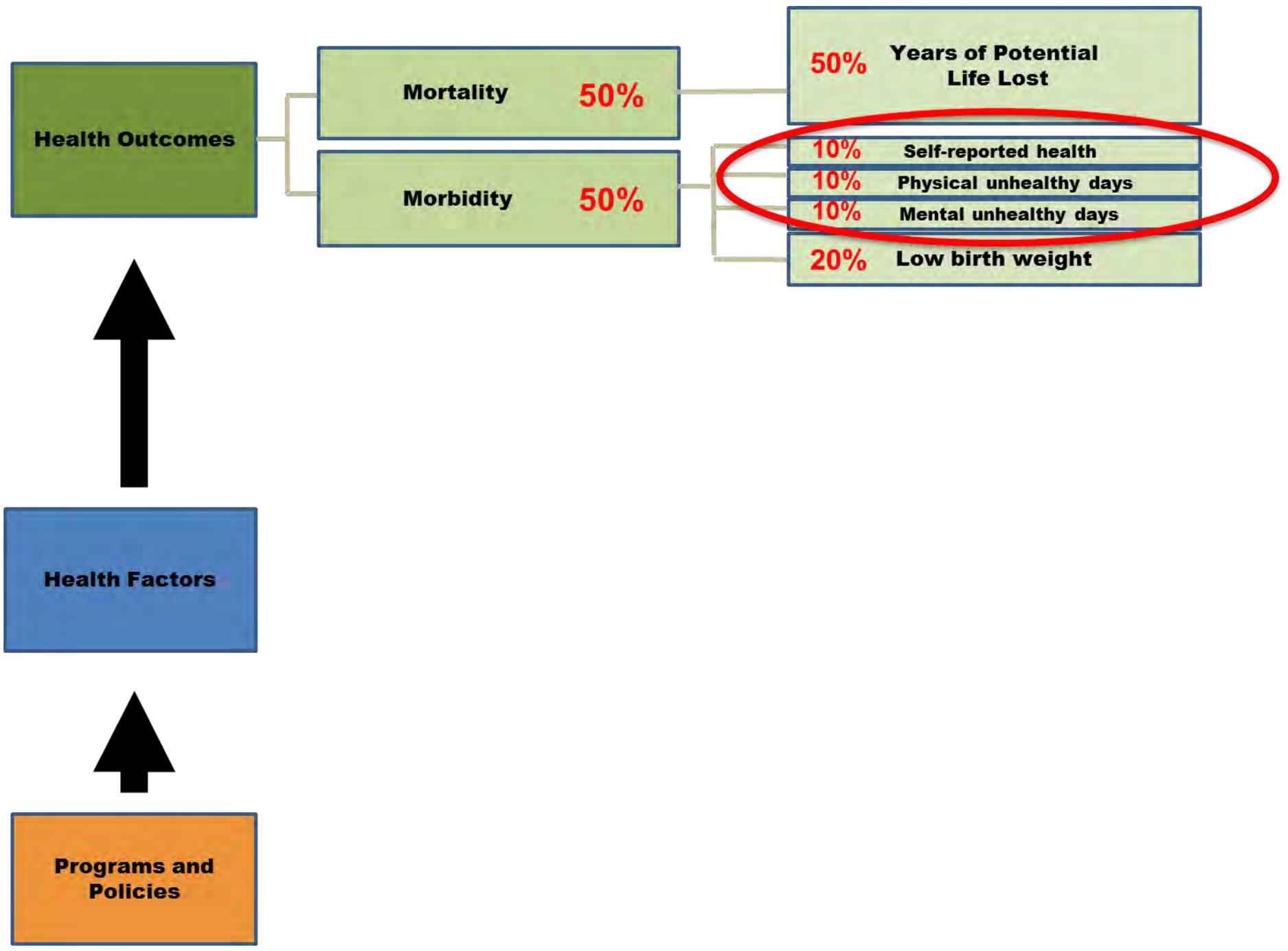
Health Outcomes



Health Factors



**Programs and
Policies**



Health Outcomes

Mortality 50%

Morbidity 50%

50% Years of Potential Life Lost

10% Self-reported health

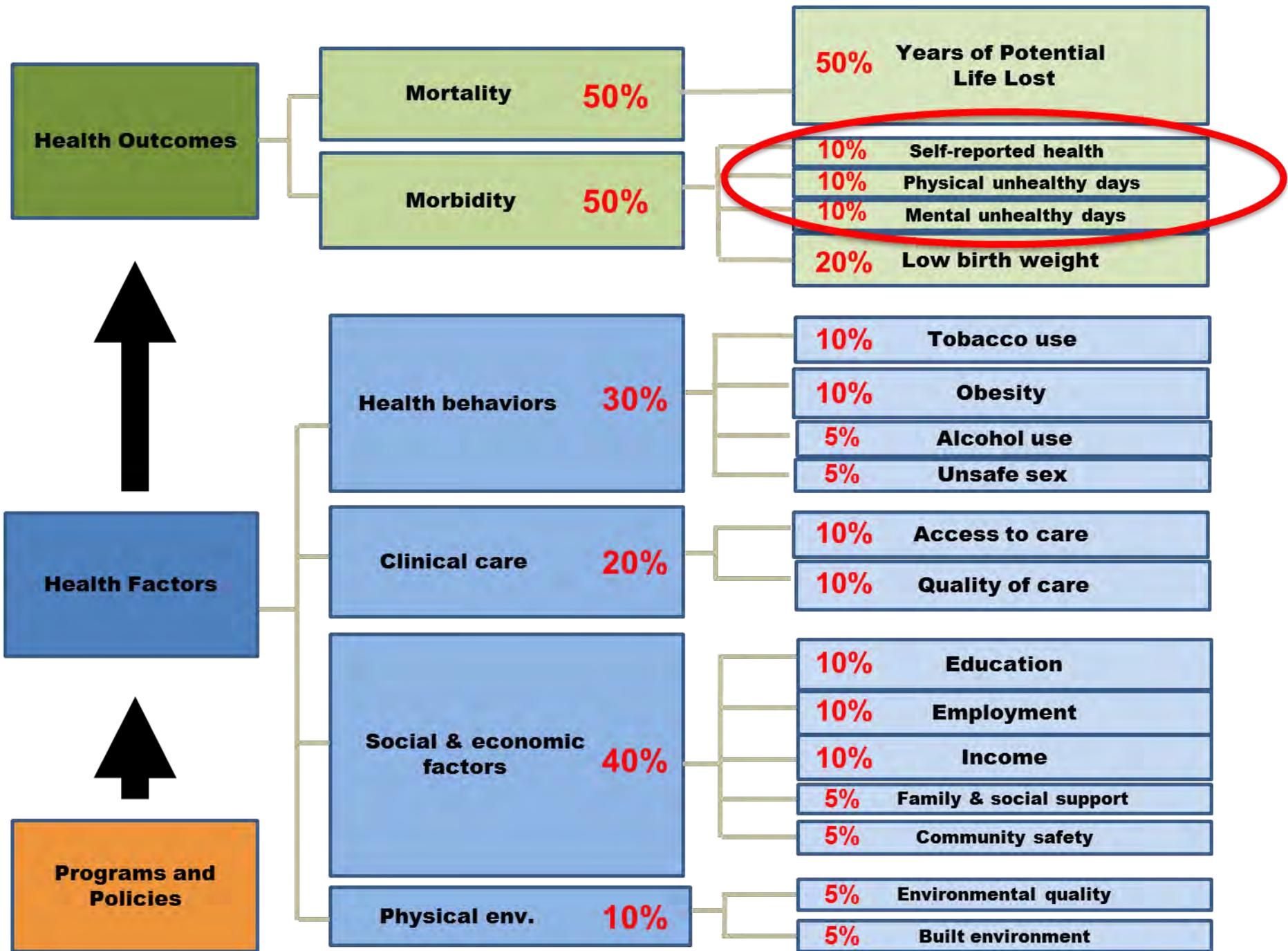
10% Physical unhealthy days

10% Mental unhealthy days

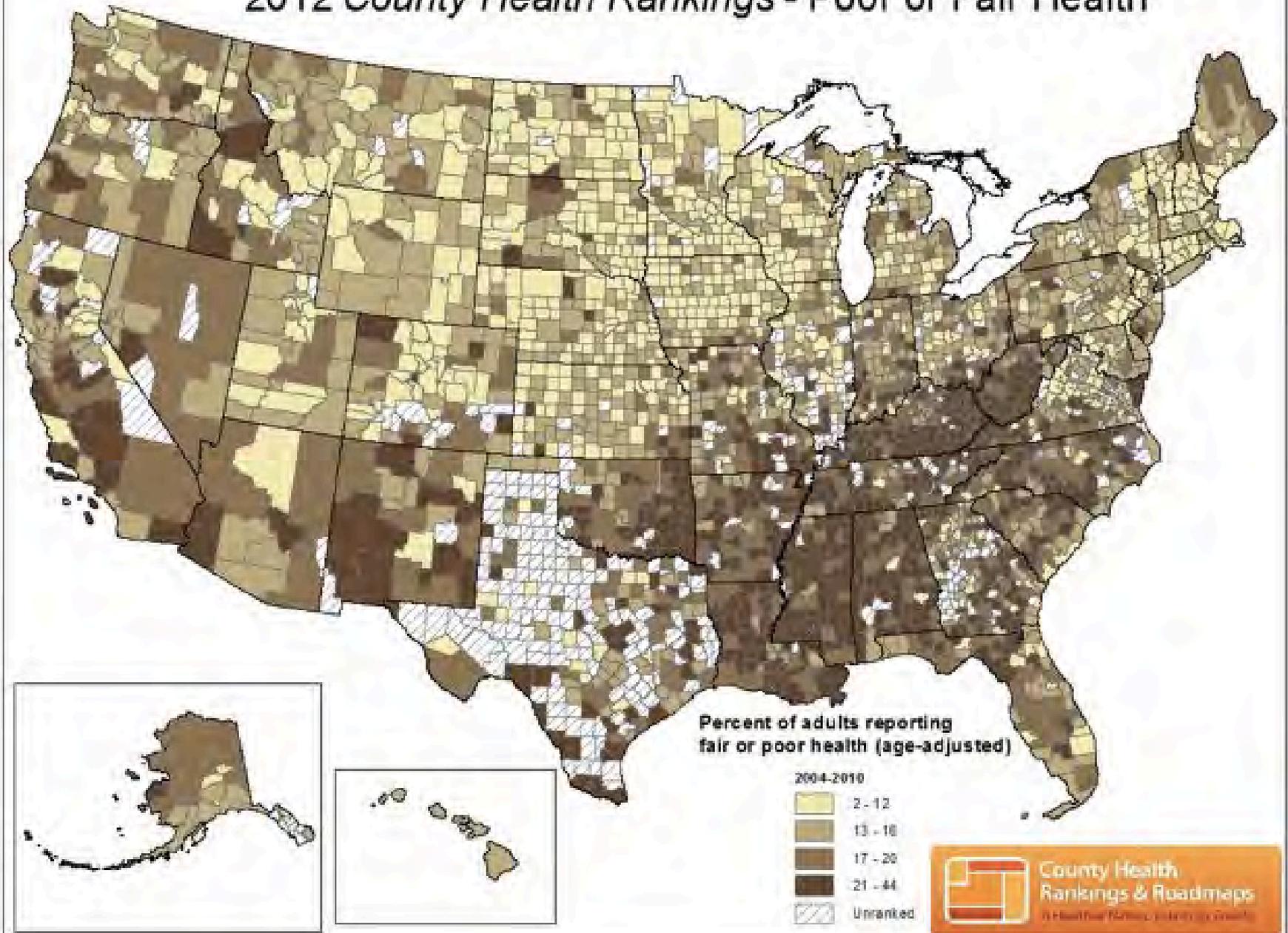
20% Low birth weight

Health Factors

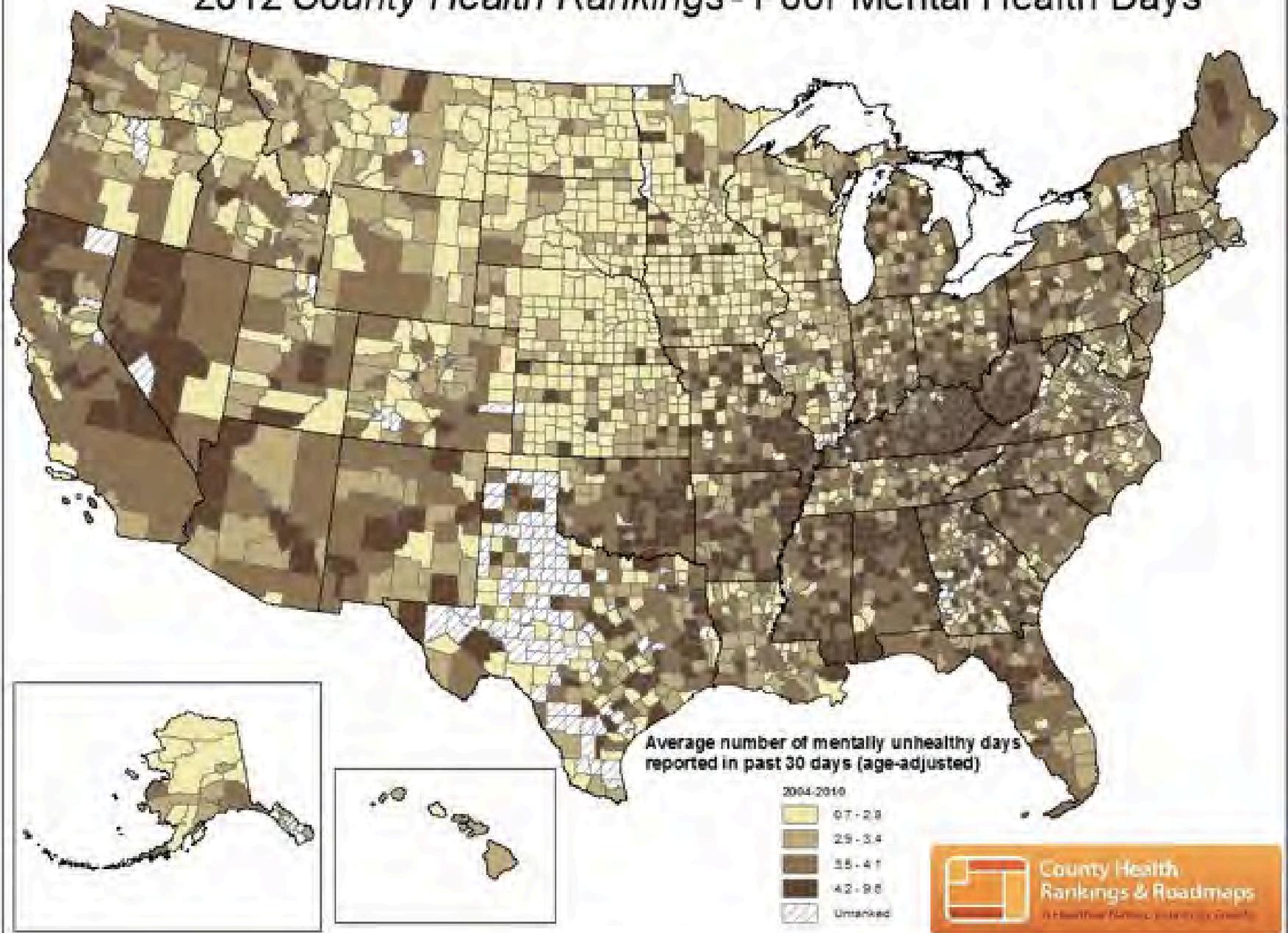
Programs and Policies



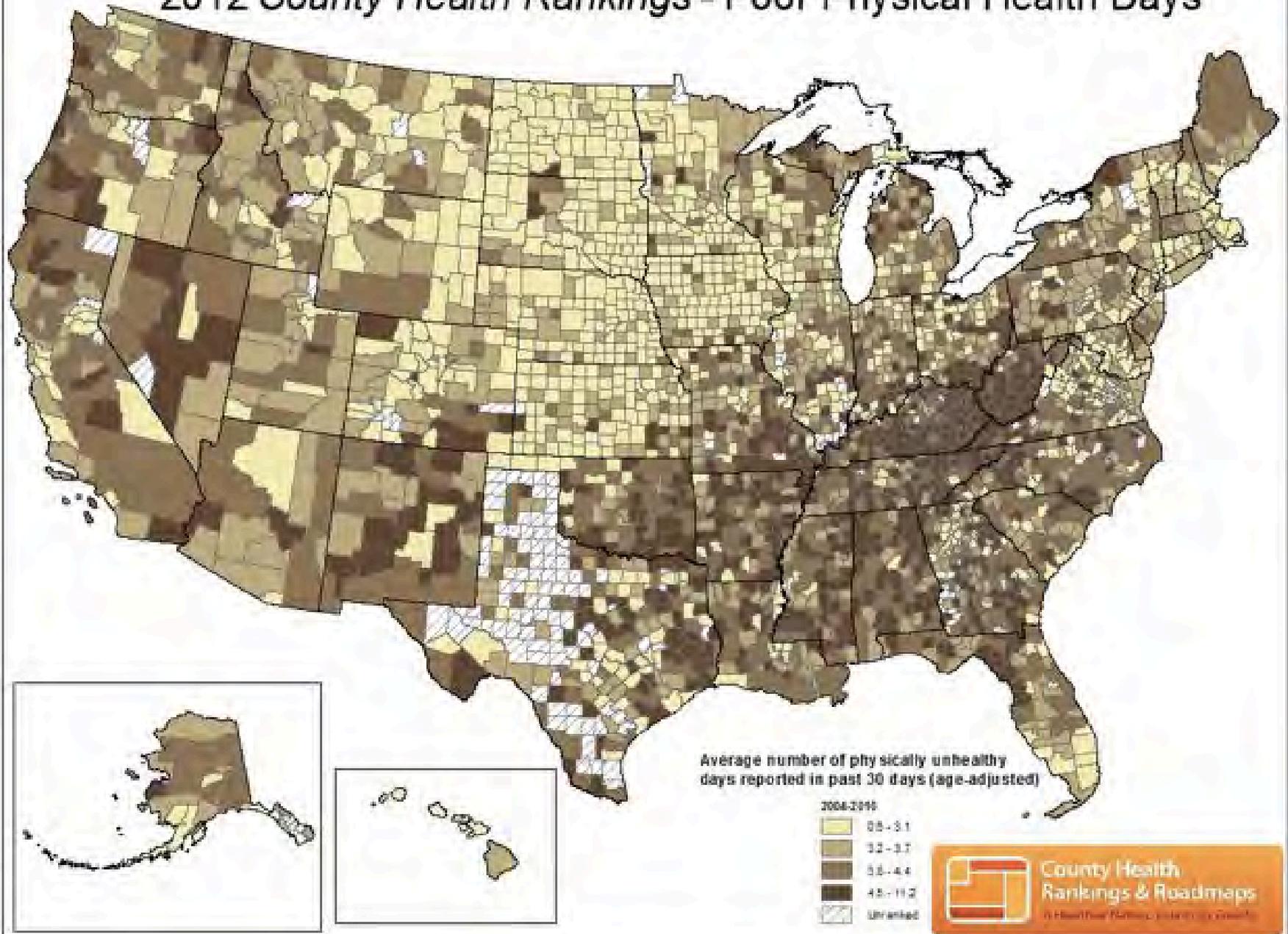
2012 County Health Rankings - Poor or Fair Health



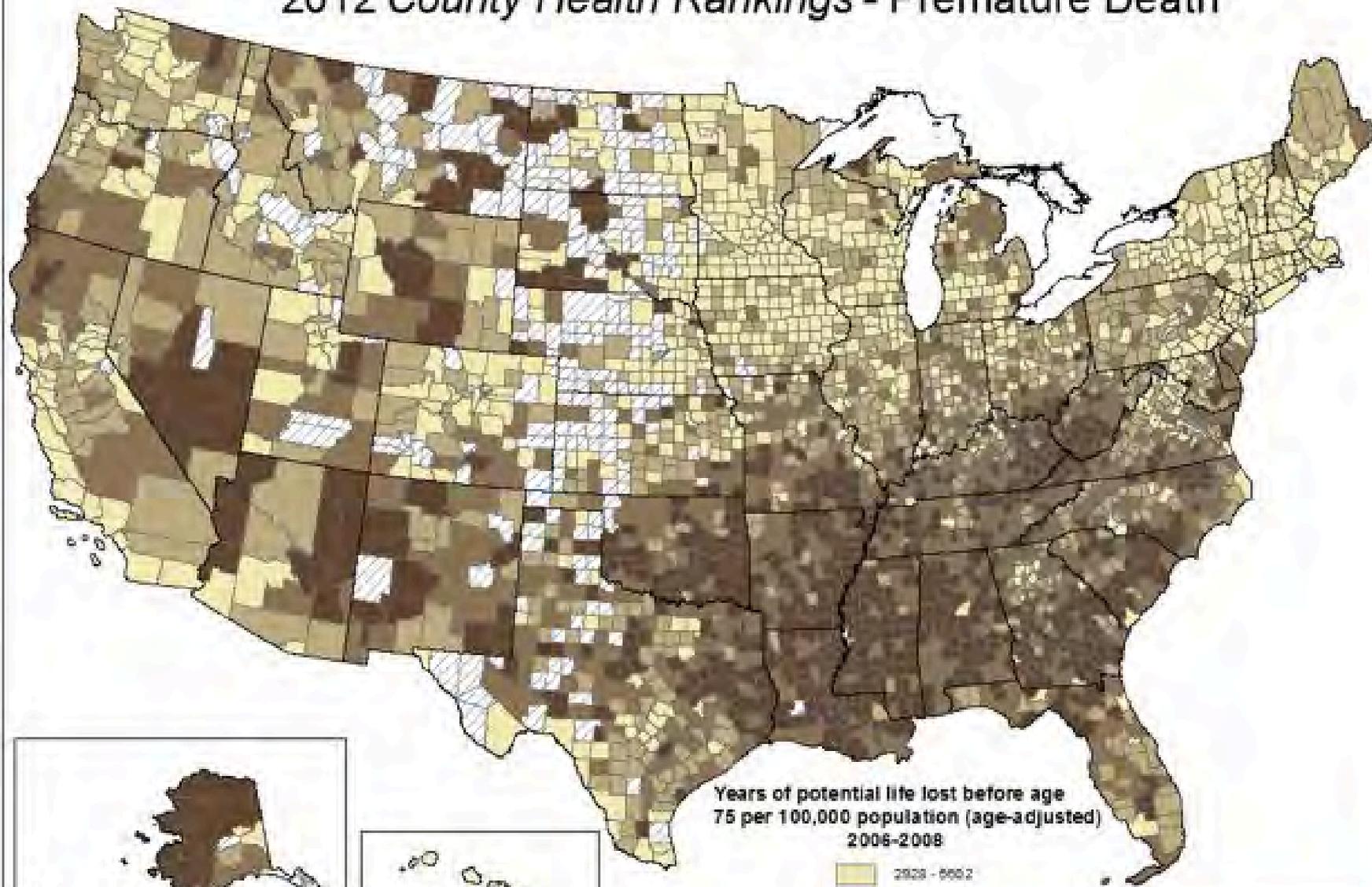
2012 County Health Rankings - Poor Mental Health Days



2012 County Health Rankings - Poor Physical Health Days

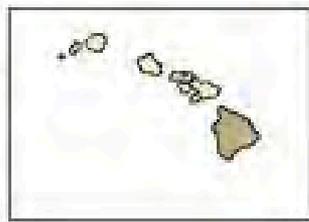
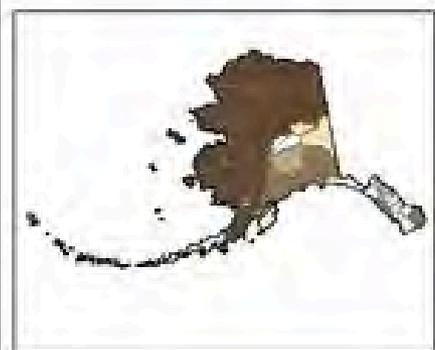


2012 County Health Rankings - Premature Death

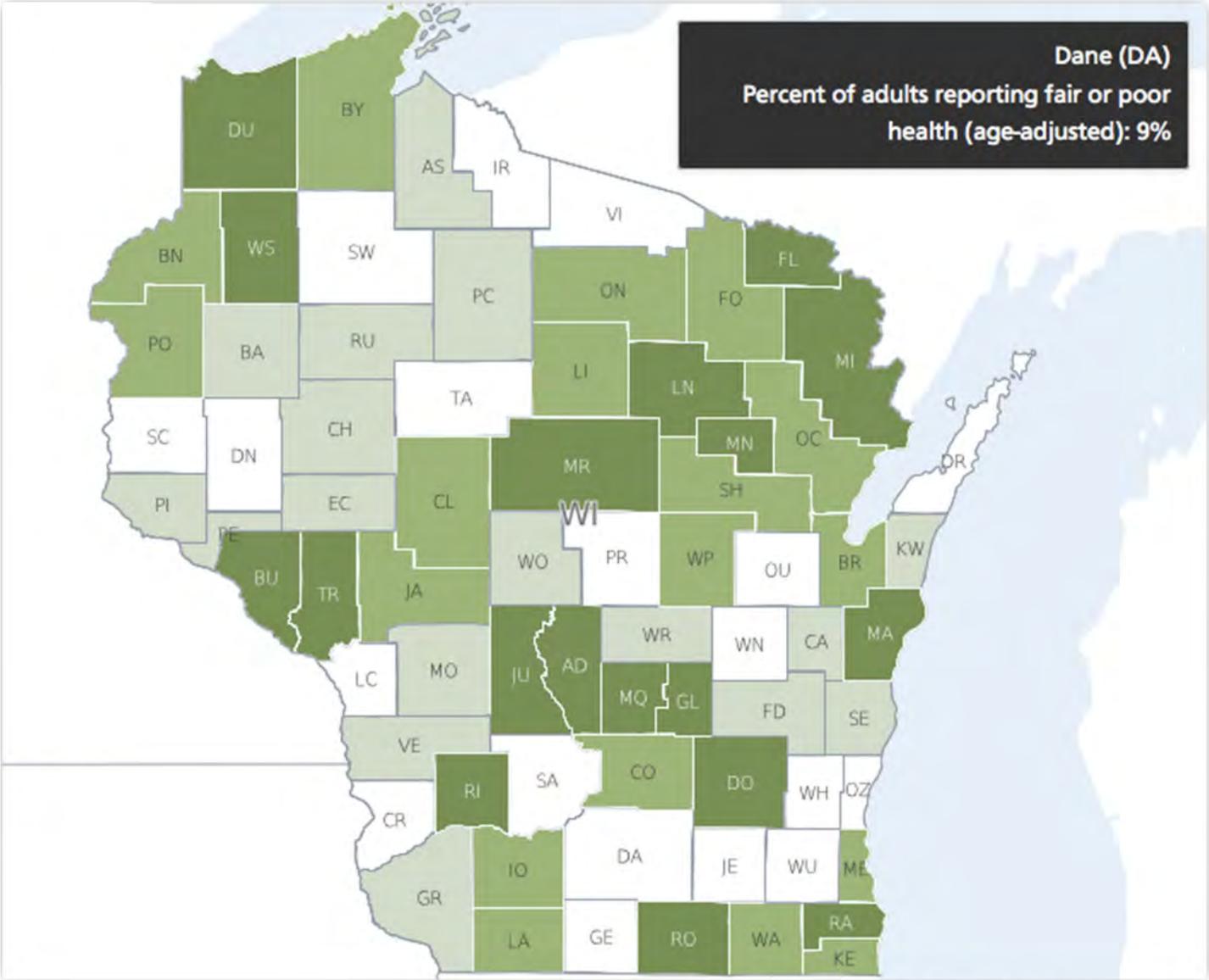


Years of potential life lost before age 75 per 100,000 population (age-adjusted)
2006-2008

- 2028 - 3002
- 3003 - 3502
- 3503 - 3841
- 3842 - 23992
- Unranked

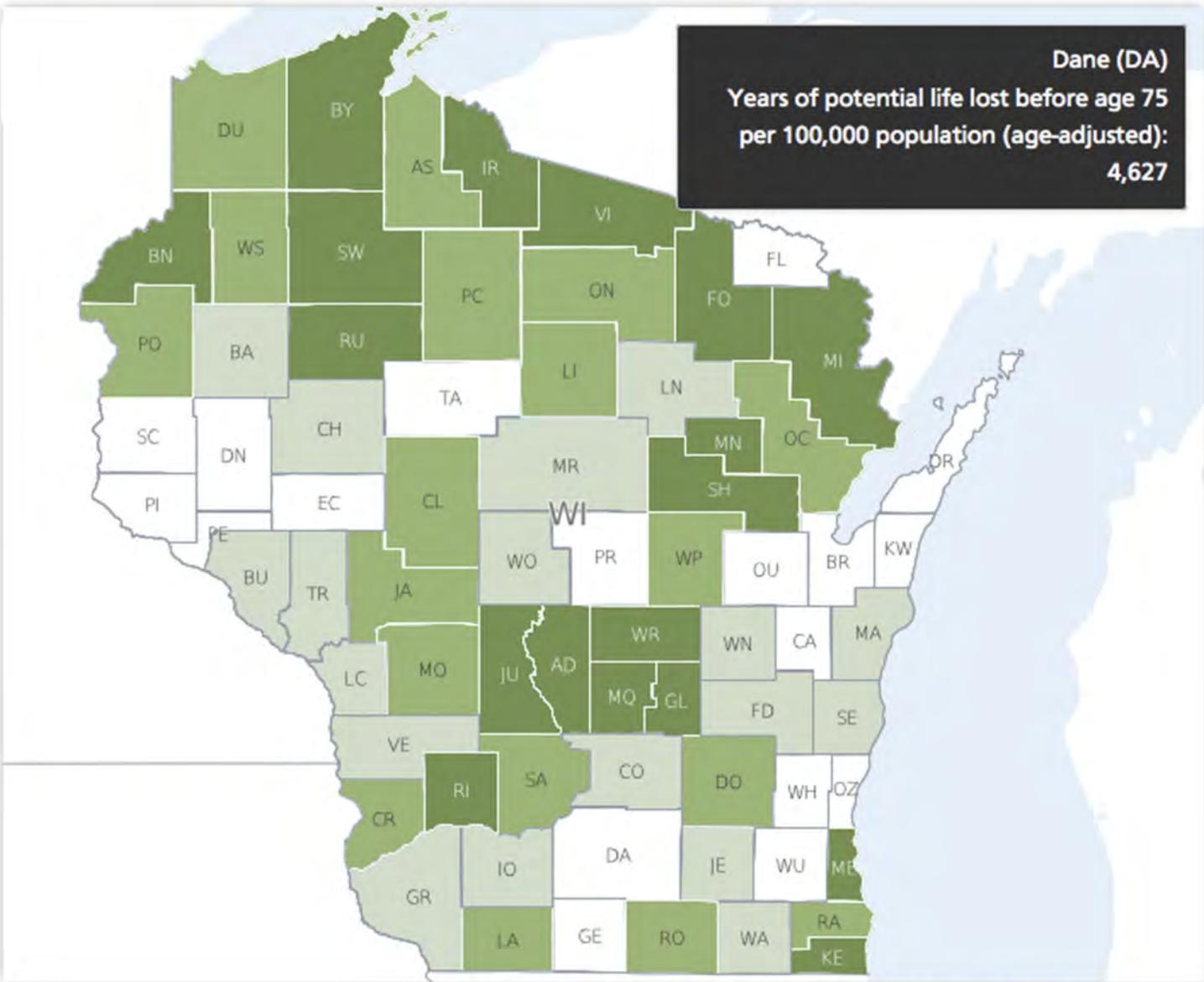


Poor or fair health

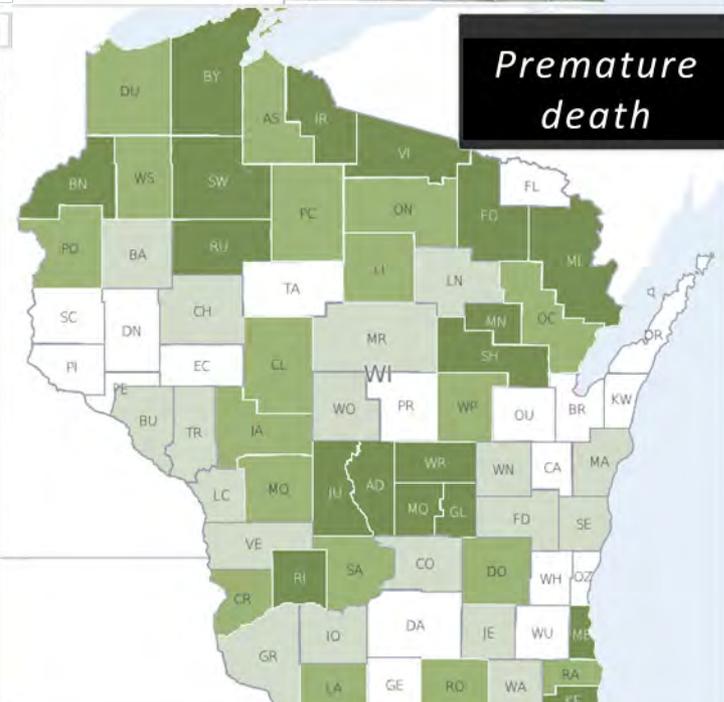
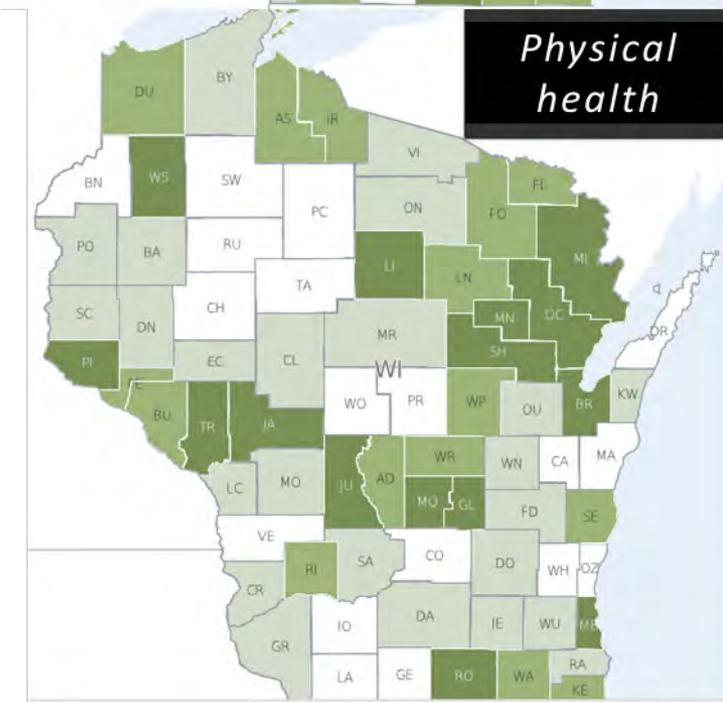
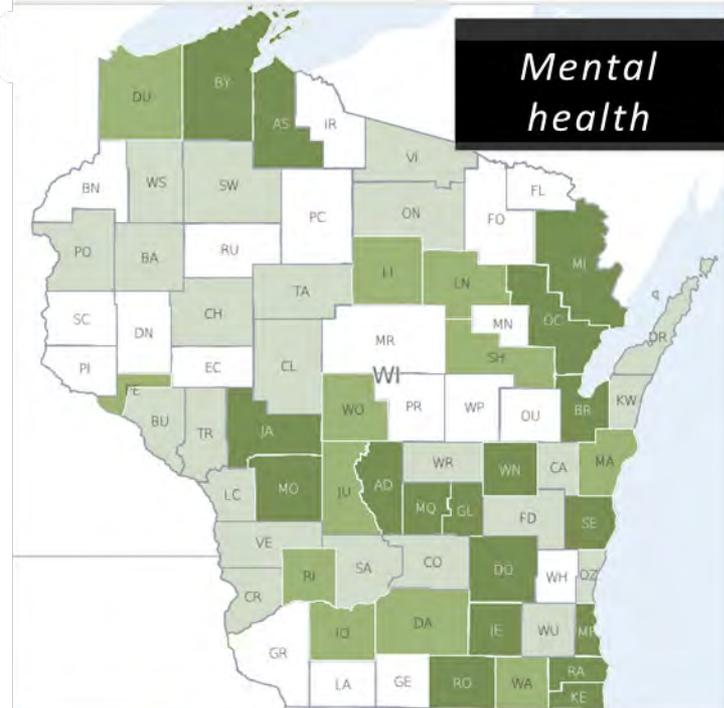
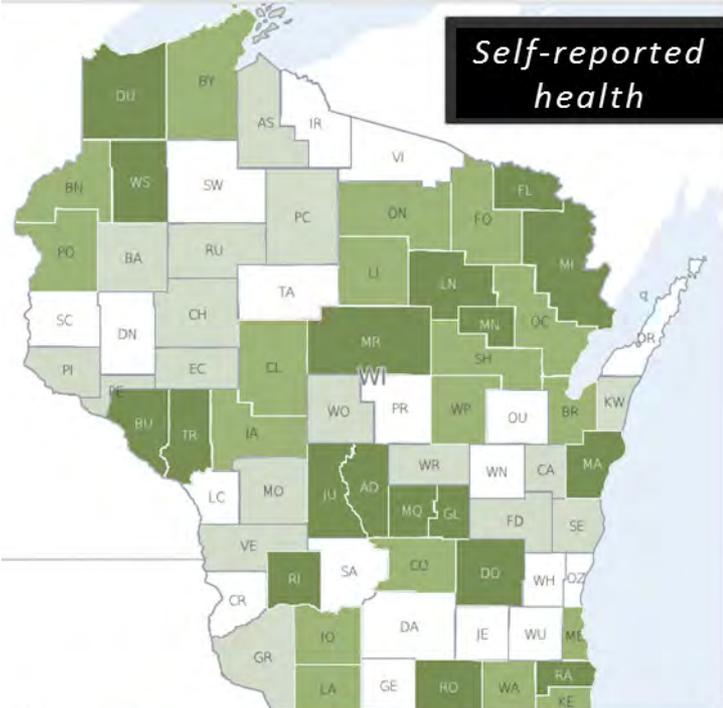


RANK 1 - 18 19 - 36 37 - 54 55 - 72 Not Ranked (NR)

Premature death



RANK 1 - 18 19 - 36 37 - 54 55 - 72 Not Ranked (NR)



Finding your own local “Snapshot”

Dane (DA)

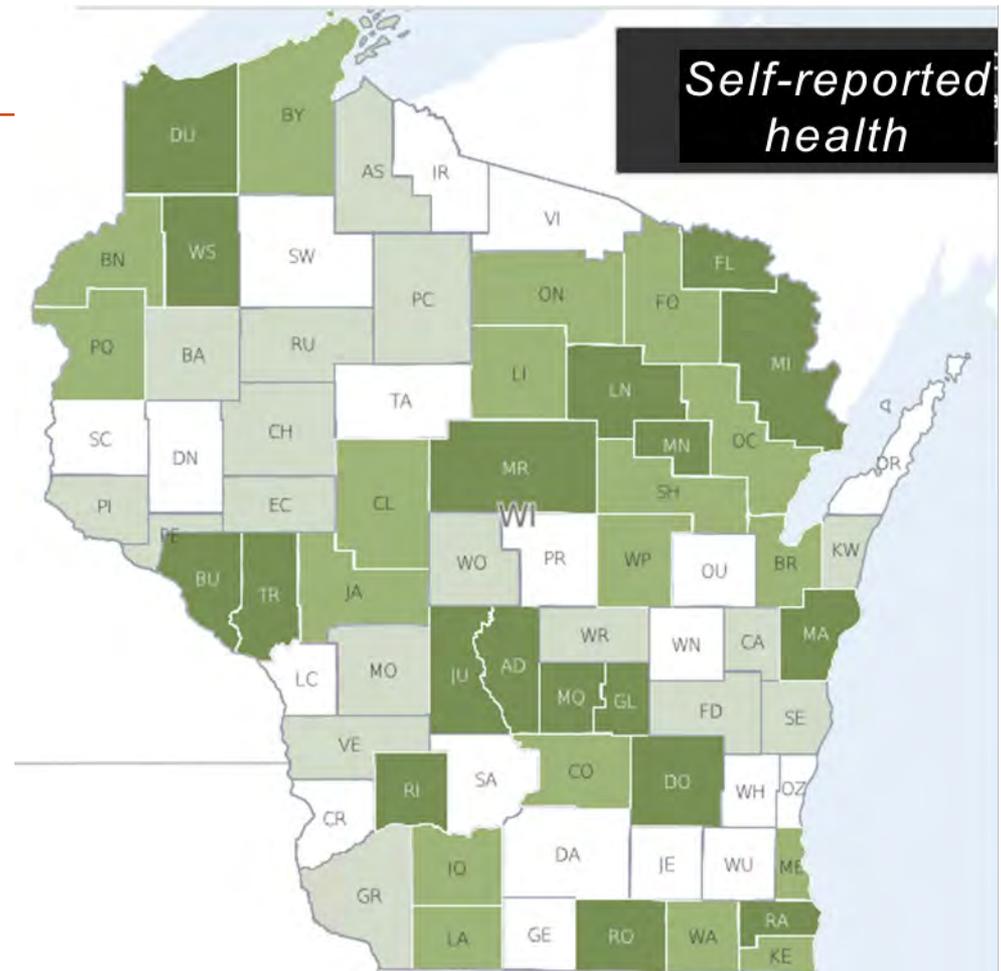
County Snapshot

	Dane County	Trend 	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
Health Outcomes						17
Length of Life						5
Premature death	4,627		4,411-4,843	5,317	5,878	
Quality of Life						36
Poor or fair health	9%		7-11%	10%	12%	
Poor physical health days	3.1		2.6-3.6	2.5	3.2	
Poor mental health days	3.0		2.5-3.5	2.4	3.0	
Low birthweight	6.3%		6.1-6.5%	6.0%	7.0%	

How do we help?

-Use ranking to call attention to health disparities

-Provides a model of community health (includes QoL)



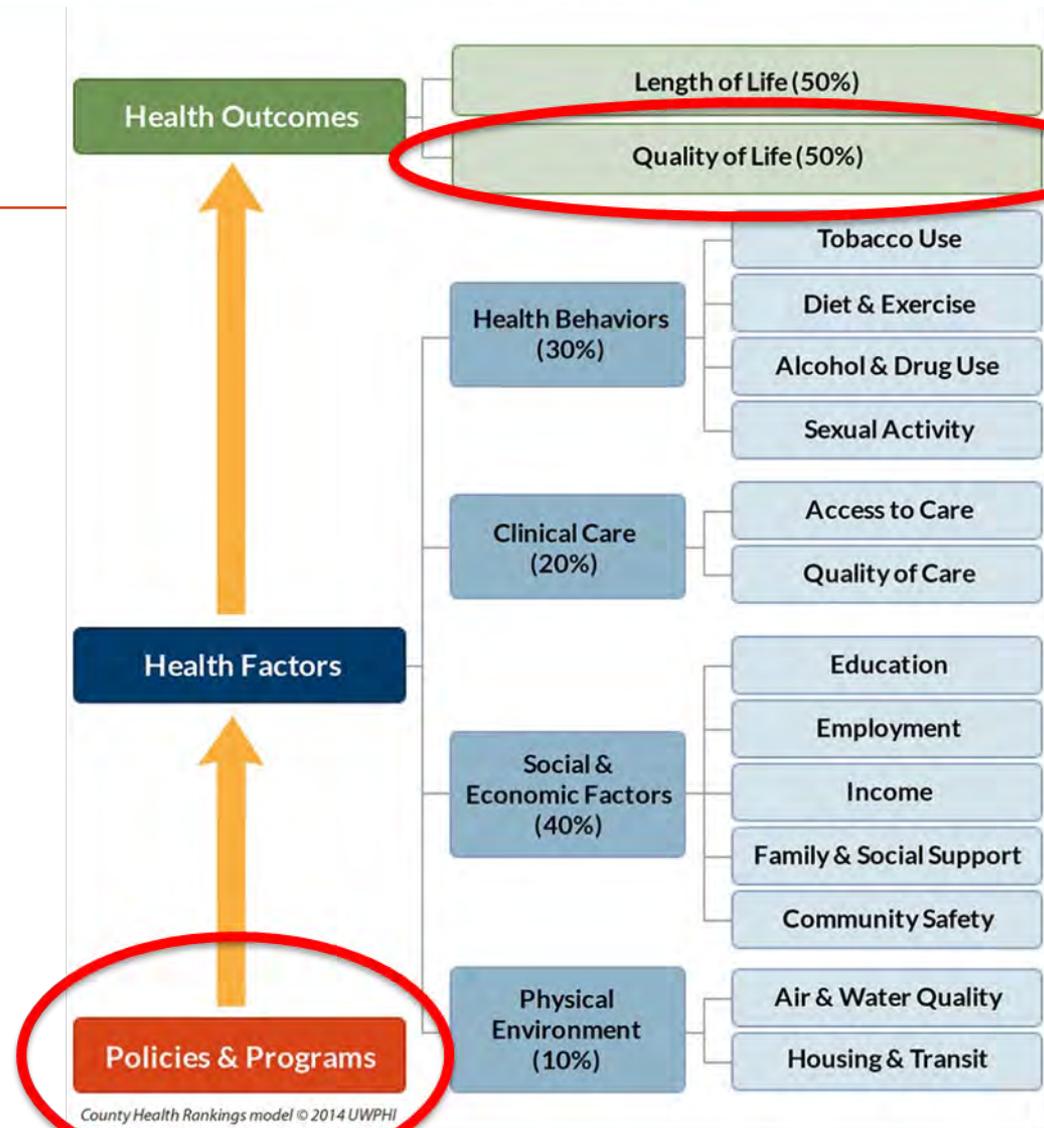
COUNTY HEALTH RANKINGS APPROACH



How do we help?

-Use ranking to call attention to health disparities

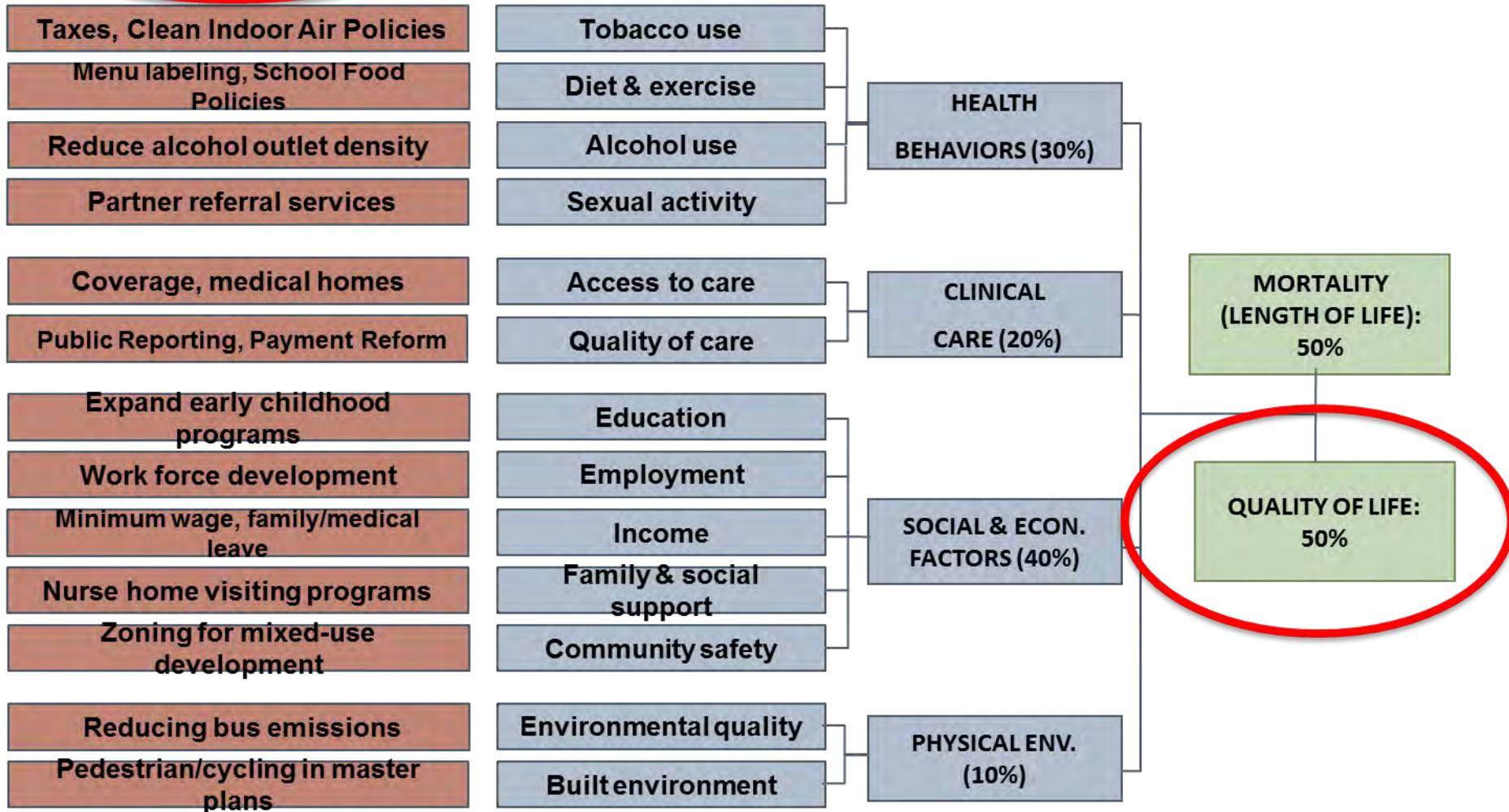
-Provides a model of community health (includes QoL)



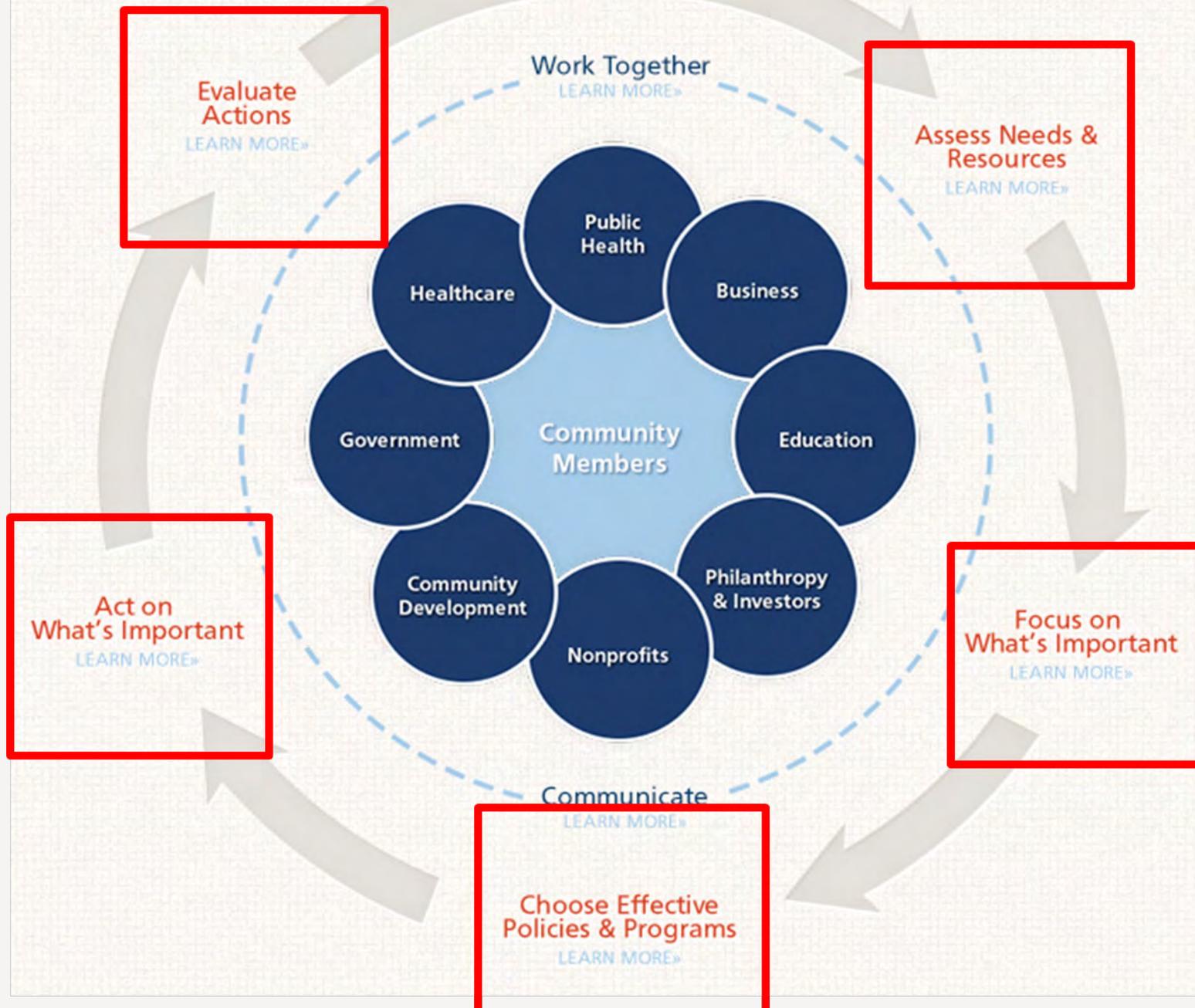
“HEALTH IN ALL POLICIES”

HEALTH FACTORS

HEALTH OUTCOMES



The Action Model



CONCLUSION

- Health-related quality of life in the U.S. varies dramatically across the U.S., and within each state
- The County Health Rankings can be used in a HP2020 effort by providing information on physical, mental, and overall self-reported health
- Explore: <http://www.countyhealthrankings.org> to see how health-related quality of life varies in your state and use this information in your work with HP2020 planning and promotion

Oregon Community Care Organization Development



One State's efforts to transform the
healthcare delivery system

Oregon's Health Care Reform: The Triple Aim

- I. Better health**
- II. Better care**
- III. Lower costs**



Can only happen if we are assessing
well-being and health-related quality of life
as primary outcome measures

The U.S. has a Sick Care System, not a Health Care System

- 45% of Americans have 1+ chronic condition
- 50%+ of these receive care from 3+ physicians
- Treatment accounts for 75% of direct medical care in the U.S



Most of the cost is concentrated in a small number of enrollees

- In Eastern Oregon, 5% of enrollees are responsible for 55% of all Medicaid costs, each averaging \$25,000 in 2013
- Within that number, 2.4% of enrollees were responsible for 42% of costs → each averaging \$68,000 for that same time period

What we will cover today

- How Oregon's Coordinated Care Organizations (CCO's) are organized, operated, and the services they deliver
- How our Mental Health Organization built a CCO
- How the work of the CCO relates to HRQoL and WB

What we will cover today

- How we use HRQoL and WB as primary quality measures
- How we are developing an upstream agenda of better personal health, prevention, and promotion

Oregon's Concept (ORS 414.625)

- Person-centered care
- Fits well with well-being and health-related quality of life
- Comprehensive, coordinated care management
- Assistance with navigating the health care system
- Accessible (geographically, financially, diverse & underserved)

Oregon's Concept (ORS 414.625)

- Emphasis on prevention, healthy lifestyle, evidence-based practices
- Focused on measurable and meaningful health outcomes
- Community-Based
 - Community Advisory Councils
 - Community Health Improvement Plans as a guide to locally achieving the Triple Aim



Core elements of a Coordinated Care Organization (CCO)

- Network of all types of health care providers who have agreed to work together in their local communities
- Flexibility to support new models of care that are
 - patient-centered
 - team-focused
 - reduce health disparities



Core elements of a Coordinated Care Organization

- Coordinate services
- Patient-centered focus on prevention and chronic illness management
- Flexibility within a predictable global budget to provide community-based services in addition to the traditional Medicaid benefits

100% Integrated Care

- CCO's will be required to have 100% of their members enrolled in person-centered medical homes with fully integrated behavioral health services



100% Integrated Care

- CCO's will be responsible for tracking and assisting with elements of a person's health-related quality of life and well-being including:
 - Transportation
 - Housing
 - Employment & Financial Security
 - Nutrition
 - Education



Mental Health Organization → CCO

- GOBHI provided Medicaid mental health benefit in 17 counties of Oregon
 - 7 different health plans
 - 6 dental plans
 - Responsible for physical health and dental benefits in those same counties



Mental Health Organization → CCO



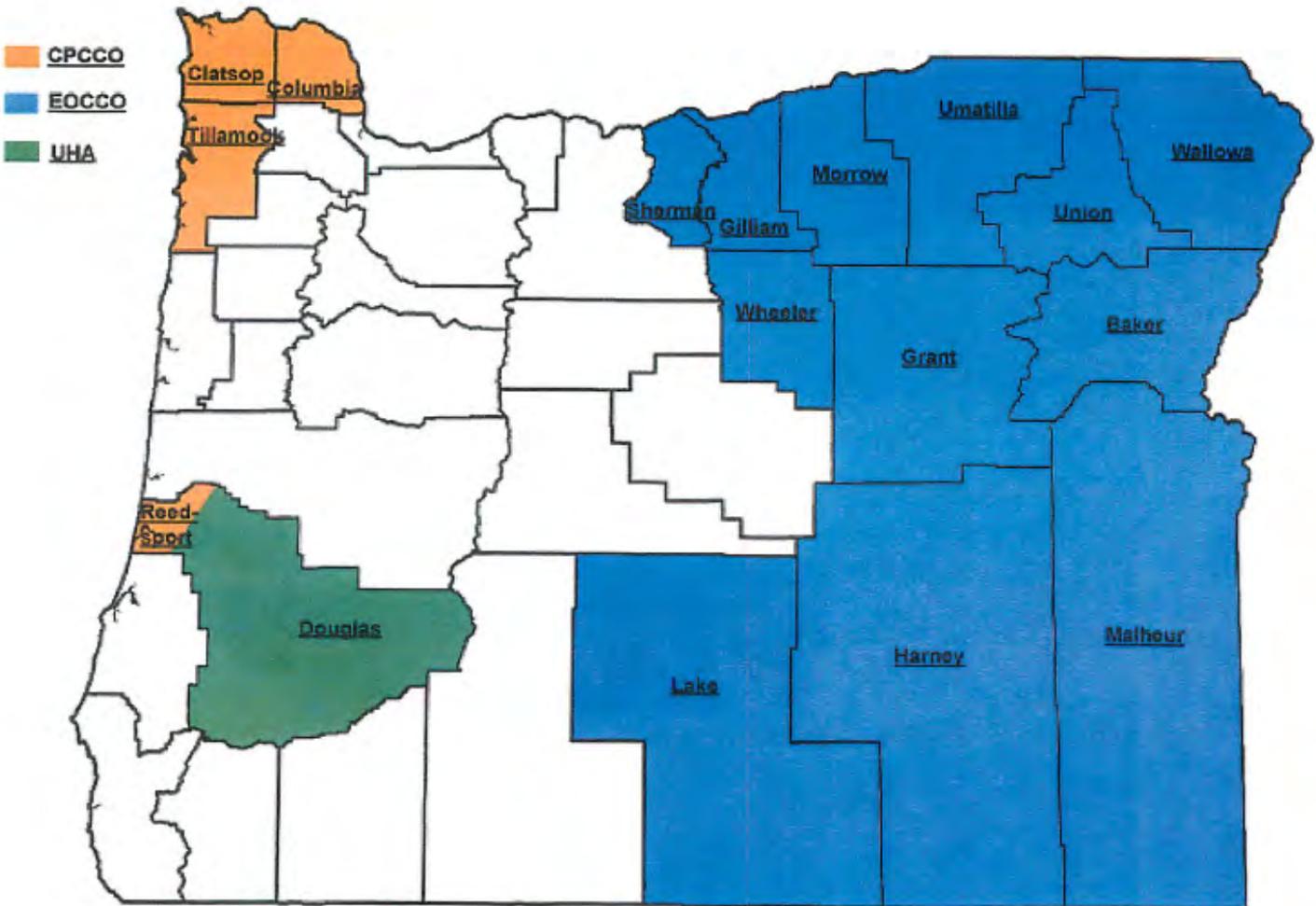
Owners of the Eastern Oregon CCO are:

- GOBHI (29%)
- Moda Health (29%)
- 4 hospitals (10% each)
- Federally Qualified Health Center (1%)
- Independent Physicians Association (1%)

Mental Health Organization → CCO

- Board of Directors includes not only owners but County Commissioners, Mental Health, Public Health, Juvenile, Senior Services, and Physicians
- Each County has a Community Advisory Council (CAC) with a majority of its members being consumers of health care to provide oversight of the CCO

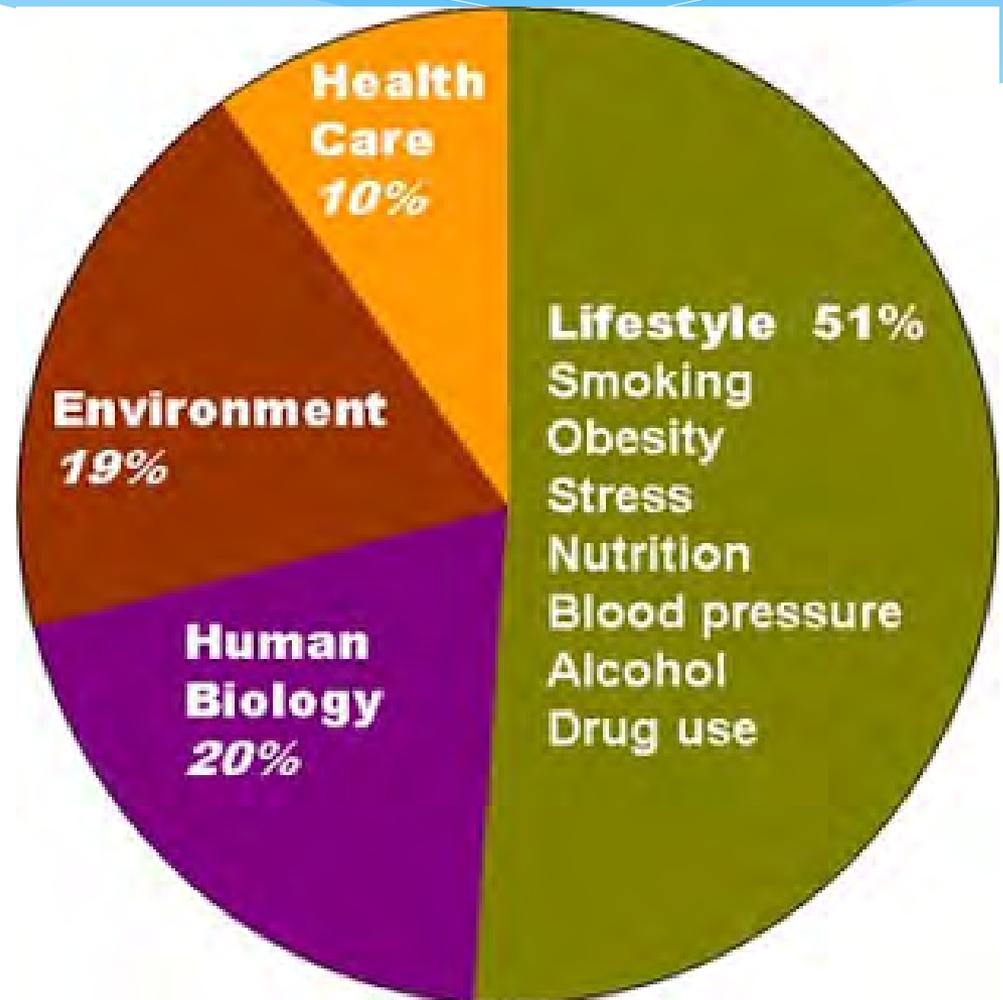
Oregon CCO's



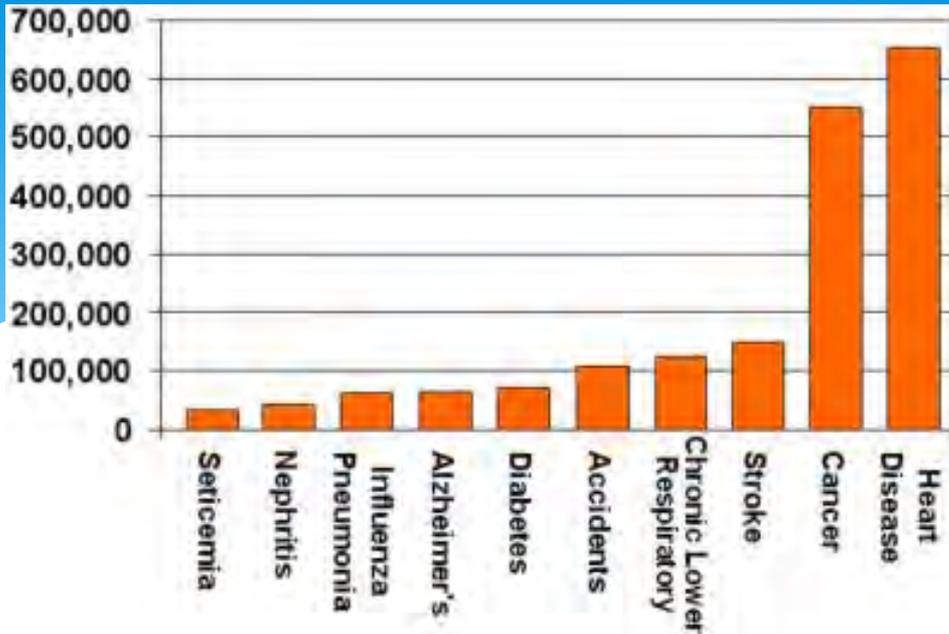
70% of the cost of healthcare is driven by HRQoL and WB

Determinants of Health

World Health Organization 2009

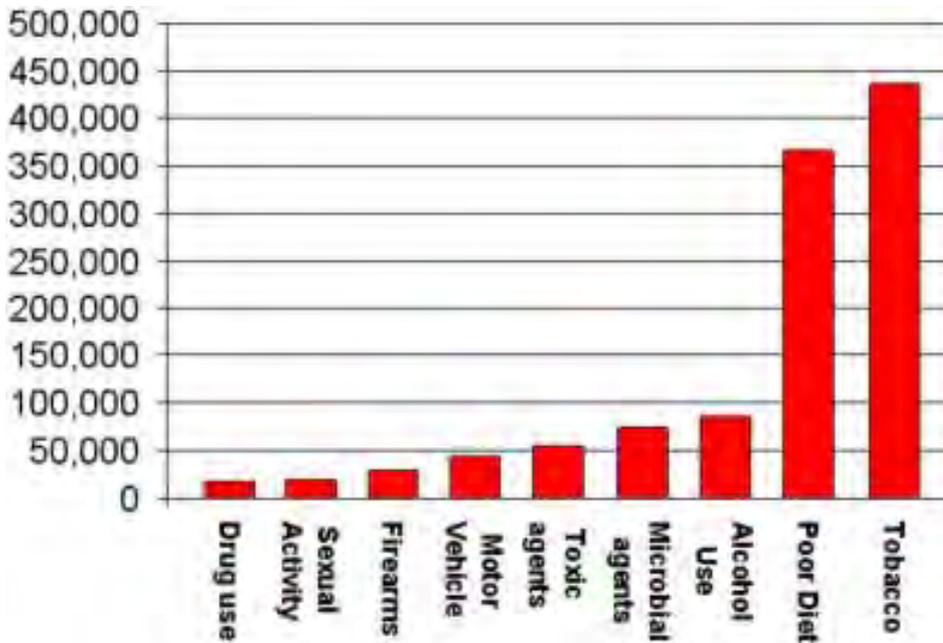


Leading Causes of Death



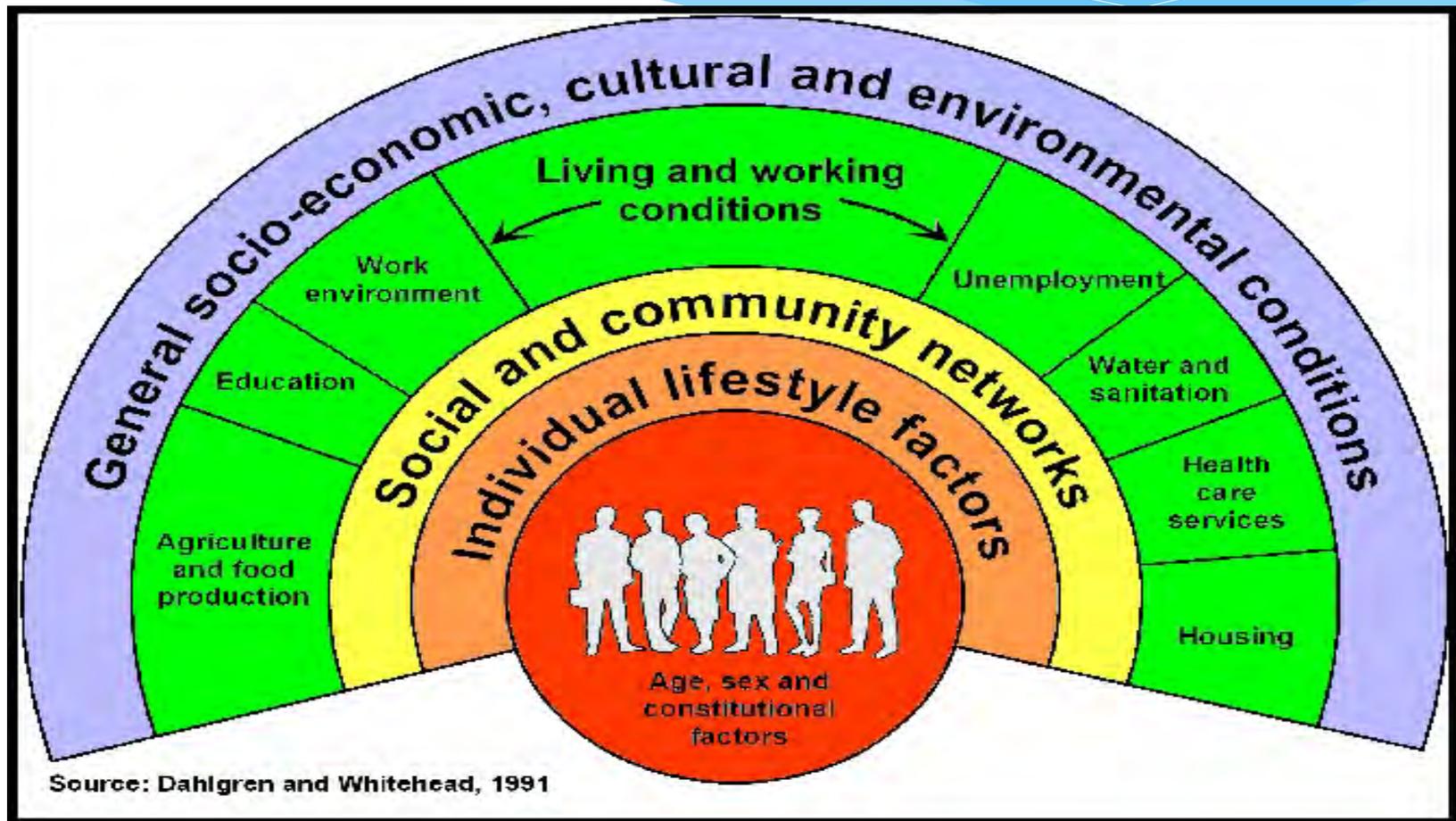
VS

Actual Causes of Death



[McGinnis JM, Foege W H, 1994](#)

This is the model we used to create CCOs



Most health problems have physical and psycho-social components

- Physicians and their patients look for purely physical causes for the patient's problems
- The behavioral specialists job is to reframe the issue to include psychosocial stressors that impact the patient's health



Behavioral health diagnoses are very prevalent in the CCO

- Of the super-utilizers of services in Eastern Oregon 2013, over 65% had one or more behavioral health diagnoses
- This population also has significant problems with transportation, housing, jobs, nutrition, and educational opportunity

Strength-based Approaches in CCO

- All persons involved in CCO's are being trained to approach their job as a community health worker or peer supporter
- Strategy: build on small successes rather than inventorying overwhelming needs

Core Elements of Community Health Improvement Plan



- Improve health outcomes for children ages 0–5 through integrated services
- To improve the skill sets of residents of EOCCO to recognize and seek treatment for mental health issues
- To implement a standardized approach to the use of community health workers

Core Elements of Community Health Improvement Plan

- Improve oral health for children under 10 years old
- Better align public health services with primary care for population health management
- Improve the skill set of all local community advisory council (LCAC) members
- Allow LCACs to use their local knowledge to test innovations in science in partnership with university-based researchers

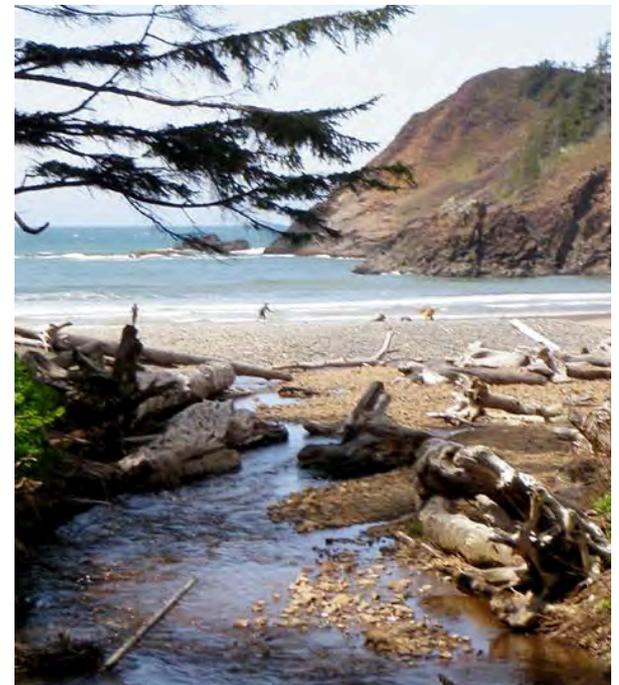
Key Points

People throughout Oregon believe we are on the right track to achieve the Triple Aim because:

- Coordinated Care Organizations are moving from medical care to healthcare in the services we deliver and through redesign of the delivery system
- We recognize the importance of foundational involvement of behavioral health in CCO development and operation

Key Points

- What the CCO does relate to HRQoL and WB
- We are **developing upstream agenda** of better personal health, prevention, and health promotion by understanding the impact of social determinants of health





Kevin M. Campbell, CEO

<http://gobhi.org/>

<http://www.eocco.com/>

<http://www.colpachealth.org/>

<http://www.umpquahealthalliance.org/>



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Environmental Quality

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Key Points and
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