Healthy People 2020 Spotlight on Health presents
Promoting and Measuring Health-Related Quality of Life and Well-Being
Carter Blakey
Deputy Director
Director, Community Strategies Division
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
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
2020 Topics & Objectives – Objectives A-Z

Arthritis, Osteoporosis, and Chronic Back Conditions

B
Blood Disorders and Blood Safety

C
Cancer
Chronic Kidney Disease

H
Health Communication and Health Information Technology
Healthcare-Associated Infections
Health-Related Quality of Life and Well-Being
Hearing and Other Sensory or Communication Disorders
Heart Disease and Stroke

O
Occupational Safety and Health

P
Physical Activity
Preparedness
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
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
Ron Manderscheid, Ph.D.
Executive Director
National Association of County Behavioral Health and Developmental Disability Directors
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 (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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202-942-4296
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
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
I. Self-Rated Physical and Mental Health

- Measures physical and mental health symptoms, including functioning and general health perceptions
- Generally deficit-based
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
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
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.
Adults who Report Good or Better Physical Health, 2010

Total
With Diabetes
Without Diabetes
With Cancer
Without Cancer
With Hypertension
Without Hypertension
With Heart Diseases
Without Heart Diseases
With Disabilities
Without Disabilities
Rural
Urban

HP2020 Target: 79.8

Increase desired

Percent (age adjusted)

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

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
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
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?

The County Health Rankings uses 3 of these 4 questions:

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?
Patients identified as at risk by HRQOL surveillance are brought in for clinical management.

Patient monitoring
Risk assessment

Patient trend data used for clinical management decisions like drug dose adjustment.

Point-of-care decision support

Quality assurance
Clinical guidelines discovery

Cumulative patient data compiled to document quality of care and define 'best practice' guidelines.

HRQOL = health-related quality of life
= Data flow
= Temporal links

Source: http://myhealthoutcomes.com/pages/3002
COUNTY HEALTH RANKINGS: 2 RANKINGS

Health Outcomes

Today’s Health

Health Factors

Tomorrow’s Health
Poor or fair health

Dane (DA)
Percent of adults reporting fair or poor health (age-adjusted): 9%
Poor physical health days

Dane (DA)
Average number of physically unhealthy days reported in past 30 days (age-adjusted): 3.1
Poor mental health days

Dane (DA)
Average number of mentally unhealthy days reported in past 30 days (age-adjusted): 3.0

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

Dane (DA)
Years of potential life lost before age 75 per 100,000 population (age-adjusted):
4,627
Finding your own local “Snapshot”

### Dane (DA) County Snapshot

#### Health Outcomes

<table>
<thead>
<tr>
<th></th>
<th>Dane County</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers*</th>
<th>Wisconsin</th>
<th>Rank (of 72)</th>
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<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
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<td><strong>Length of Life</strong></td>
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<tr>
<td>Premature death</td>
<td>4,627</td>
<td>-</td>
<td>4,411-4,843</td>
<td>5,317</td>
<td>5,878</td>
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<td><strong>Quality of Life</strong></td>
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<td>36</td>
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<tr>
<td>Poor or fair health</td>
<td>9%</td>
<td></td>
<td>7-11%</td>
<td>10%</td>
<td>12%</td>
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<tr>
<td>Poor physical health days</td>
<td>3.1</td>
<td></td>
<td>2.6-3.6</td>
<td>2.5</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.0</td>
<td></td>
<td>2.5-3.5</td>
<td>2.4</td>
<td>3.0</td>
<td></td>
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<tr>
<td>Low birthweight</td>
<td>6.3%</td>
<td></td>
<td>6.1-6.5%</td>
<td>6.0%</td>
<td>7.0%</td>
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How do we help?

- Use ranking to call attention to health disparities
- Provides a model of community health (includes QoL)
COUNTY HEALTH RANKINGS APPROACH

Population based data collected → County Health Rankings → Media attention → Community leaders use Rankings release → Evidence-informed strategies implemented → Broad community engagement → Improved quality and length of life for all
How do we help?

- Use ranking to call attention to health disparities
- Provides a model of community health (includes QoL)
“HEALTH IN ALL POLICIES”

- Taxes, Clean Indoor Air Policies
- Menu labeling, School Food Policies
- Reduce alcohol outlet density
- Partner referral services
- Coverage, medical homes
- Public Reporting, Payment Reform
- Expand early childhood programs
- Work force development
- Minimum wage, family/medical leave
- Nurse home visiting programs
- Zoning for mixed-use development
- Reducing bus emissions
- Pedestrian/cycling in master plans

HEALTH FACTORS

- Tobacco use
- Diet & exercise
- Alcohol use
- Sexual activity

HEALTH BEHAVIORS (30%)

- Access to care
- Quality of care

CLINICAL CARE (20%)

- Education
- Employment
- Income
- Family & social support
- Community safety

SOCIAL & ECON. FACTORS (40%)

- Environmental quality
- Built environment

PHYSICAL ENV. (10%)

MORTALITY (LENGTH OF LIFE): $50\%$

QUALITY OF LIFE: $50\%$
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
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
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
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
Determinants of Health

World Health Organization 2009

70% of the cost of healthcare is driven by HRQoL and WB
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
• 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
• 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/
Questions?

If you have any questions you would like to pose to the presenters, please type it into the Q&A window to the right. We will address as many questions as we can in the time allotted.
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Healthy People 2020
Leading Health Indicator Webinar

Environmental Quality

Thursday, September 18 | 12:00PM EDT

Please join us for a Webinar focusing on the Environmental Quality LHI Topic and actions being taken to address this public health issue

To register, visit:
www.healthypeople.gov
Join us on September 25, 2014
12:30 pm to 2:00 pm ET

Topic: “Promoting and Measuring Well-Being and Quality of Life”

Free Educational Webinar

Spotlight on Health Webinar
Join us on September 25 for a Spotlight on Health webinar focusing on health-related quality of life and well-being.

Register today!
HP2020 Online Resources and Tools

Spotlight on Health Webinar
Join us on September 9 for a Spotlight on Health webinar focusing on the importance of interprofessional education.

Get to know the Leading Health Indicators
Suicide Rate
In 2010, there were 12.1 suicides per 100,000 (age adjusted).

<table>
<thead>
<tr>
<th>2010</th>
<th>2020 Target</th>
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</thead>
<tbody>
<tr>
<td>12.1</td>
<td>10.2</td>
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</table>

15.7% decrease needed

View the Leading Health Indicators: Progress Update
[PDF - 1.7 MB]

HHS Prevention Strategies
Healthy People supports prevention efforts across the U.S. Department of Health and Human Services (HHS) to create a healthier Nation.

Spotlight
Browse our Infographic Gallery for visual data on the Leading Health Indicators.

Get the Latest Healthy People News & Events
Join us as we review progress on Healthy People 2020 objectives in the Diabetes and Chronic Kidney Disease topic areas.

September 29, 2014
12:30 PM ET

Hear from a community-based organization that is working locally to improve health.

Register at www.healthypeople.gov
New Training on Diabetes Agents

Preventing Adverse Drug Events
Individualizing Glycemic Targets Using Health Literacy Strategies

- Preventing Adverse Drug Events: Individualizing Glycemic Targets Using Health Literacy Strategies
- Earn continuing education credit (CME, CNE, CEU, CPE)
- Available on the training tab of www.health.gov