The Thirty-second Annual Rosalynn Carter Symposium on Mental Health Policy

WIDENING THE CIRCLE OF HEALTH & WELLNESS: THE CENTRAL ROLE OF BEHAVIORAL HEALTH
Plenary III: Behavioral Health’s Role in Population Health

Moderator: David Shern, PhD
Senior Science Advisor
Mental Health America
Plenary III: Behavioral Health’s Role in Population Health

Panelists:

Ron Manderscheid, PhD, Executive Director, National Association of County Behavioral Health & Developmental Disability Directors

Camara Jones, MD, MPH, PhD, President, American Public Health Association

Fikry Isaac, MD, Vice President, Global Health Services (ret.), Johnson & Johnson
POPULATION HEALTH MANAGEMENT STRATEGIES FOR PREVENTION AND PROMOTION

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Historical Trends

• As development accelerates, infectious diseases are declining as a primary source morbidity and early mortality on a worldwide basis.

• By contrast, noninfectious diseases are assuming primacy as causes of morbidity and mortality, especially in developed countries.

• As a consequence, behavioral health conditions now are very prominent as sources of morbidity and mortality.
Several Examples

- World Health Organization: Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.

- In the US, public mental health clients continue to die at least 25 years earlier than other persons.

- In the US, fully one-third of annual cardiac-involved deaths occur for persons with behavioral health conditions.

- Behavioral health conditions are the leading cause of lost work productivity (presenteeism and absenteeism).
Latest Research

• General Hospital Psychiatry:
  • Findings from a national, community population sample show that persons with untreated or poorly treated depression or anxiety die 8 years younger than other people.
  • Findings also show that effective treatment removes this disparity.
POLICY: Affordable Care Act implementation is accelerating.

RESEARCH: Early intervention with first episode psychosis is now funded and prodromal interventions are being developed.

PRACTICE: Trauma as a causative factor in most mental illness is being incorporated into care.
Key Underlying Trends

- From “deficit” to “strength-based” approaches e.g., IOM/NAM panel.

- From “separate” to “integrated” services.

- From “clinical only” services to “clinical and community” services together.

- From ”care” to “prevention and care”.
Some Key Responses

- **APHA** continues a major 5 year initiative on altering the negative social and physical determinants of health.

- The **UN** has set personal and community “well-being” as a world-wide 15 year objective for 2030.

- Major **US corporations** are beginning to embrace a “culture of well-being” in the work place, e.g., Carter Center and Johns Hopkins Summits.
Moving Forward

- We already have a *population health management model* to provide a framework for this new form of practice.
Health and Well-Being – 1981

VERY HEALTHY (WELL-BEING)

NO DISEASE

SEVERE DISEASE

VERY UNHEALTHY
Viewed as Population Health

- **VERY HEALTHY**
  - Pop 1
  - NO DISEASE
  - Pop 3
  - VERY UNHEALTHY

- SEVERE DISEASE
  - Pop 2
  - Pop 4
Principles

1. We need to consider all population subgroups from the very healthy to the very ill.
2. People can move among the population subgroups.
3. Movement among subgroups is best when both “disease mitigation” and “health promotion” strategies are employed together.
Today’s Well-being Model
Key Related Concepts

- **Self and Family:**
  - Health (*Well-being* -- physical, mental, social, spiritual)
  - Health *Literacy*
  - Health *Activation*

- **Community (Social and Physical Determinants):**
  - Effects on Self and Family Health
  - Health *Literacy*
  - Health *Activation* (Public and Population Health)
Tomorrow’s Well-being Framework for Population Health

Very Healthy (WELL-BEING)

YOU IN FUTURE (wellness)

No Disease _______ Severe Disease

YOU SOON (disease prevention)

YOU SOON

YOU NOW

Very Unhealthy
“You’ve got a rare condition called ‘good health’. Frankly, we’re not sure how to treat it.”
Paying for Population Health Management

- **Encounter-based payment systems** are well adapted to single-visit care, uncoordinated delivery systems, carve out care models.
- Encounter-based systems also are costly.
- Thus, HHS Secretary Sylvia Burwell has introduced a **Value Purchasing Initiative** for Medicare and Medicaid.
Value Purchasing

- Value Purchasing involves bundling payments into **case rates** (per person served) or **capitation rates** (per person covered), typically for one year.
- In this system, case or capitation rates are adjusted up or down based upon performance.
Summarizing all Effects (Perceptual)

MEASURES FOR PEOPLE WITH AND WITHOUT DISEASE

- NIH Patient Reported Outcome Measurement System – PROMIS
- Key Domains: Physical, Mental, Social, and Global Health (Well-being)
- Instruments available at:
Measures for the New Era – 2

- Summarizing the Effects of Care (Perceptual and Objective):
  - MEASURES FOR PEOPLE WITH DISEASE
    - Care Quality and Outcome (Perceptual)
    - Care Engagement (Objective)
    - Employment, Housing, Social Supports (Objective)
Through a *population health strategy* behavioral health will have a focal role in the emerging “Culture of Well-being”.

*Our organizational structures and approaches will need adaptation to these developments.*

Field leadership is needed to negotiate these transitions successfully.
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Achieving Behavioral Health Equity

what role does anti-racism play?

Camara Phyllis Jones, MD, MPH, PhD
“Widening the Circle of Health and Wellness: The Central Role of Behavioral Health”
32nd Annual Rosalynn Carter Symposium on Mental Health Policy
The Carter Center

Atlanta, Georgia
November 18, 2016
Levels of health intervention

Jones CP et al. *J Health Care Poor Underserved* 2009.
Jones CP et al. *J Health Care Poor Underserved* 2009.
Jones CP *et al.* *J Health Care Poor Underserved* 2009.
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Jones CP et al. *J Health Care Poor Underserved* 2009.
Addressing the social determinants of health

Primary prevention

Safety net programs and secondary prevention

Medical care and tertiary prevention

Jones CP et al. *J Health Care Poor Underserved* 2009.
But how do disparities arise?

- Differences in the **quality of care** received within the health care system
- Differences in **access to health care**, including preventive and curative services
- Differences in **life opportunities, exposures, and stresses** that result in differences in underlying health status


Jones CP et al. *J Health Care Poor Underserved* 2009.
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Jones CP et al. *J Health Care Poor Underserved* 2009.
Jones CP et al. *J Health Care Poor Underserved* 2009.
Jones CP et al. *J Health Care Poor Underserved* 2009.
Jones CP et al. *J Health Care Poor Underserved* 2009.
Differences in access to care

Differences in exposures and opportunities

Differences in quality of care
(ambulance slow or goes the wrong way)

Jones CP et al. *J Health Care Poor Underserved* 2009.
Addressing the social determinants of equity:

Why are there differences in resources along the cliff face?

Why are there differences in who is found at different parts of the cliff?

Jones CP et al. *J Health Care Poor Underserved* 2009.
3 dimensions of health intervention

Jones CP et al. *J Health Care Poor Underserved* 2009.
3 dimensions of health intervention

*Health services*

Jones CP *et al.* *J Health Care Poor Underserved* 2009.
3 dimensions of health intervention

Health services

Addressing social determinants of health

Jones CP et al. *J Health Care Poor Underserved* 2009.
3 dimensions of health intervention

Health services

Addressing social determinants of health

Addressing social determinants of equity

Jones CP et al. *J Health Care Poor Underserved* 2009.
What is racism?

A system

What is racism?

A system of structuring opportunity and assigning value

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”).

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What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Dual Reality: A restaurant saga
I looked up and noticed a sign . . .
OPEN
Racism structures “Open/Closed” signs in our society.
Those on the outside are very aware of the two-sided nature of the sign.

It is difficult to recognize systems of inequity that privilege us.
Is there really a two-sided sign?
Hard to know, when only see “Open”.
A privilege not to HAVE to know.
Once DO know, can choose to act.
What is health equity?

- “Health equity” is assurance of the conditions for optimal health for all people

- Achieving health equity requires
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices
  - Providing resources according to need

- Health disparities will be eliminated when health equity is achieved

National Campaign Against Racism

Name racism

Ask “How is racism operating here?”

Organize and strategize to act
National Campaign Against Racism

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Ask “How is racism operating here?”
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Behavioral Health’s Role in Population Health
The Cost of “Un-Wellness”

• The world we live in: hyper-connected societies take their toll on wellness: obesity epidemic, loneliness epidemic, rise in mental illness, etc. Each has an economic cost.

• A sick care vs a well care system suffering from a combination of (1) ageing populations, (2) funding constraints, and (3) rising chronic diseases.
“Mental Un-Wellness – A World of Unfairness”

• We live in an age of abundance – why are the symptoms of un-wellness rising?

• The role of fairness

http://www.youtube.com/watch?v=meiU6TxysCg&sns=em
Focusing on Illness Alone is Ineffective and Inefficient

While the Nation Creates a Tsunami of Chronic Disease

171 Million Americans with Chronic Illness by 2030

![Graph showing the number of people with chronic conditions from 1995 to 2030]

- 1995: 118
- 2000: 125
- 2005: 133
- 2010: 141
- 2015: 149
- 2020: 157
- 2025: 164
- 2030: 171
Behavioral Health May Complicate as much as 25% of Hospital Stays
So You Cannot Just Focus on Those with Known Behavioral Health Diagnoses

- People with mental disorders: 25% of adult population
- People with medical conditions: 58% of adult population
- 68% of adults with mental disorders have medical conditions
- 29% of adults with medical conditions have mental disorders
Population Health - Wellbeing
Not Just the Absence of Illness
Significant Behavioral Health Focus

**CDC 2020 Goals – HRQOL/Well-Being**

Physical Well-Being – vigor and vitality, feeling very healthy and full of energy

Mental Well-Being – satisfied with one’s life, balancing positive and negative emotions, accepting oneself, finding meaning and purpose, seeking personal growth, autonomy and competence, optimism

Social Well-Being – receiving quality support from family, friends and others

**Components of Wellness**

- **Social**
- **Physical**
- **Emotional**
- **Career**
- **Intellectual**
- **Environmental**
- **Spiritual**
Health & Wellbeing – Why Employers Should Do This

The Impact Of Poor Health To Employers

Continuum Of Employee Performance Outcomes

For Every Dollar Spent on Health Care
There Are $3 Lost in Productivity

Personal Health Costs
- Medical Care
- Pharmaceutical costs

Productivity Costs
- Absenteeism
- Short-term Disability
- Long-term Disability
- Presenteeism
- Overtime Turnover
- Temporary Staffing
- Administrative Costs
- Replacement Training
- Off-Site Travel for Care
- Customer Dissatisfaction
- Variable Product Quality

Not doing well while working
- errors
- complaints
- delays
- team breakdown

Not doing work on work time
- unscheduled breaks
- unfocused time
- health exams on work time
- information gathering

Not at work
- permanent disability
- early retirement due to health issues
- premature death
- spousal illness

Lost to the workforce

Lost to the workforce

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Healthy People, Healthy Business, Healthy World

*It starts at the individual level*

Strong on-site health & wellbeing resources supports improvement of employee health- which in turn informs and impacts the business, family, and the community in which we work and live.

We know that population health can be improved when individuals are better able to understand and manage their health & wellbeing.
Employee Health and Wellbeing – A Competitive Advantage

An established core Value of caring (our CREDO)

“We are focused on helping people around the world live longer, healthier and happier lives, and this begins with our own employees. As business leaders, we have the opportunity to create an environment where employees can actively engage in their health and achieve their ‘best self’ at work, at home, and in their communities.”

ALEX GORSKY, CEO

Providing additional business Value - based on credible data and expertise

**Recent Experience In Health Promotion At Johnson & Johnson: Lower Health Spending, Strong Return On Investment**

Average annual per employee savings were $565 in 2009 dollars, producing a return on investment equal to a range of $1.88-$3.92 saved for every dollar spent on the program.

Health and Wellness is seen as one of the top three (3) accelerators of global talent as reported at the World Economic Forum in 2013 (1268 employers representing 65 countries)

Towers Watson 2011/2012 Staying@Work Report correlates companies with highly effective health programs with better financial outcomes:

- Higher market premium and shareholder returns
- Higher revenue per employee
- Lower medical costs per employee

"The Link Between Workforce Health and Safety and the Health of the Bottom Line: Tracking Market Performance of Companies That Nurture a "Culture of Health""

Fabius, Raymond MD; Thayer, R. Dixon BA; Konicki, Doris L. MHS; Yarbrough, Charles M. MD; Peterson, Kent W. MD; Isaac, Fikry MD; Loepke, Ronald K. MD, MPH; Eisenberg, Barry S. MA; Dreger, Marianne MA
Mental Un-Wellness – A World of Unfairness

• Why wellness programs are not having deep impact on behavioral health condition particularly in the work place

• Why aren’t we seeing enough attention being paid to skill building and training on recognizing behavioral health in the work place

• Still little utilization of EAP (5%) despite employers investment in such programs

• Why De- Stigmatization of mental health issues not working

• Can we stop separating the mind and body and start focusing on the whole person
“When our thoughts, our words, AND actions align – then we are in harmony “