

Measuring Differently to Create Well-Being in the Nation

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Ever wonder how we could:

- Be the wealthiest country in the world yet suffer from high rates of child poverty and epidemics of social isolation and deaths of despair?
- Have the “best” healthcare system in the world yet have such terrible health outcomes that our children and grandchildren today can expect to live shorter lives than we can?¹

What does it mean to be a board member today in an industry (healthcare) that occupies one-sixth of the economy and drives half of bankruptcies in the country?

Since the journey from volume to value began 12 years ago, boards of healthcare organizations have been trying to figure out how to truly measure value. When we take a step back, it feels like we’re missing the forest for the trees. The Triple Aim, with a combined focus on improved patient experience, population health, and cost has offered some direction, but many healthcare

1 Well-Being in the Nation Network, “Well-Being in the Nation (WIN) Measures” (available at www.winmeasures.org).

Key Board Takeaways

- We as a country now have common measures for population health, social needs, and social determinants called the Well-Being in the Nation (WIN) measures, which are becoming a new standard.
- These measures, co-developed with over 100 organizations across sectors and communities, allow us to see the forest for the trees about what really matters for improving health and well-being.
- Key questions boards should ask their C-suites include:
 - » How are we measuring population health and equity?
 - » Is our system’s measurement strategy aligned with the new Well-Being in the Nation (WIN) measures?

systems have replaced “clinical quality outcomes” with population health.

However, we know that access to care only drives 10–20 percent of health outcomes.² The reason for this is quite simple: a person might visit their doctor for one 15- to 30-minute visit a year—up to four times if they have a chronic illness. They will spend over 5,000 hours at home being healthy or not. We now know that 60 percent of health outcomes are driven by social, environmental, and behavioral

2 J. Michael McGinnis and William H. Foege, “Actual Causes of Death in the United States,” *Journal of the American Medical Association*, November 10, 1993.

determinants of health.³ Some healthcare systems have begun in the last five years to address social needs. However, until recently, there has been no consistent way to measure these or to address them with partners in the community who hold resources for housing, transportation, etc.

To address this challenge, four years ago, the National Committee on Vital and Health Statistics (NCVHS) developed the framework⁴

3 Carlyn M. Hood et al., “County Health Rankings: Relationships between Determinant Factors and Health Outcomes,” *American Journal of Preventive Medicine*, February 2016.

4 NCVHS *Measurement Framework for Community Health and Well-Being, V4*, National Committee on Vital and Health Statistics, 2017.

for the Well-Being in the Nation (WIN) measures to identify the domains that drive health outcomes (housing, transportation, economy, etc.). Supported by NCVHS, 100 Million Healthier Lives then worked with over 100 organizations and communities as well as patients and communities across sectors to identify measures that mattered. The recently released Well-Being in the Nation (WIN) measures offer our first community-level measures to assess population and community health, developed together between public health, healthcare, community, business, and other sectors.

What Are the Well-Being in the Nation (WIN) Measures?

The Well-Being in the Nation (WIN) Measurement Framework offers a set of common measures to assess and improve health, well-being, and equity.⁵ These measures are divided into three sections:

1. **Core measures:** Nine core measures organized around the **well-being of people, the well-being of places, and equity.** These core measures include people-reported outcome measures and more traditional “objective measures.”
2. **Leading indicators:** 54 indicators in 12 domains with great data availability based on what drives the well-being of people,

5 “Well-Being in the Nation (WIN) Measurement Framework: Measures for Improving Health, Well-Being, and Equity Across Sectors,” Facilitated by 100 Million Healthier Lives with the National Committee on Vital and Health Statistics, 2019.

the well-being of places, and equity (community vitality, health, housing, transportation, economy, etc.).

3. **Full flexible set** of promising measures such as social connection, sense of meaning and purpose, and perception of everyday discrimination—which offer some evidence of driving health outcomes.

How Are People Using These Measures?

Since their release in June 2019, hundreds of organizations across sectors have begun to adopt the WIN measures, with major federal agencies aligning around them. They are getting integrated into Healthy People 2030 and have been adopted by groups as diverse as US News and World Report and Enterprise Housing Partners and many leading healthcare organizations. An interactive Web site with tools to support use and all available data down to the subcounty level is available at www.winmeasures.org.

There are five common ways people are using these measures:

1. Coaching with an individual patient
2. Risk stratification at the practice level to rapidly diagnose who needs what and at the population planning level to understand what resources might be needed for different populations
3. Identification of equity populations
4. Evaluation of programs and an understanding of what drives the greatest improvements in overall outcomes related to the

well-being of people, the well-being of places, and equity

5. Community health needs assessment and population-level surveillance

One of the measures that has received the greatest interest among early adopters is Cantril’s ladder, which depicts a simple ladder where the bottom represents one’s worst possible life and the top represents one’s best possible life. A person is asked how they would rate their lives today and in five years. It turns out that this highly validated measure has been administered 2.7 million times, correlates with morbidity, mortality, worker productivity, and cost, and is useful for risk stratification.

Clinicians report that this measure is easy to administer and leads them to have meaningful conversation with patients. The measure translates easily to percent of people thriving, struggling, and suffering. This has been very helpful in evaluating a range of programs and in assessing risk and the need for additional supports for individuals who are at risk of poor outcomes. In addition, groups are using other WIN measures (mental health, food insecurity, housing insecurity, ability to afford an emergency expense, social connection, etc.) to understand the impact of their direct programming and policy on these measures as well as overall well-being and life expectancy outcomes.

The WIN measures offer a powerful way to regain perspective about what really matters in improving health and well-being with an equity lens.

The Governance Institute thanks Somava Saha, M.D., M.S., Founder and Executive Lead, Well-Being and Equity (WE) in the World, and Executive Lead, Well-Being in the Nation (WIN) Network, for contributing this article. She can be reached at somava.saha@weintheworld.org.

