MEASURING & MOVING WHAT MATTERS: ADVANCING WELL-BEING IN THE NATION
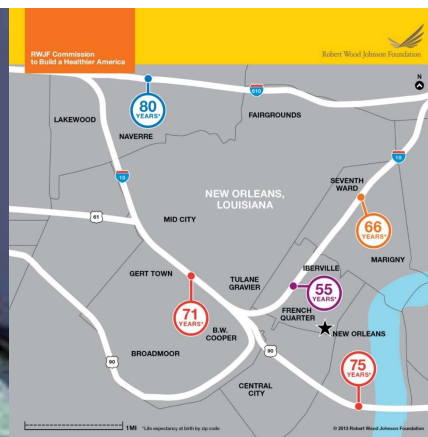
SOMAVA SAHA, MD MS, FOUNDER AND EXECUTIVE LEAD, WELL-BEING AND EQUITY (WE) IN THE WORLD

WEINTHEWORLD.ORG

1

A TALE OF TWO BOYS

https://wsvn.com/news/us-world/color-blind-boys-scheme-to-get-same-haircut-to-trick-teacher/

2

Somava Saha, MD MS

-Executive Lead, Well Being In the Nation (WIN) Network
-Executive Lead, Well-being and Equity (WE) In The World
-Former Vice President, Institute for Healthcare Improvement and Exec Lead, 100 Million Healthier Lives
-Primary Care Doctor and Public Health Practitioner for >15 years
-Faculty, Harvard Medical School

3

OUR TIME TOGETHER

1. Why we need to change how we approach improving health, well-being and equity
2. Introduce the WIN and Pathways to Population Health framework for improving the health and well-being of people, places and equity
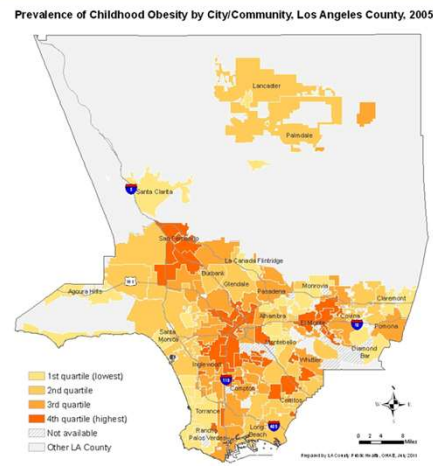3. How boards can use these to drive change in more effective and strategic ways

4

WHY WE NEED TO CHANGE OUR FRAME
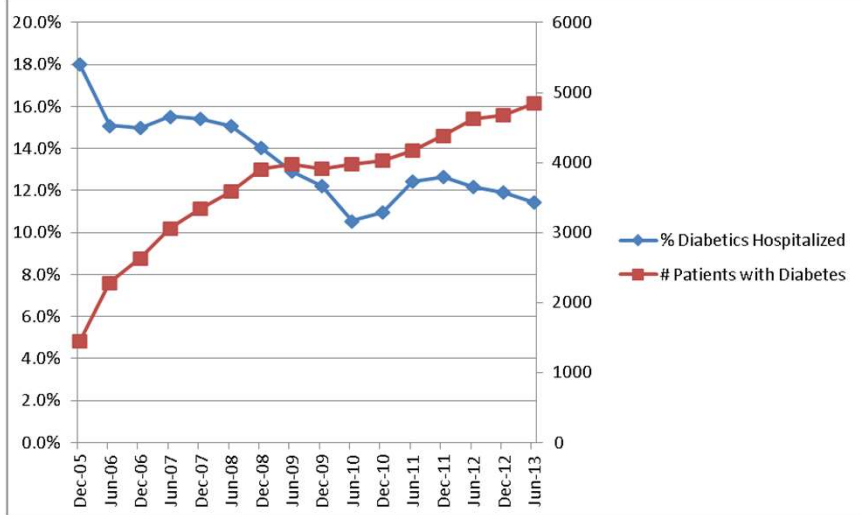
5

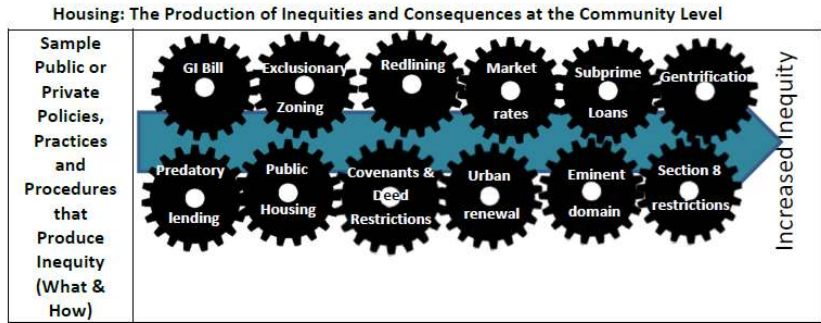## RELATIONSHIP BETWEEN THE HEALTH AND WELL-BEING OF PEOPLE, PLACES AND EQUITY
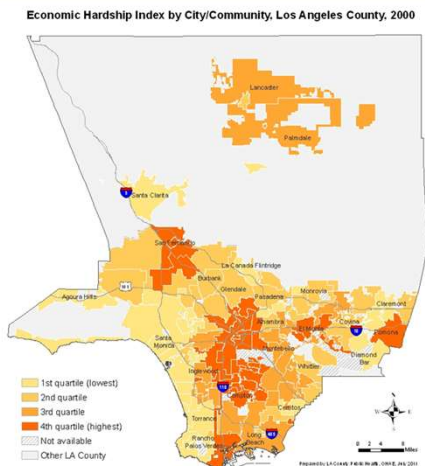
6

CHRONIC PLACE-BASED INEQUITIES ARE NOT ACCIDENTAL – THERE IS A SYSTEM IN PLACE THAT PROPAGATES THEM

Housing: The Production of Inequities and Consequences at the Community Level

"Countering the Production of Health Inequities" Report from the Prevention Institute

7

Breonna Taylor

George Floyd

Ahmaud Arbery

8

Photo courtesy of Kaique Rocha. Metaphor courtesy of Natalie Burke.

9

Income Disparities in Response to COVID

Change in movement in metro areas with high income disparity

Bridgeport-Stamford, Conn.

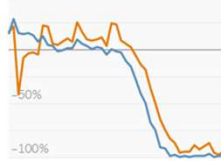top 10 percent   bottom 10 percent   https://www.nytimes.com/interactive/2020/04/03/us/coronavirus-stay-home-rich-poor.html

10

IN THE CONTEXT OF COVID-19 HOW MIGHT RACIAL, INCOME AND OTHER INEQUITIES PLAY OUT?

Community and belonging
- × Mistrust of "the other"
- × Cloth bandannas in communities of color
- × Perceptions of who is clean and unclean
- × Social isolation

Basic needs for health and safety
- × Who has access to health insurance?
- × Who still has access to affordable health care?
- × Who has access to COVID-19 testing?
- × Who has access to clean water to wash their hands?
- × Who feels safe getting help? (public charge)
- × How does increased stress, isolation, etc affect their physical and mental health and risk behaviors?

Conditions of housing
- × Are people housed?
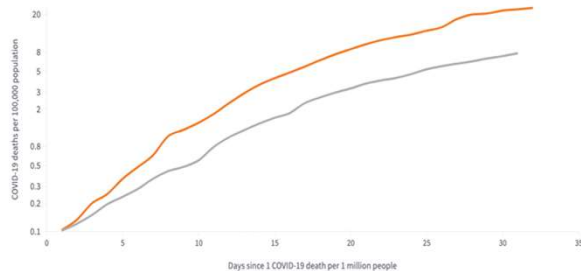- × Housing density

11

UNDERSTANDING INEQUITIES IN THE CONTEXT OF COVID-19

Deaths from COVID-19 in High- and Low-Concentration Black Counties
● Counties with higher-than-average black race
● Counties with lower-than-average black race

COVID-19 deaths per 100,000 population

Days since 1 COVID-19 death per 1 million people

Notes: Higher than average prevalence black race includes counties where the population is at least 13.4% black, based on the national average (https://www.census.gov/quickfacts/fact/table/US/PST045218) • The y-axis is plotted on a log10 scale.

Data: Johns Hopkins University Center for Systems Science and Engineering (JHU CSSE). Obtained on April 21, 2020.

- × Deaths from COVID-19 far higher among African-American, Hispanic and Native American populations across the country
- × Related to underlying conditions of place (clean water, environmental pollution, access to health care) and underlying prevalence of chronic illness
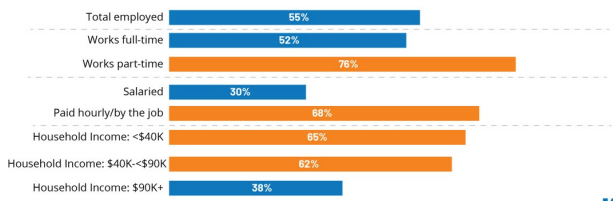
Commonwealth Fund, April 2020

12

MEANINGFUL WORK AND WEALTH

Over Half of Those Employed as of February Say They've Lost a Job, Hours, or Income Due To Coronavirus

Percent who say they lost their job, had hours reduced, took a pay cut, or have been furloughed as a result of the coronavirus outbreak:

Total employed	55%
Works full-time	52%
Works part-time	76%
Salaried	30%
Paid hourly/by the job	68%
Household Income: <$40K	65%
Household Income: $40K-<$90K	62%
Household Income: $90K+	38%

SOURCE: KFF Health Tracking Poll (conducted April 15-20, 2020). See topline for full question wording.

KFF

Less Than Half of Black Adults Now Have a Job

Share of population working before and after the pandemic shutdowns began, by race and ethnicity
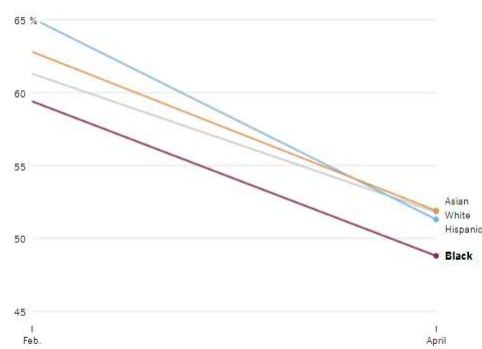
By The New York Times | Source: Bureau of Labor Statistics

13

CONNECTION BETWEEN MENTAL, PHYSICAL, SOCIAL AND SPIRITUAL WELL-BEING

- New CDC study - June 24–30, 2020
- 40.9% of 5,470 respondents reported an adverse mental or behavioral health condition
    - 31% depression
    - 26% trauma disorders like PTSD
    - 13% began or increased their level of substance use
    - 11% considered suicide
    - Symptoms of anxiety 3x higher depression 4x higher than second quarter of 2019
- No effect of having or knowing someone who had or died from COVID-19 → underlying conditions

- Hardest hit?
- Young people 18-24 (63% depression or anxiety; 24% substance abuse, 25% have contemplated suicide)
- Black and Latino people had highest rates of suicidality (and also highest rates of employment change, COVID-19, and impact from police brutality)
- 20% of essential workers and unpaid caregivers (30%) considered suicide in the last month
- People who have experienced trauma before
- Working age

14

COVID AND SOCIAL VULNERABILITY

COVID CASES

SOCIAL VULNERABILITY
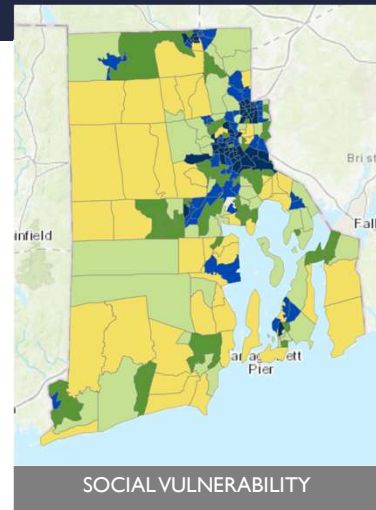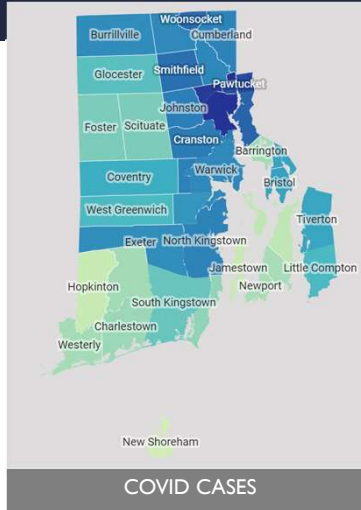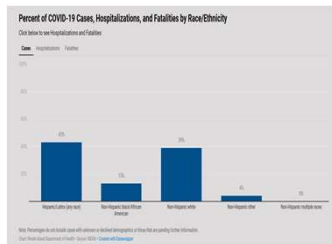
15

COVID-19 AND ECONOMIC INEQUITY

- Who has to work?
- What protection do they have in terms of working conditions in general?
- What protective equipment do they have for COVID-19?
- Can they afford to be quarantined or to care for a family member?
- Who can't work or has reduced work?
- What are the conditions of work?
- How much wealth do they have to ride out a downturn?
- What benefits do people have when they are unemployed?

New York City Frontline Workers, by Neighborhood of Residence

- < 10,000
- 10,000 - 15,000
- 15,000 - 20,000
- > 20,000
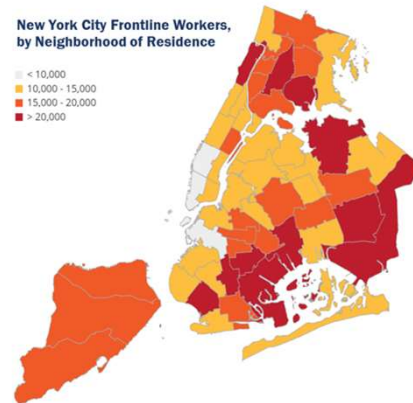
16

THE HEALTH, WELLBEING AND EQUITY OF PEOPLE, PLACES AND THE SYSTEMS OF SOCIETY THAT CREATE INEQUITY ARE INTERCONNECTED
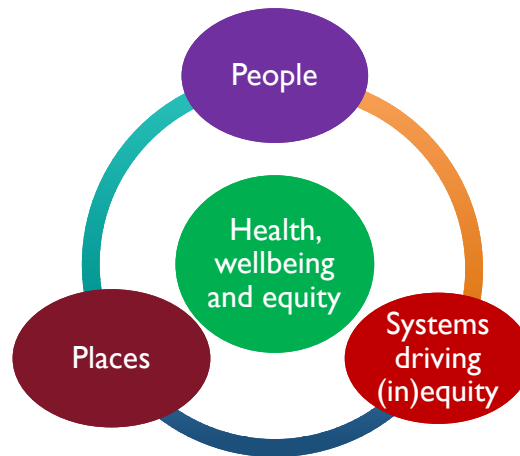
17

TWO FRAMEWORKS THAT CAN HELP YOU TAKE ACTION

1. Well-being In the Nation Measurement Framework
2. Pathways to Population Health

18

PATHWAYS TO POPULATION HEALTH

PATHWAYS TO POPULATION HEALTH

PATHWAYS TO POPULATION HEALTH

An Invitation to Health Care Change Agents

PARTNERS

HRET · Institute for Healthcare Improvement · nrhi · PUBLIC HEALTH · Stakeholder Health

AN INITIATIVE FACILITATED BY 100 Million Healthier Lives · WITH GENEROUS SUPPORT PROVIDED BY Robert Wood Johnson Foundation
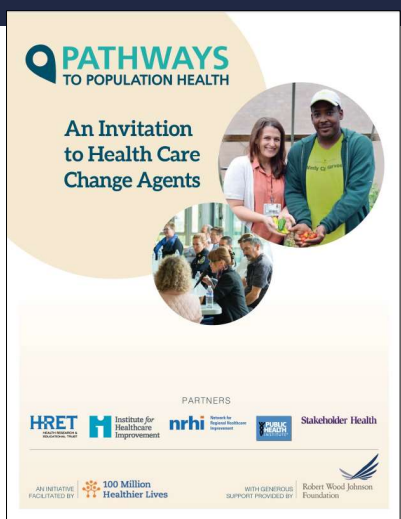
1. Framework
2. Compass
3. Oasis of resources

19

SIX FOUNDATIONAL CONCEPTS OF POPULATION HEALTH IMPROVEMENT

1. Health and well-being develop over a lifetime.
2. Social determinants drive health and well-being outcomes throughout the life course.
3. Place is a determinant of health, well-being, and equity.
4. The health system needs to address the key demographic shifts of our time.
5. The health system can embrace innovative financial models and deploy existing assets for greater value.
6. Health creation requires partnership because health care only holds a part of the puzzle.

What creates health?   **How can health care engage?**

20

FOUR PORTFOLIOS OF POPULATION HEALTH ACTION FOR HEALTH CARE ORGANIZATIONS

PATHWAYS TO POPULATION HEALTH

Improving the health and wellbeing of people

P1: Physical and/or Mental Health

Population Management

Equity

P3: Community Health and Well-being

Community Well-being Creation

P2: Social and/or Spiritual Well-being

P4: Communities of Solutions

Improving the health and wellbeing of places

Improving the systems that drive (in)equity

Source: Pathways to Population Health, 2018

pathways2pophealth.org

21

APPLYING P2PH IN THE CONTEXT OF COVID-19 IN RHODE ISLAND FOR PEOPLE WITH CHRONIC ILLNESSES

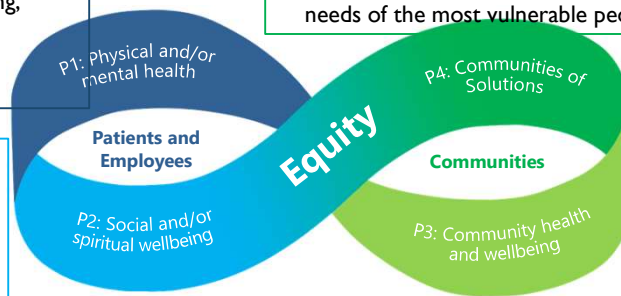- Stratify the population with diabetes in terms of COVID-19 risk, diabetes/physical health risk, mental health risk and social risk
- Access to medications, BG monitoring, supplies
- Telehealth services for physical and mental health (and reimbursement)

- Understanding who might have lost access to health care benefits or is feeling financially insecure due to loss of employment or reduced hours
- Loss of access to caregivers as a result of physical distancing
- Social isolation, loss of purpose
- Access to food, transportation, etc

- Advancing policies today that will help in the long run as well (paid family leave, living wages, etc)
- Sharing assets and investments to meet the needs of the most vulnerable people in the state

P1: Physical and/or mental health

Patients and Employees

Equity

P4: Communities of Solutions

Communities

P2: Social and/or spiritual wellbeing
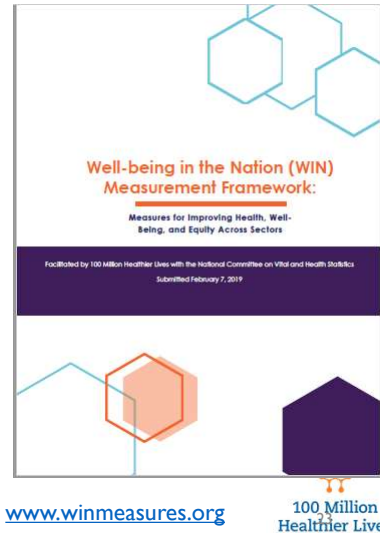
P3: Community health and wellbeing

- Connect assets and initiatives across the clinic and HEZ to meet the needs of people with diabetes and equity gaps

22

What are the Well-Being In the Nation (WIN) Measures and why should you care?

- The Well-Being In the Nation (WIN) Measurement Framework offers our nation's first set of common measures to assess and improve population and community health and equity.
- The framework was developed by the National Committee on Vital and Health Statistics; measure development was facilitated by 100 Million Healthier Lives, with input from 100+ people and organizations.
- WIN can help you connect the dots in ways that help you see the bigger strategic picture.

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
Submitted February 7, 2019

WELL BEING IN THE NATION NETWORK

www.winmeasures.org

100 Million Healthier Lives

23

National Committee on Vital and Health Statistics

NCVHS

NCVHS Measurement Framework for Community Health and Well-Being, V4

This document was developed by the NCVHS Population Health Subcommittee drawing from a wide range of evidence, including an environmental scan conducted by the Committee, and with input from the public through a year-long, iterative process. This version of the Framework incorporates feedback received during the NCVHS Population Health workshop held in September 2016. In its capacity as a Federal Advisory Committee, the Committee has turned over the Framework to a non-governmental organization (NGO) whose leadership volunteered to steward its ongoing development, maturation, pilot, implementation and ongoing refinement in collaboration with federal, state, local governmental and non-governmental organizations. For questions, please contact NCVHS at ncvhsmail@cdc.gov.

https://www.ncvhs.hhs.gov/wp-content/uploads/2013/12/NCVHS-Measurement-Framework-V4-Jan-12-2017-for-posting-FINAL.pdf

National Committee on Vital and Health Statistics (NCVHS) is a Federal Advisory Committee – reports to secretary of HHS

Was charged with identifying *multi-sector* measures to support population and community health and wellbeing and address social determinants of health

Report from January 2017

Handed off the process of developing measures to 100 Million Healthier Lives

WELL BEING IN THE NATION NETWORK

100 Million Healthier Lives

24

2018: Modified Delphi Process – 100+ organizations across sectors participating along with communities
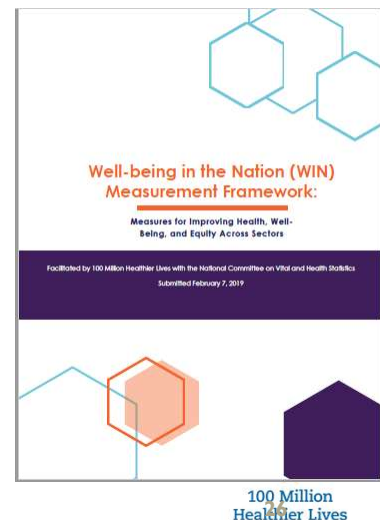
- Landscape analysis of 500+ measures
- Cycle 1: What's missing?
    - Process: Participants were invited to suggest additions to the list of candidate metrics being considered.
    - Output: Complete metrics list compiled
- Cycle 2: Prioritization
    - Process: In each domain participants were asked to prioritize 10 metrics for each the National and Community measures based on the measure's importance, value/usefulness, and usability to stakeholders
    - Output: Candidate metrics lists for each domain at each National and Community levels were reduce to ~20 most selected measures
- Cycle 3: Evaluation
    - Process: In each domain participants were asked to prioritize 5 metrics for each the National and Community measures, then evaluate their importance, feasibility, usability and value on a scale of 1 (least) to 3 (most) using NQF decision criteria
- Cycle 4: Multisector expert validation and community testing
- Cycle 5: Alignment with related measurement initiatives, such as Healthy People 2030

WE IN THE WORLD

WELL BEING IN THE NATION NETWORK

100 Million Healthier Lives

25

Well-being In the Nation (WIN) Measurement Framework (NCVHS Framework)

1. Core measures
    - Well-being of people
    - Well-being of places
    - Equity
2. Leading indicators
    - 12 domains and associated subdomains related to determinants of health (upstream, midstream, downstream)
3. Full flexible set (developmental measures)
    - 12 domains and associated subdomains

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

Submitted February 7, 2019

WE IN THE WORLD

WELL BEING IN THE NATION NETWORK

100 Million Healthier Lives

26

Well-being In the Nation (WIN) Measures
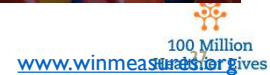
1. **Wellbeing of people**
   - People's perception of their well-being
   - Life expectancy
2. **Wellbeing of places**
   - Healthy communities index (USNWR/CHRR)
   - Child poverty
3. **Equity**
   - Differences in subjective well-being
   - Years of potential life gained
   - Income inequality, graduation rates
   - Differences by demographic variables (race, place, gender, educational level, language, sexual identity, etc.)

Well-being of People

Well-being of Places

Equity

WE IN THE **WORLD**

WELL BEING IN THE NATION NETWORK

100 Million Healthier Lives

www.winmeasures.org

27

Cantril's ladder: People reported well-being

Common Measures for Adult Well-being

Best Possible

1. Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

Indicate where on the ladder you feel you personally stand right now.

0 1 2 3 4 5 6 7 8 9 10

2. On which step do you think you will stand about five years from now?

0 1 2 3 4 5 6 7 8 9 10

3. Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.

0 1 2 3 4 5 6 7 8 9 10

Worst Possible

www.winmeasures.org

Life evaluation

% people thriving
% people struggling
% people suffering

Overall life eval index:
%thriving - % suffering

Age
Sex
Race/Ethnicity
Education
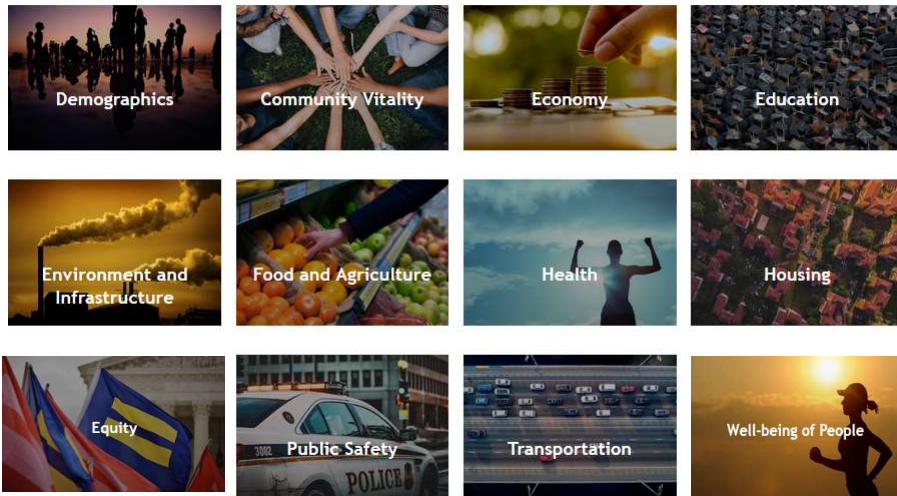Zip code
Veteran status

WELL BEING IN THE NATION NETWORK

- Two simple questions
- Administered 2.7 million times, highly validated
- Relates to morbidity, mortality, cost
- Useful for risk stratification
- Works across sectors
- Recommended by OECD
- Recommended by National Academies as a Leading indicator for Healthy People 2030

100 Million Healthier Lives

28

Leading Indicators

Leading Indicators

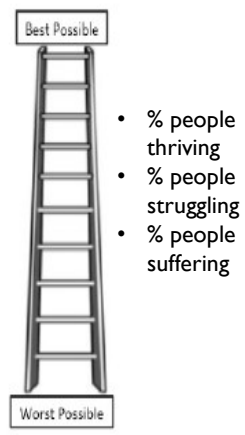| Demographics | Community Vitality | Economy | Education |
| Environment and Infrastructure | Food and Agriculture | Health | Housing |
| Equity | Public Safety | Transportation | Well-being of People |

29

Adopters of the WIN Measures

1. US News & World Report
2. American Heart Association
3. National Councils on Aging
4. HERO (Employers)
5. Health systems - Kaiser Permanente, Health Partners, Methodist Healthcare Ministries, Providence St. Joseph, Advocate
6. States – Delaware, New York, California
7. Federal agencies – VA, CDC, ACL
8. Public health agencies – Association of State and Territorial Health Officials
9. Funders – Wellbeing Trust, Robert Wood Johnson Foundation, Cargill Foundation

10. Well Being Alliance partners (30 national partners)
11. Technology groups: Community Commons, LiveStories
12. Other measurement efforts – CityHealth Dashboard, USNWR, Healthy Places Index, SIREN
13. Other sectors: Housing (Enterprise), CDFIs (Build Healthy Places Network), Transportation, Business, Media
14. 100 Million Healthier Lives partners – All In, IHI, DASH, Empath, SCALE communities, etc
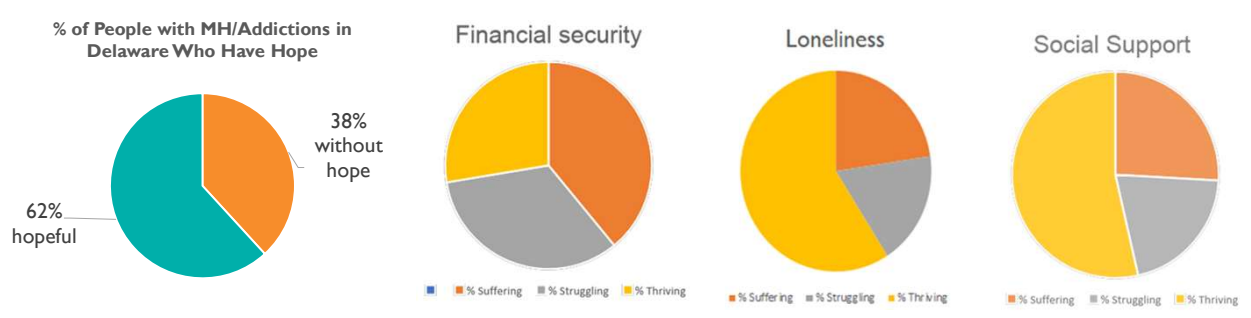15. Healthy People 2030

30

SEEING THE WHOLE PERSON USING THE WIN MEASURES: CANTRIL'S LADDER IN DELAWARE IN THE CONTEXT OF COVID-19

1. Understood who might be in the highest risk, rising risk, and "everyone" categories

2. Used a few simple questions to risk stratify and rapidly assess needs
   1. Overall well-being and hope
   2. Financial well-being
   3. Loneliness
   4. Social supports
   5. Housing, legal needs
   6. COVID symptoms

3. Planned for what happens to anyone who screens positive including "outreach failures"

4. Care managers outreach to people who a at highest or rising risk; part of all in-reach

5. Connect people reliably to needed suppo whether they be around primary care, behavioral health or social needs through integration with 2-1-1 and community providers

6. Follow up to assure they get the help they need using team-based care

7. Big White Wall implementation and warm for anyone – with back end integration int state telehealth support systems

Best Possible

Worst Possible

- % people thriving
- % people struggling
- % people suffering

31

HEALTH AND WELL-BEING OF PEOPLE WITH MENTAL HEALTH AND ADDICTIONS IN DELAWARE WHO HAVE HOPE

% of People with MH/Addictions in Delaware Who Have Hope

38% without hope

62% hopeful

Financial security

% Suffering   % Struggling   % Thriving

Loneliness

% Suffering   % Struggling   % Thriving

Social Support

% Suffering   % Struggling   % Thriving

N = 448

100 Million Healthier Lives

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Substance Abuse and Mental Health

WE WORLD

32

ORGANIZING YOURSELF TO IMPROVE THE WELL-BEING OF PEOPLE: DELAWARE

1. Understood who might be in the highest risk, rising risk, and "everyone" categories

2. Used a few simple questions to risk stratify and rapidly assess needs
   1. Overall well-being and hope
   2. Financial well-being
   3. Loneliness
   4. Social supports
   5. Housing, legal needs
   6. COVID symptoms

3. Planned for what happens to anyone who screens positive including "outreach failures"

4. Care managers outreach to people who a at highest or rising risk; part of all in-reach

5. Connect people reliably to needed suppo whether they be around primary care, behavioral health or social needs through integration with 2-1-1 and community providers

6. Follow up to assure they get the help the need using team-based care

7. Big White Wall implementation and warm for anyone – with back end integration int state telehealth support systems

Best Possible

Worst Possible

- % people thriving
- % people struggling
- % people suffering

33

CLINICAL-COMMUNITY CONNECTIONS

- Partnerships between ERs, mental health system, primary care, police, and corrections
- Diversion by police and corrections to mental health and addictions crisis stabilization for anyone with an overdose or charges related to mental health or addiction
- Rapid facilitation to get people with mental health and addictions who need to be hospitalized out of the EDs
- Warm handoff and coordinated transition from anyone coming out of jail or prison with policies in place to support transfer
- Coordinated transitions for anyone in the state graduating from foster care and juvenile detention
- Connection to social needs (housing, peer support, education/employment, etc) and peer supports

34

IDENTIFYING COVID-19 DISPARITIES BY PLACE
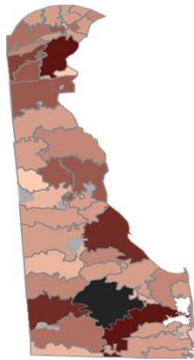
- Hotspots related to Haitian immigrants working in chicken farms and nursing homes
- Crowded working conditions, no social distancing, no PPE
- Poverty → crowded housing conditions for workers
- Health literacy low
- Low trust in government, fear of public charge
- Mental health stigma
- Besides shutting down the plant and assuring financial support for the workers, the state is engaging in a peer supported outreach strategy in the community through the DPH
- Policies to support everyone who is unemployed and at risk

TO

35

-The COVID-19 Tracker was created as a tool to help DSAMH identify and respond to the needs of our clients system-wide, who would undoubtedly be faced with stressful and potentially dangerous issues as a result of unprecedented nature of the pandemic.

-The integration of the Well-being metrics into the tracker and the reporting dashboard provided leadership and front-line staff a visual description of our clients.

-From a leadership perspective:
- it allows for efficient allocation of resources across the system
- the ability to trend change over time to determine if interventions are having the intended affect.
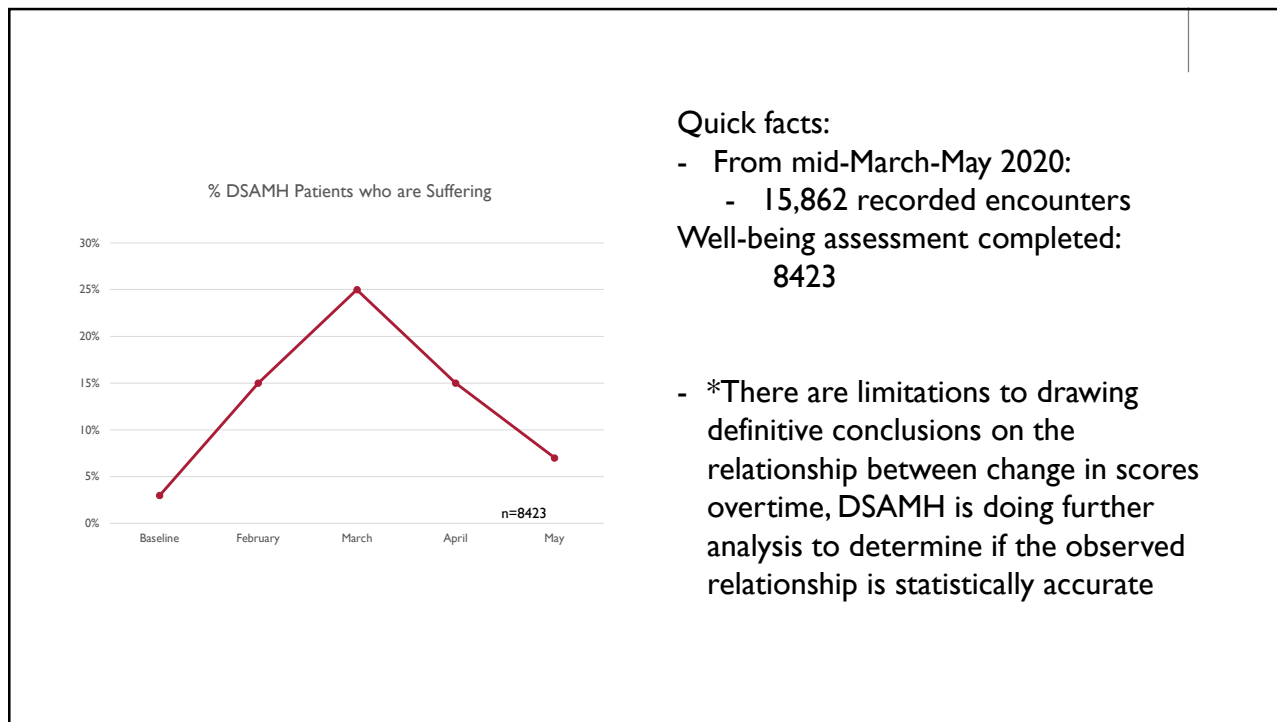- From the perspective of the front line staff:
  - they are able to quickly hone in on who is struggling or suffering and in what domains
  - develop and deploy targeted interventions for these groups.

36

% DSAMH Patients who are Suffering

n=8423

| | Baseline | February | March | April | May |

Quick facts:
- From mid-March-May 2020:
  - 15,862 recorded encounters
Well-being assessment completed:
  8423

- *There are limitations to drawing definitive conclusions on the relationship between change in scores overtime, DSAMH is doing further analysis to determine if the observed relationship is statistically accurate

37

IMPLICATIONS FOR BOARDS

1. We have standard measures for population health, social determinants and equity—is your health care system using them?

2. Simple measures can be powerful and equitable.

3. Working on racial justice and equity is no longer optional – what is your organization doing inside its walls and outside its walls in the community to address this? Are you approaching it as a strategic priority?

4. Who is around your Boardroom table? Do you have the right people around to help govern an organization to help connect the dots?

5. How is the bottom quarter of income earners in your health care workforce doing? How are those who experience racial injustice everyday doing? What systems of board engagement and accountability do you have in place to assure that your organization is connecting the dots?

WE IN THE WORLD

WELL BEING IN THE NATION NETWORK

100 Million Healthier Lives

38

ABUNDANCE

"Abundance does not happen automatically. It is created when we have the sense to choose community, to come together to celebrate and share our common store. Whether the scarce resource is money or love or power or words, the true law of life is that we generate more of whatever seems scarce by trusting its supply and passing it around. Authentic abundance does not lie in secured stockpiles of food or cash or influence or affection but in belonging to a community where we can give those goods to others who need them—and receive them from others when we are in need."

-Parker Palmer, "Let Your Life Speak"

39

FOR MORE INFORMATION

Well-being In the Nation (WIN) Measures:

- www.winmeasures.org
- Milbank Quarterly paper on WIN measures
- Health Equity and COVID-19: https://conta.cc/34WoYav

Well-being and Equity (WE) in the World

- Somava Saha – somava.saha@weintheworld.org
- www.weintheworld.org

Well Being In the Nation Network – www.winnetwork.org

40