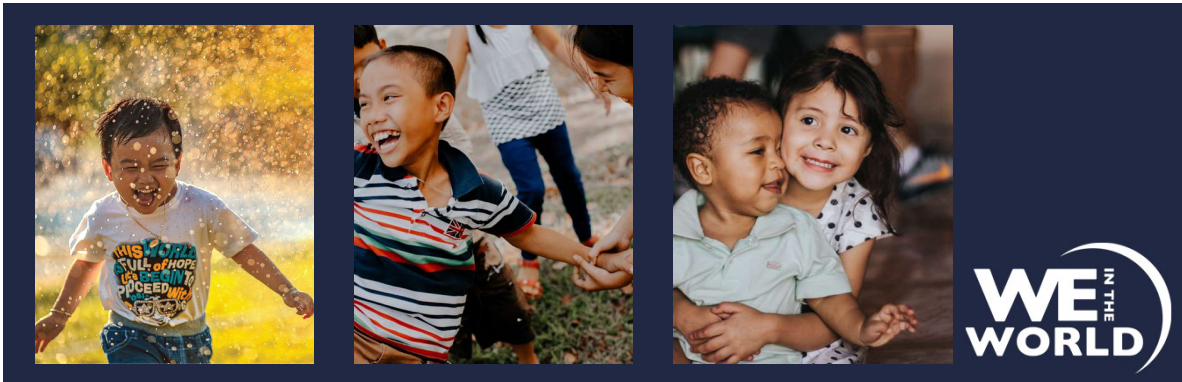


MEASURING & MOVING WHAT MATTERS: ADVANCING WELL-BEING IN THE NATION

SOMAVA SAHA, MD MS, FOUNDER AND EXECUTIVE LEAD, WELL-BEING AND EQUITY (WE) IN THE WORLD



WEINTHEWORLD.ORG

1



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

2

QUESTIONS FOR BOARDS

1. It is possible to plan proactively to meet the needs of the population. Is your health care system doing this?
2. Do you have ways to comprehensively measure the mental, physical, social, and spiritual well-being of your patients, workforce, and community?
3. Are you stratifying your data for common drivers of health inequity, such as race, income, and place?
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. Who are you in partnership with in the community? Are you trying to improve health alone or as part of a broader team?

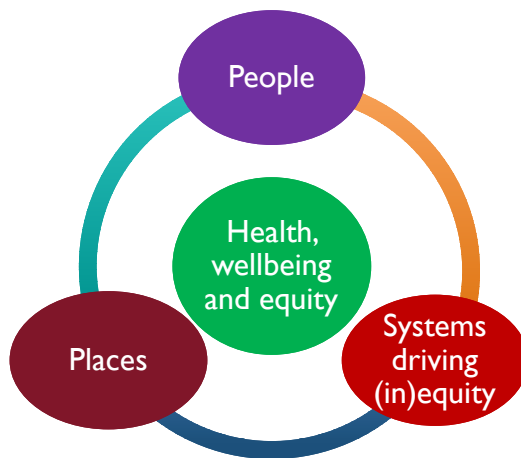
3

OUR TIME TOGETHER

1. Why we need to change how we approach improving health, well-being and equity
2. Introduce the Well Being In the Nation 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

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



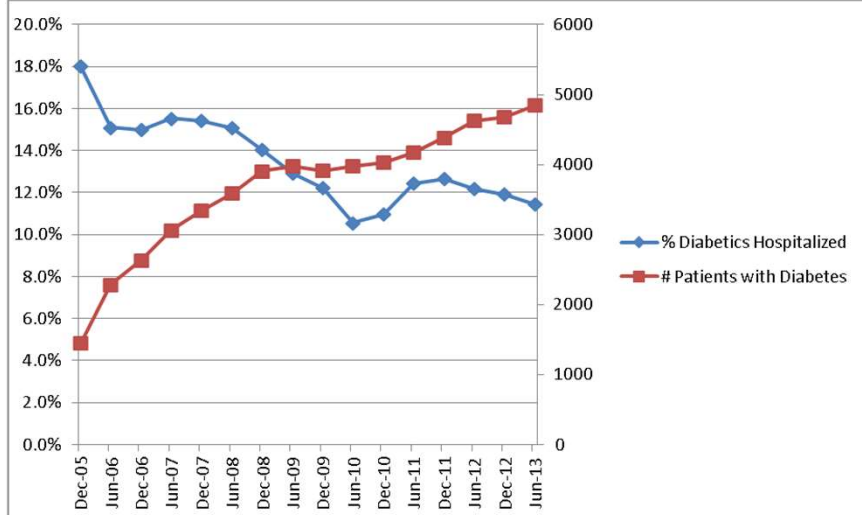
5

THREE STORIES ABOUT MEASUREMENT

- 542
- 5000:1
- 60%-80%

6

WHY WE NEED TO CHANGE OUR FRAME



7

5000:1



PHOTO BY [TAKESHI MORISATO ON UNSPLASH](#)



PHOTO BY [BENDY NOVANTINO ON UNSPLASH](#)

8

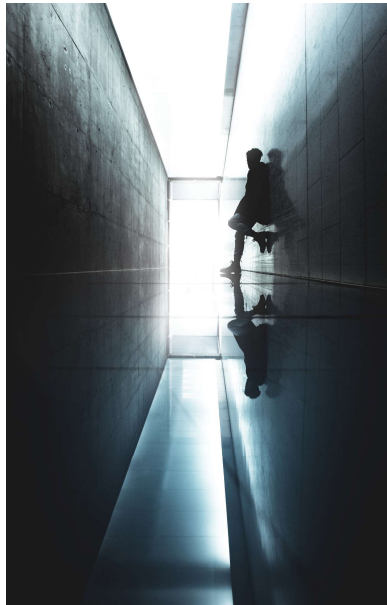
8

LONELINESS

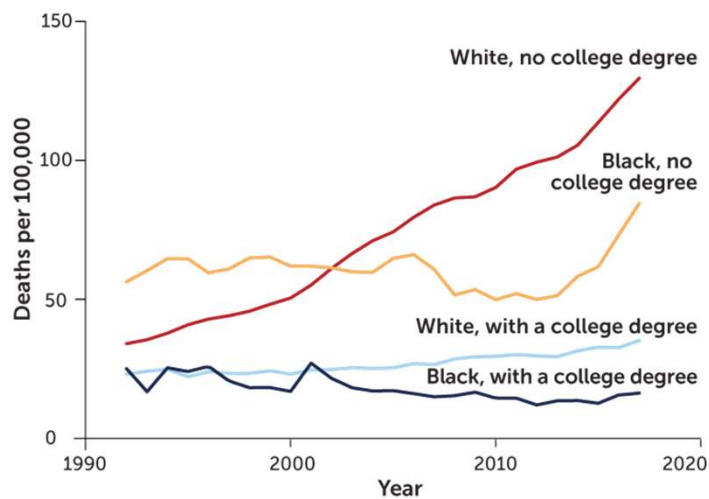
- An epidemic of loneliness
- Generational
- Leads to 6 fold increase in disability and likelihood of dying in older adults
- Is your health care system measuring that?

PHOTO BY WILLIAM DAIGNEAULT ON UNSPLASH

9



9



SOURCE: A. CASE AND A. DEATON/DEATHS OF DESPAIR AND THE FUTURE OF CAPITALISM 2020

10

DEATHS OF
DESPAIR

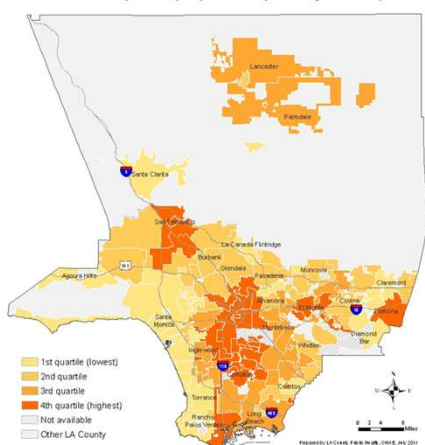
10

HOW DOES YOUR HEALTH CARE SYSTEM MEASURE THE MENTAL, PHYSICAL, SOCIAL, AND SPIRITUAL WELL-BEING FOR PATIENTS? FOR EMPLOYEES?



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

Economic Hardship Index by City/Community, Los Angeles County, 2000



Prevalence of Childhood Obesity by City/Community, Los Angeles County, 2005

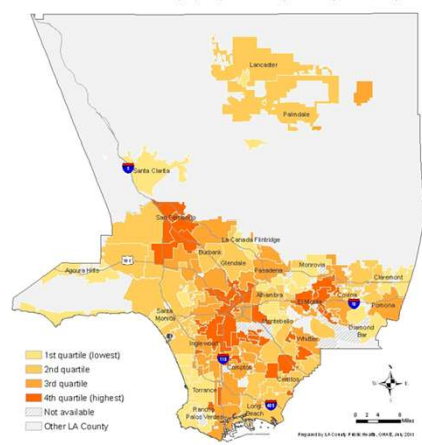


FIGURE | SOCIAL VULNERABILITY AND RACE IN CHICAGO

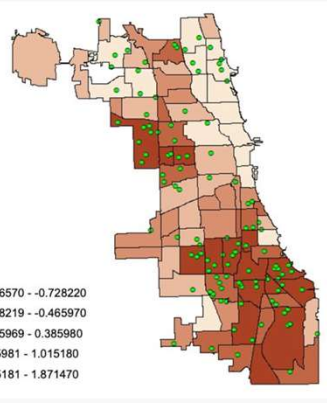
Risk Factors

Risk scores by zip code

As of April 6, 2020

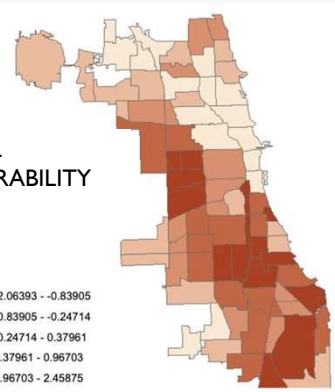
Locations of COVID-19 fatalities represented by green dots

- 2.126570 - -0.728220
- 0.728219 - -0.465970
- 0.465969 - 0.385980
- 0.385981 - 1.015180
- 1.015181 - 1.871470




SOCIAL VULNERABILITY INDEX

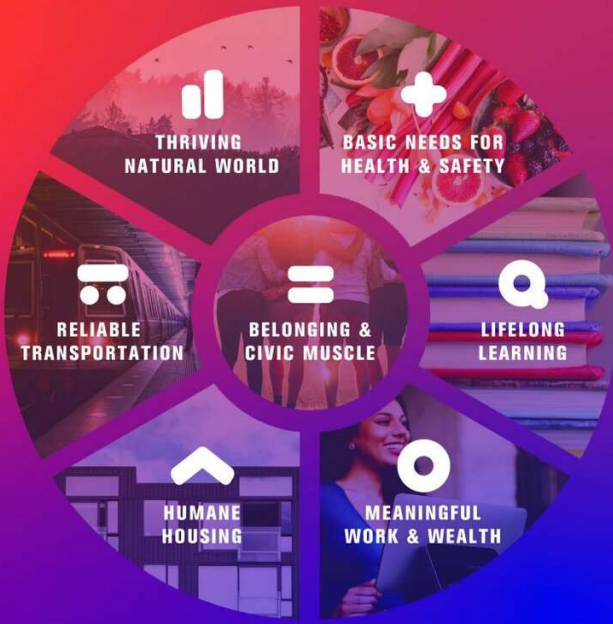
- 2.06393 - -0.83905
- 0.83905 - -0.24714
- 0.24714 - 0.37961
- 0.37961 - 0.96703
- 0.96703 - 2.45875



One of the reasons for such racial disparities is due to the fact that African American communities are disproportionately affected by multiple chronic diseases before the COVID-19 pandemic. Here, I created a risk factor score for the 77 Chicago Community Areas. The risk factor score includes the rates of heart-related death, stroke deaths, asthma, hypertension, diabetes, obesity and smoking. I utilized data from the [Chicago Health Atlas](#).



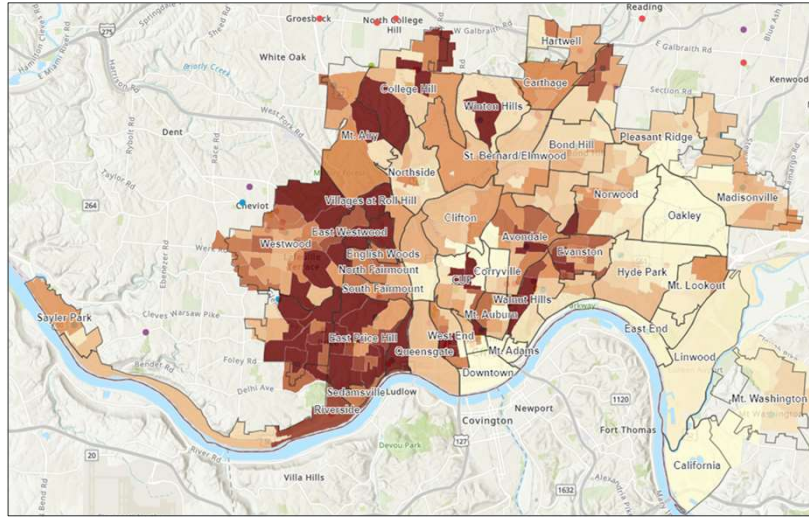
WIN NETWORK



VITAL CONDITIONS FOR WELL-BEING

Vital conditions are properties of places and institutions that all people need to participate, prosper, and reach their full potential. We encounter them on day one and depend on them every day of our lives. They also persist over generations.

ANTICIPATED NEED IN CINCINNATI

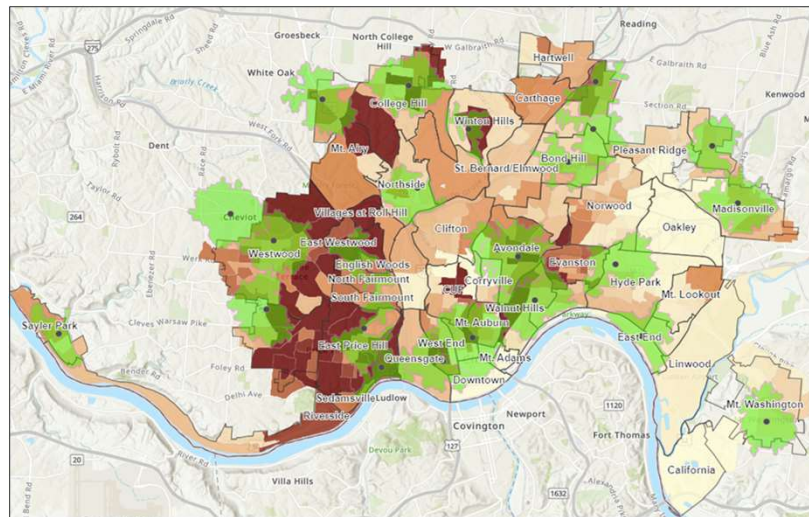


@Carley_Riley



15

EXISTING EMERGENCY FOOD SUPPLY

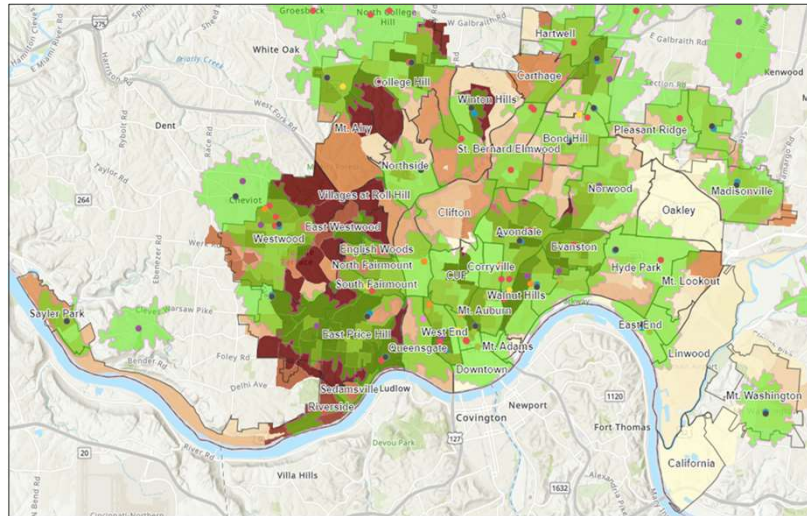


@Carley_Riley



16

IMPROVED EMERGENCY FOOD SUPPLY



17

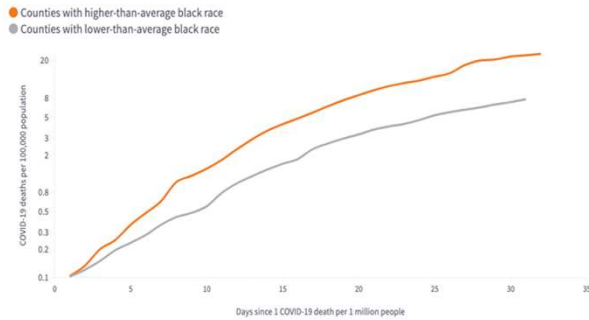
18

DOES YOUR HEALTH CARE SYSTEM STRATEGICALLY USE DATA ABOUT THE VITAL CONDITIONS IN COMMUNITIES TO MAKE INVESTMENTS IN COMMUNITY WELL-BEING?

18

UNDERSTANDING INEQUITIES IN THE CONTEXT OF COVID-19

Deaths from COVID-19 in High- and Low-Concentration Black Counties



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/table/US/PST045213>). The y-axis is plotted on a log10 scale.

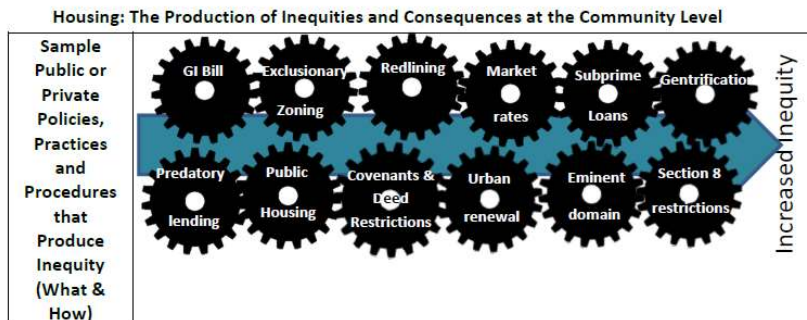
Data: Johns Hopkins University Center for Systems Science and Engineering (JHU CSSE). Obtained on April 21, 2020.

- × 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

19

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



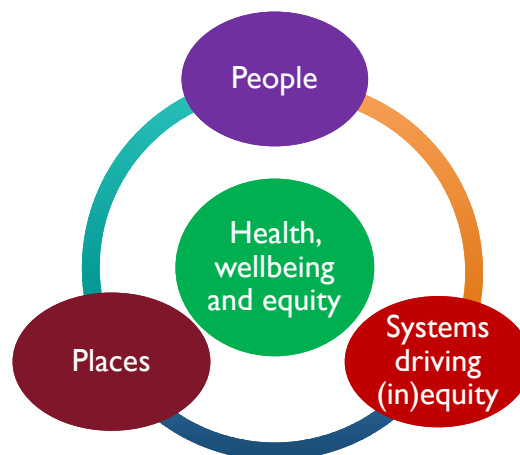
“Countering the Production of Health Inequities” Report from the Prevention Institute

20

DOES YOUR HEALTH CARE SYSTEM STRATIFY FOR EQUITY BY RACE OR PLACE?

21

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



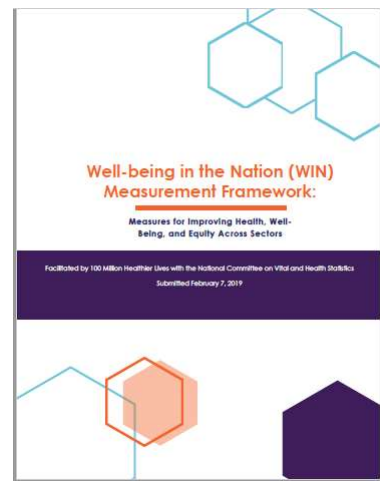
22

IS THERE A SET OF MEASURES THAT OUR HEALTH CARE SYSTEM CAN USE IF WE WANT TO OPERATE DIFFERENTLY?

23

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.



www.winmeasures.org

100 Million Healthier Lives



24

National Committee on Vital and Health Statistics



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 ncvh@mail.cdc.gov.



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



WELL BEING
IN THE NATION
NETWORK

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



25

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



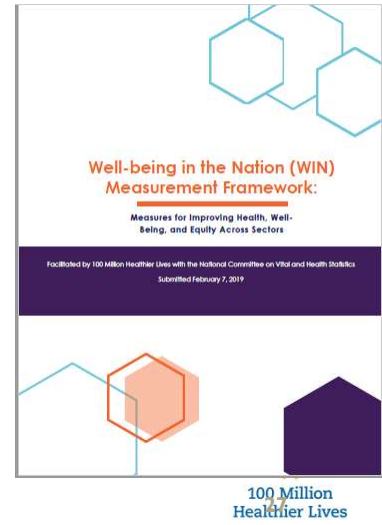
WELL BEING
IN THE NATION
NETWORK



26

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



100 Million Healthier Lives

27

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.)



100 Million Healthier Lives
www.winmeasures.org

28

Cantril's ladder: People reported well-being

Common Measures for Adult Well-being

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

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



29

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



30

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



31

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

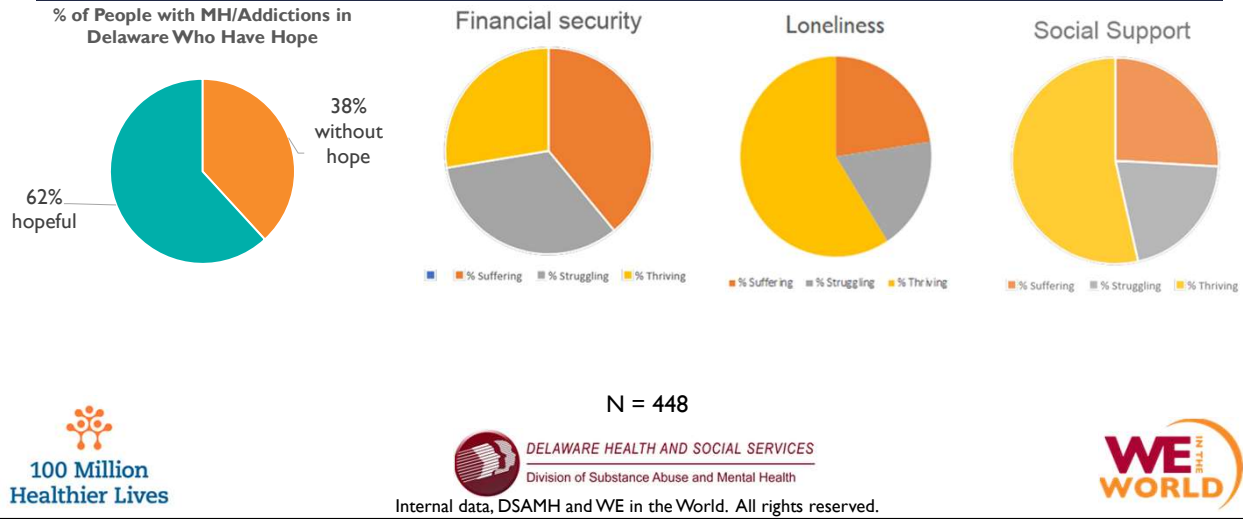
1. Understood who might be in the highest risk, a rising risk, and “everyone” categories
2. Used a few simple questions to risk stratify and rapidly assess needs
 1. Overall well-being and hope
 2. Financial well-being
 3. Loneliness
 4. Social supports
 5. Housing, legal needs
 6. COVID symptoms
3. Planned for what happens to anyone who screens positive including “outreach failures”
4. Care managers outreach to people who are at highest or rising risk; part of all in-reach
5. Connect people reliably to needed support 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 into state telehealth support systems



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

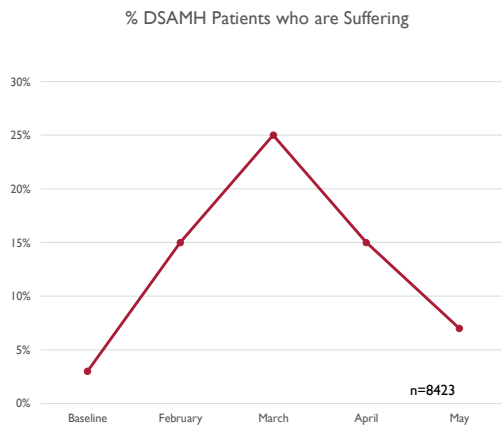
32

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



33

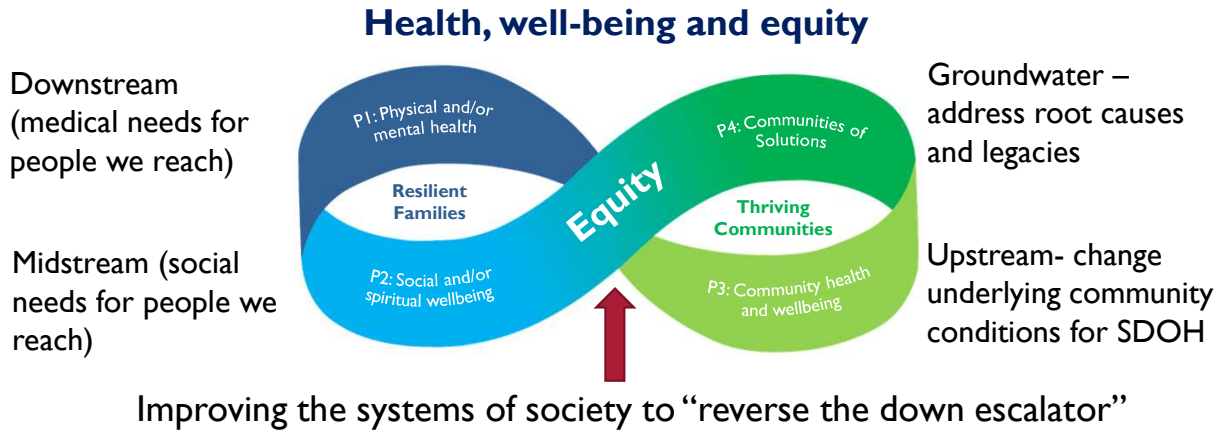
DELAWARE OUTCOMES



- Overdose rates increased by only 3.6% compared with national average of 23%
- Reduced incarcerations (diversion)
- Reduced homelessness among the most vulnerable
- Data systems across sectors
- Improved access for everyone leveraging telehealth and online supports (Support Wall)

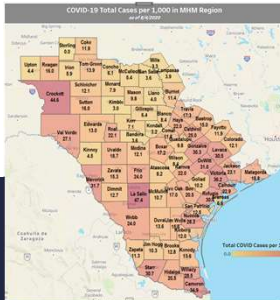
34

TAKING A MORE STRATEGIC APPROACH: PATHWAYS TO POPULATION HEALTH EQUITY

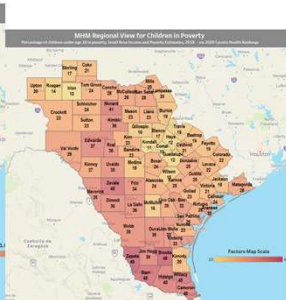


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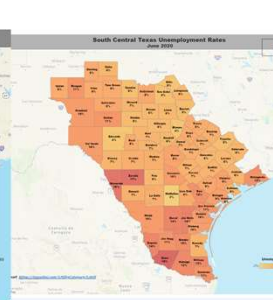
COVID Cases



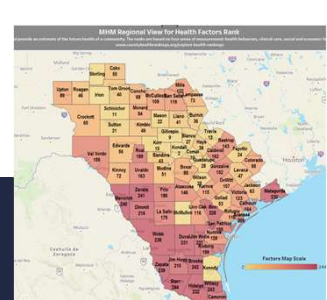
Child poverty



COVID Unemployment



Health status



SHIFTING STRATEGY IN THE CONTEXT OF PLACE

36

36



Equity, diversity and inclusion with Common Health Action

Stewardship, workforce policies
Workforce training and education
Integration of equity in grantmaking and other organizational process



Anchor strategies (MHM with MHS if possible)

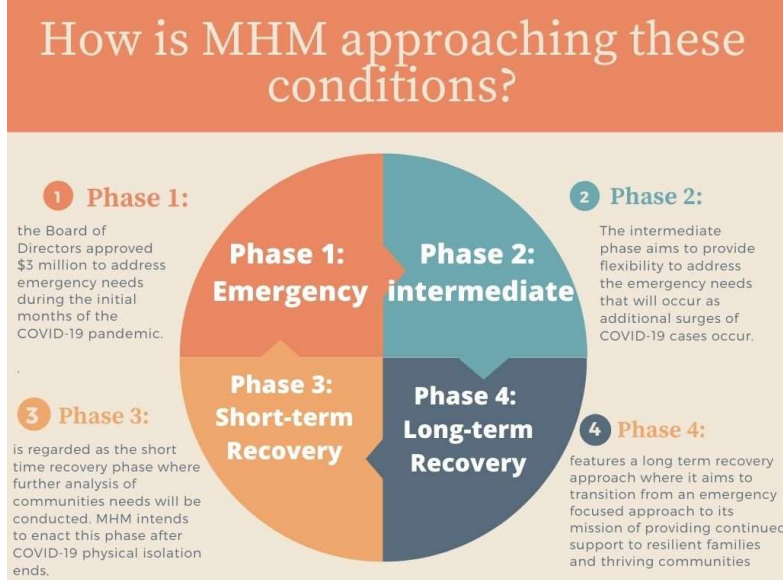
Changes in how we hire and support employees to strategically advance equity
Changes in who and where we buy goods from and how we support other organizations in our community to advance equity
Shifts in what we require of those in our supply chain

I. TRANSFORM FROM THE INSIDE TO SHIFT OUR STRATEGIC APPROACH FROM CHARITY TO EQUITY TO LIBERATION

37

37

- Phase 1: Emergency (March 2020 through June 2020)
- Phase 2: Intermediate (July 2020 through September 2020)
- Phase 3: Short-term Recovery (October 2020 through August 2021)
- Phase 4: Long-term Recovery (2021-2022).



38

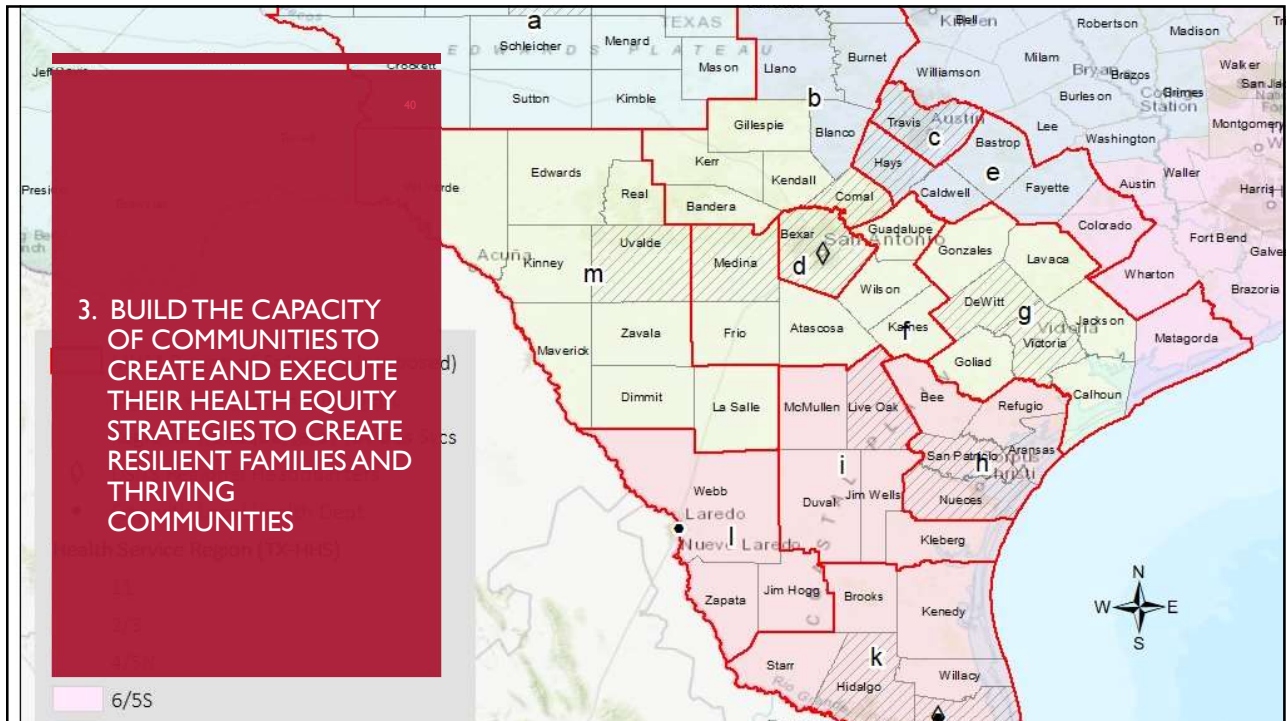


39

2. INVEST IN EMERGENCY AND RECOVERY SUPPORTS IN A WAY THAT ADVANCES LONG-TERM EQUITABLE RECOVERY AND RESILIENCE

- Giving people food →
- Building the capacity of community assets (food banks, faith communities etc) to distribute healthy food →
- Making fresh healthy food affordable where people shop in local markets

39



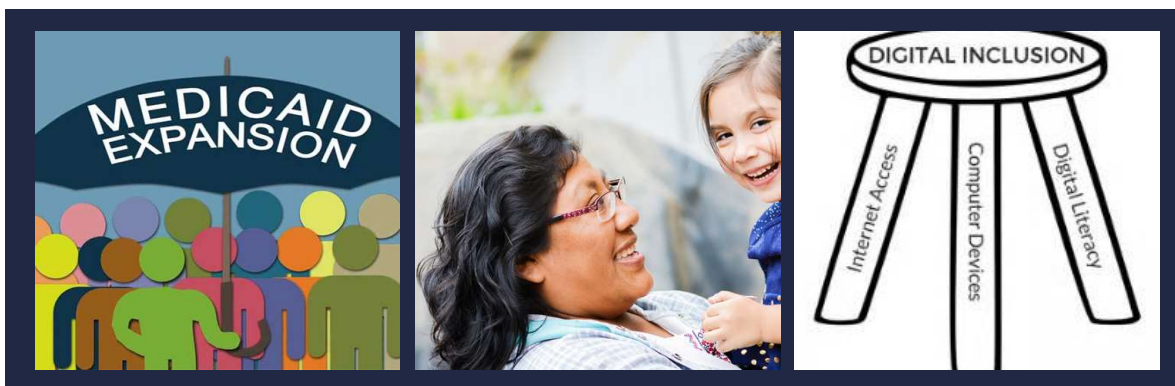
40

3. BUILD THE CAPACITY OF COMMUNITIES TO CREATE AND EXECUTE THEIR HEALTH EQUITY STRATEGIES TO CREATE RESILIENT FAMILIES AND THRIVING COMMUNITIES

6/55

40

4. INVEST IN CROSS-CUTTING SYSTEMIC EFFORTS TO ADDRESS ROOT CAUSES OF HEALTH INEQUITY



41

KEY TAKEAWAYS FOR BOARDS

- It's possible to move population health and equity outcomes, but we have to think differently and strategically.
- What we measure matters. Measure sets like the WIN Measures can help your health system measure what matters better.
- Consider holding your health system accountable for developing a strategy that will improve health and life outcomes in the short, medium, and long term.

WWW.WINMEASURES.ORG

42

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”



43

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

44