

2011 Military Health System Conference

Understanding Well-being

Lessons for Leadership

The Quadruple Aim: Working Together, Achieving Success

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National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention (CDC)

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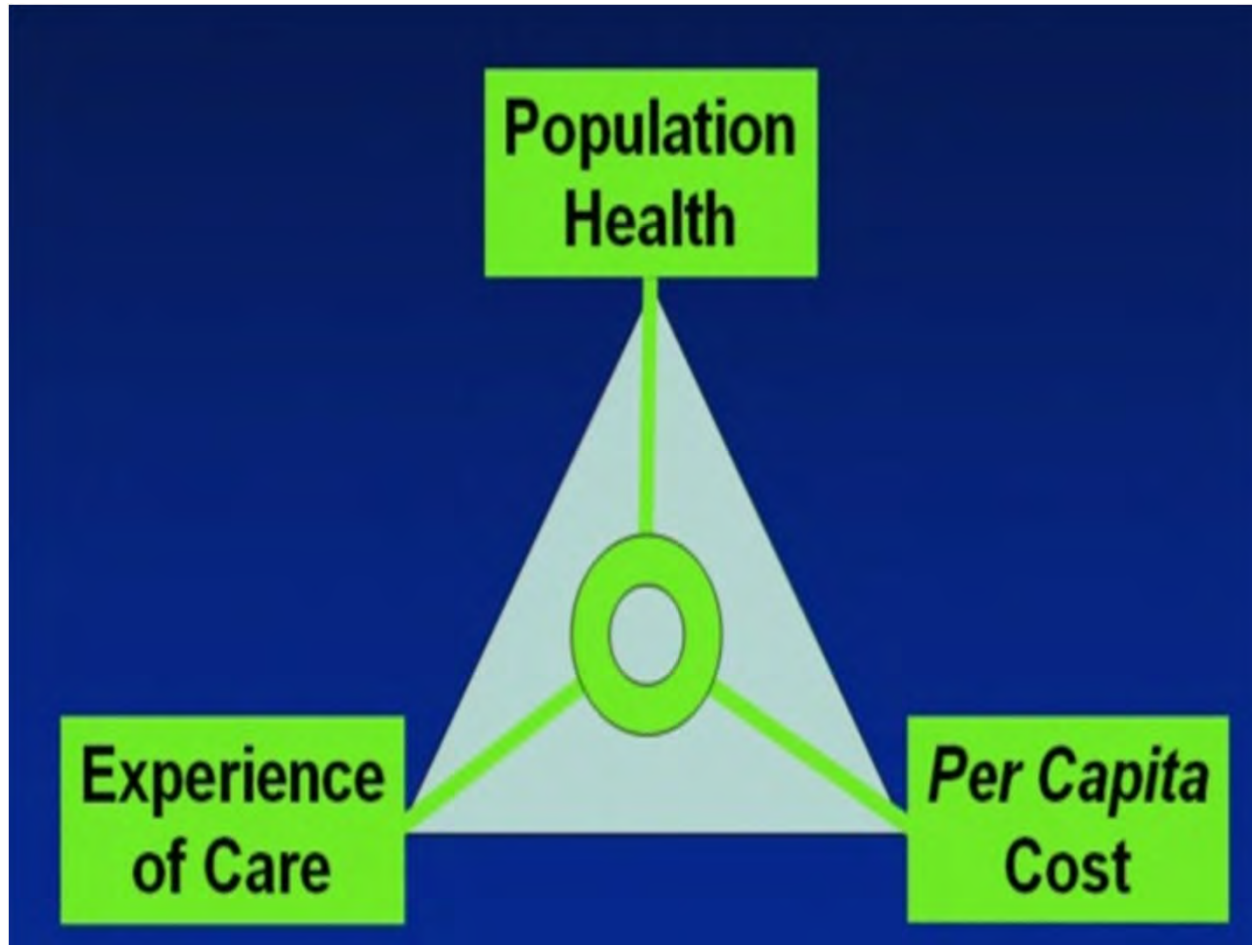
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3 Propositions



1. Well-being is all around us
2. Well-being has begun to attract real interest
3. Well-being, with engaged leaders, could fuel the movement needed to attain the Quadruple Aim

The Triple Aim: The Berwick Model



The Quadruple Aim



The Quadruple Aim: The MHS Value Model



Readiness

Ensuring that the total military force is medically ready to deploy and that the medical force is ready to deliver health care anytime, anywhere in support of the full range of military operations, including humanitarian missions.

Experience of Care

Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe and always of the highest quality.



Population Health

Reducing the generators of ill health by encouraging healthy behaviors and decreasing the likelihood of illness through focused prevention and the development of increased resilience.

Per Capita Cost

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Theme 1: Well-being is all around us



- Questions
 - What is well-being?
 - How is it measured?
 - Why does it matter to the Quadruple Aim?

Well-being:



Well-being:



- A quality of physical, mental, and social states that together define health (as used in the Preamble to the WHO Constitution , 1946)
- A product of one's ability to identify and realize aspirations, to satisfy needs, and to change or cope with the environment (as used in the Ottawa Charter for Health Promotion, 1986)

Well-being:



- either of two sets of subjective or psychological attributes:
 - life satisfaction, higher positive/lower negative affect, by self-assessment (the Hedonic view); or
 - autonomy, personal growth, self-acceptance, life purpose, mastery, positive relatedness, by expert assessment (the Eudaemonic view)

Well-being:



- “...a *dynamic* state where one maximizes his or her physical, mental, and social functioning in supportive environments to live a full, satisfying and productive life.” (CDC Well-being Work group)
 - not static
 - relative
 - variable across domains
 - determined by people and environments

Well-being:



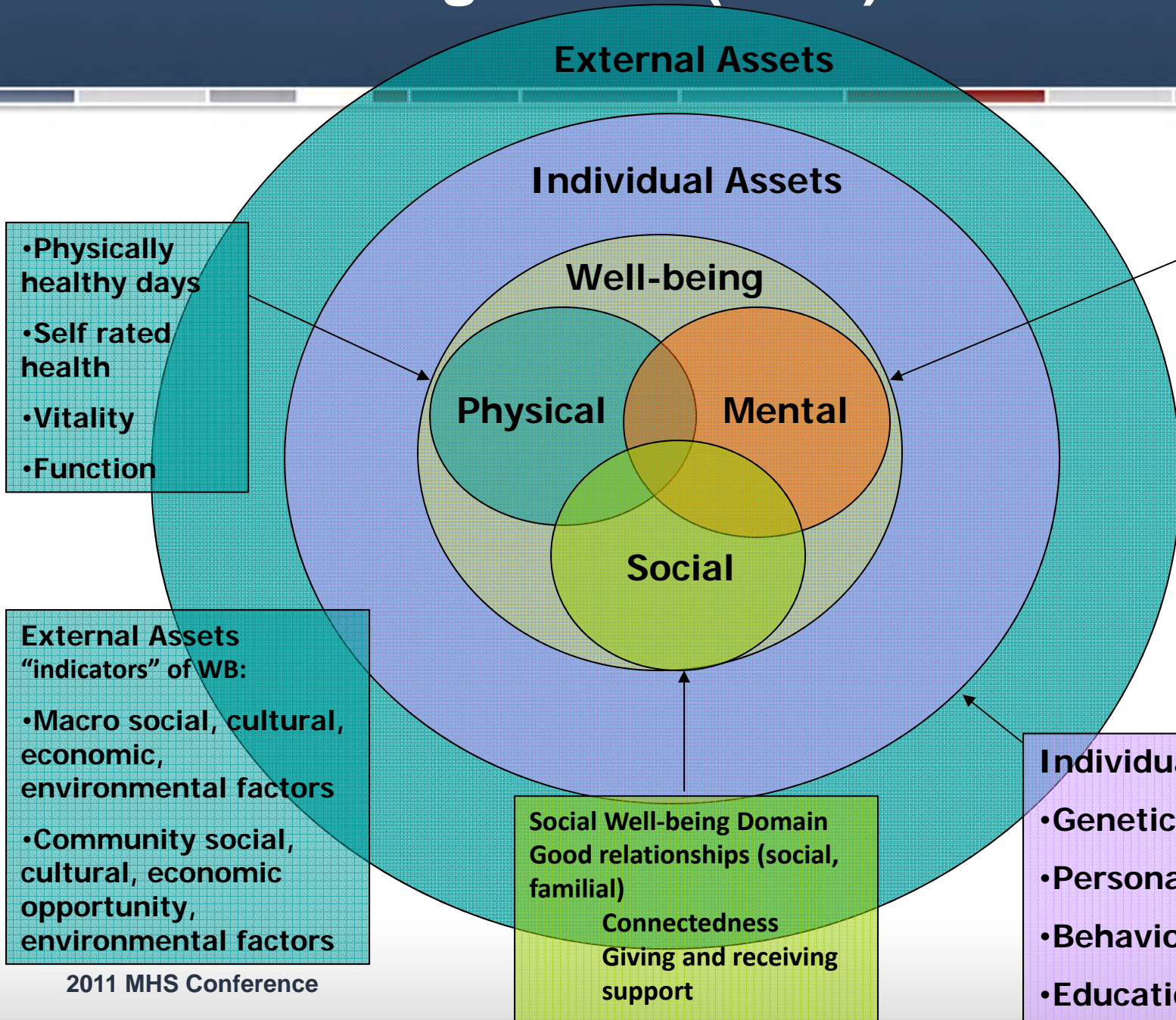
-“the true essence...”?:

- good
- favorable
- desirable
- an asset
- physical
- mental/psychological
- social

A ***POSITIVE*** HEALTH-RELATED QUALITY, TRANSCENDING PHYSICAL HEALTH

Draft Well-being Model (CDC)

- Life satisfaction - global
- Life Satisfaction – by domain
- High Positive emotion
- Low negative emotion
- Autonomy
- Personal growth
- Life purpose
- Self acceptance
- Mentally healthy days



- Physically healthy days
- Self rated health
- Vitality
- Function

- External Assets**
"indicators" of WB:
- Macro social, cultural, economic, environmental factors
 - Community social, cultural, economic opportunity, environmental factors

- Social Well-being Domain**
Good relationships (social, familial)
Connectedness
Giving and receiving support

- Individual Assets**
- Genetics
 - Personality traits
 - Behaviors
 - Education



CDC Well-Being 2008-2010 Pilot Testing

- Intl. Indicators for Well-Being Assessment- Oxford Poverty Development Initiative (Sammans, 2007)
 - Satisfaction with Life (Diener, Emmons, & Griffin, 1985)
 - Meaning in Life (Steger, Frazier, Oishi & Kaler, 2006)
 - Autonomy, Competence, & Relatedness (Ryan & Deci, 2000)
 - Global Life Satisfaction (LS)
 - Global Happiness
 - Domain specific LS (education; work; spiritual, religious/philosophical beliefs; housing; family life; health; friends & social life; neighborhood; ability to help others; achievement of goals; leisure; physical safety; energy level)
 - CDC HRQOL-4



The New Way to Measure



- 25-year commitment, initiated January 2, 2008
- Telephonic-based for “community” survey
- 1,000 completed surveys per day/7 days/week
- 709,000+ completed surveys to date
 - For results based on this sample of respondents, the maximum 95% margin of sampling error is ± 0.3 percentage points
- Design support and oversight from leading behavioral economists, psychologists, and experts in psychometric survey design and statistical analysis

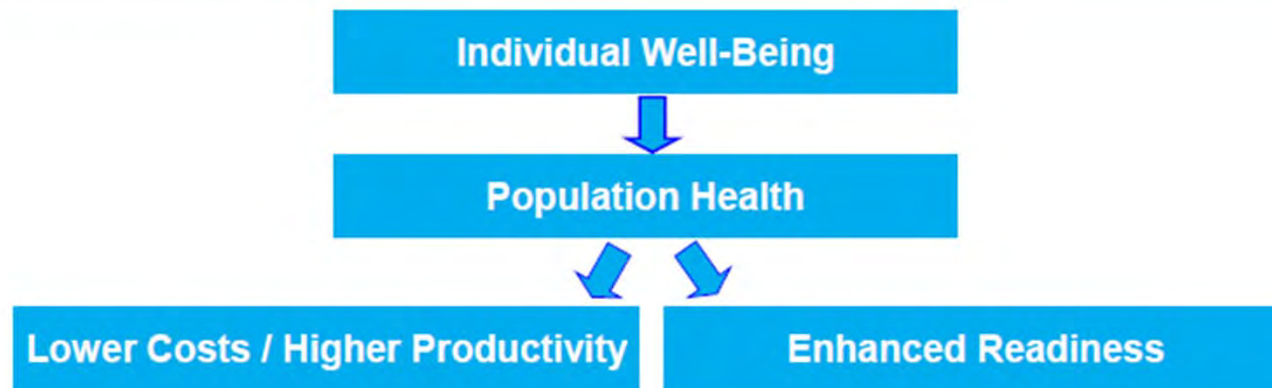
Six Domains:

1. Life Evaluation
2. Emotional Health
3. Physical Health
4. Healthy Behavior
5. Work Environment
6. Basic Access

Measurement



Relevance



Expand The Focus – from Health Care to Health and Well-being

Measure – to objectively assess the state of health and well-being

Move the Needle – through interventions and programs that improve health and well-being, increase productivity and readiness, lower health care costs, and improve results

Measurement



2009 Well-Being Index Composite and Domains

	Overall Well-Being Composite Score	Life Evaluation Index	Emotional Health Index	Physical Health Index	Healthy Behaviors Index	Work Environment Index	Basic Access Index
Active Duty Military	70.1	64.8	75.2	85.7	66.7	39.9	88.4
Federal Workers (Non-Military)	67.9	60.5	73.6	80.2	63.6	43.4	85.9
Non-Active Duty Military	64.5	38.0	74.1	76.1	65.0	48.7	85.3
Non-Government U.S. Workers	66.6	52.0	72.5	81.0	61.2	49.9	82.9

Work Environment is the only Well-Being Index domain where Active Duty Military do not rank at the top of the major measurement groups

Source: Gallup-Healthways Well-Being Index Survey 2009, n=353,894

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Why it matters

Theme 2: Well-being has begun to attract real interest

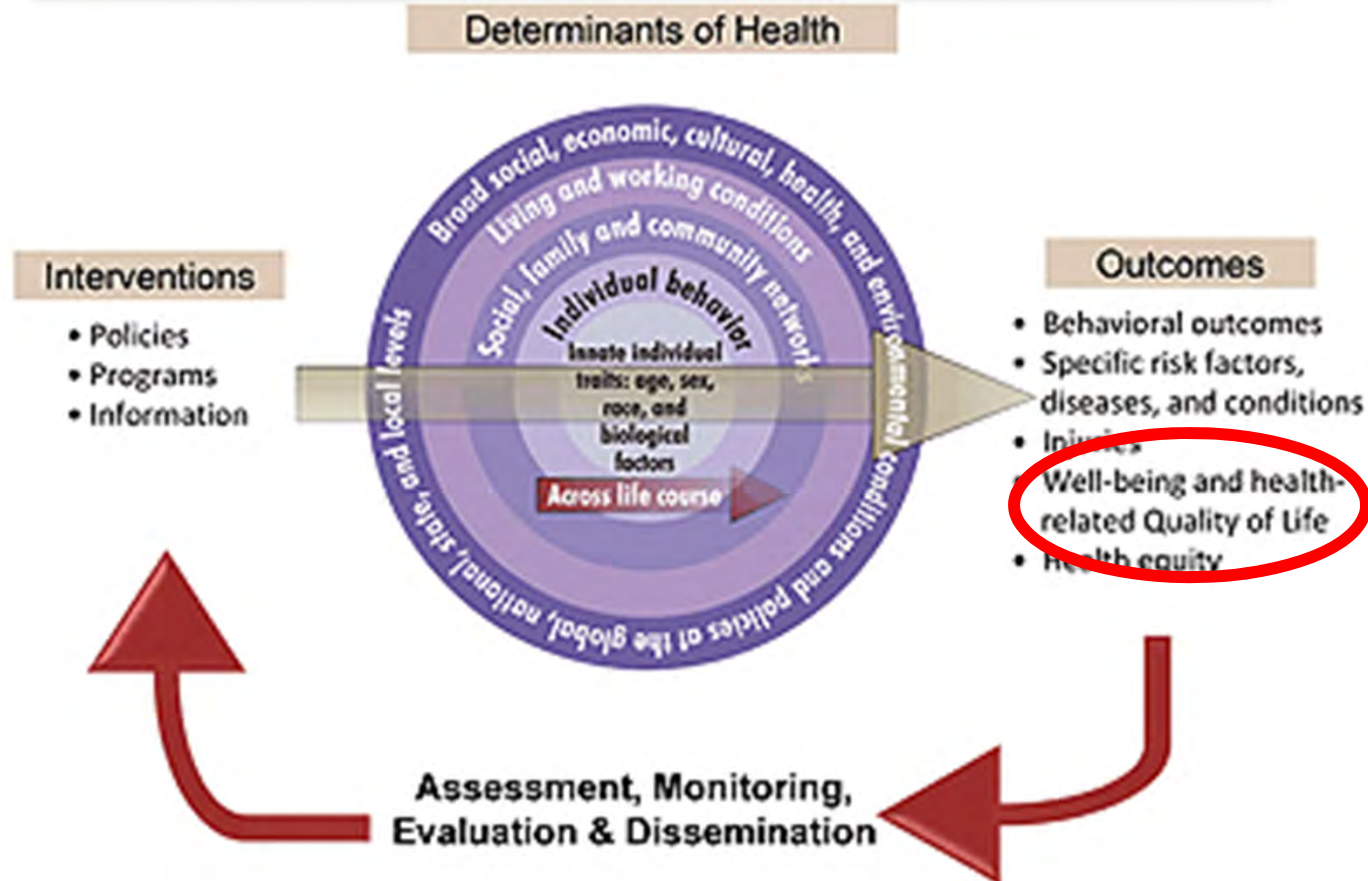


- Questions
 - Where does well-being fit in Healthy People 2020?
 - How has interest in well-being developed in the cardiovascular area (for example)?
 - What's the connection between well-being and Population Health?

Healthy People 2020



Action Model to Achieve Healthy People 2020 Overarching Goals



Health-Related Quality of Life and Well-Being



- Measures of Health-Related Quality of Life and Well-being include:
 - Physical, mental, and social health-related quality of life
 - Well-being/satisfaction
 - Participation in common activities

Health-Related Quality of Life and Well-Being



Patient Reported Outcomes Measurement Information System (PROMIS) Global Health Measure – assesses global physical, mental and social HRQoL through questions on self-rated health, physical HRQoL, mental HRQoL, fatigue, pain, emotional distress, social activities, and roles.

Health-Related Quality of Life and Well-Being



Well-Being Measures – assess the positive evaluations of people’s daily lives – when they feel very healthy and satisfied or content with life, the quality of their relationships, their positive emotions, resilience, and realization of their potential.

Health-Related Quality of Life and Well-Being



Participation Measures – reflect individuals' assessments of the impact of their health on their social participation within their current environment. Participation includes education, employment, civic, social and leisure activities. The principle behind participation measures is that a person with a functional limitation – for example, vision loss, mobility difficulty, or intellectual disability – can live a long and productive life and enjoy a good quality of life.





HDS-1: (Developmental)

Increase overall cardiovascular health in the U.S. population.

Potential data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

The AHA 2020 Impact Goal



“By 2020, to improve the *cardiovascular health* of all Americans by 20 % while reducing cardiovascular diseases and stroke by 20 %.”



The AHA 2020 Impact Goal

- Ideal Health Behaviors Metric (ALL)
 - Non-smoking
 - BMI <25 (<85th %ile)
 - PA 150+ mins/wk moderate or 60+ mins/wk vigorous
 - Healthy Diet Score: 7-8/8 items (5-8/8 goal)
 - Fruits ≥ 4 servings/day
 - Vegetables ≥ 5 servings/day
 - Nuts, legumes, seeds ≥ 4 servings/wk
 - Fish ≥ 2 servings/wk
 - Sodium <2300 mg/day
 - Sugar sweetened beverages, <3.5 x 8 oz. servings/wk
 - Whole grains (1.1g fiber in 10g carb), ≥ 3 servings/day
 - Processed meats, ≤ 2 servings/wk



The AHA 2020 Impact Goal

- Ideal Health Factors Metric (ALL)
 - Non-smoking
 - Total cholesterol <200 mg/dL (<170 mg/dL)
 - Blood pressure <120/<80 mm Hg (<90th %ile)
 - Non-diabetic (FPG <100)

The AHA 2020 Impact Goal



- Ideal CV Health is the ultimate goal
- Given current population prevalence, we need to include the entire spectrum of CV health
- New Overall CV Health Metric combines 3 concepts:
 - Focus on CV health, not CV disease
 - Need to include those with poor CV health and improve it incrementally
 - Strive to increase prevalence of ideal CV health

CV Health Metric Definitions



<u>Metric</u>	<u>Poor Health</u>	<u>Suboptimal Health</u>	<u>Optimal Health</u>
Current Smoking - Adults Children 12-19 yo	Yes In Prior 30 Days	Former, <12 months Ever, Experimenting	Never or Quit ≥12 months Never
Body Mass Index - Adults Children 8-19 yo	≥30 >95th %ile	25-29.9 85th - 95th %ile	<25 <85th %ile
Physical Activity - Adults Children 12-19 yo	None None	1-149 mins/wk moderate or 1-59 mins/wk vigorous 1-149 mins/wk moderate or 1-59 mins/wk vigorous	150+ mins/week moderate or 60+ mins/wk vigorous 150+ mins/week moderate or 60+ mins/wk vigorous
Healthy Diet Score - Adults Children 5-19	0-1 Factors 0-1 Factors	2-4 Factors 2-4 Factors	5-8 Factors 5-8 Factors
Total Cholesterol - Adults Children 8-19 yo	≥240 ≥200	200-239 or treated to goal 170-199	<200 <170
Blood Pressure - Adults Children 8 - 19 yo	SBP ≥140 or DBP ≥90 >95th %ile	SBP 120-139 or DBP 80-89 or treated to goal 90th - 95th %ile or SBP ≥120 or DBP ≥80	<120/<80 <90th %ile
Fasting Glucose - Adults Children 12 - 19 yo	≥126 ≥126	100-125, or DM treated to goal 100-125	<100 <100



The AHA 2020 Impact Goal

- **Synthesizes and incorporates the entire spectrum of CV health (and disease)**
- **Emphasizes new focus on CV health**
- **Provides opportunities for greater public health approaches, as well as continued emphasis on treatment of RFs and CVD**
- **Creates challenges and opportunities for expanded areas of focus in primordial prevention**

Positive Health → Positive *Cardiovascular* Health



- Research Questions
 - Which variables count most?
 - How do they relate to previously established factors?
 - What are the determinants of these variables?
 - Are they amenable to modification?
 - Is intervention efficacious, safe, and cost-effective?
 - Can intervention be integrated into clinical practice?
 - Into public health policy?

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Theme 3: ...engaged leaders...



Questions:

- What is MHS' stake in well-being?
- How could MHS model well-being?
- Who in MHS can advance well-being?

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Why it matters

Closing Thoughts



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So... Tune in, Turn on, and Lead!



Thank you
...and be well!

- now, let's talk.

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