Ron Manderscheid, PhD
Exec Dir, NACBHDD &   © NACBHDD
Adj Prof, JHSPH

"TO YOUR HEALTH AND WEALTH"
SPRINTING TOWARD
THE TRIPLE AIM

Case 1

- Persons with mental health and substance use conditions die at lease 25 years earlier than other people.

- Why?

Case 2

- 616 thousand Americans die every year of a heart attack or stroke; 200 thousand of these deaths occur to persons with a behavioral health condition.

- Why?

Case 3

- Almost 50 million Americans live in poverty. The rate of mental illness in this group is 8 times that among the most wealthy.
- Why?

What is the common thread?

- All of these health dilemmas occur in a national **_DISEASE CARE_** system that spent $2.6 trillion in 2010. Of this amount:
  - $2.5 trillion was for **disease** treatment
  - **Next to nothing was spent on** _HEALTH CARE:_ **promotion, prevention, or early intervention.**

Where are we headed?

- 2020 $**4.6** trillion

- 2015 $**3.4** trillion

- 2010 $**2.6** trillion

Some observations

- Generally, the overall health status of our population is very poor.

- Generally, our disease care system is laboring to stand in place.

We need a new vision

- Don Berwick proposed a new vision:
  - **Better Population Health ←TODAY'S FOCUS**
  - **Better Quality Health Care**
  - **Reduced Costs**

- We now know this as the "**Triple Aim**".

A few more observations

- The three aims are interdependent—work on one will influence the others.

- The aims can be connected through several different pathways.

- What I will describe is simply one plausible pathway.

- AIM 1: **TODAY'S FOCUS**

- First among equals!
- **Better Population Health**

Fundamental logic

- One's **Life Chances** → One's **Health and Illness**

- One's Life Chances → One's **Health Care Access**

- One's Life Chances → One's **Life in the Community**

- Our Life Chances are determined in part by our **Social Determinants of Health**

- **"Social Determinants"** are the cultural, social, economic, health, and environmental conditions that influence one's life chances, including one's future physical and behavioral health.

Examples of **Negative** Social Determinants

- Poverty
- Discrimination and Social Exclusion
- Other Adverse and Traumatic Events
- Poor Quality Education
- Lack of Access to Quality Health Care
- Little or No Access to Healthy Foods
- Abundant Access to Fructose, Fatty Foods, etc.
- Culture that Promotes Smoking, Excessive Drinking, Drug Use, Poor Eating Habits.

Examples of **Positive** Social Determinants

- Community Social Support and Inclusion
- A Nurturing and Supportive Family for Children and Adults
- Good Health Education
- Positive Role Models
- Opportunities for Engagement in the Community
- Opportunity Structures for Education, Jobs, and a Social Support Network
- Access to Quality Health Care, Disease Prevention, and Health Promotion.

Determinants for SMI and SED

- It is obvious that the vast majority of adults with serious mental illness (SMI)/serious substance use disorders (SUD) and youth with serious emotional disturbance (SED) have an over-abundance of negative social determinants and a paucity of positive social determinants.

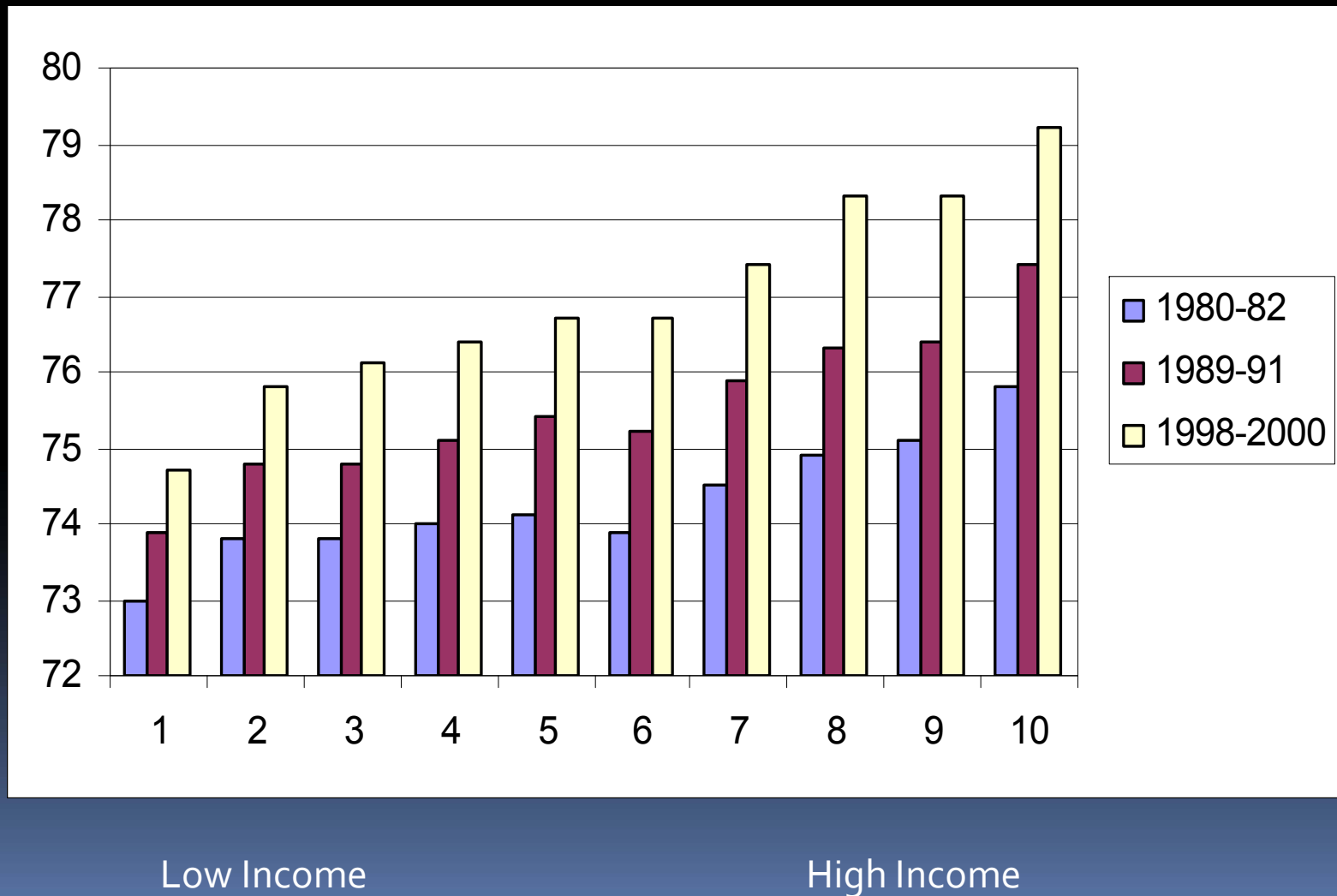# Negative social determinants cause trauma and illness

- Negative social determinants cause trauma.

- Trauma causes mental illness and addiction.

- Factoid: 75% of mental illness is due to trauma.

Life expectancy at age 25 by education, US, 1988-98
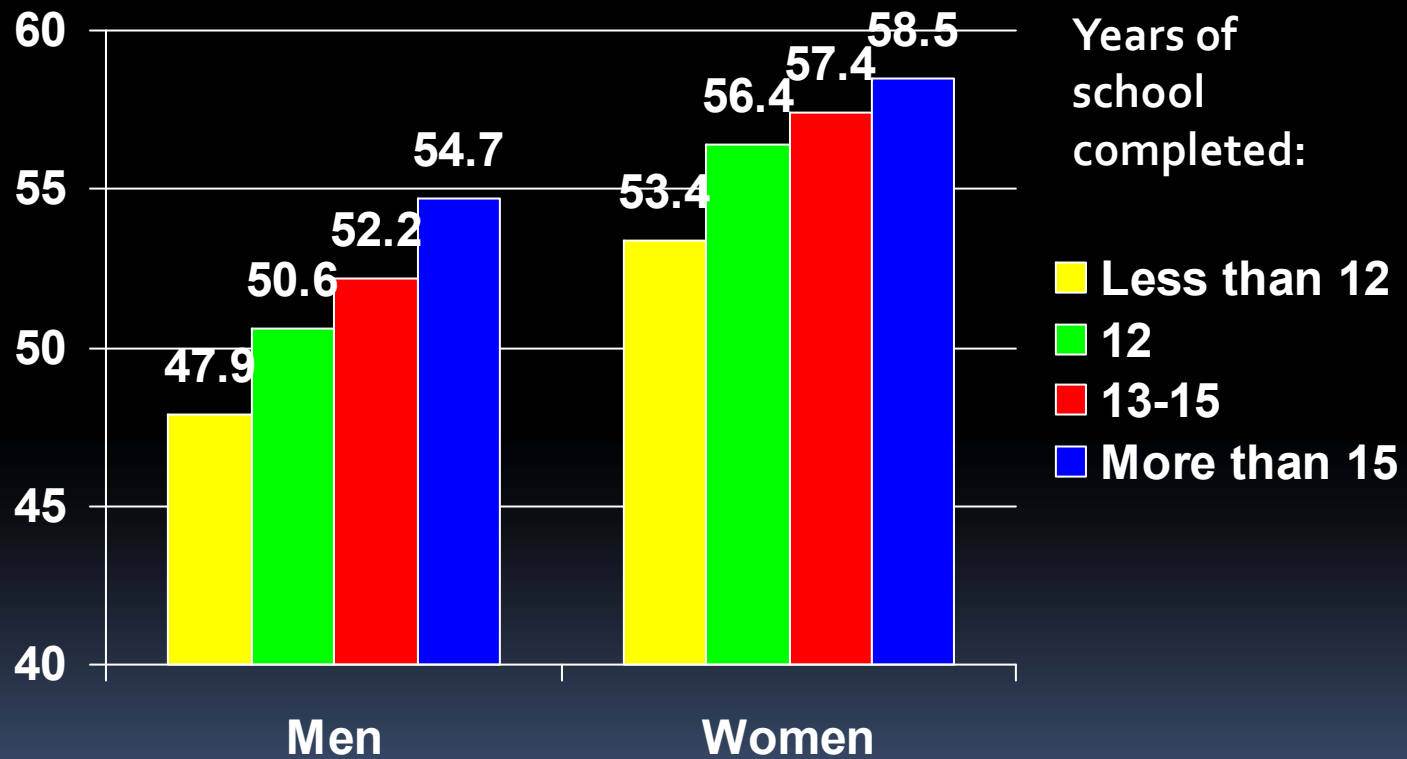
Life expectancy at birth by socioeconomic deprivation, US

Low Income   High Income

Creating a
"culture of health"

- Implement **disease prevention** and **health promotion** early in life and continue over the life course.

- **Engage in early recognition of the signs and symptoms of mental illness and substance use conditions.**

- **Provide training to teachers and police, to family members, and to high school and college students to know what to do when they encounter persons with these problems.**

Tools to help

- We need appropriate **social media tools** to help people dialogue, connect with peers, and connect with providers.

- We need **telephone apps** so that these social media tools are readily available when someone has a crisis.

Management observation

- Behavioral healthcare leaders will need to adopt the practices and tools of **public health** to improve the social determinants of health and population health.
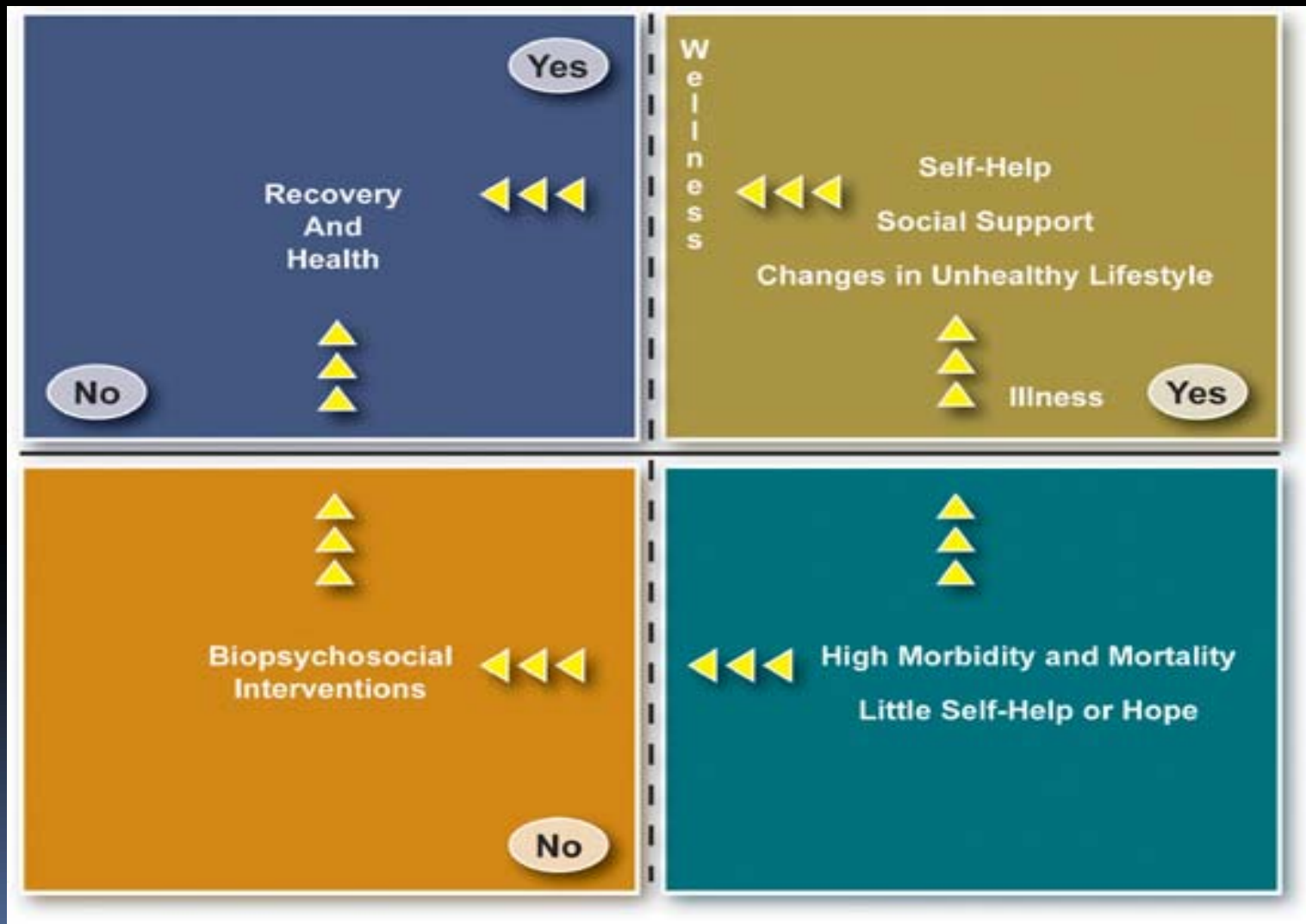
Three levels for action

- **INTERVENTION:** Operation of our health care system, including social media.

- **COMMUNITY:** Conditions in which people are born, grow, live, work, and age.

- **POLICY:** Structural drivers at the global, national, and state/county/local levels.

Becoming two-dimensional

-
-
-
-
-
-
-
-

```
                    HEALTHY

                       |

                       |

NOT ILL ------------- | --------------ILL

                       |

                       |

                       |

                  NOT HEALTHY
```

Applied wellness model

Prevention/promotion and wellness/health

- **Personal**:
  - Health (physical, mental, social)
  - Health **Literacy**
  - Health **Activation**

- **Community**:
  - Effects on Personal Health
  - Personal Health Literacy about Community
  - Community Activation (Public and Population Health)

Prevention/Promotion Interventions

Very Healthy

|

YOU IN FUTURE | **YOU SOON**
(health) | **(wellness)**

No Disease_____ |_____ Severe Disease

|

YOU SOON | **YOU NOW**

(disease prevention) |

Very Unhealthy

Prevention of substance use

- **INTERVENTION:** SBIRT

- **AND**

- **COMMUNITY:** Drug Free Communities; No "pill mills"

- **AND**

- **POLICY:** Policies that support healthy lives, free of inappropriate drug use

Reducing trauma

- **INTERVENTION**: Remove ACES from families and communities
- **AND**
- **COMMUNITY:** Schools that do not permit seclusion and restraint
- **AND**
- **POLICY:** Policies that promote nurturing families and that provide sanctions for physical/sexual abuse

ACES influence life chances
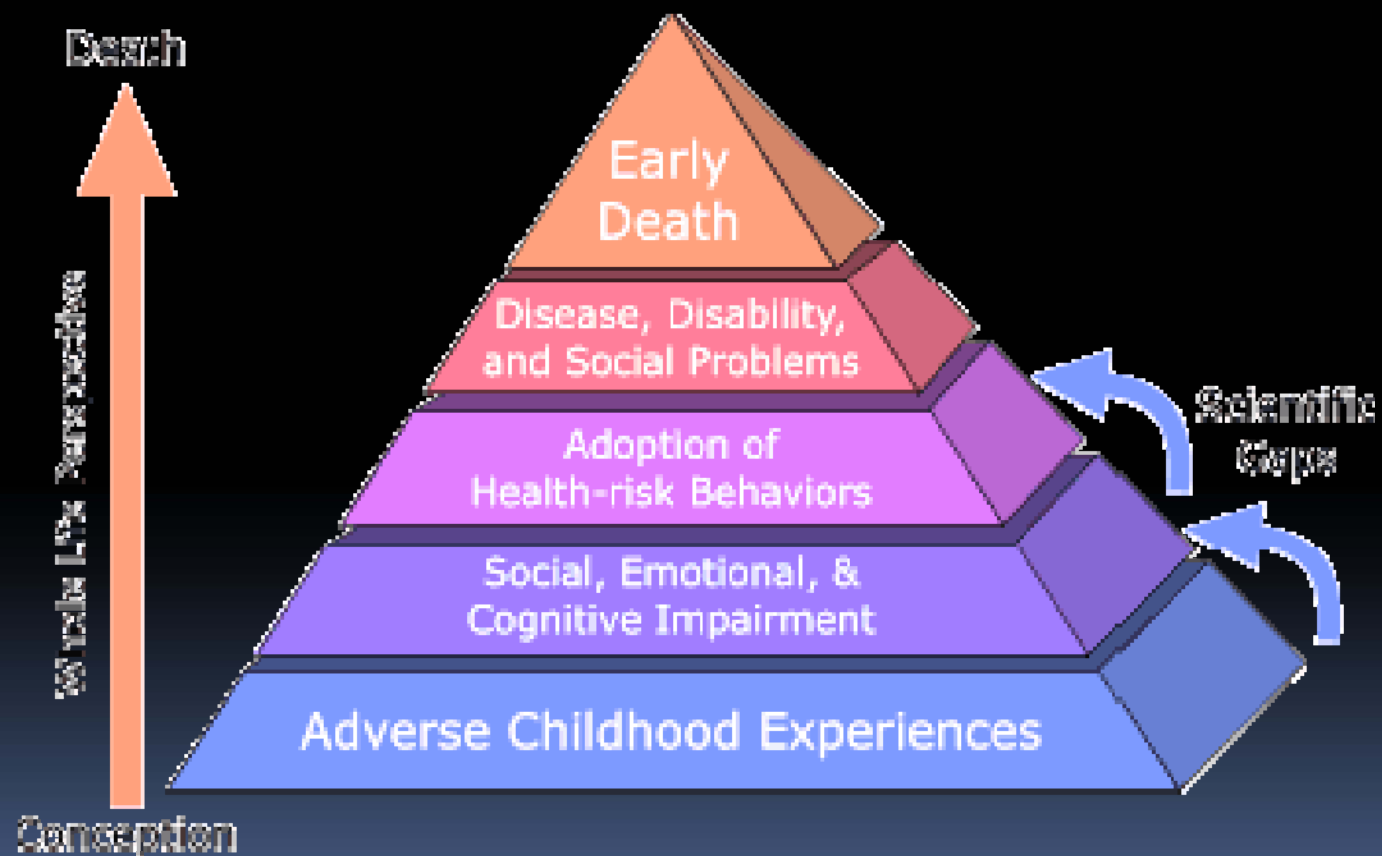
Final thoughts 1

- Clearly, Aim 1—Improving Population Health--points to a whole new way of leading for behavioral healthcare.

- Your challenge is to **plot key strategies** that will help all of us become successful in this endeavor.

Contact information

- Ron Manderscheid, PhD
- Executive Director,
- Natl Assn of Co Beh Hlth & Dev Dis Dirs/www.nacbhdd.org
- 25 Massachusetts Ave, NW, Ste 500
- Washington, DC 20001-1450
- The Voice of Local Authorities in the Nation's Capital!
- 202-942-4296 (O); 202-553-1827 (M); rmanderscheid@nacbhd.org