

The Thirty-second  
Annual Rosalynn Carter  
Symposium on Mental  
Health Policy



*WIDENING THE CIRCLE OF  
HEALTH & WELLNESS: THE  
CENTRAL ROLE OF BEHAVIORAL  
HEALTH*

# Plenary III: Behavioral Health's Role in Population Health

**Moderator: David Shern, PhD**

*Senior Science Advisor  
Mental Health America*



# Plenary III: Behavioral Health's Role in Population Health

## Panelists:

**Ron Manderscheid, PhD**, *Executive Director, National Association of County Behavioral Health & Developmental Disability Directors*

**Camara Jones, MD, MPH, PhD**, *President, American Public Health Association*

**Fikry Isaac, MD**, *Vice President, Global Health Services (ret.), Johnson & Johnson*



# POPULATION HEALTH MANAGEMENT STRATEGIES FOR PREVENTION AND PROMOTION

Ron Manderscheid, PhD  
Executive Director, NACBHDD &  
Adjunct Professor, BSPH, JHU  
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# Historical Trends

- As development accelerates, infectious diseases are declining as a primary source morbidity and early mortality on a worldwide basis.
- By contrast, noninfectious diseases are assuming primacy as causes of morbidity and mortality, especially in developed countries.
- As a consequence, behavioral health conditions now are very prominent as sources of morbidity and mortality.

# Several Examples

- World Health Organization: Depression is **the** leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.
- In the US, public mental health clients continue to die at least 25 years earlier than other persons.
- In the US, fully one-third of annual cardiac-involved deaths occur for persons with behavioral health conditions.
- Behavioral health conditions are the leading cause of lost work productivity (presenteeism and absenteeism).

# Latest Research

- General Hospital Psychiatry:
  - Findings from a national, community population sample show that persons with untreated or poorly treated depression or anxiety die 8 years younger than other people.
  - Findings also show that effective treatment removes this disparity.

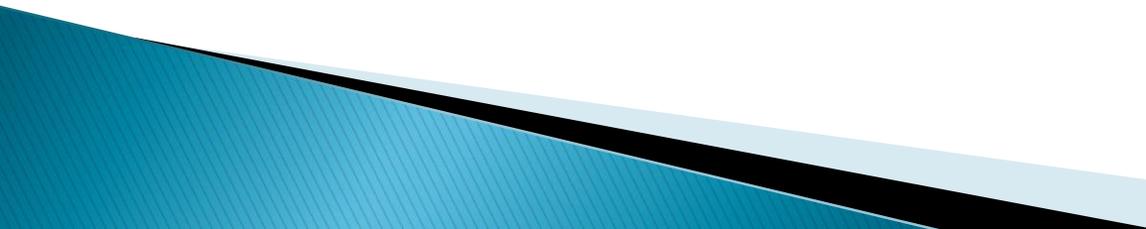
# Key Game Changers

- ▶ **POLICY:** **Affordable Care Act** implementation is accelerating.
  - ▶ **RESEARCH:** Early intervention with **first episode psychosis is now funded** and **prodromal interventions are being developed**.
  - ▶ **PRACTICE:** **Trauma** as a causative factor in most mental illness is being incorporated into care.
- 

# Key Underlying Trends

- ▶ From “deficit” to **“strength-based”** approaches e.g., IOM/NAM panel.
  - ▶ From “separate” to **“integrated”** services.
  - ▶ From “clinical only” services to **“clinical and community”** services together.
  - ▶ From **“care”** to **“prevention and care”**.
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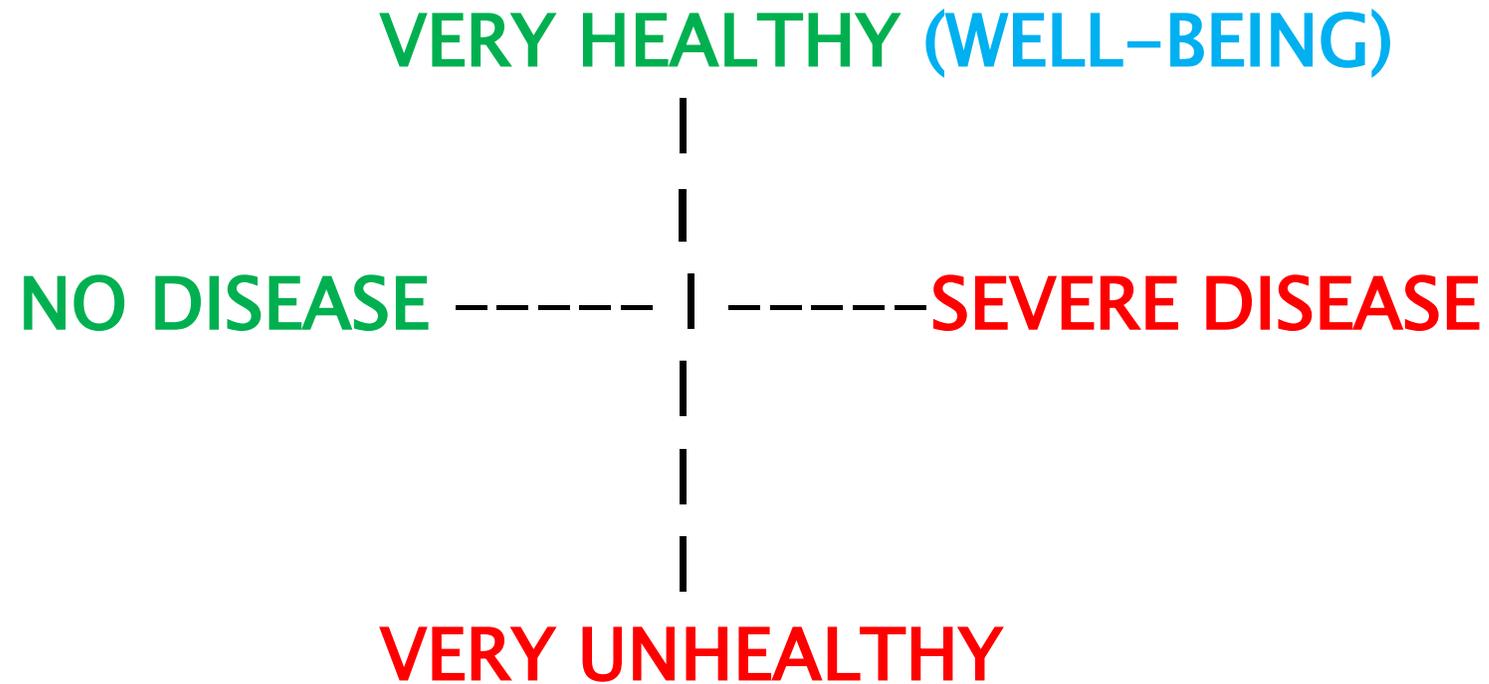
# Some Key Responses

- ▶ APHA continues a major 5 year initiative on altering the negative **social and physical determinants** of health.
  - ▶ The UN has set personal and community **“well-being”** as a world-wide 15 year objective for 2030.
  - ▶ Major US corporations are beginning to embrace a **“culture of well-being”** in the work place, e.g., Carter Center and Johns Hopkins Summits.
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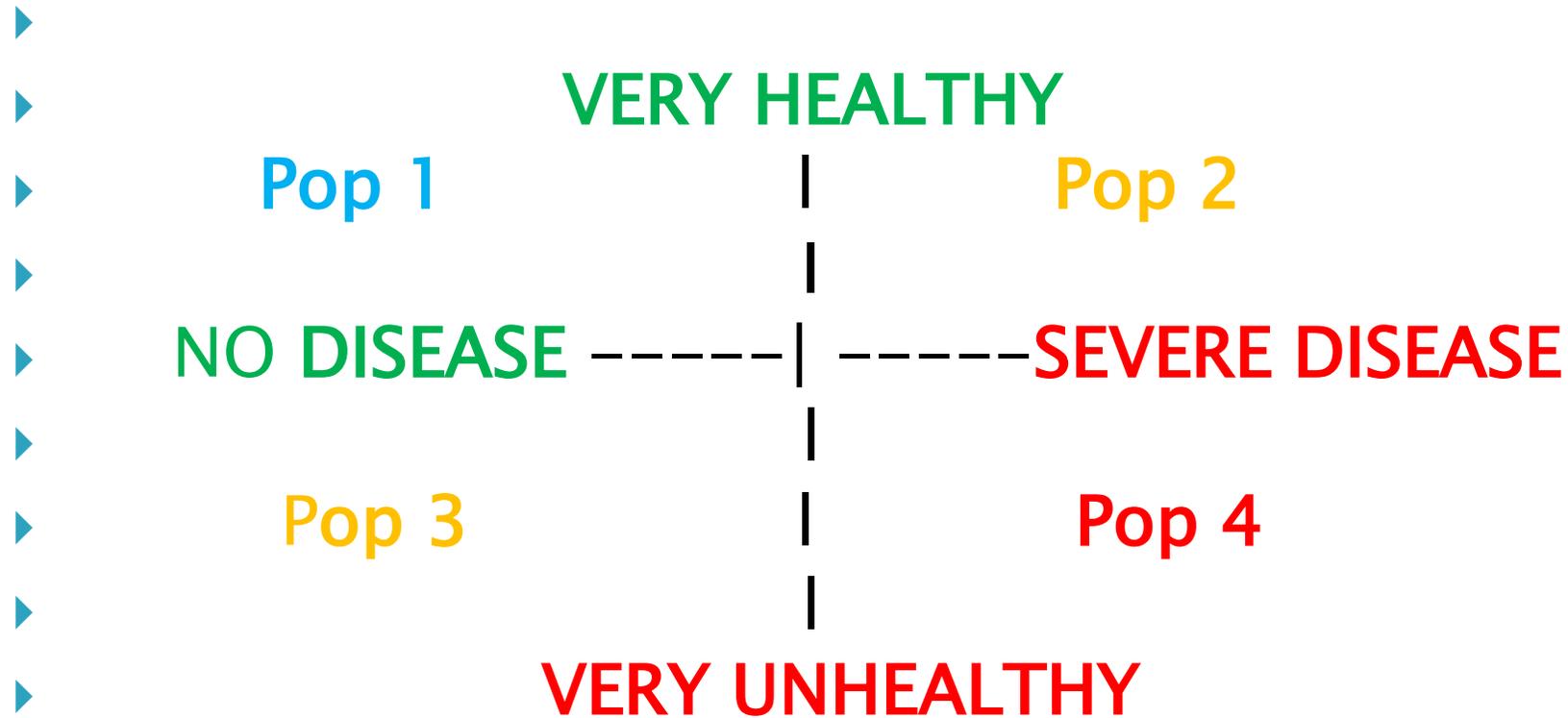
# Moving Forward

- ▶ We already have a *population health management model* to provide a framework for this new form of practice.

# Health and Well-Being – 1981



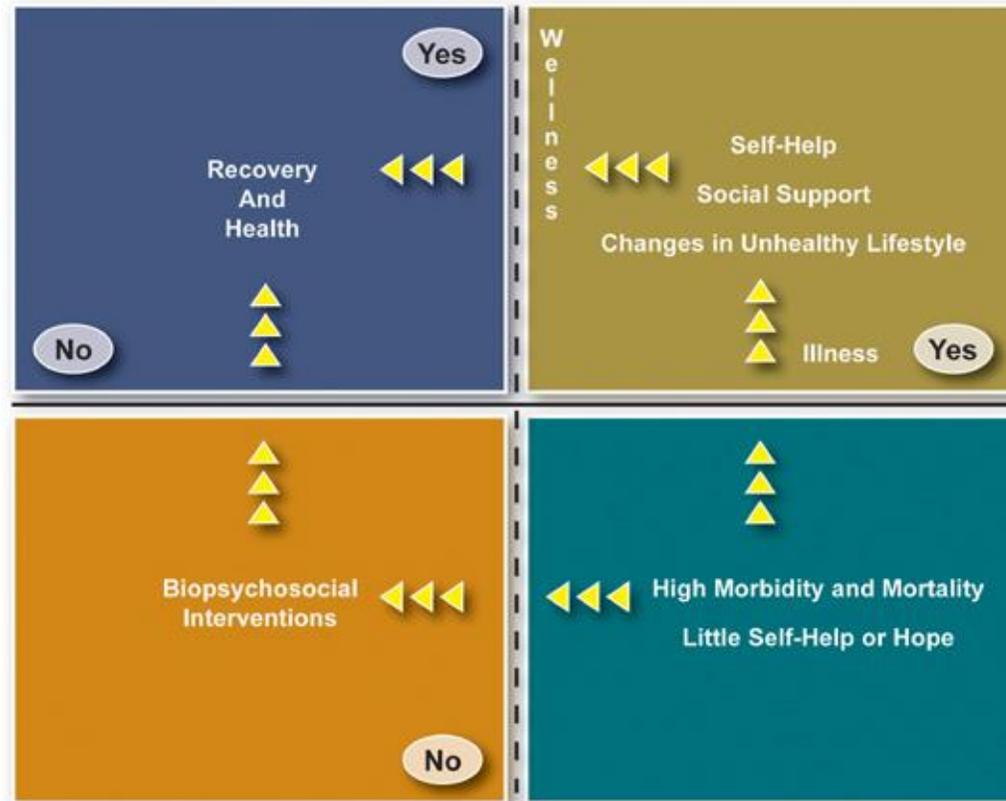
# Viewed as Population Health



# Principles

- ▶ 1. We need to consider all population subgroups from the very healthy to the very ill.
  - ▶ 2. People can move among the population subgroups.
  - ▶ 3. Movement among subgroups is best when both “disease mitigation” and “health promotion” strategies are employed together.
- 

# Today's Well-being Model



# Key Related Concepts

## ▶ Self and Family:

- Health (**Well-being**--physical, mental, social, spiritual)
- Health **Literacy**
- Health **Activation**

## ▶ Community (Social and Physical Determinants):

- Effects on Self and Family Health
- Health **Literacy**
- Health **Activation** (Public and Population Health)

# Tomorrow's Well-being Framework for Population Health

Very Healthy (WELL-BEING)

YOU IN FUTURE

YOU SOON

(health)

(wellness)

No Disease

Severe Disease

YOU SOON

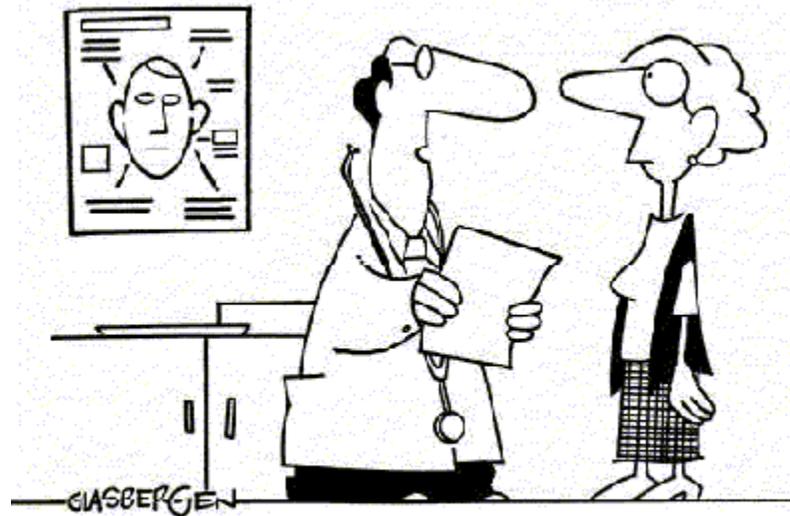
YOU NOW

(disease prevention)

Very Unhealthy

# A dilemma...

© 1999 Randy Glasbergen. [www.glasbergen.com](http://www.glasbergen.com)

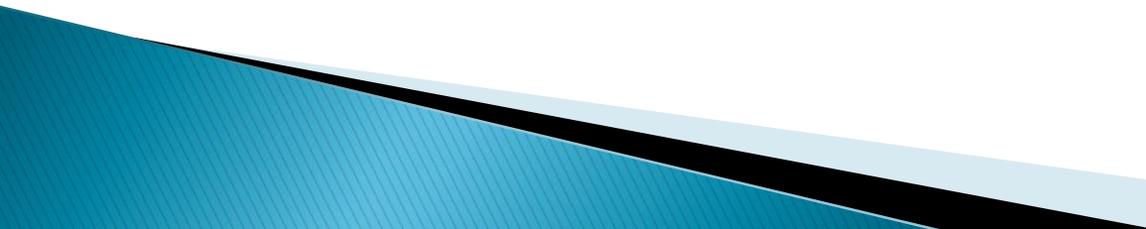


**“You’ve got a rare condition called ‘good health’.  
Frankly, we’re not sure how to treat it.”**

# Paying for Population Health Management

- ▶ **Encounter-based payment systems** are well adapted to single-visit care, uncoordinated delivery systems, carve out care models.
  - ▶ Encounter-based systems also are costly.
  - ▶ Thus, HHS Secretary Sylvia Burwell has introduced a **Value Purchasing Initiative** for Medicare and Medicaid.
- 

# Value Purchasing

- ▶ Value Purchasing involves bundling payments into **case rates** (per person served) or **capitation rates** (per person covered), typically for one year.
  - ▶ In this system, case or capitation rates are adjusted up or down based upon performance.
- 

# Measures for the New Era – 1

- ▶ Summarizing all Effects (Perceptual)
- ▶ MEASURES FOR PEOPLE WITH AND WITHOUT DISEASE
  - NIH **Patient Reported Outcome Measurement System** – **PROMIS**
  - **Key Domains:** Physical, Mental, Social, and Global Health (Well-being)
  - Instruments available at :  
<http://www.assessmentcenter.net/documents/InstrumentLibrary.pdf>

# Measures for the New Era – 2

- ▶ Summarizing the Effects of Care (Perceptual and Objective):
- ▶ MEASURES FOR PEOPLE WITH DISEASE
  - Care Quality and Outcome (Perceptual)
  - Care Engagement (Objective)
  - Employment, Housing, Social Supports (Objective)

# Key Take-Aways

- ▶ Through a *population health strategy* behavioral health will have a focal role in the emerging “**Culture of Well-being**”.
  - ▶ *Our organizational structures and approaches will need adaptation to these developments.*
  - ▶ Field leadership is needed to negotiate these transitions successfully.
- 

# Contact Information

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- ▶ 660 North Capitol Street, NW, Ste 400
- ▶ Washington, DC 20001
- ▶ The Only Voice of Local Authorities in the Nation's Capital!
- ▶ 202-942-4296 (O); 202-553-1827 (M);  
rmanderscheid@nacbhd.org

# Achieving Behavioral Health Equity

what role does **anti-racism** play?

**Camara Phyllis Jones, MD, MPH, PhD**

**“Widening the Circle of Health and Wellness: The Central Role of Behavioral Health”**

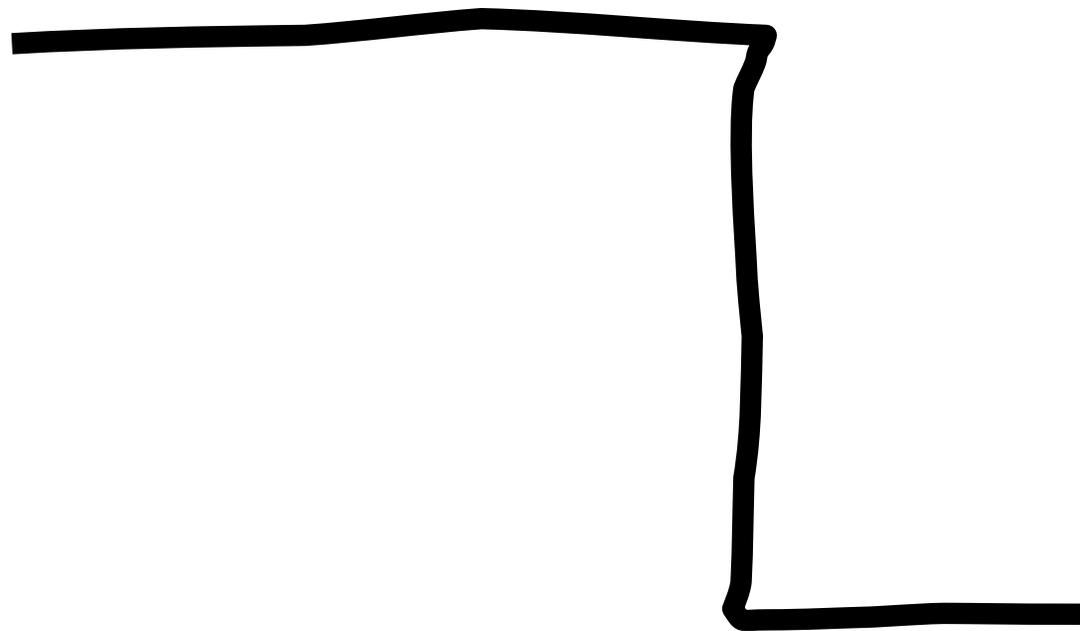
32<sup>nd</sup> Annual Rosalynn Carter Symposium on Mental Health Policy

The Carter Center

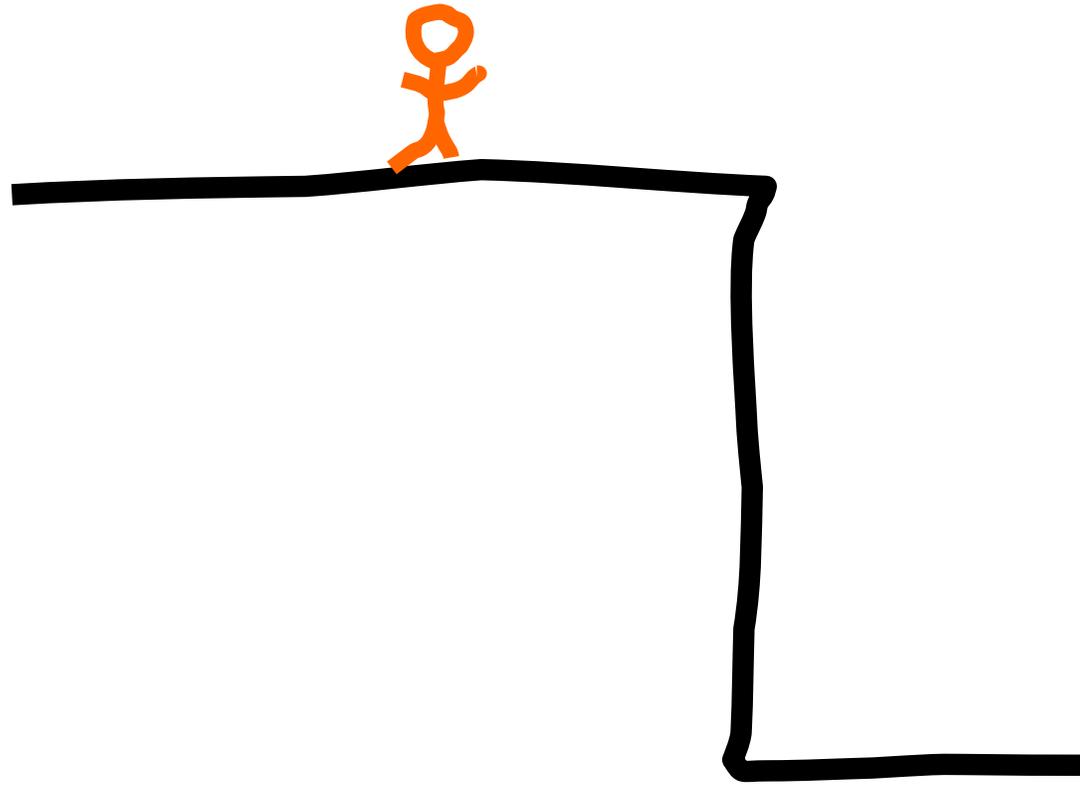
*Atlanta, Georgia*

*November 18, 2016*

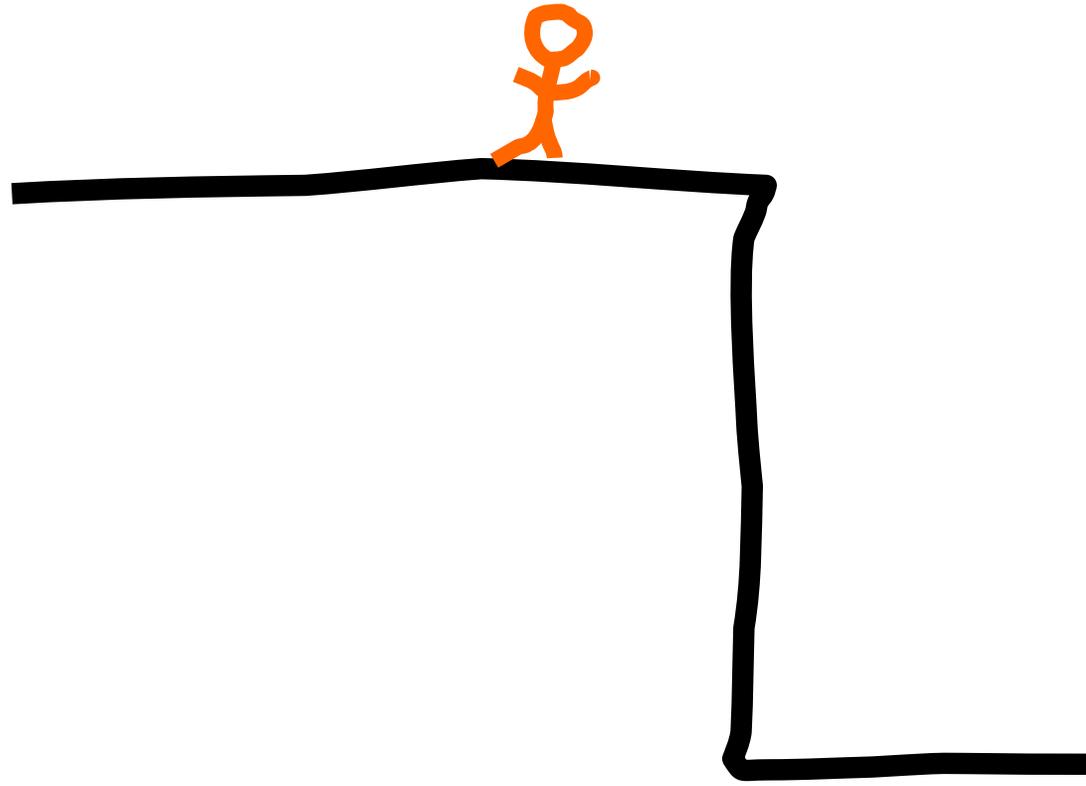
# Levels of health intervention



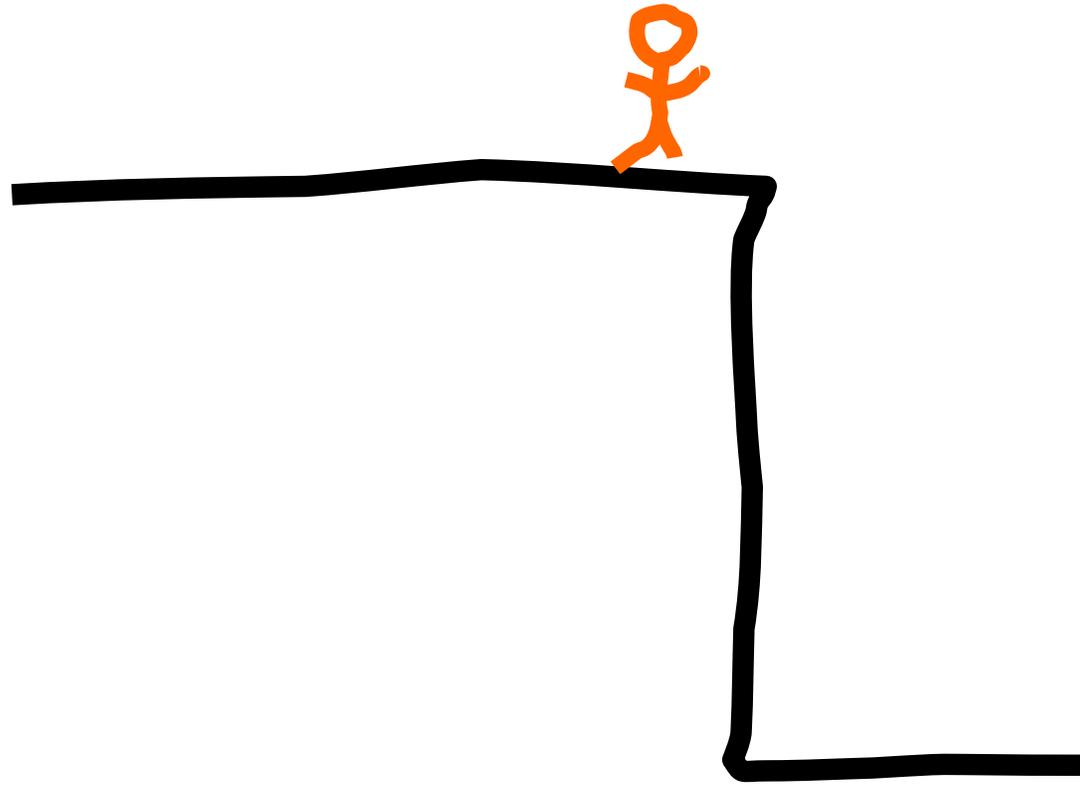
Jones CP *et al.* *J Health Care Poor Underserved* 2009.



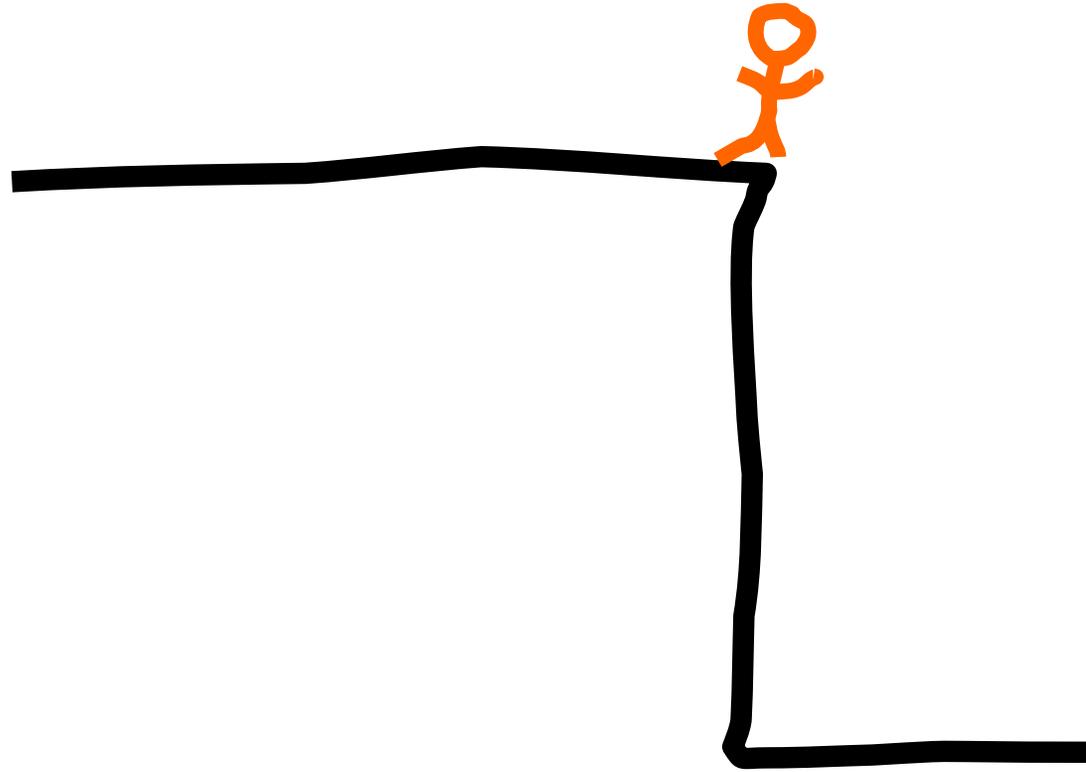
Jones CP *et al.* *J Health Care Poor Underserved* 2009.



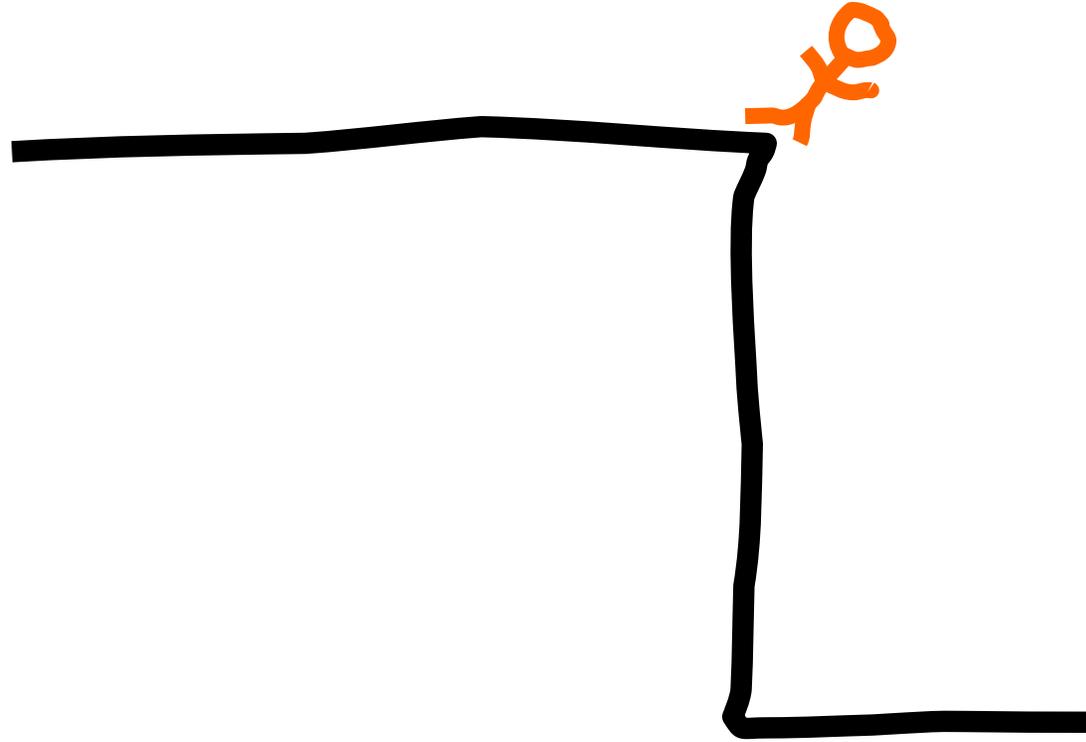
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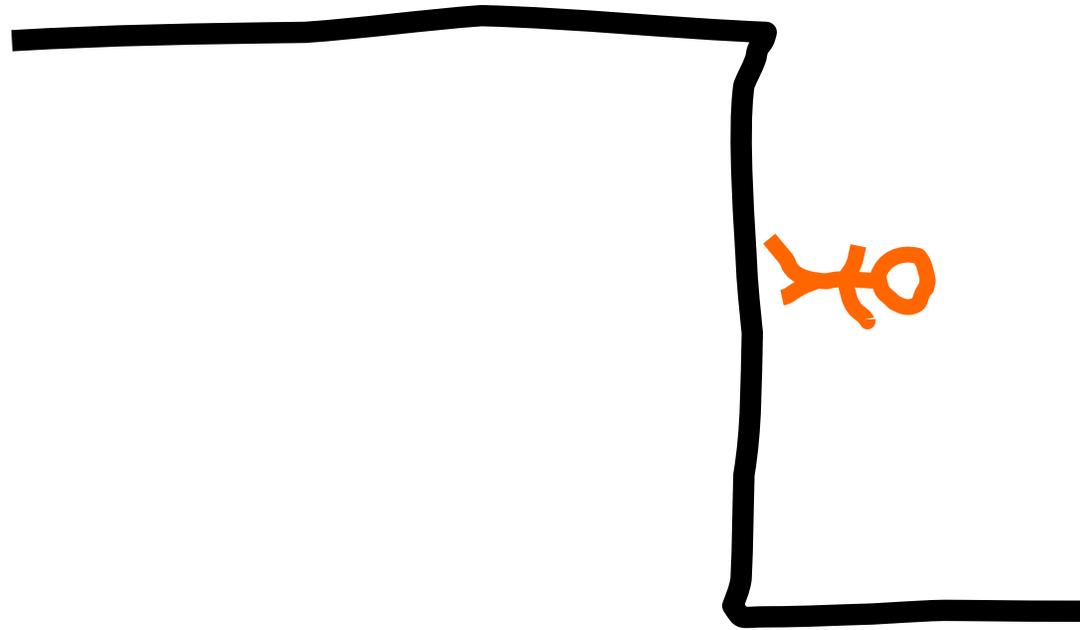
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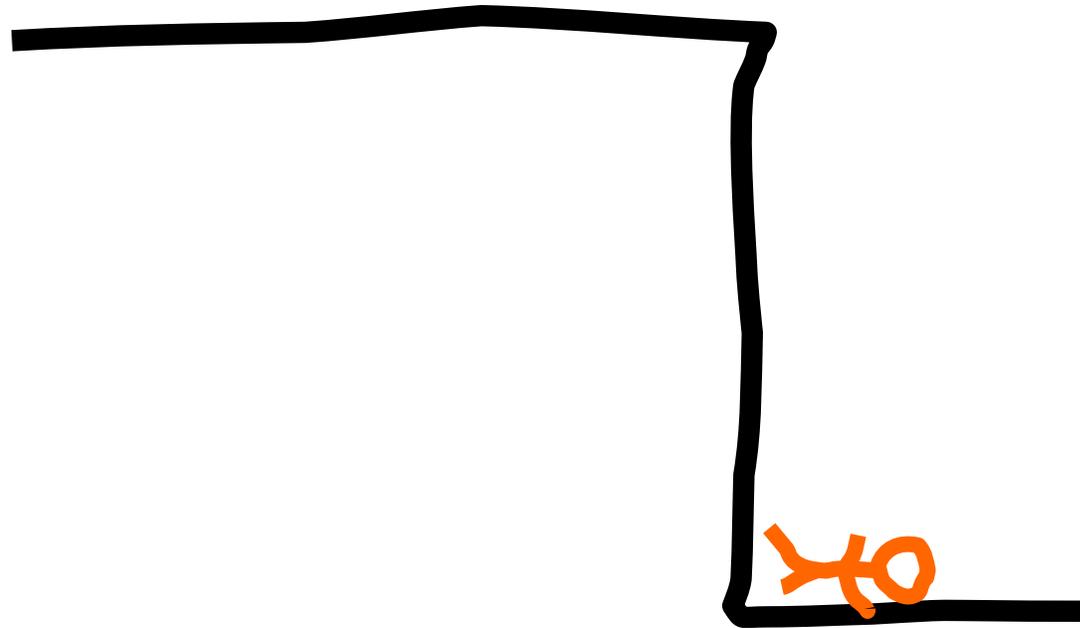
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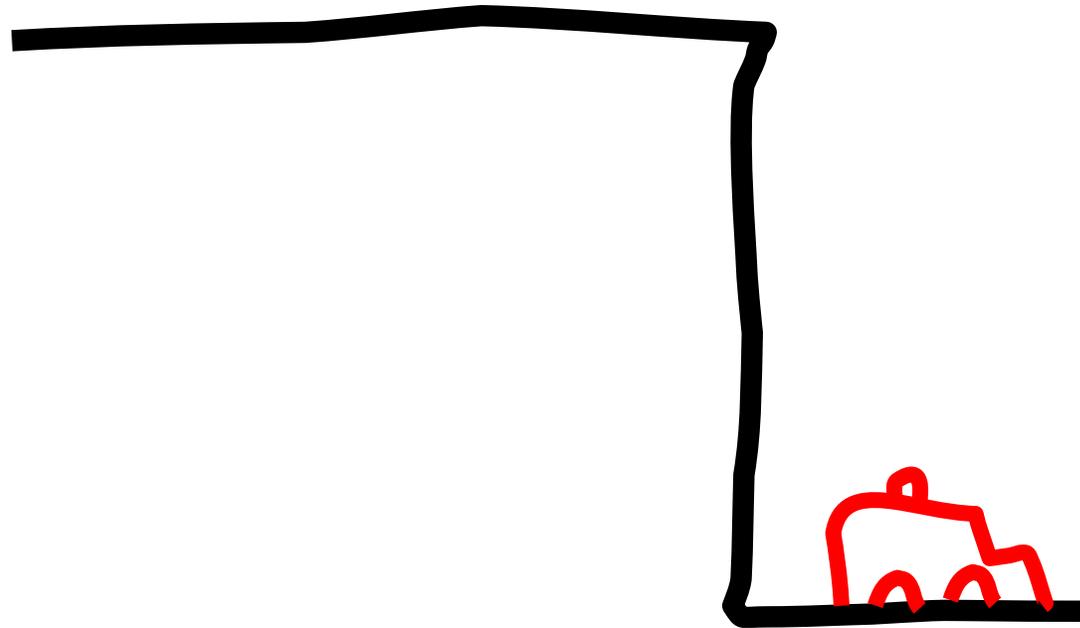
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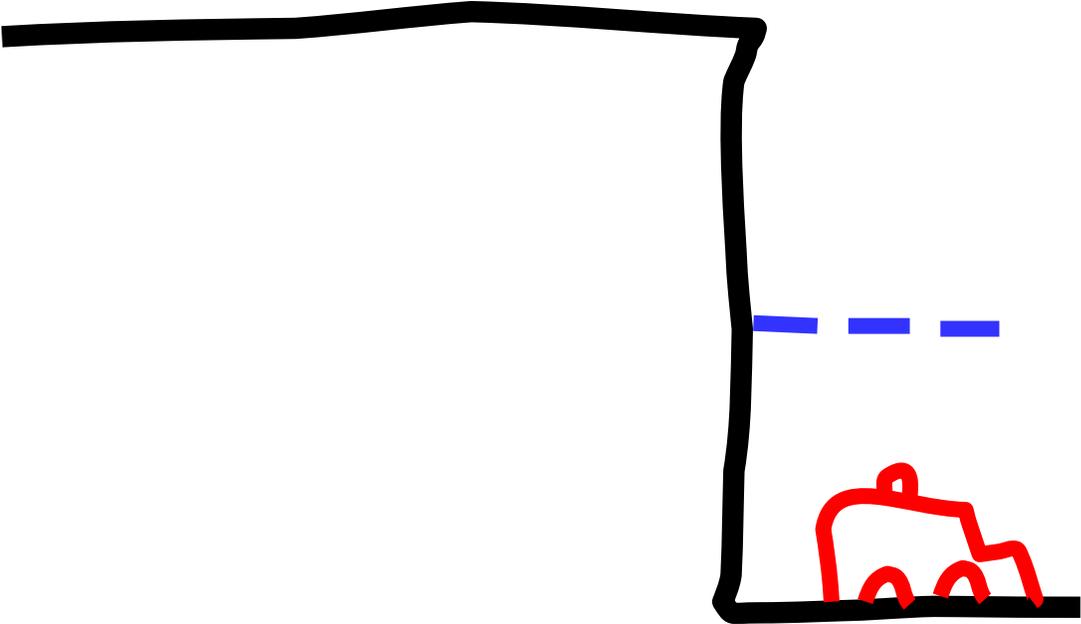
Jones CP *et al.* *J Health Care Poor Underserved* 2009.



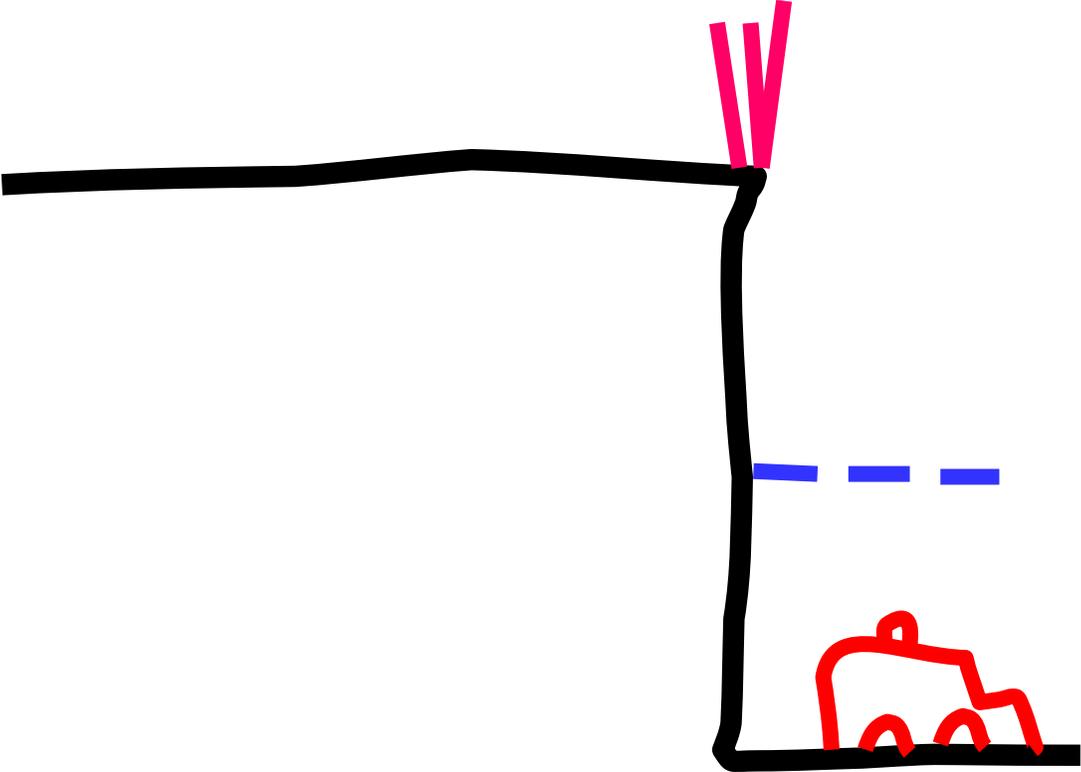
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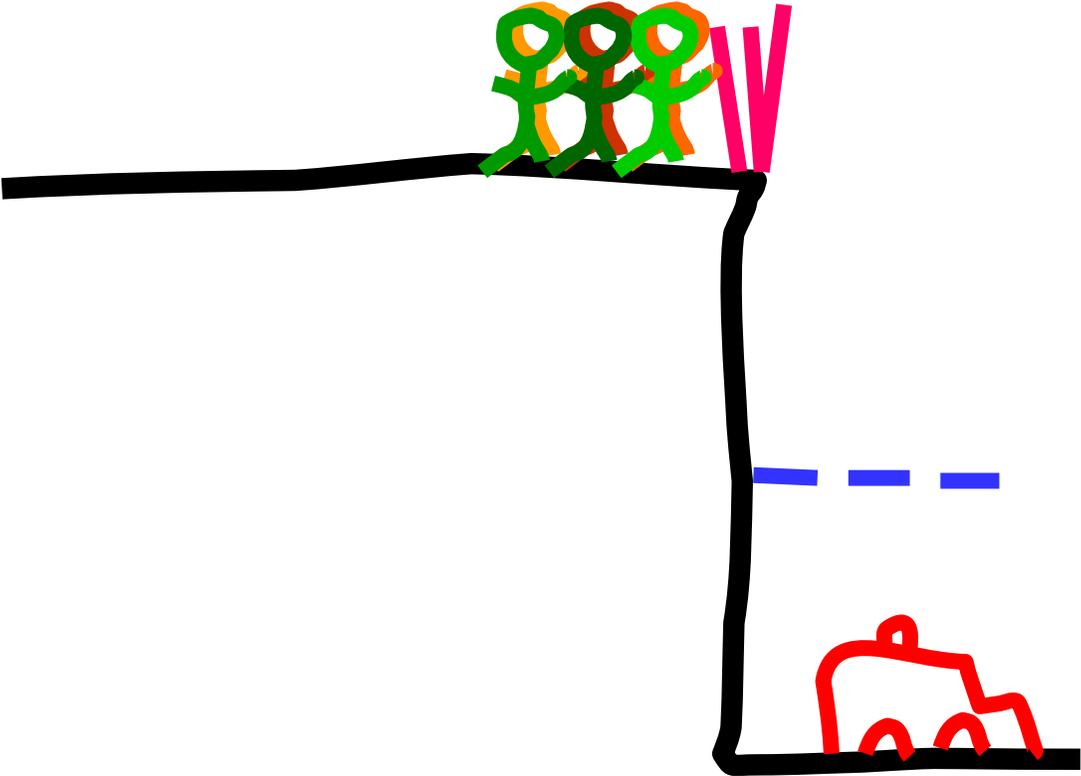
Jones CP *et al.* *J Health Care Poor Underserved* 2009.



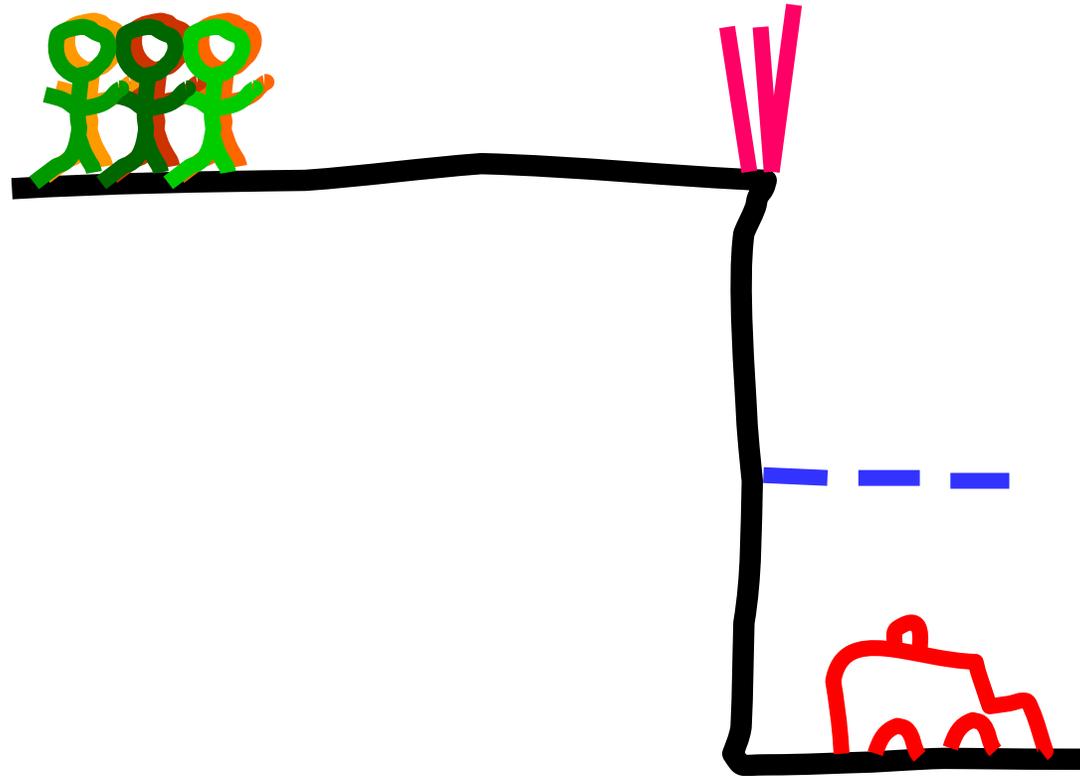
Jones CP *et al.* *J Health Care Poor Underserved* 2009.



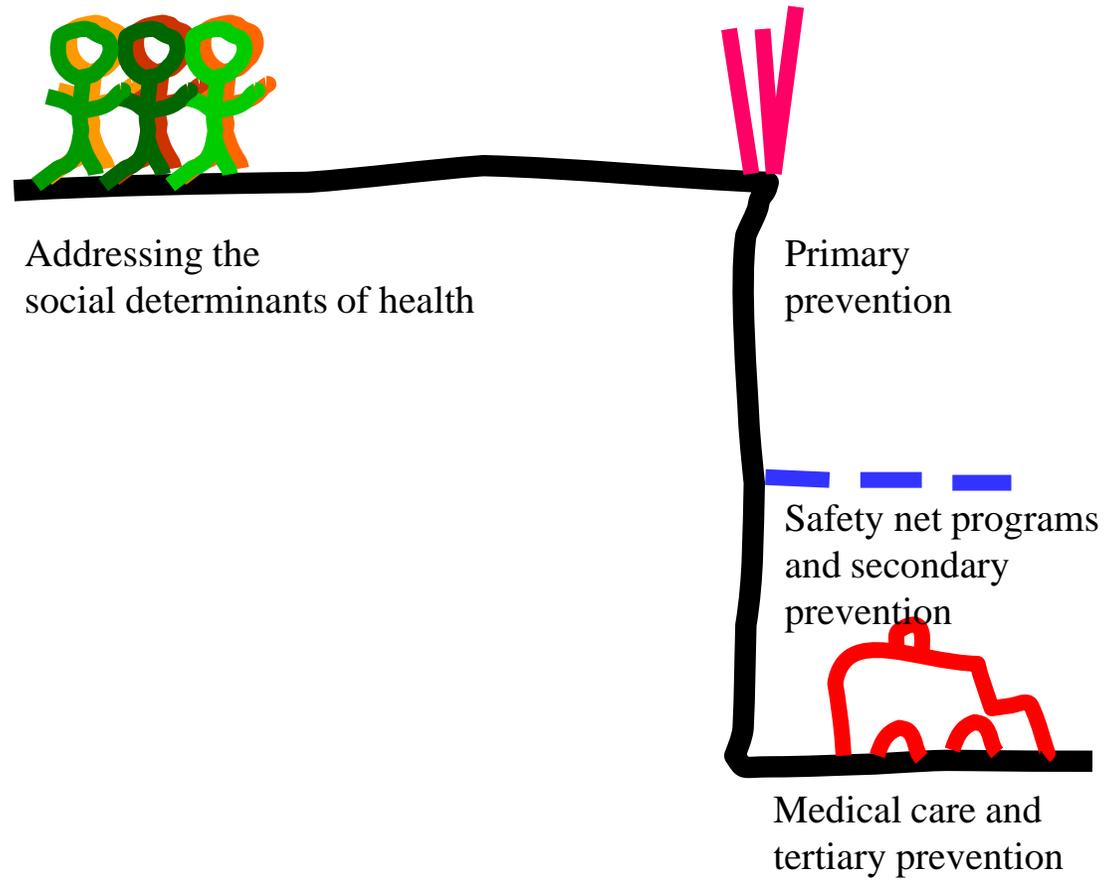
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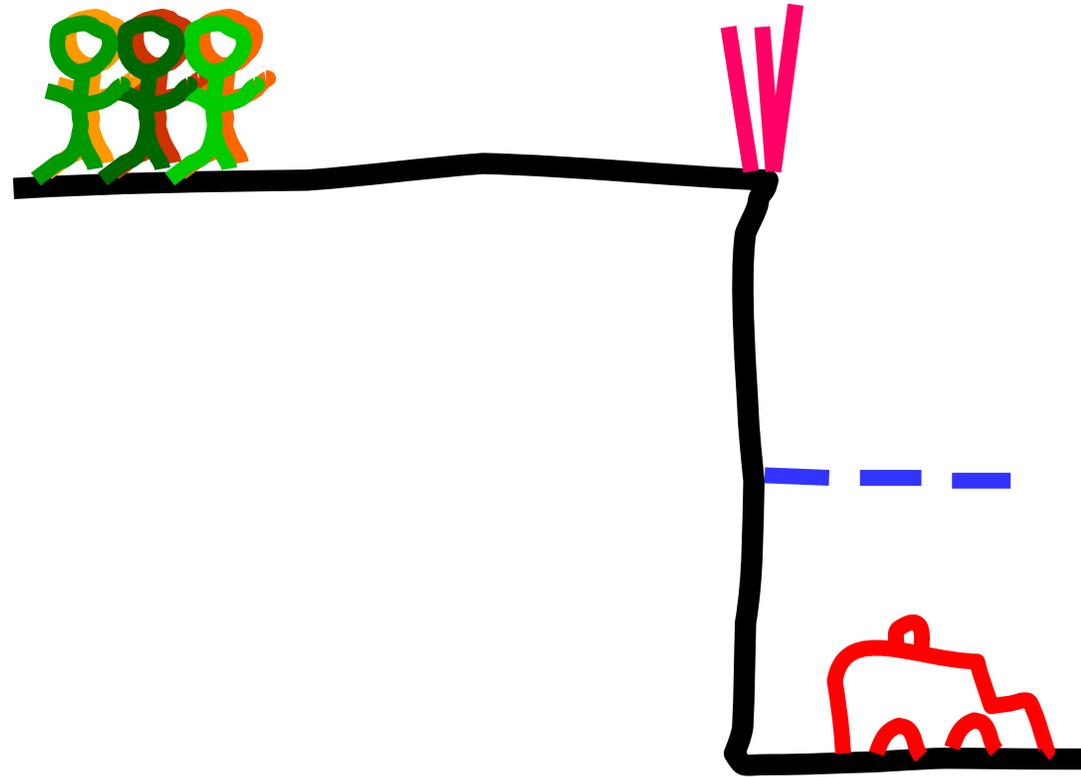
## But how do disparities arise?

- ❑ Differences in the **quality of care** received within the health care system
- ❑ Differences in **access to health care**, including preventive and curative services
- ❑ Differences in **life opportunities, exposures, and stresses** that result in differences in underlying health status

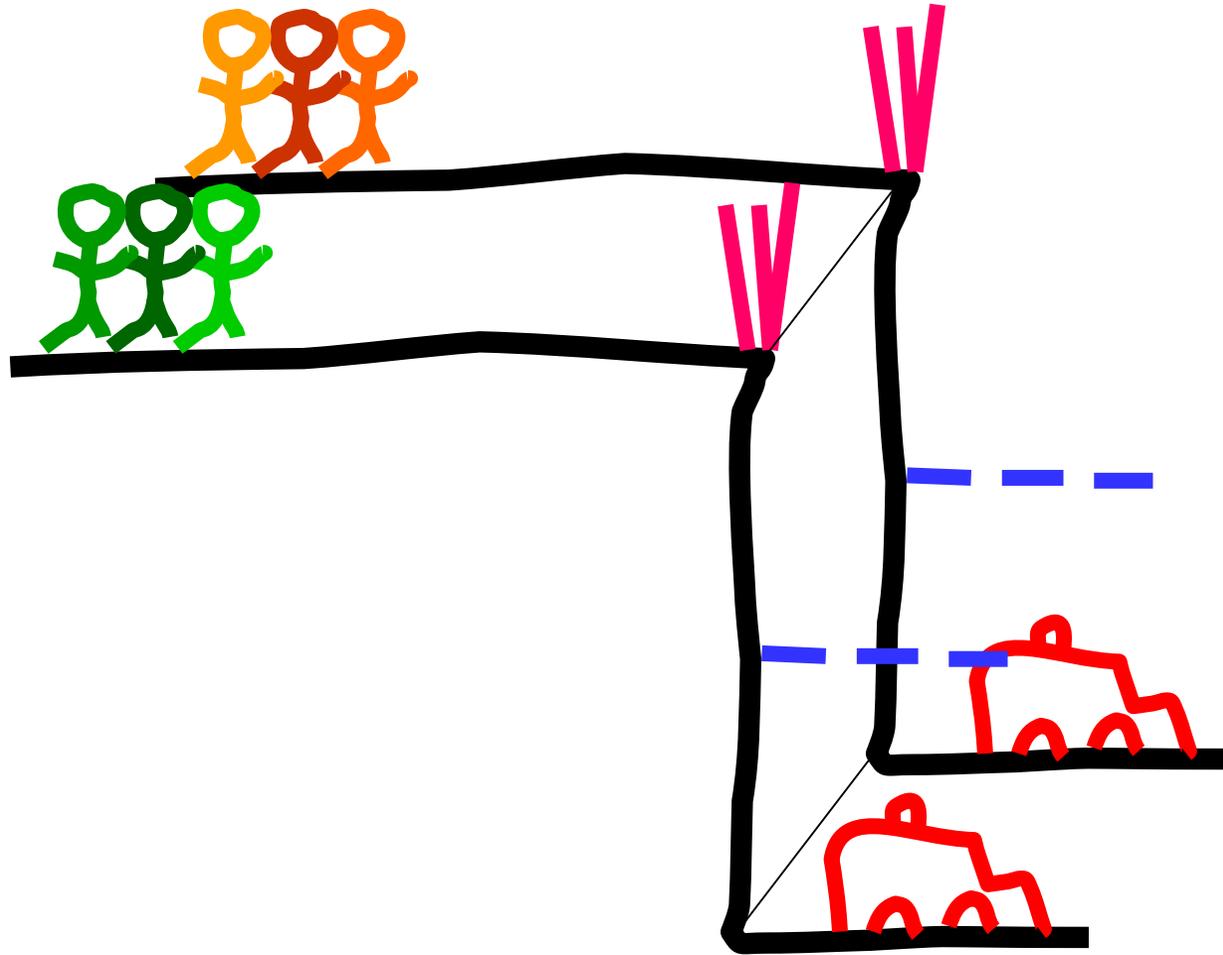
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000*. New York, NY: Routledge, 2002.

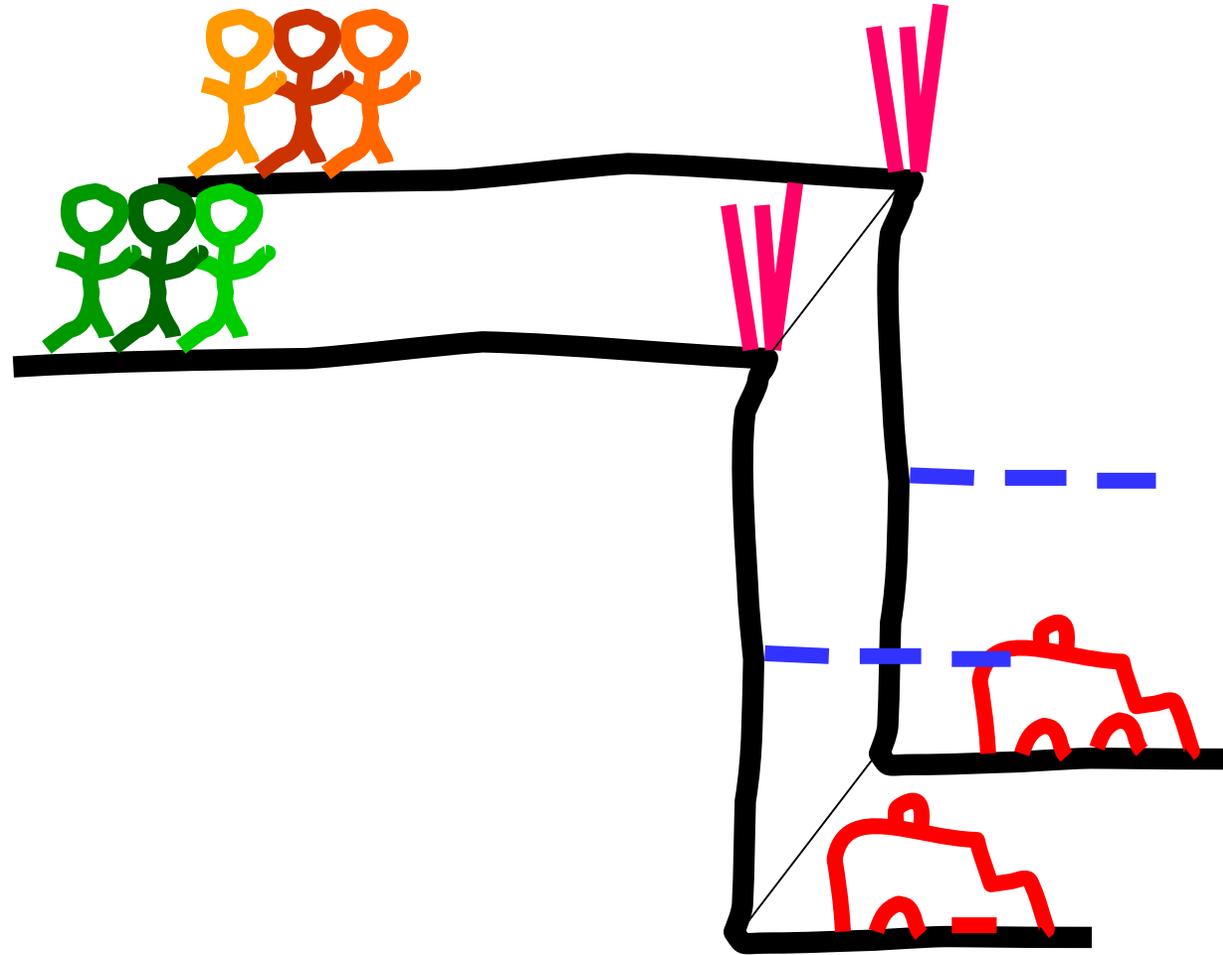
Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press, 2002.



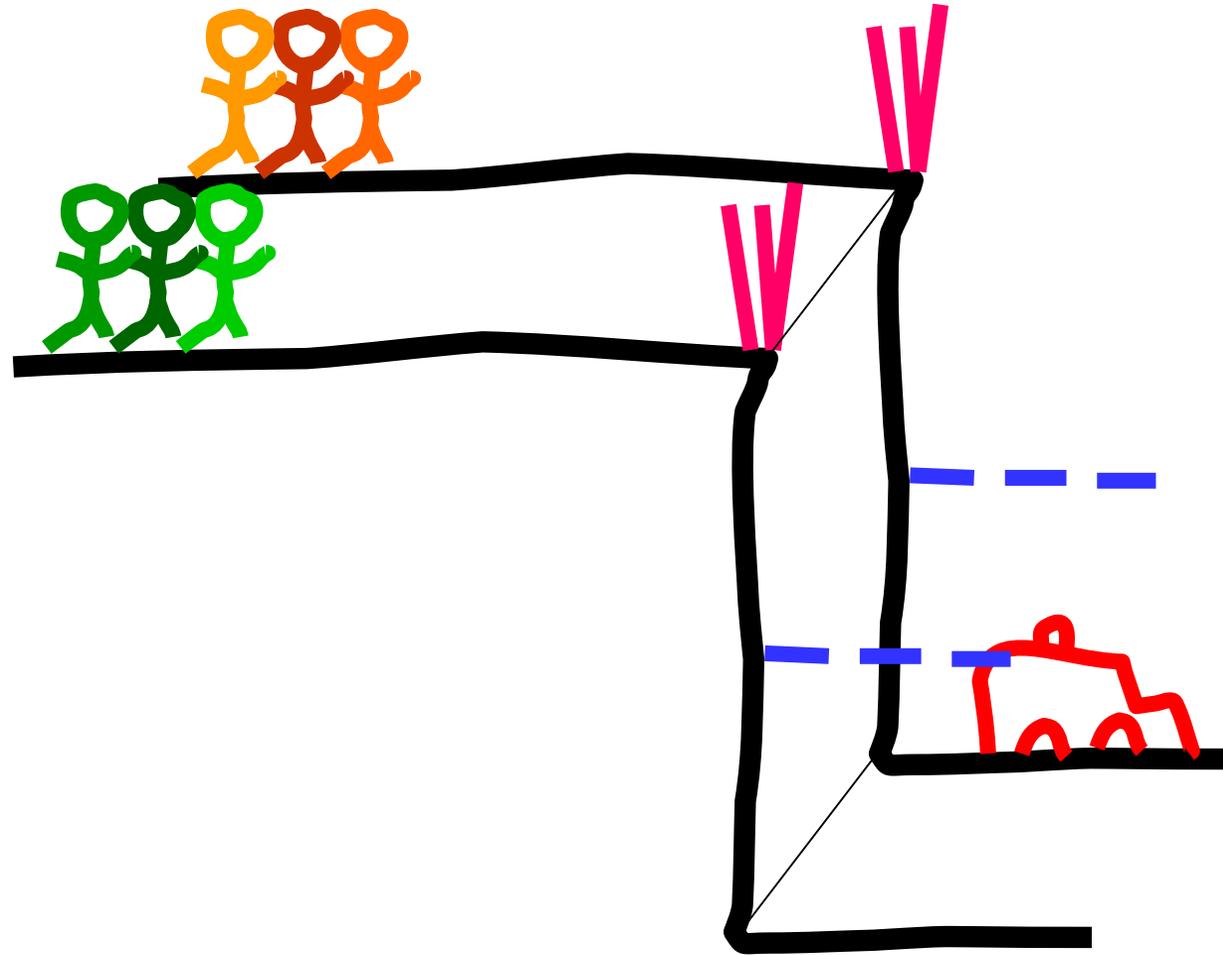
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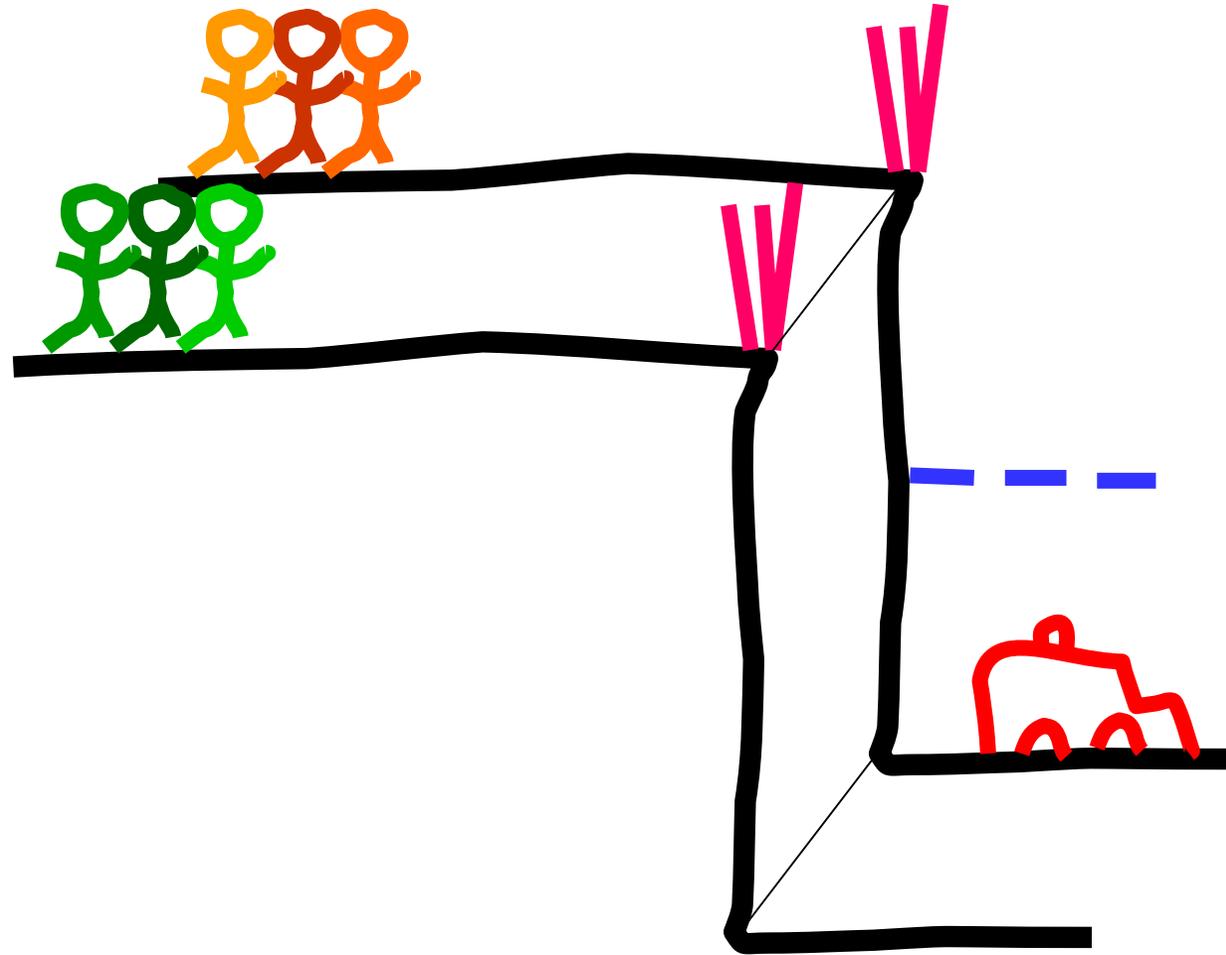
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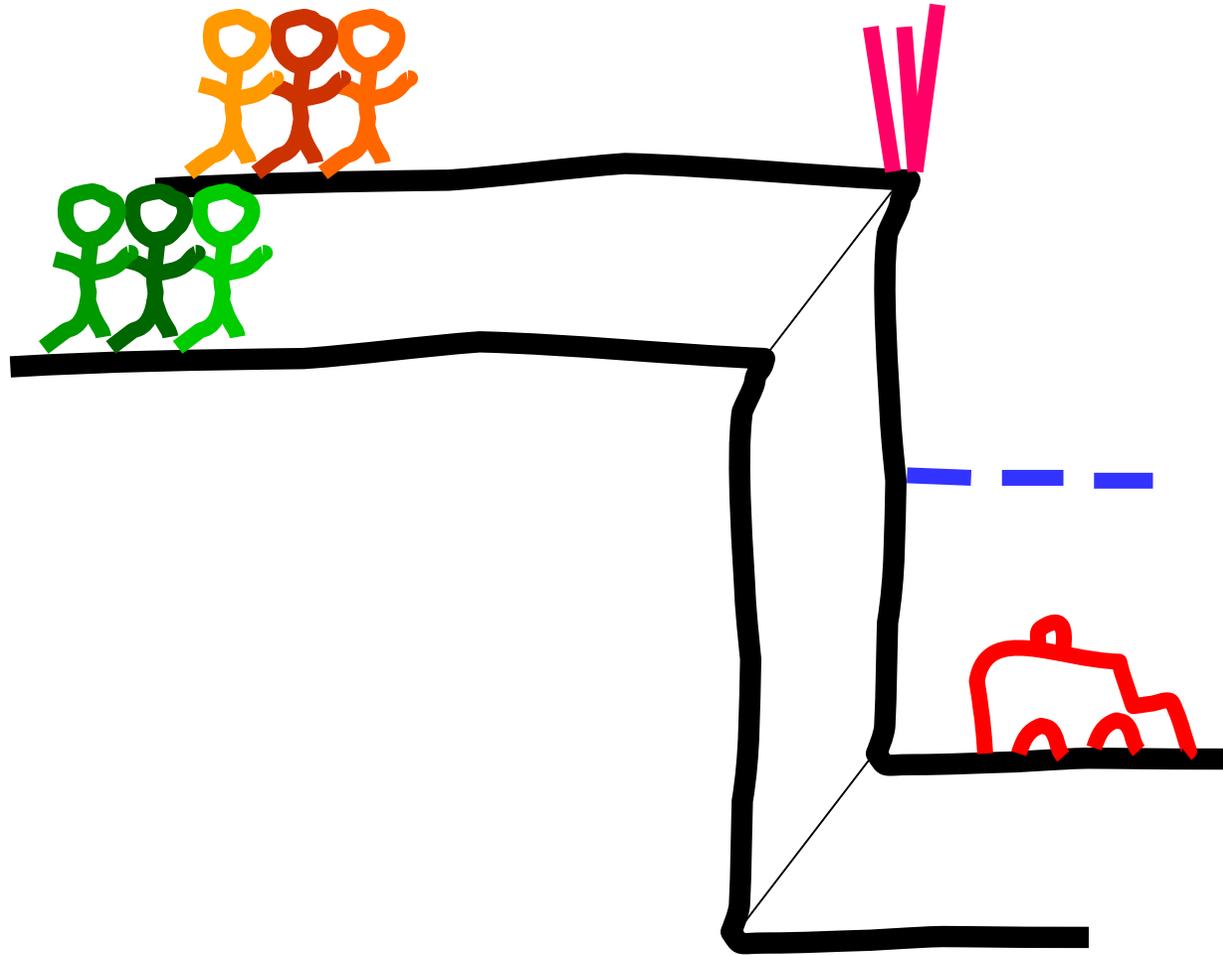
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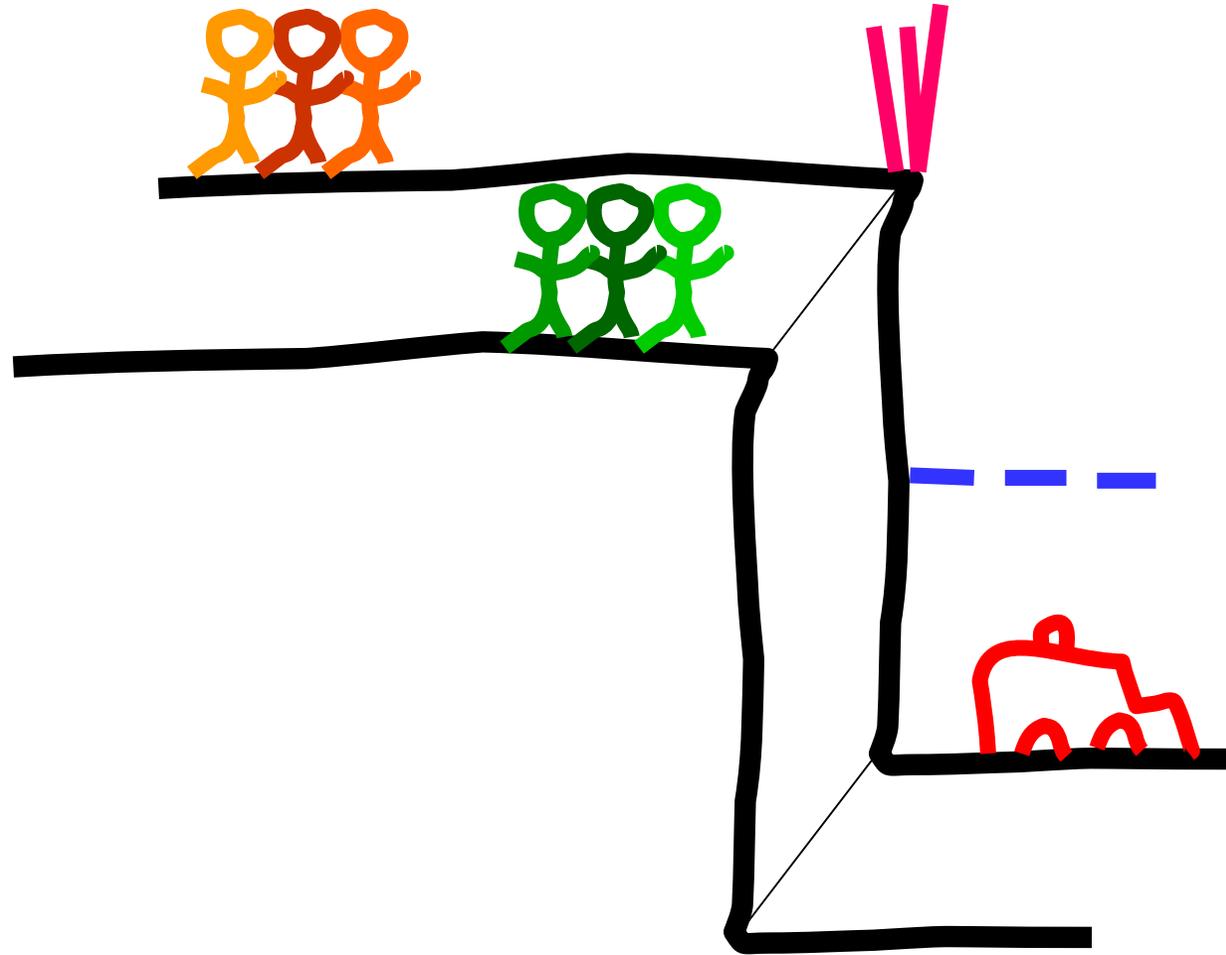
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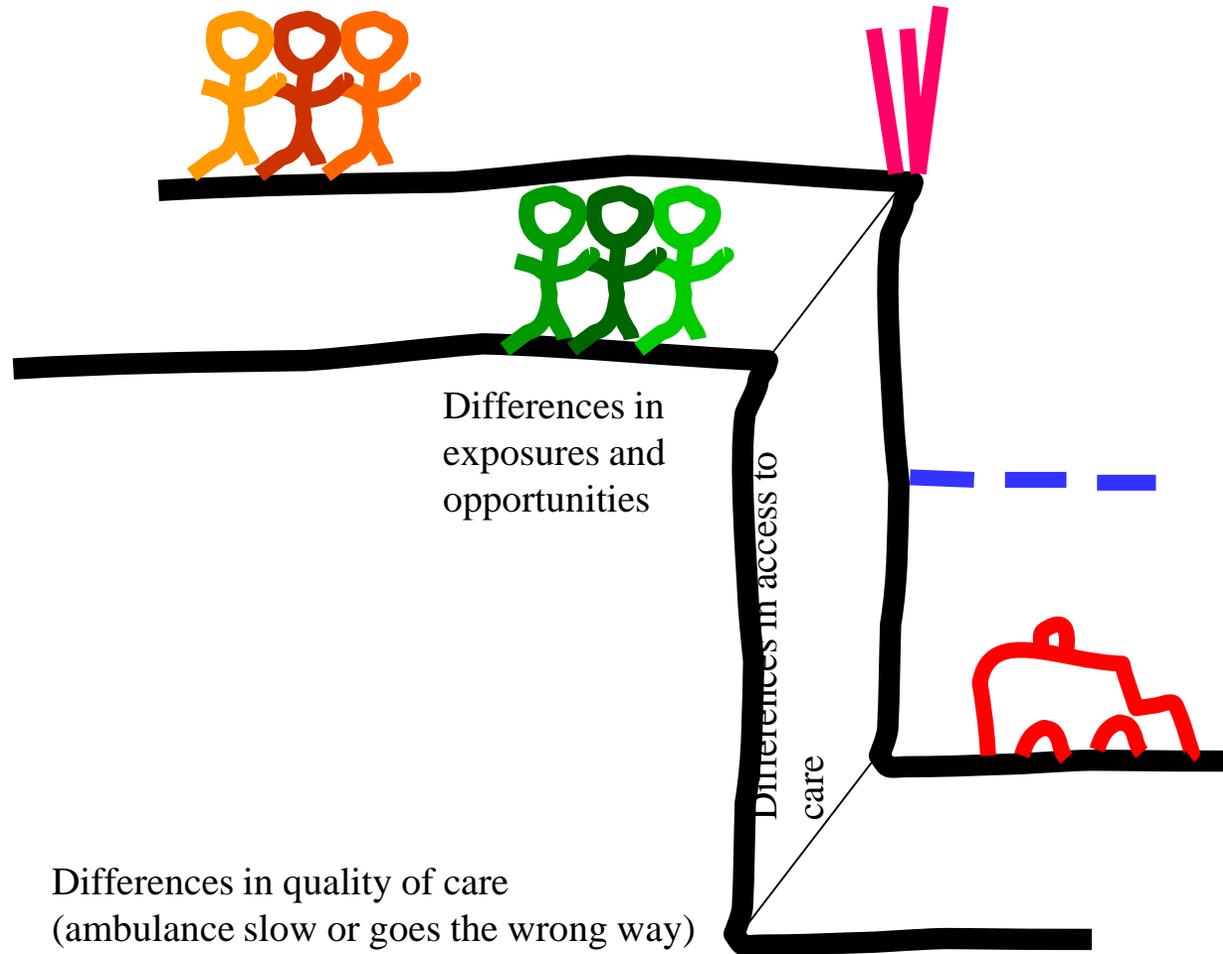
Jones CP et al. *J Health Care Poor Underserved* 2009.



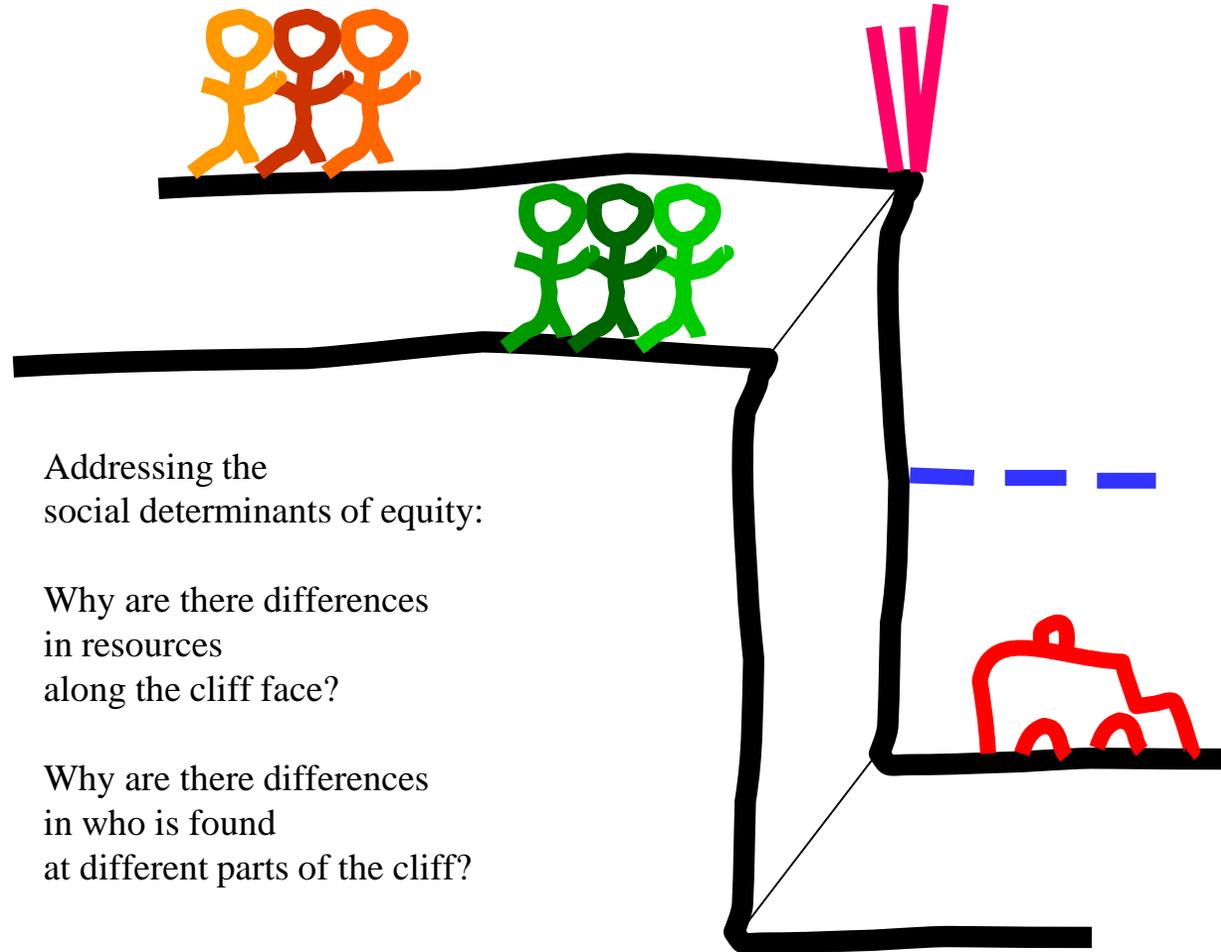
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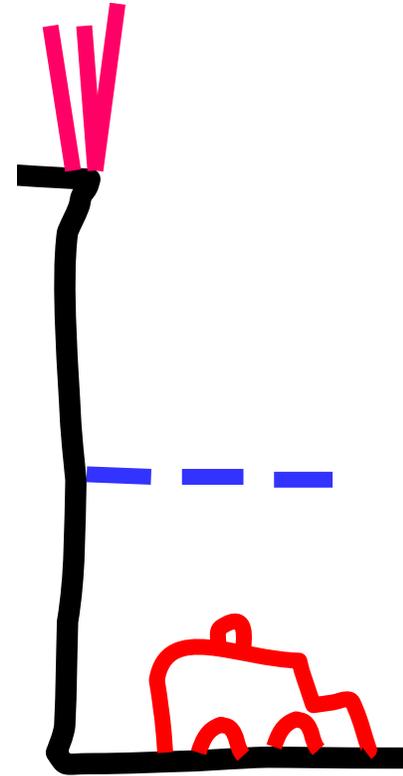
Jones CP *et al.* *J Health Care Poor Underserved* 2009.

## **3 dimensions of health intervention**

Jones CP *et al.* *J Health Care Poor Underserved* 2009.

### 3 dimensions of health intervention

*Health services*

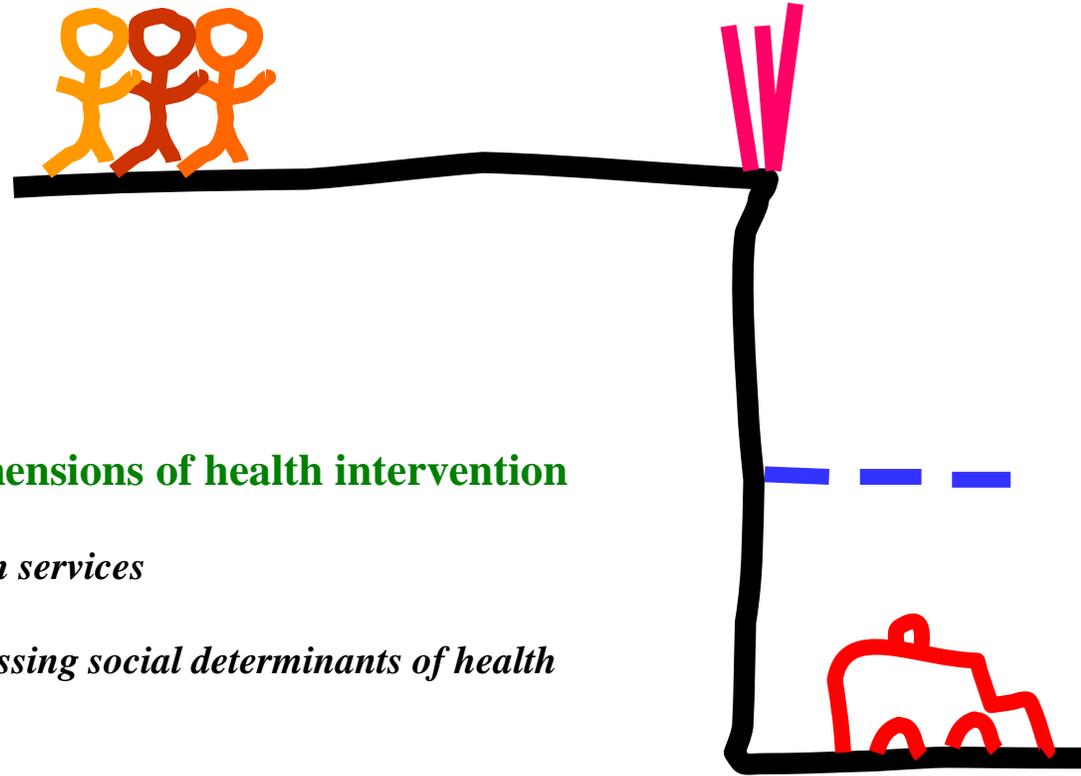


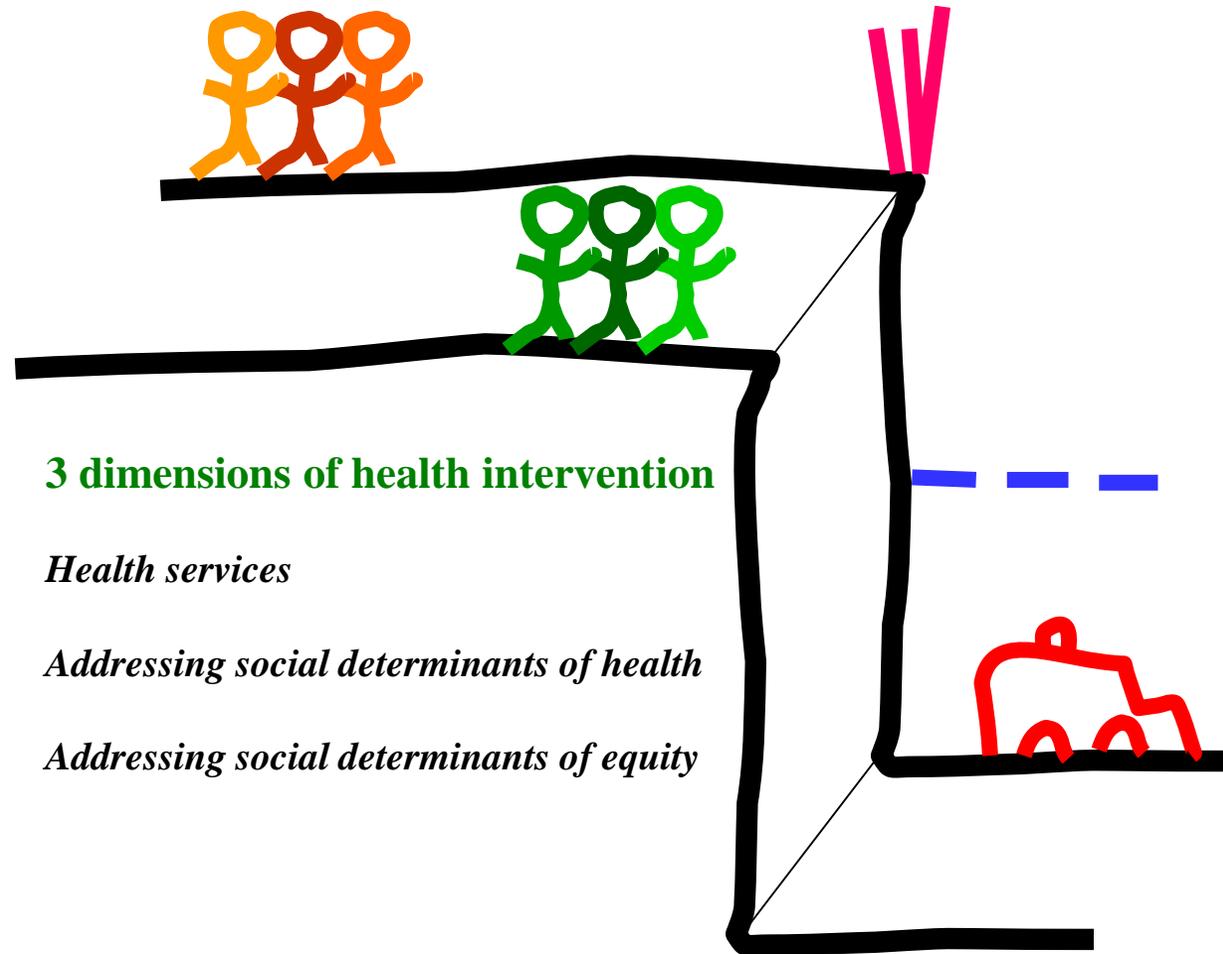
Jones CP *et al.* *J Health Care Poor Underserved* 2009.

### 3 dimensions of health intervention

*Health services*

*Addressing social determinants of health*





Jones CP *et al.* *J Health Care Poor Underserved* 2009.

# What is racism?

A system

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

# What is racism?

**A system of structuring opportunity and assigning value**

## What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”)

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A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that

- Unfairly disadvantages some individuals and communities

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- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities

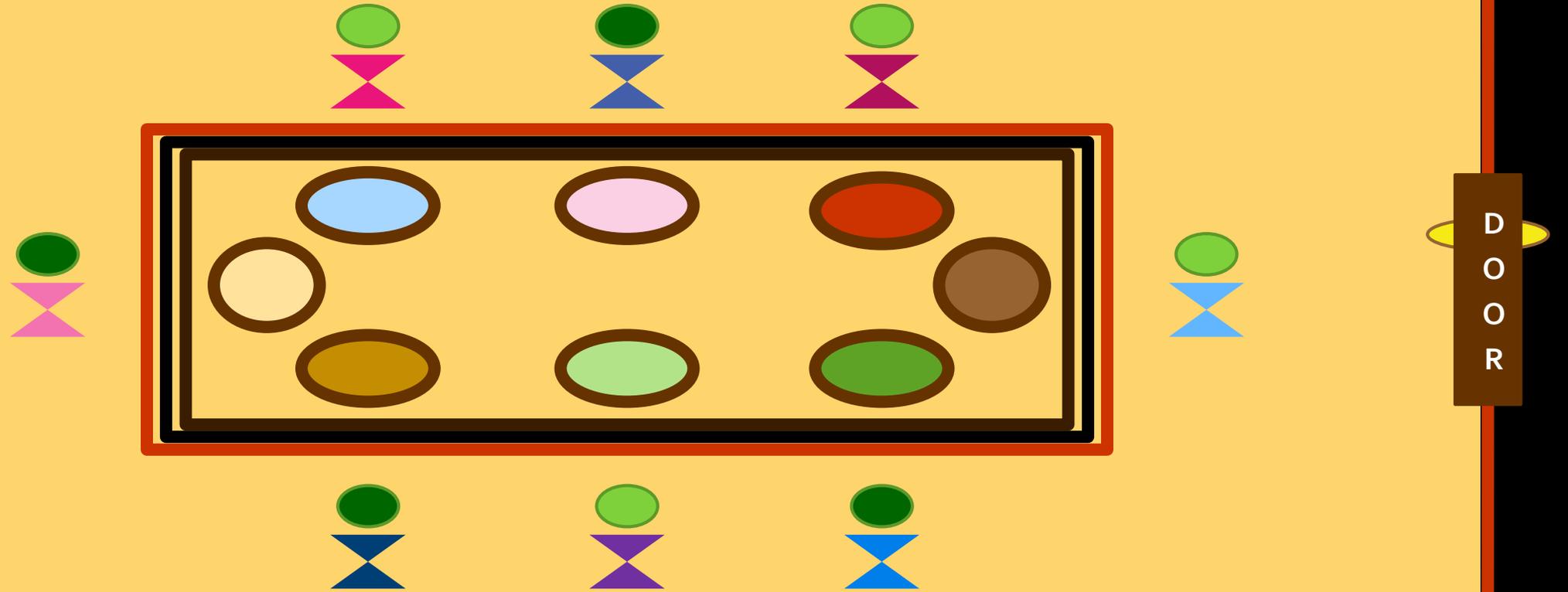
## What is racism?

**A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that**

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

# Dual Reality: A restaurant saga





I looked up and noticed a sign . . .

OPEN

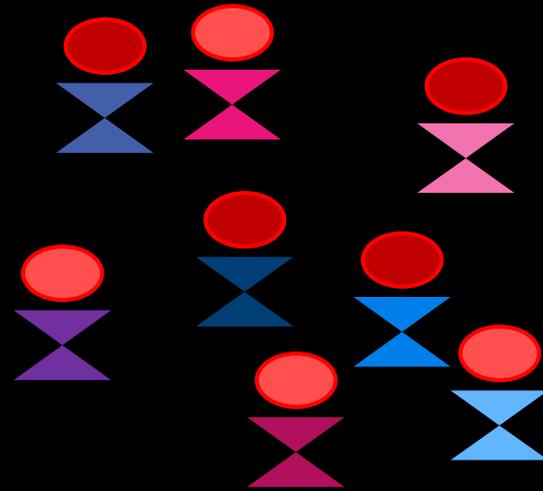
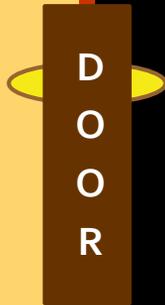
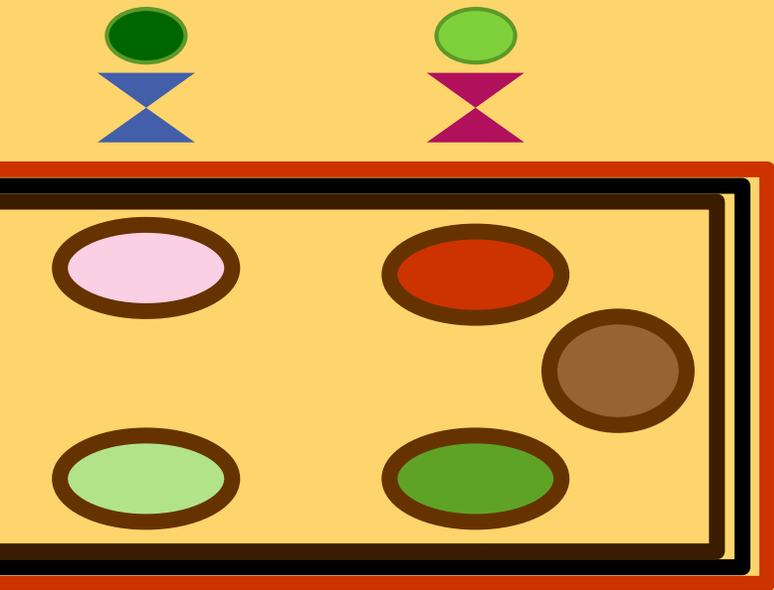


A rectangular sign with a white background and the word "CLOSED" in bold, red, sans-serif capital letters. The sign is framed by a thick blue border, which is itself set within a yellow rectangular area. The entire graphic is centered on a dark brown background.

**CLOSED**

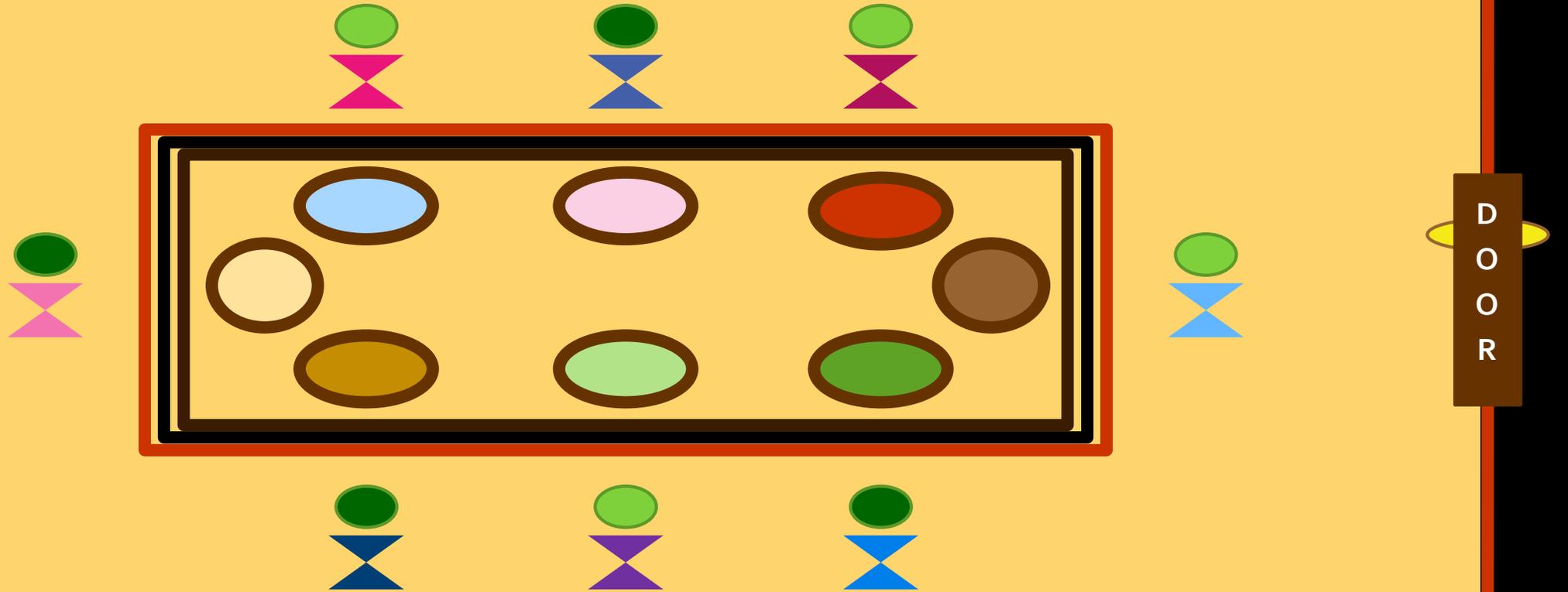
A solid yellow circle is positioned to the right of the text.

Racism structures “Open/Closed” signs  
in our society.



It is difficult to recognize systems of inequity that privilege us.

Those on the outside are very aware of the two-sided nature of the sign.



Is there really a two-sided sign?

Hard to know, when only see "Open".

A privilege not to HAVE to know.

Once DO know, can choose to act.

## What is health equity?

- ❑ **“Health equity” is assurance of the conditions for optimal health for all people**
- ❑ **Achieving health equity requires**
  - Valuing all individuals and populations equally
  - Recognizing and rectifying historical injustices
  - Providing resources according to need
- ❑ **Health disparities will be eliminated when health equity is achieved**

Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10)Suppl 3:S71-S75.

# National Campaign Against Racism

Name racism

Ask “How is racism operating here?”

Organize and strategize to act

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**Camara Phyllis Jones, MD, MPH, PhD**

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**Senior Fellow  
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# Behavioral Health's Role in Population Health

Fikry Isaac, MD, MPH, FACOEM  
Chief Executive Officer  
WellWorld Consulting

# The Cost of “Un-Wellness”

- The world we live in : hyper-connected societies take their toll on wellness: obesity epidemic, loneliness epidemic, rise in mental illness, etc. Each has an economic cost.
- A sick care vs a well care system suffering from a combination of (1) ageing populations, (2) funding constraints, and (3) rising chronic diseases.

# “Mental Un-Wellness – A World of Unfairness”

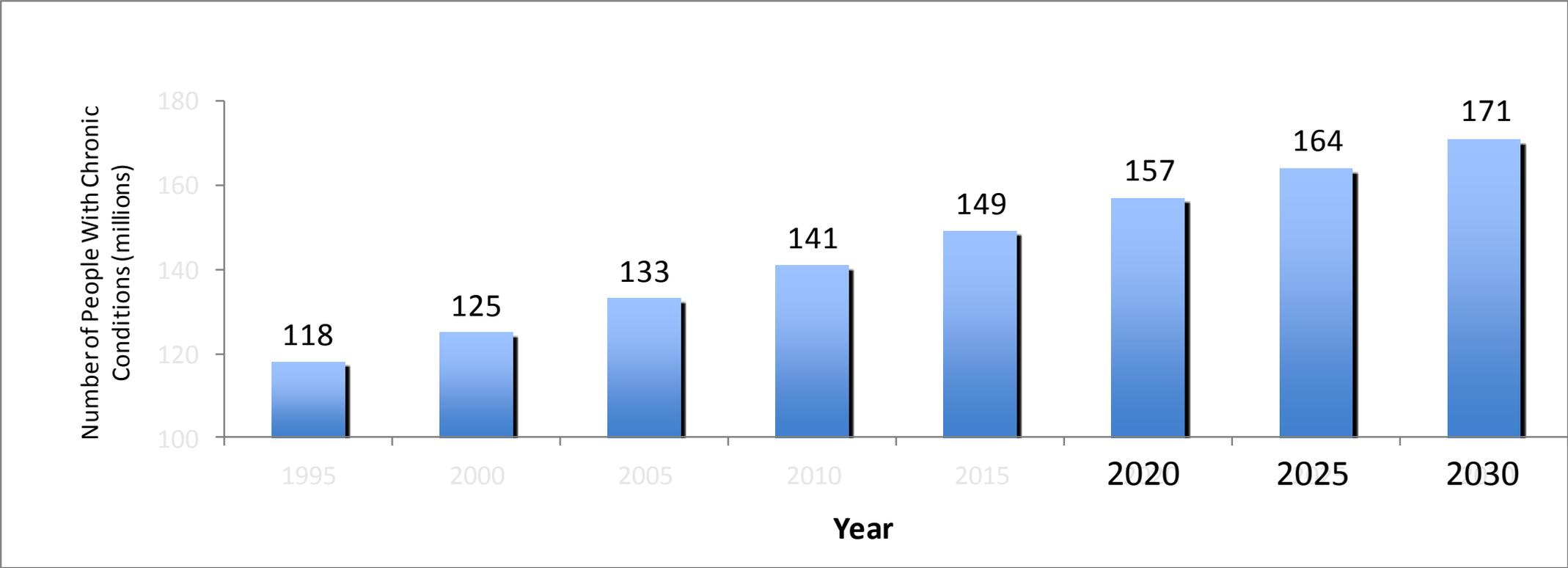
- We live in an age of abundance – why are the symptoms of unwellness rising?
- The role of fairness

<http://www.youtube.com/watch?v=meiU6TxysCg&sns=em>

# Focusing on Illness Alone is Ineffective and Inefficient

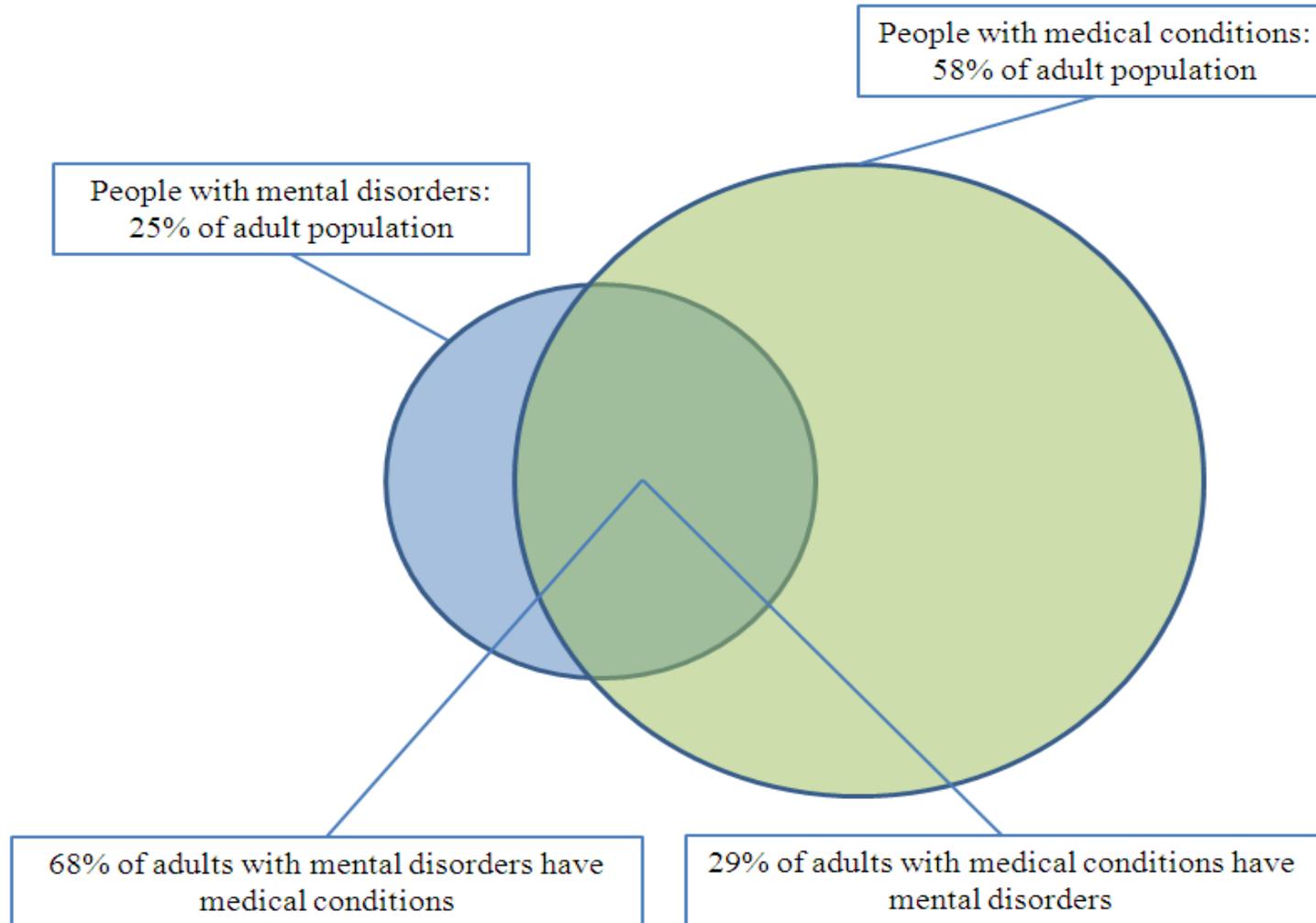
*While the Nation Creates a Tsunami of Chronic Disease*

171 Million Americans with Chronic Illness by 2030



# Population Health – Chronic Disease & Behavioral Health

*Behavioral Health May Complicate as much as 25% of Hospital Stays  
So You Cannot Just Focus on Those with Known Behavioral Health Diagnoses*



# Population Health - Wellbeing

*Not Just the Absence of Illness*

*Significant Behavioral Health Focus*

## CDC 2020 Goals – HRQOL/Well-Being

Physical Well-Being – vigor and vitality, feeling very healthy and full of energy

Mental Well-Being – satisfied with one's life, balancing positive and negative emotions, accepting oneself, finding meaning and purpose, seeking personal growth, autonomy and competence, optimism

Social Well-Being – receiving quality support from family, friends and others

## Components of Wellness

**Social**

**Physical**

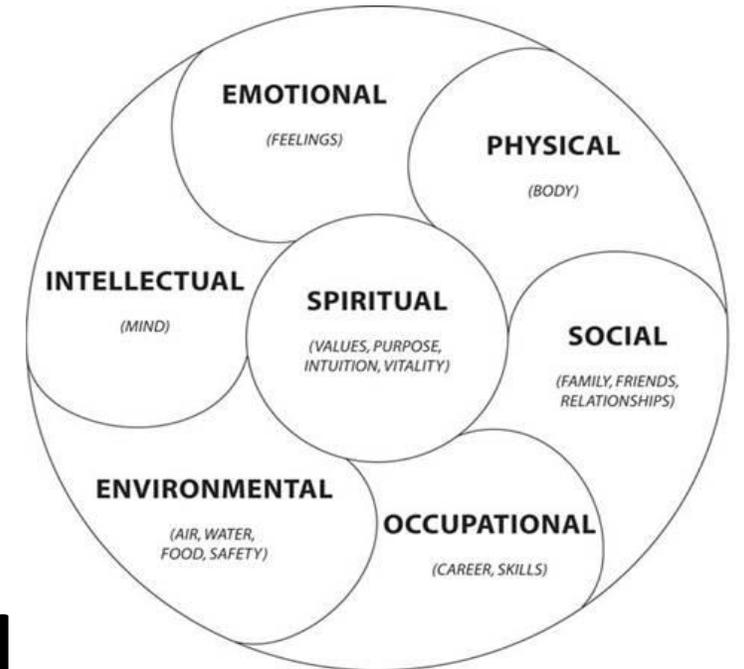
**Emotional**

**Career**

**Intellectual**

**Environmental**

**Spiritual**

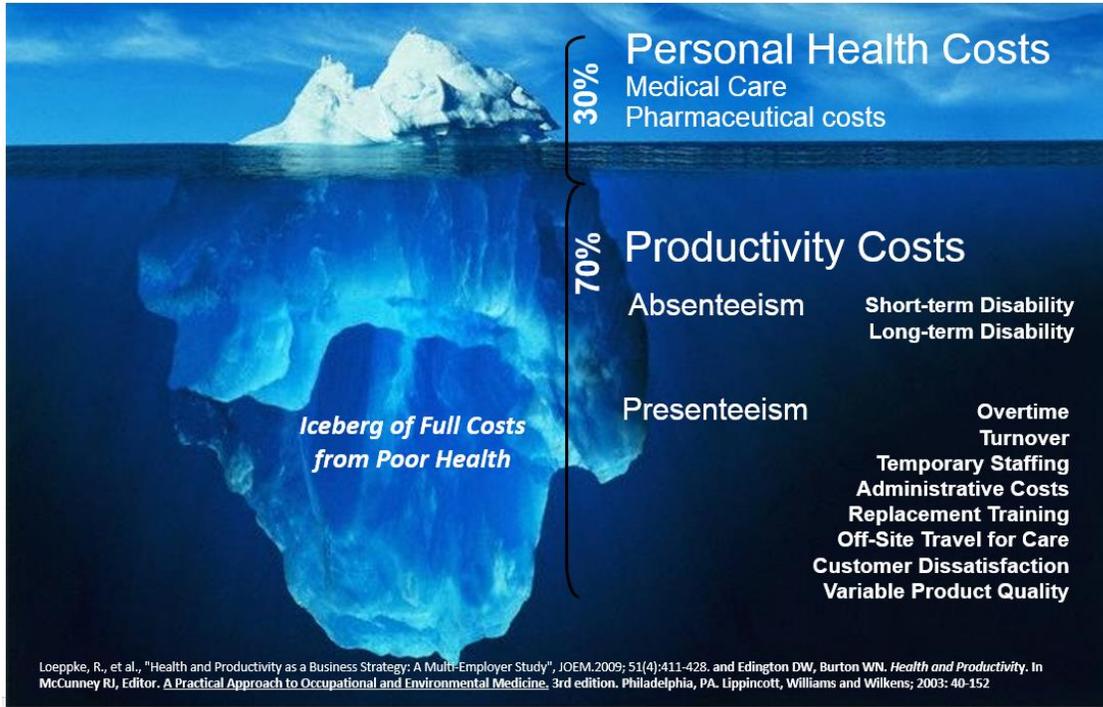


Source: <http://www.undstudenthealth.com>

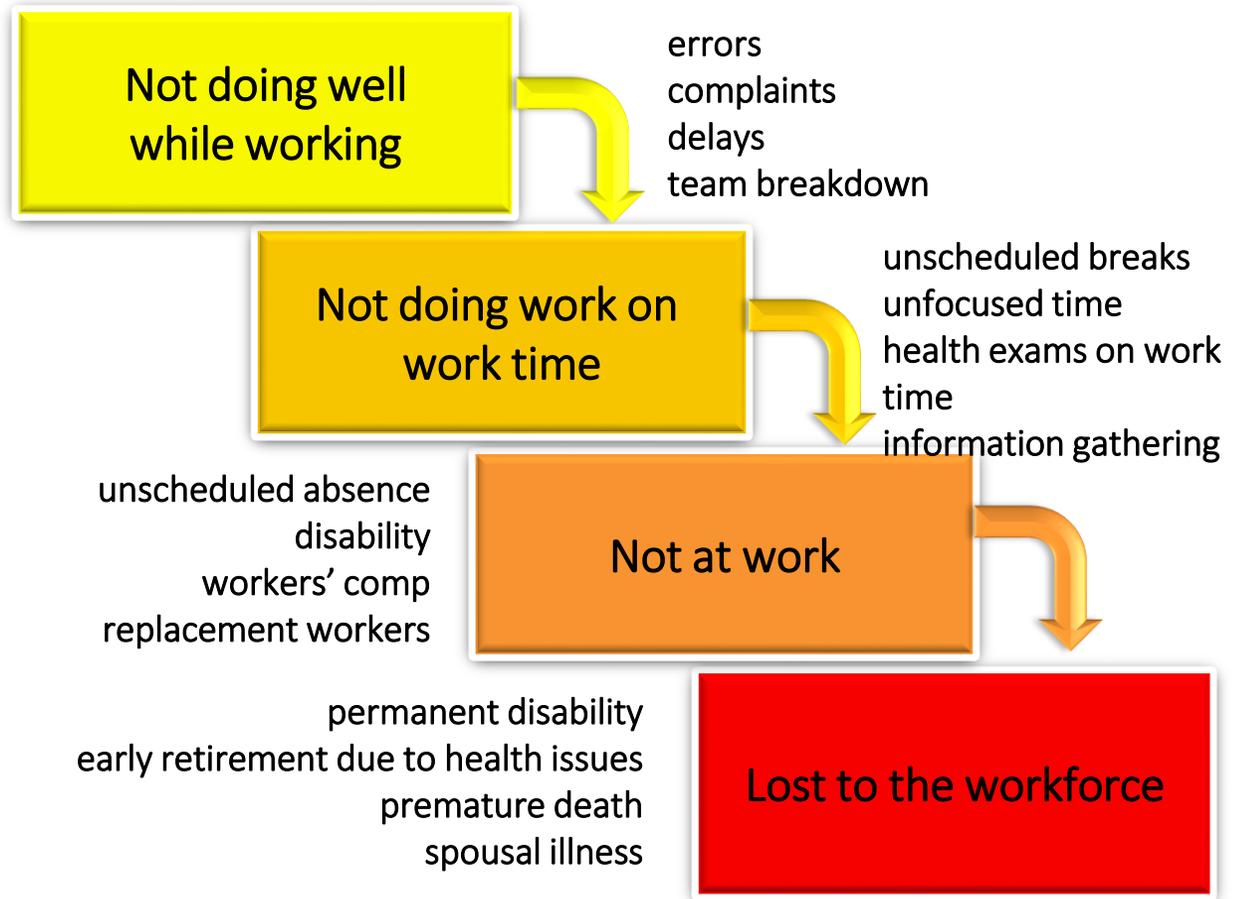
Swenson, John A., M.D.

# Health & Wellbeing – Why Employers Should Do This

## *The Impact Of Poor Health To Employers Continuum Of Employee Performance Outcomes*



**For Every Dollar Spent on Health Care  
There Are \$3 Lost in Productivity**

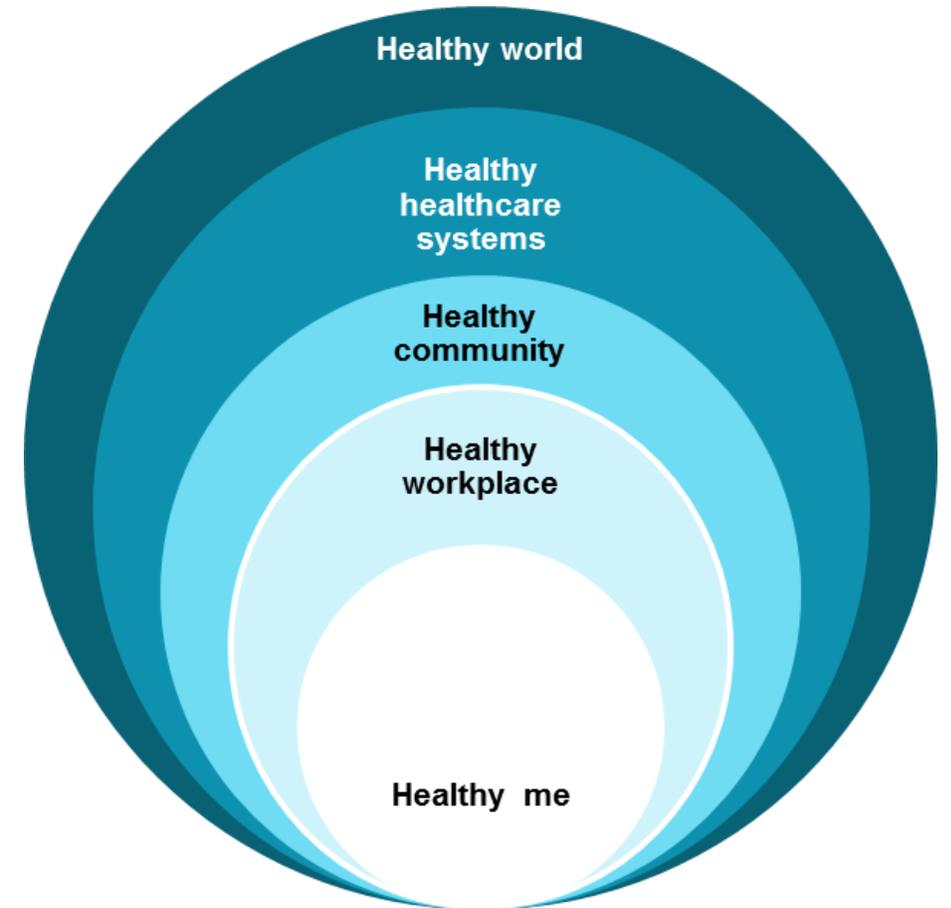


# Healthy People, Healthy Business, Healthy World

*It starts at the individual level*

Strong on-site health & wellbeing resources supports improvement of employee health- which in turn informs and impacts the business, family, and the community in which we work and live.

We know that population health can be improved when individuals are better able to understand and manage their health & wellbeing.



# Employee Health and Wellbeing – A Competitive Advantage

An established core Value of caring (our CREDO)

“We are focused on helping people around the world live longer, healthier and happier lives, *and this begins with our own employees*. As business leaders, we have the opportunity to create an environment where employees can *actively engage in their health and achieve their ‘best self’* at work, at home, and in their communities.”

ALEX GORSKY, CEO



Providing additional business Value - based on credible data and expertise

By Rachel M. Henke, Ron Z. Goetzel, Janice McHugh, and Fik Isaac

DOI: 10.1377/hlthaff.2010.0806  
HEALTH AFFAIRS 30,  
NO. 3 (2011): 490-499  
©2011 Project HOPE—  
The People-to-People Health  
Foundation, Inc.

## Recent Experience In Health Promotion At Johnson & Johnson: Lower Health Spending, Strong Return On Investment

Average annual per employee savings were \$565 in 2009 dollars, producing a return on investment equal to a range of \$1.88-\$3.92 saved for every dollar spent on the program.”

Health and Wellness is seen as one of the top three (3) accelerators of global talent as reported at the World Economic Forum in 2013 (1268 employers representing 65 countries)

Towers Watson 2011/2012 Staying@Work Report correlates companies with highly effective health programs with better financial outcomes:

- ✓ Higher market premium and shareholder returns
- ✓ Higher revenue per employee
- ✓ Lower medical costs per employee

The Link Between Workforce Health and Safety and the Health of the Bottom Line: Tracking Market Performance of Companies That Nurture a “Culture of Health”

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# Mental Un-Wellness – A World of Unfairness

- Why wellness programs are not having deep impact on behavioral health condition particularly in the work place
- Why aren't we seeing enough attention being paid to skill building and training on recognizing behavioral health in the work place
- Still little utilization of EAP ( 5%) despite employers investment in such programs
- Why De- Stigmatization of mental health issues not working
- Can we stop separating the mind and body and start focusing on the whole person

*“When our thoughts, our words, AND actions align - then we are in harmony “*