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**“TO YOUR HEALTH AND WEALTH”
SPRINTING TOWARD
THE TRIPLE AIM**

Case 1

- Persons with mental health and substance use conditions die at least 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

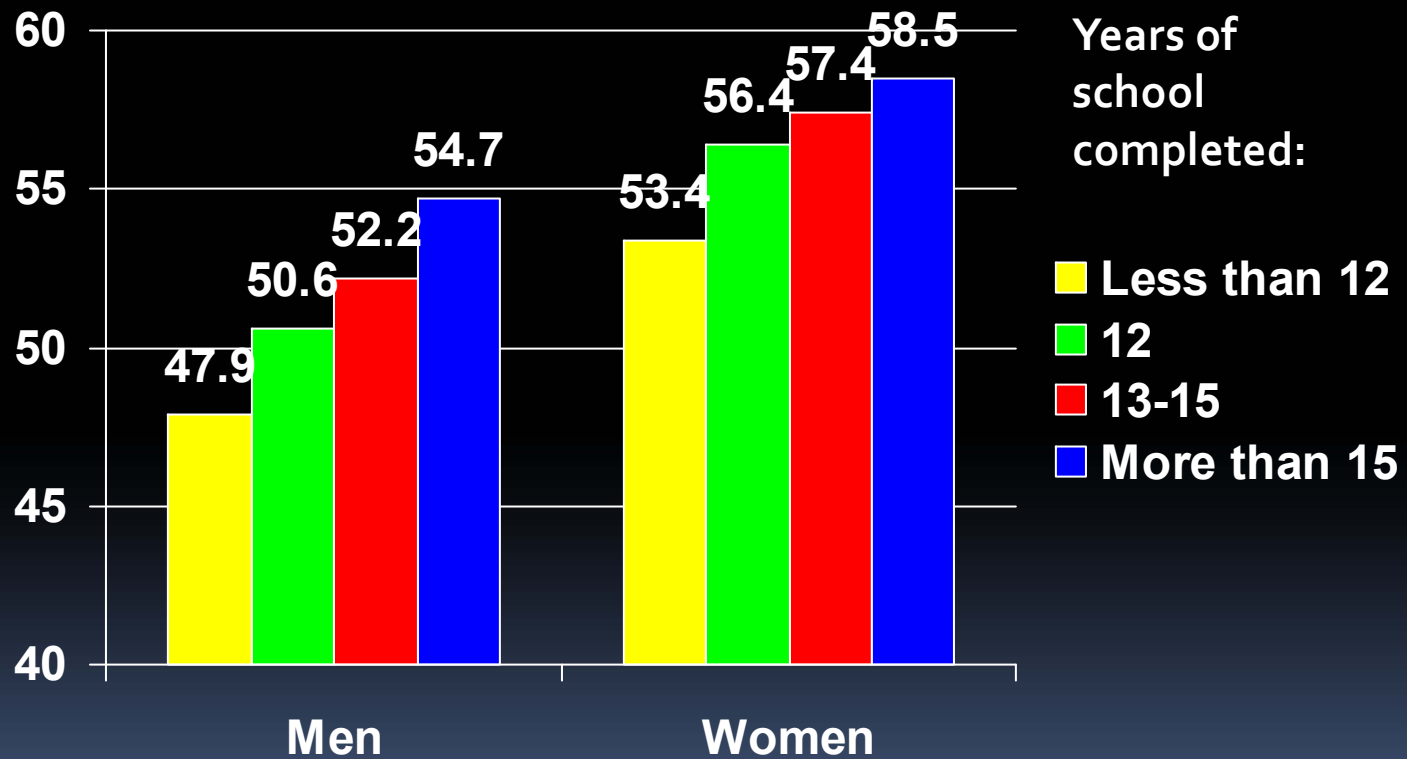
- It is obvious that the vast majority of adults with serious mental illness (SMI)/serious substance use disorders (SUD) and youth with serious emotional disturbance (SED) have an over-abundance of negative social determinants and a paucity of positive social determinants.

Negative social determinants cause trauma and illness

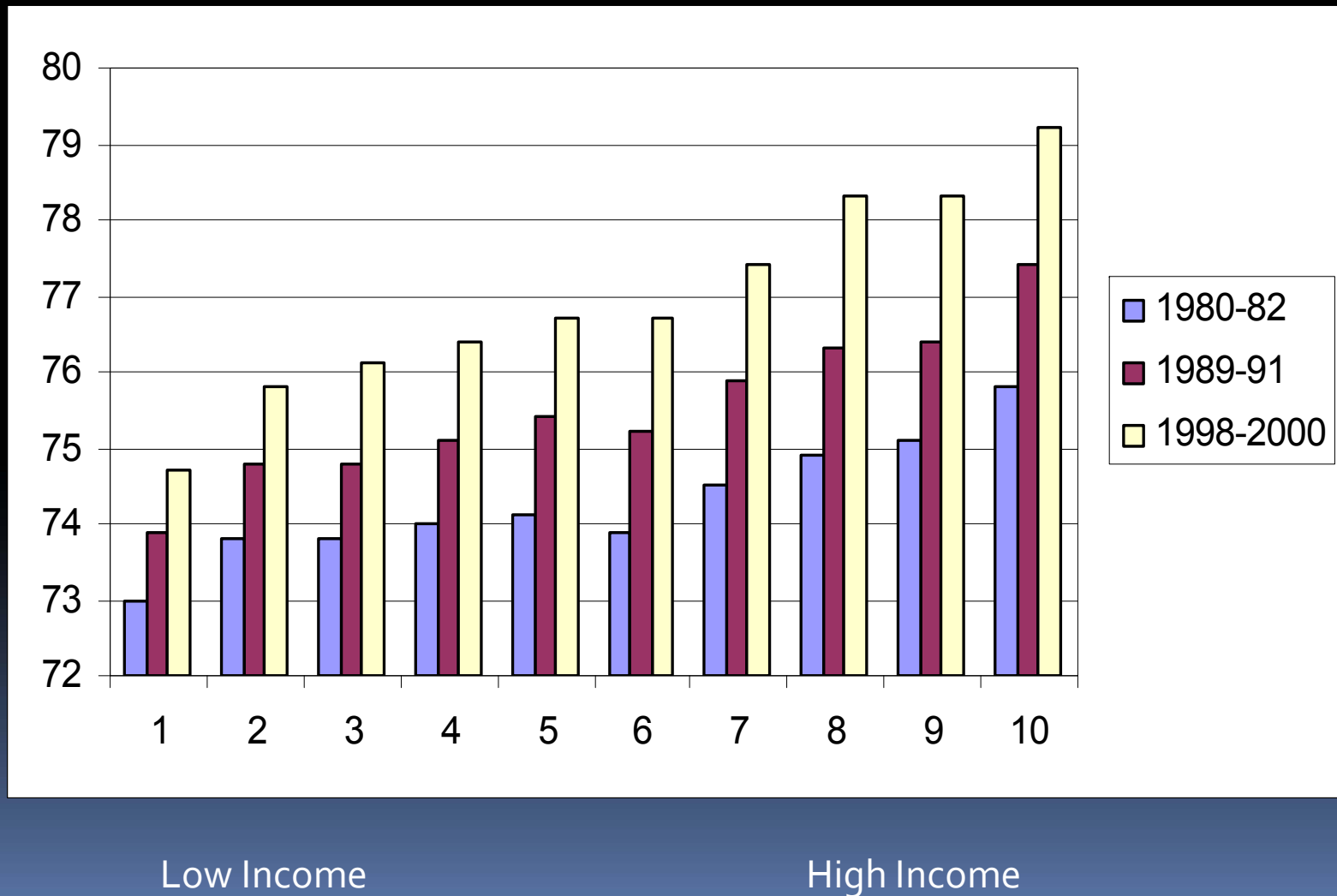
- Negative social determinants cause trauma.
- Trauma causes mental illness and addiction.
- Factoid: 75% of mental illness is due to trauma.

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

LE at age 25



Life expectancy at birth by socioeconomic deprivation, US



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.

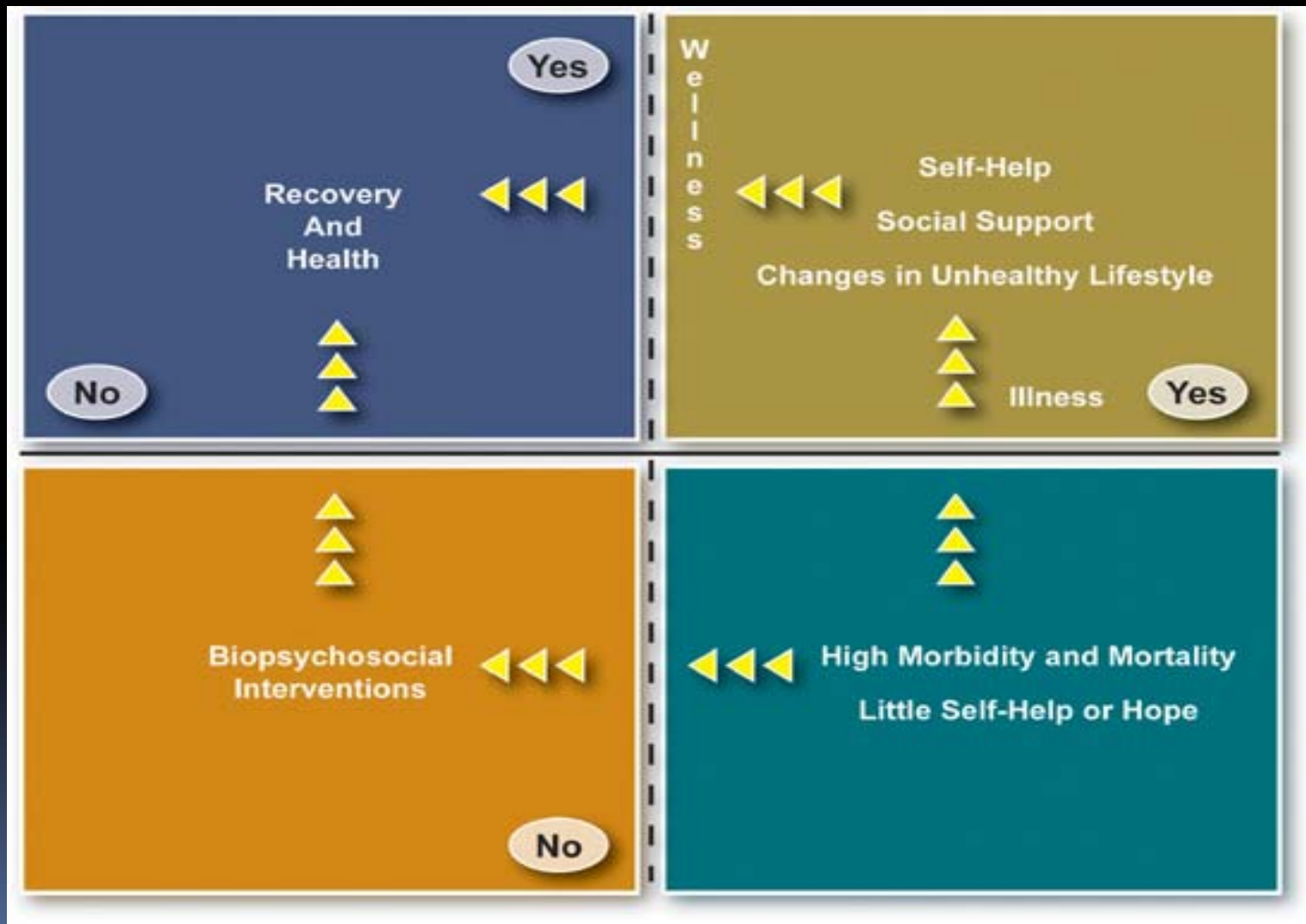
Three levels for action

- **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



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
(health)

YOU SOON
(wellness)

No Disease _____ | _____ Severe Disease

YOU SOON
(disease prevention)

YOU NOW

Very Unhealthy

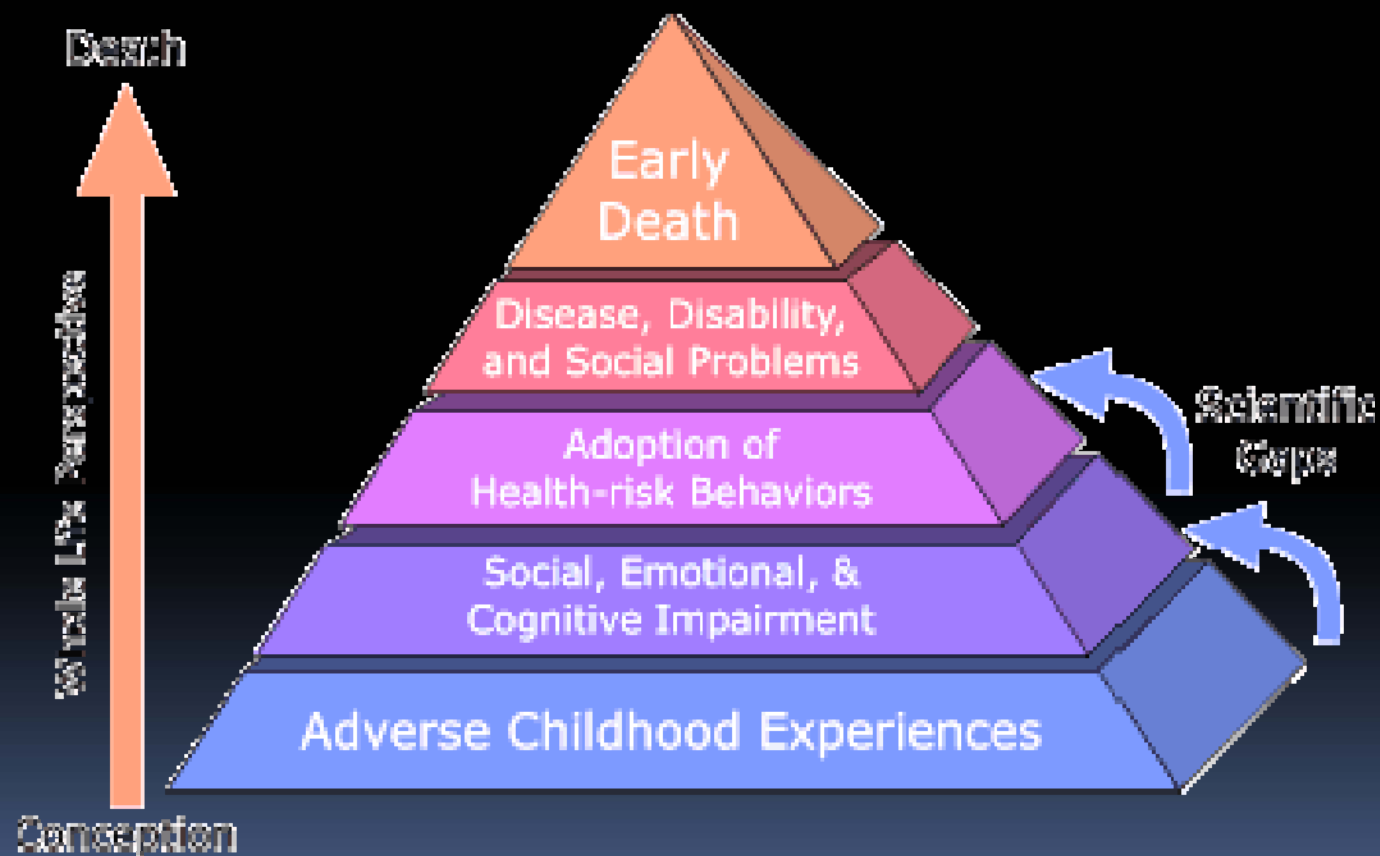
Prevention of substance use

- **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.

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