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)
**Understanding Well-being: Lessons for Leadership**

Presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland
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

- Population Health
- Experience of Care
- Per Capita Cost
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.

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The Quadruple Aim: The MHS Value Model
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’ means...
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);
  - 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)

- **Well-being**: Physical, Mental, Social

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

  **Mental**
  - Good relationships (social, familial)
  - Connectedness
  - Giving and receiving support

  **Social**
  - Connectedness
  - Giving and receiving support

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

  **External Assets**
  - Macro social, cultural, economic, environmental factors
  - Community social, cultural, economic opportunity, environmental factors

  **Well-being Domain**
  - High Positive emotion
  - Low negative emotion
  - Autonomy
  - Personal growth
  - Life purpose
  - Self acceptance
  - Mentally healthy days

  **Life satisfaction**
  - Global
  - By domain

2011 MHS Conference
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

Gallup · Healthways
Well-Being Index™

- 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

Individual Well-Being

Population Health

Lower Costs / Higher Productivity

Enhanced Readiness

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
### 2009 Well-Being Index Composite and Domains

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

- 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=363,894
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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

Determinants of Health

Interventions
- Policies
- Programs
- Information

Individual behavior
- Inherent individual traits: age, sex, race, and biological factors

Social, family, and community networks
- Living and working conditions

Living and working conditions
- Broad social, economic, cultural, health, and environmental conditions and policies of the global national, state, and local

Outcomes
- Behavioral outcomes
- Specific risk factors, diseases, and conditions
- Injuries
- Well-being and health-related Quality of Life
- Health equity

Assessment, Monitoring, Evaluation & Dissemination

2011 MHS Conference
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
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.
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.
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.
“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)
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

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

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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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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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So… Tune in, Turn on, and Lead!
Thank you
…and be well!

- now, let’s talk.

The statements and opinions expressed in this presentation are not necessarily those of the Centers for Disease Control and Prevention or the Department of Health and Human Services.