

PEERS ENGAGE POPULATION HEALTH, PREVENTION/ PROMOTION, AND CARE INTEGRATION

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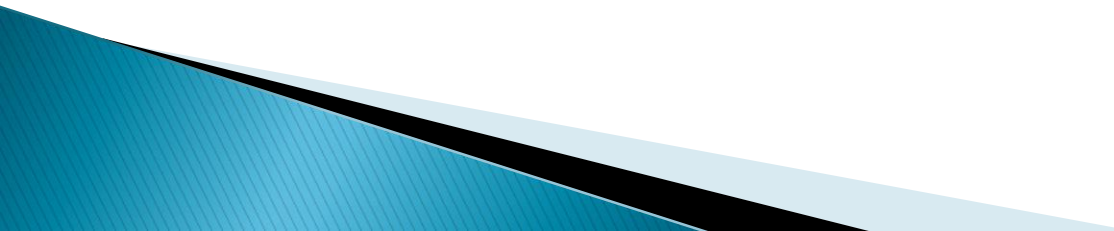
As the researchers pointed out, diverse populations allow them to ...



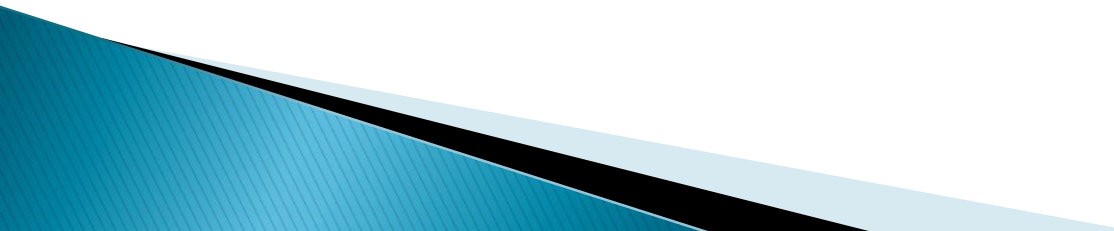
Where are peers going?



Key Game Changers

- ▶ **POLICY:** **Affordable Care Act** implementation.
 - ▶ **RESEARCH:** Early intervention with **first episode psychosis**.
 - ▶ **PRACTICE:** **Trauma** as a causative factor in most mental illness and **recovery** as a true goal.
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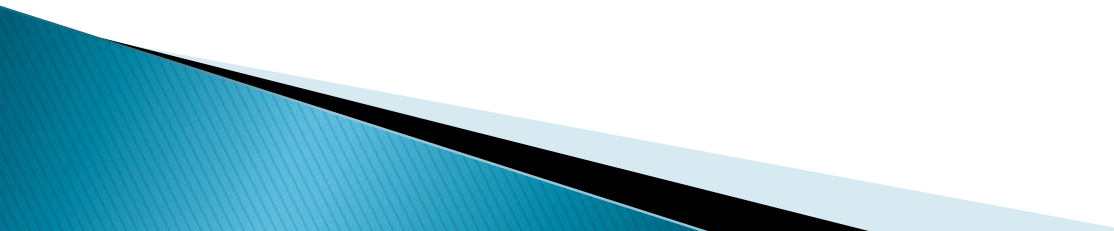
Key Underlying Trends

- ▶ From “deficit” to **“strength-based”** approaches e.g., IOM panel.
 - ▶ From “separate” to **“integrated”** services.
 - ▶ From “clinical only” to **“clinical and community”** together.
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The Question for Us:

- ▶ *How can peers respond effectively to all of these new developments?*

**We need to examine
how these changes will
impact upon us**



Logic of Social Determinants

- ▶ Social determinants → One's Life Chances.
- ▶ One's Life Chances → One's Health and Illness
- ▶ One's Life Chances → One's Care Access
- ▶ One's Life Chances → One's Community Life

Life Chances for Persons with SMI and SUD

- ▶ It is obvious that the vast majority of adults with serious behavioral health conditions have an over-abundance of negative life chances and a paucity of positive life chances.

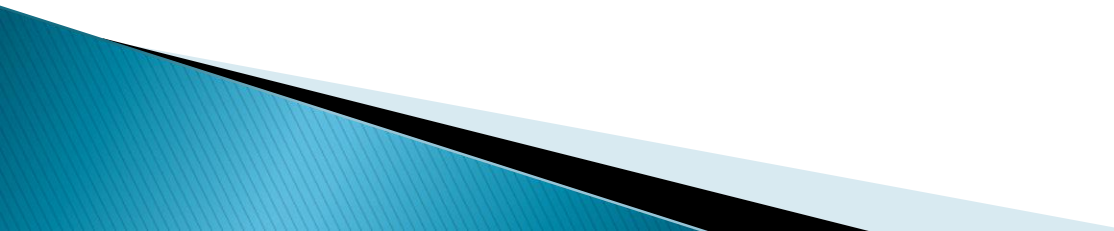
Effects of Negative Life Chances

- ▶ Negative life chances cause trauma.
- ▶ Trauma causes mental illness and addiction.
- ▶ Factoid: 75% of mental illness is due to trauma and occurs before age 25.

**What tools do we have
available?**



Moving Forward

- ▶ Change is Possible: *Behavioral change, community change, and cultural change can alter this picture.*
 - ▶ A Model is Available: We already have a *population health management model* to provide a framework for this work.
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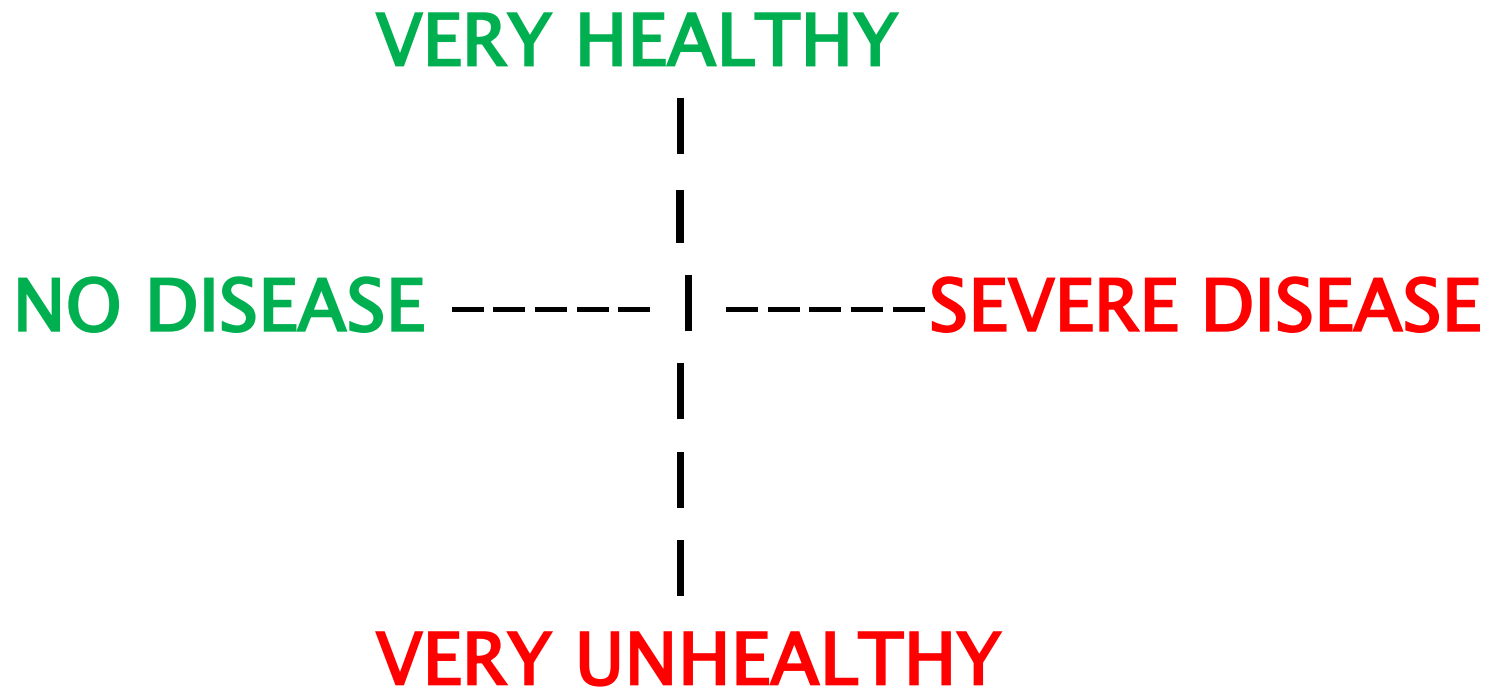
Our Dilemma

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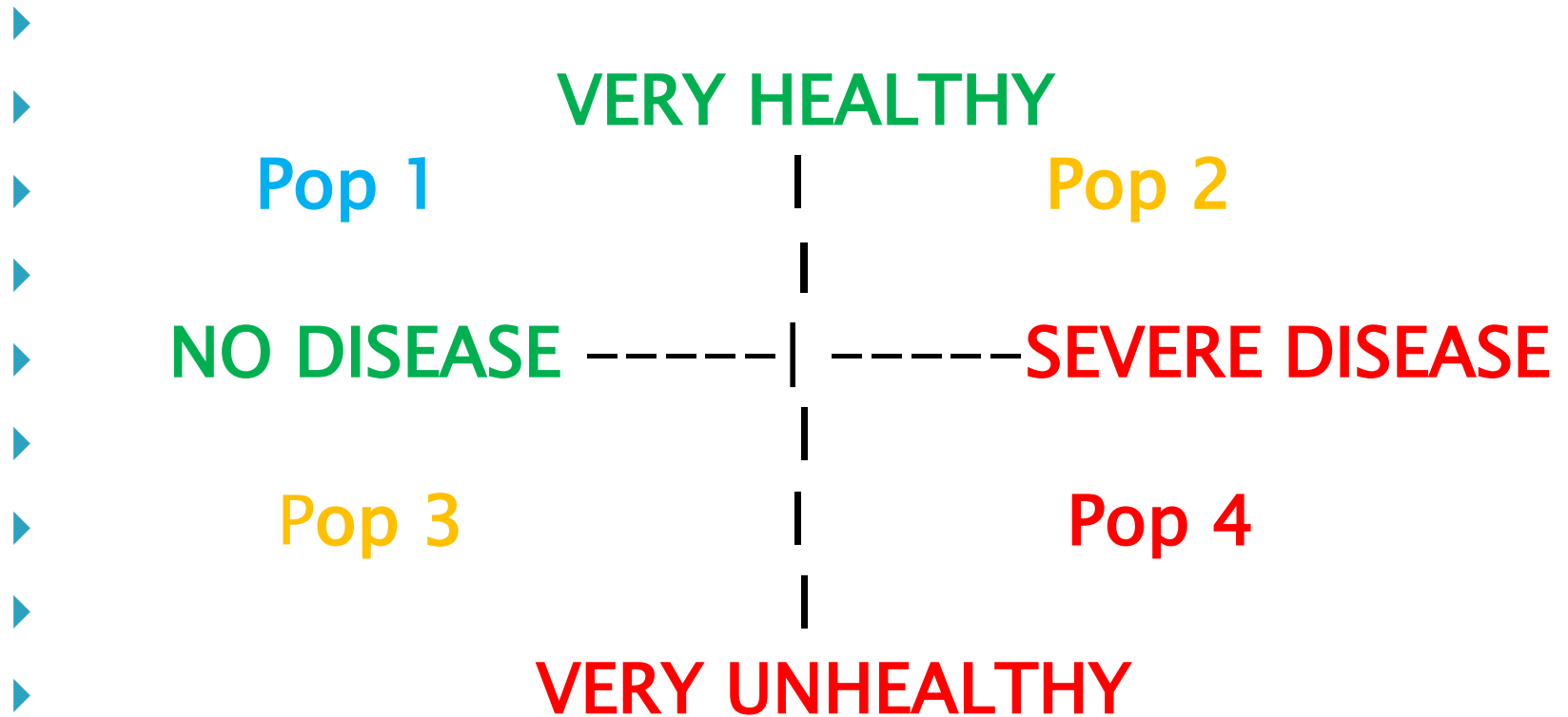


**“You’ve got a rare condition called ‘good health’.
Frankly, we’re not sure how to treat it.”**

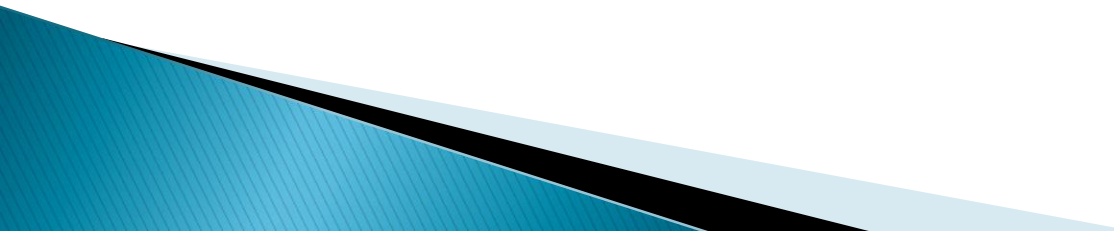
Health and Well-Being –1981!!



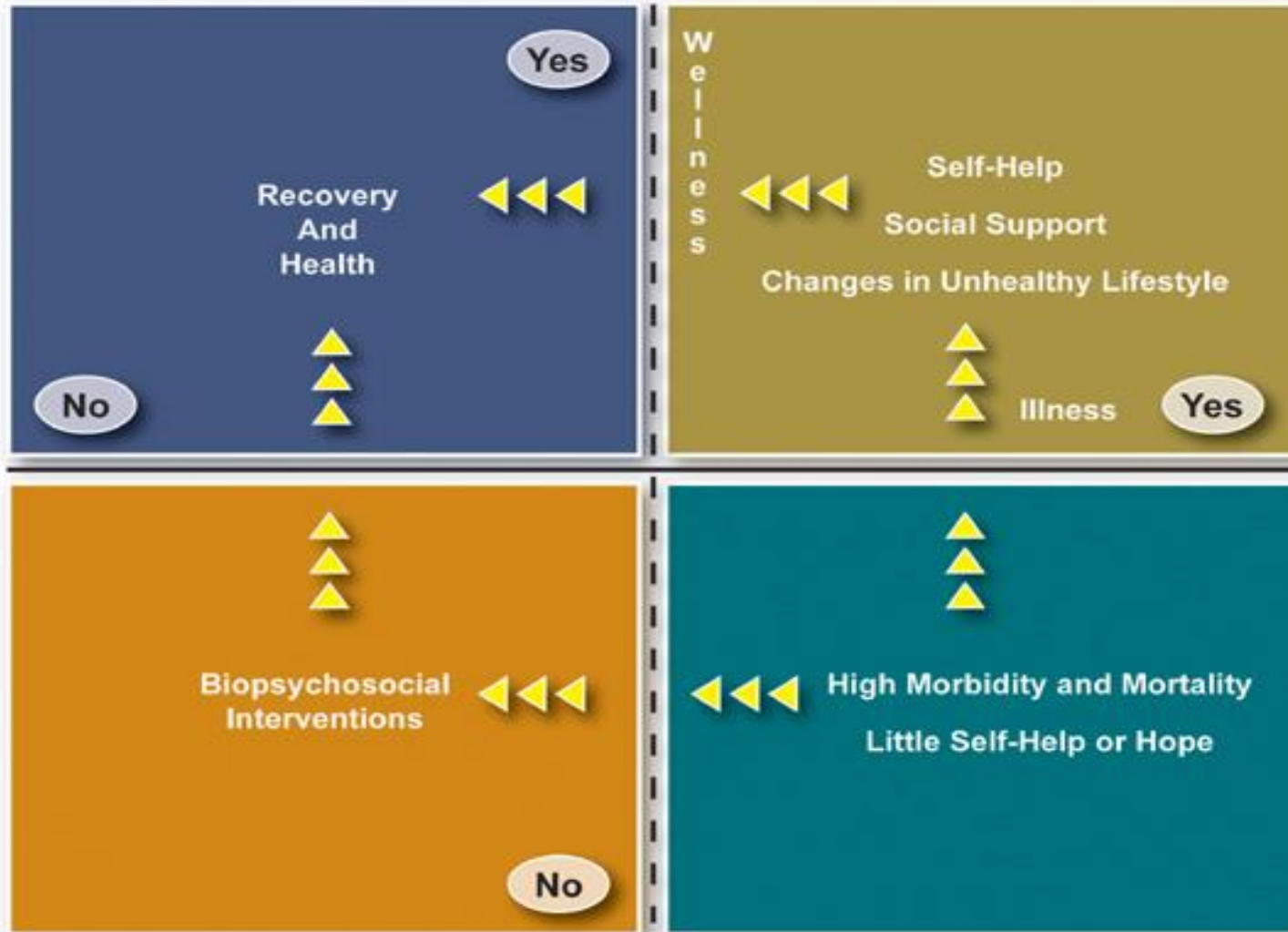
Viewed as Population Health



Principles

- ▶ 1. We need to consider all population groups.
 - ▶ 2. One can move among the population groups.
 - ▶ 3. Movement among groups is best when both “disease mitigation” and “health promotion” strategies are employed together.
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Today's Well-being Model



Key Related Concepts

▶ Personal:

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

▶ Community:

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

Tomorrow's Well-being Framework for Population Health

Very Healthy

YOU IN FUTURE
(health)

YOU SOON
(wellness)

No Disease

Severe Disease

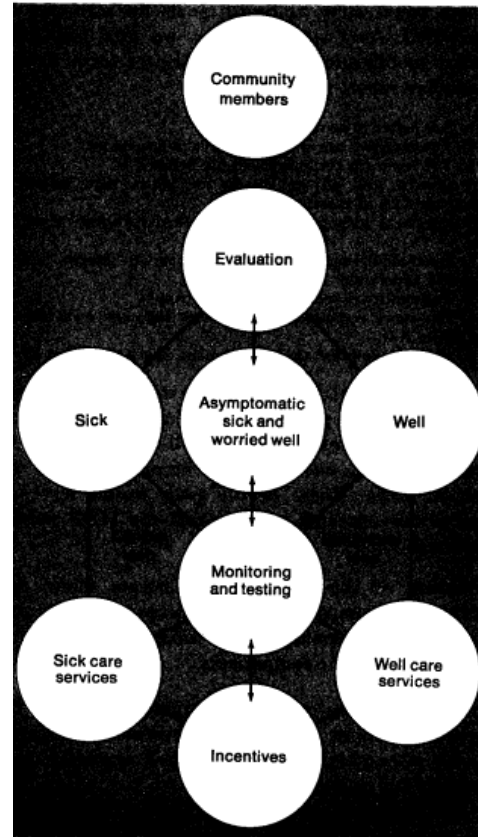
YOU SOON
(disease prevention)

YOU NOW

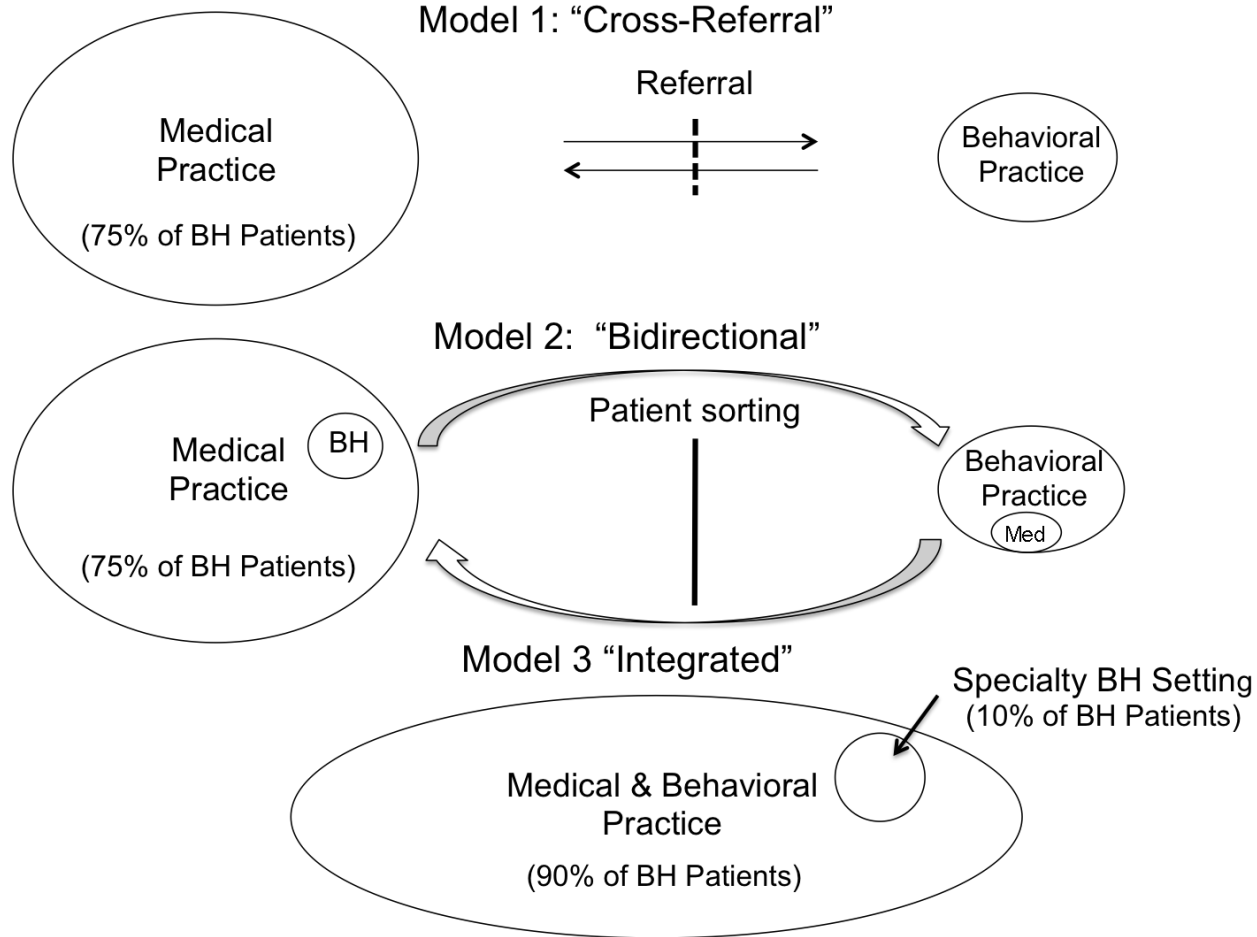
Very Unhealthy

Public Health Reports – 1978

Operational components of the health promotion organization



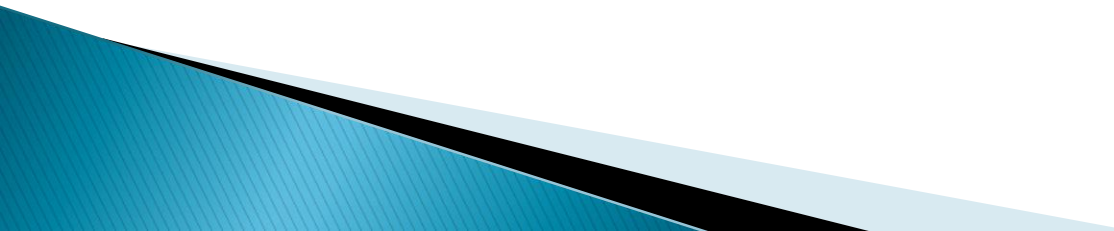
Integrating Care and Well-being



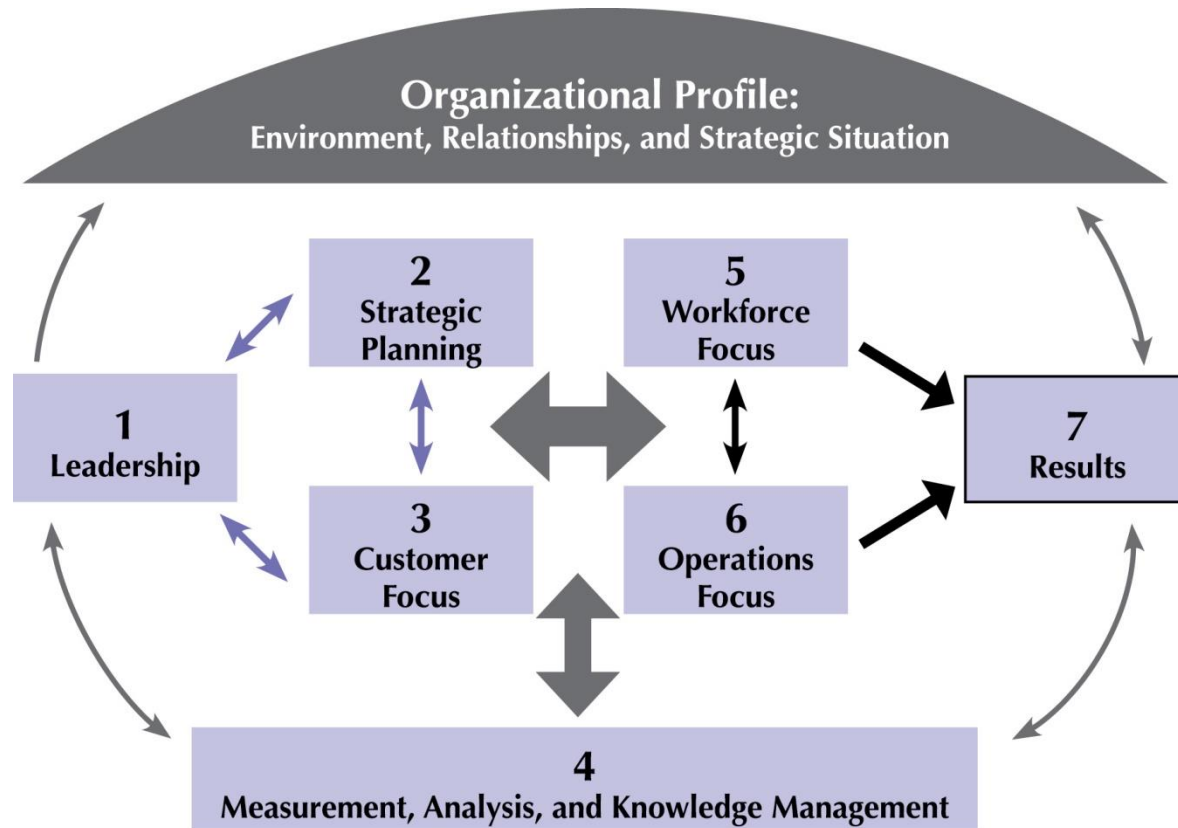
Care Integration Implications

- ▶ Care integration with a *population health strategy* will accelerate the introduction of well-being through personal, community, and cultural disease prevention and health promotion interventions.
- ▶ It also will foster *performance-adjusted case rate payment systems*; the new emphasis will be on quality of service delivery, not quantity.

Key Take-Aways

- ▶ Through a *population health strategy* peers will have a focal role in the emerging Well-being Era.
 - ▶ *Our organizational structures and approaches will need adaptation to these developments.*
 - ▶ Peer leadership is needed to negotiate these transitions successfully.
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Baldrige Excellence Approach



From Baldrige Performance Excellence Program, *2013, 2013–2014 Health Care Criteria for Performance Excellence* (Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology, http://www.nist.gov/baldrige/publications/hc_criteria.cfm).

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