

**The State of the USA Indicators
A Presentation to the
IOM Committee on Public Health
Strategies
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Informing Society in the 21st Century

SUSA Mission – A Dynamic National Scorecard

To help the American people better assess for themselves the progress of the United States through the use of quality measures and data.

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- ‡ Louis Perlmutter, Senior Advisor, Lazard
- ‡ Kenneth Prewitt, Carnegie Professor of Public Affairs, School of International and Public Affairs, Columbia University; former Director of the US Census Bureau

Strategic Relationships

- u The National Academies (*the umbrella organization for the National Academy of Sciences, The National Research Council, The Institute of Medicine, and National Academy of Engineering*)
- u The Federal Statistical community
- u The Organization for Economic Cooperation and Development (OECD)
- u The U. S. Federal Government
- u Intergovernmental: National League of Cities; Council of State Governments
- u Committee of Concerned Journalists
- u The Community Indicators Consortium
- u Google
- u Sun Microsystems
- u IBM
- u US Department of Health and Human Services
- u US Department of Education

SUSA Will Be Highly Distinctive

- ❗ **Focused:** SUSA will choose, with rigorous processes, about 20 key indicators per issue, out of hundreds or thousands of possibilities, to focus discussion and debate on what is most important.
- ❗ **Definitive quality:** the highest quality measures and data sets will be chosen that are available and their relative quality explained, backed by partnerships with leading public and private institutions.
- ❗ **Widely accessible with high utility:** SUSA provides information online, free of charge, in a user-friendly way for broad audiences using syndicated content and a socially interactive model.
- ❗ **Systemic:** SUSA will provide information on all major areas of American society – showing the relationships between economy, health, education, the environment and other issues – with both public and private data.
- ❗ **Multidimensional:** SUSA will show time series, span local, national, and international data, with demographic breakdowns – where data quality allows.

A Repeatable model -- Starting with Health

- Using indicators recommended by the **Institute of Medicine** (IOM) at the National Academies
 - With **vital leadership** from the policy, statistical, technical, and scientific communities
 - At a **time** when the country is grappling with health reform – 1/6 of our economy
 - Providing a crucial tool – available now -- to **frame and focus** the national debate and decisions, and
 - Creating a **baseline and system** to measure progress – or the lack of it – over time.

SUSA Will Roll Out Model to Other Major Issues

! The American People

! Civic and Cultural Life

! Crime and Justice

! Economy

! Education

! Energy

§ Environment

§ Governance

§ Health

§ Housing

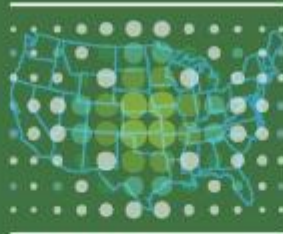
§ Infrastructure

§ Safety and Security

Plans for the State of the USA Web Site

- ! Launch **The State of the USA Beta** with key national health indicators in 1Q2010
- ! **Evolve the site** with editorial work on other issue areas, features and functions, strategic partnerships.
- ! Continue to pursue a **public/private partnership** with federal and state governments.
- ! Expand our coalition of **foundation partners** and **individual donors**.

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STATE OF THE USA HEALTH INDICATORS

L E T T E R R E P O R T

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

COMMITTEE ON THE STATE OF THE USA HEALTH INDICATORS

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JAMES D. RESCHOVSKY, Senior Health Researcher, Center for Studying Health System Change

STEVEN TEUTSCH, Executive Director, U.S. Outcomes Research, Merck & Co., Inc.

DAVID R. WILLIAMS, Florence and Laura Norman Professor of Public Health, Professor of African and African American Studies and of Sociology, Department of Society, Human Development, and Health, Harvard School of Public Health

ALAN ZASLAVSKY, Professor of Health Care Policy (Statistics), Harvard Medical School

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ERIN RUSCH, Senior Program Assistant

CHRISTIE BELL, Financial Officer

ROSE MARIE MARTINEZ, Director, Board on Population Health and Public Health Practice

Each Indicator was required to demonstrate:

- ⓘ A clear importance to health or health care
- ⓘ The availability of reliable, high quality data to measure change in the indicators over time
- ⓘ The potential to be measured with federally collected data
- ⓘ And the capacity to be broken down by geography, population subgroups including race and ethnicity, and socioeconomic status

Framework to guide the selection of indicators

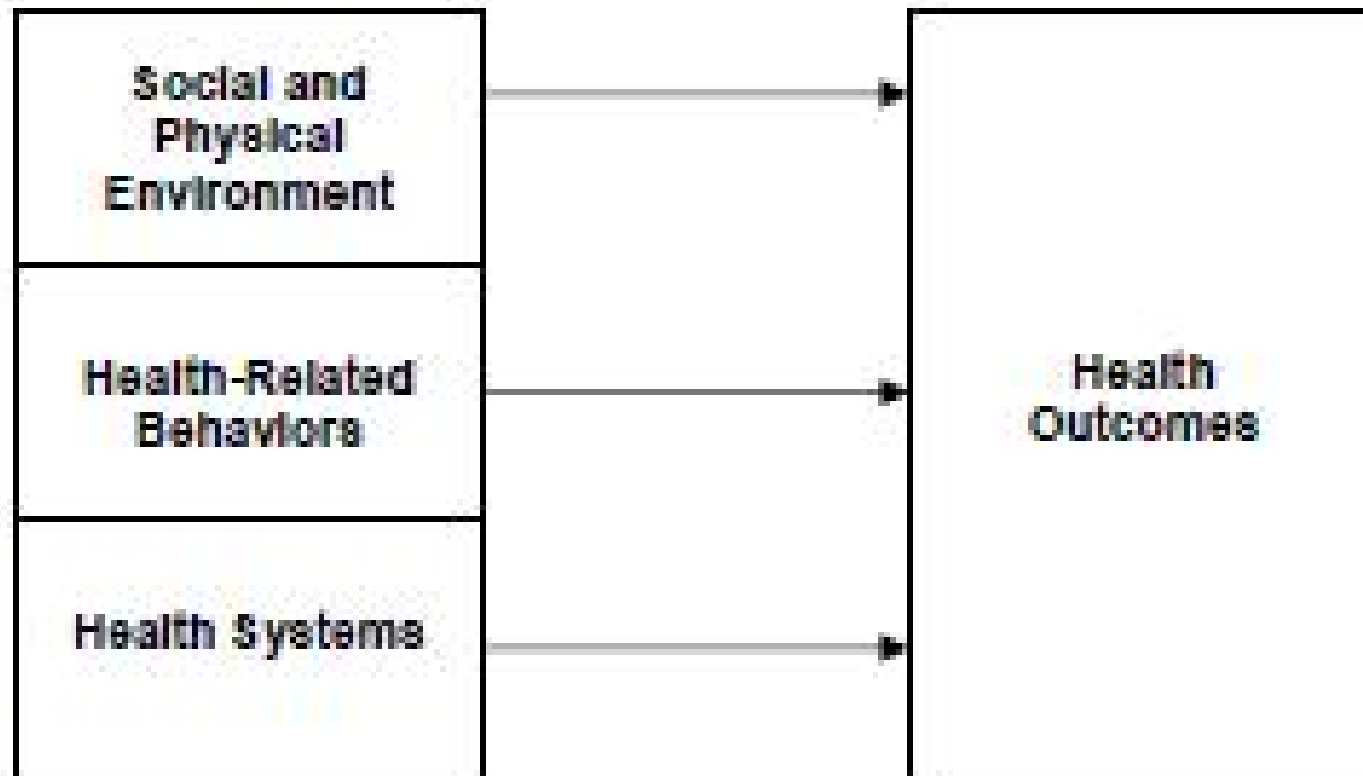


FIGURE 1 Framework for health and health care indicator development.

Key National Health Indicators*

Health Outcomes

- Life expectancy at birth, age 65
- Infant mortality
- Injury related mortality
- Self-reported health status
- Unhealthy days physical/mental
- Chronic disease prevalence
- Serious psychological distress

Health-Related Behaviors

- Smoking
- Physical activity
- Excessive drinking
- Nutrition
- Obesity
- Condom use

Health Systems

- Health care expenditures
- Insurance coverage
- Unmet medical, dental and prescription drug needs
- Preventive services
- Childhood immunization
- Preventable hospitalizations

Health Determinants

- Social and physical conditions with a significant impact on people's health

Health Disparities

- The variations of health conditions across geography and demographic groups.

"We believe this set of measures, as deployed by the State of the USA project, can help move the nation toward better health."

IOM Committee Chair
George J. Isham
Medical Director and Chief
Health Officer, Health Partners,
Inc of Bloomington, Minnesota

* State of the USA Health Indicators. Institute of Medicine of the National Academies. December 2008. For a summary and the full report, please see www.stateoftheusa.org/ourwork/iom_committee.asp.)

With Regard to the Public Health System -

“To assess the impact of the public health system on health requires an examination of capacity and performance. However, no such systematic measures currently exist for the public health system. Even aggregate measures of public-sector expenditure can not be interpreted because of variations across states in how the provision of different types of services are organized and allocated to different agencies. Had valid and reliable systematic measures of public health system capacity and performance existed, the committee would have recommended at least one such measure for inclusion in this report.”*

*State of the USA Health Indicators. Institute of Medicine of the National Academies. p.26, December 2008

Health Care Accountability Mechanisms

- ❗ Public Reporting of evidence based metrics known to be associated with key gaps in performance (or gains in health?)
- ❗ Topics measured need to be important and improvable and key outcomes or processes.
- ❗ Metrics need to be valid, reliable, feasible, and evidence based.
- ❗ Incentives (consequences) need to exist for improving performance

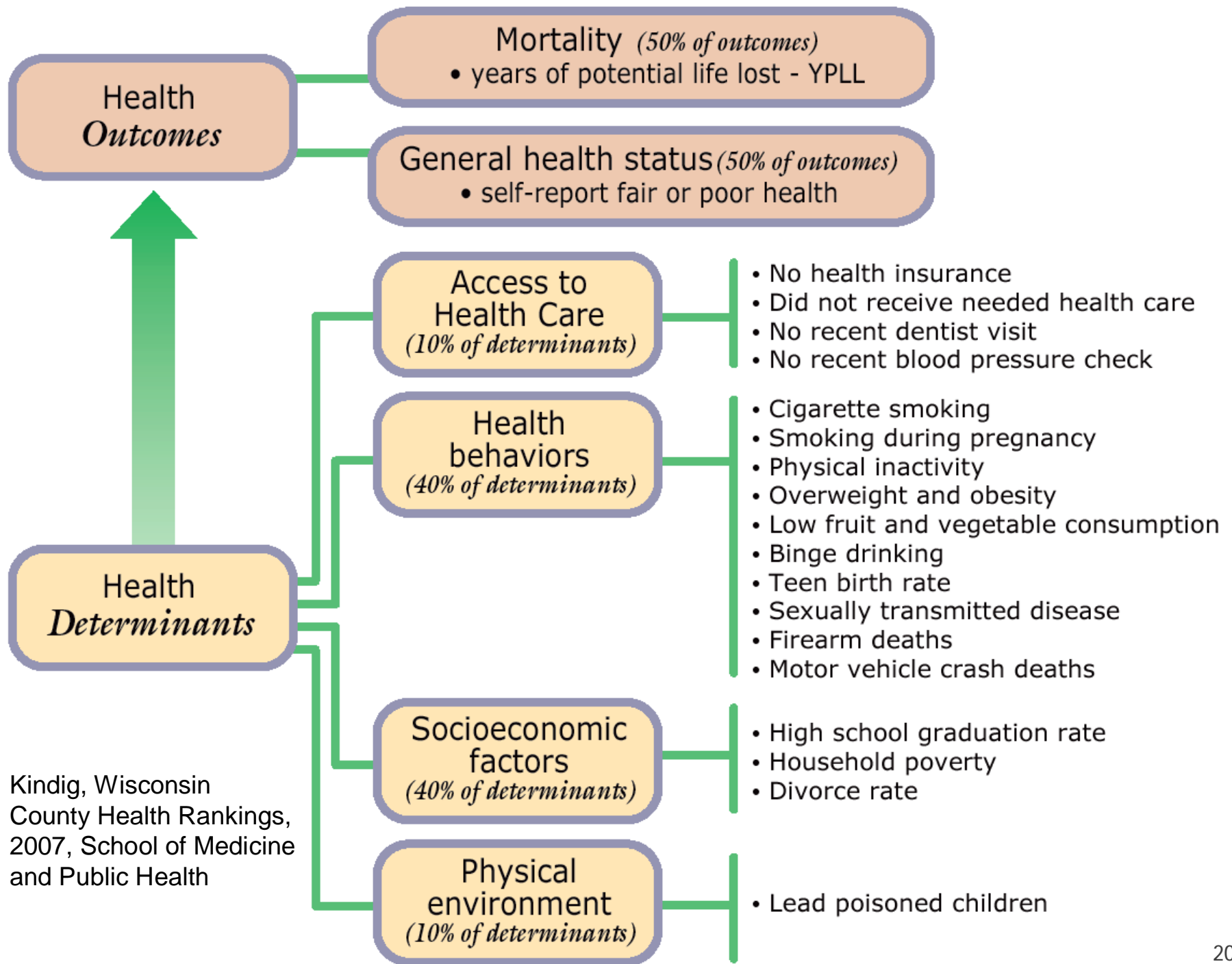
Aligning Our Efforts to Transform America's Healthcare

National Priorities & Goals

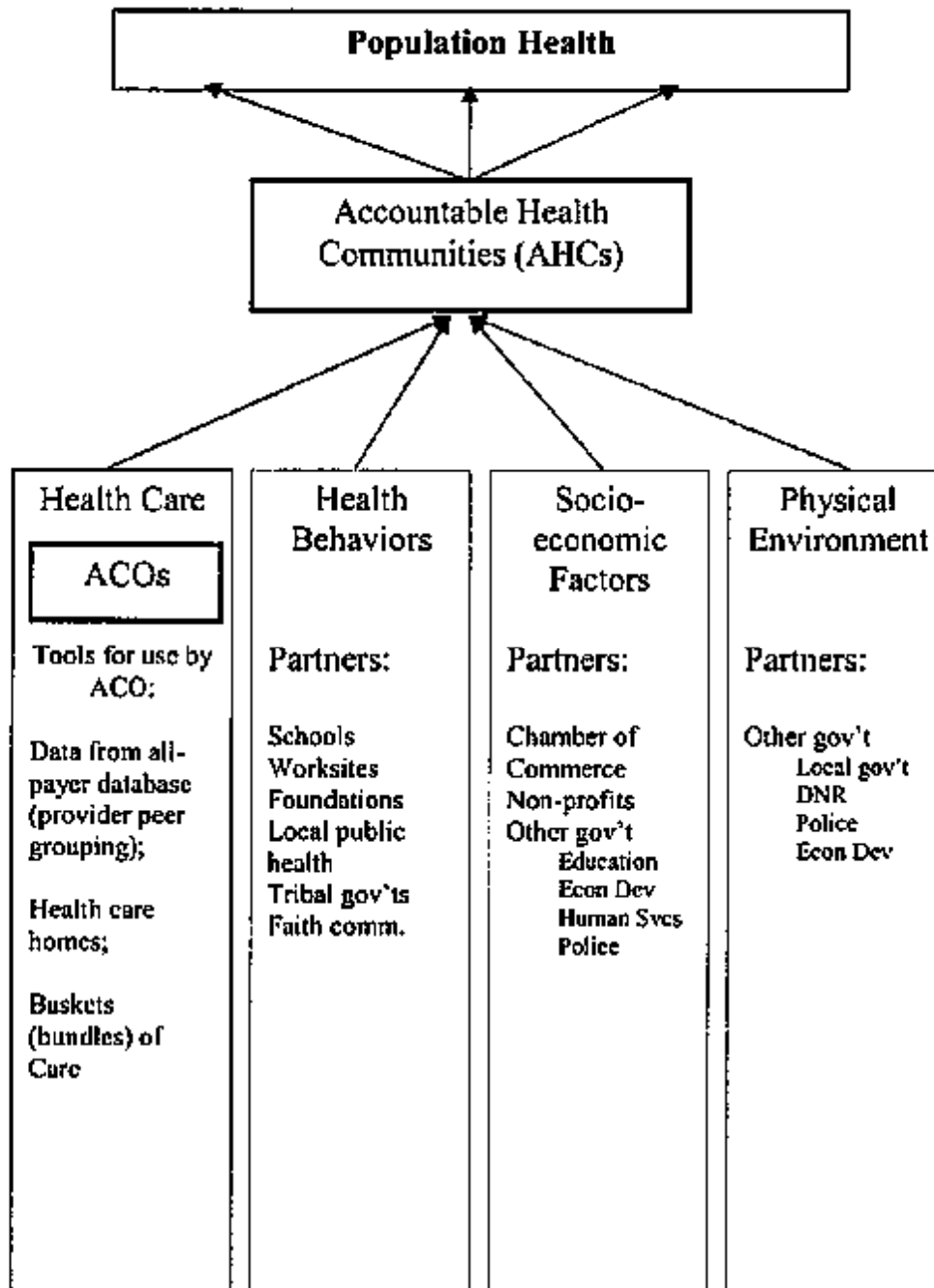


November 2008



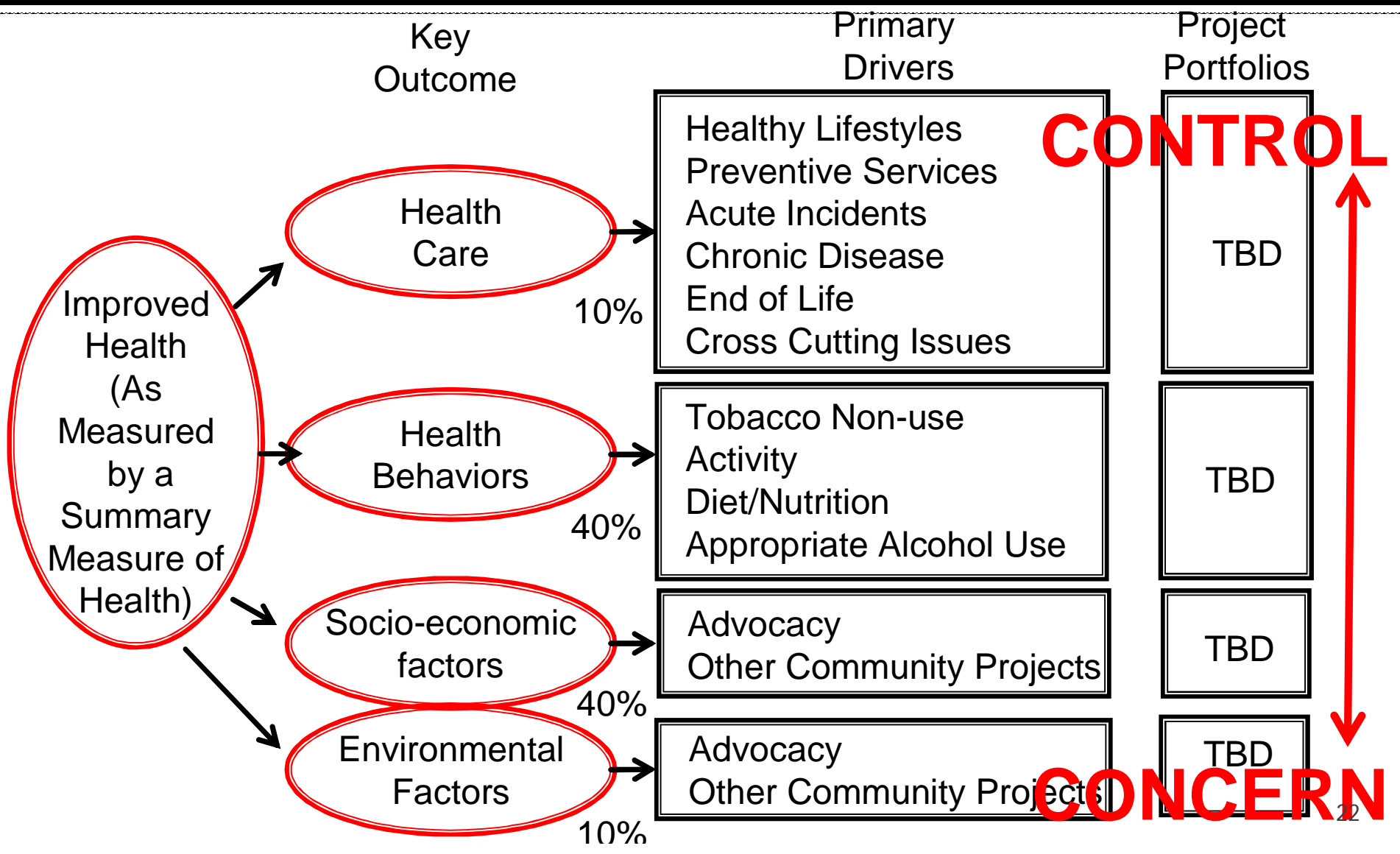


Kindig, Wisconsin County Health Rankings, 2007, School of Medicine and Public Health



Draft Document Minnesota State Quality Institute, June 12, 2009, Minnesota Dept. of Health

DRAFT HealthPartners Health Driver Diagram (High Level) – A Health Care System View of Community Health



Public Health Accountability

- Measurement should play a key role
- A robust system of public collection and display of performance data on health outcomes, their determinants and the interventions that are targeted to improve them should be available at the national, state, and community level
- Evidence needs to be collected and disseminated on the effectiveness of interventions by stakeholders that move community level metrics
- The accountability system for a community should invite all stakeholders to play a role and be accountable for that role in improving the community wide metrics