Health System Scorecards point to opportunities to improve

- 30-40 Performance measures
- Five Dimensions: Access, Healthcare Quality, Avoidable Hospital Use & Cost, Population Health & Health Outcomes Equity
- Built mostly from free, public data

- Local Health System Scorecard (2012, 2016)
- Scorecard on Low-Income Populations (2013)
- Child Scorecard (2010)
- High Need High Cost (Online tool Coming in 2018)
Deaths of Despair

- Deaths from Suicide, Alcohol, or Drug Toxicity
- Suicide: death from any sort of self-inflicted injury
- Alcohol: deaths from various liver diseases
- Drug deaths:
  - Includes, but not limited to, deaths associated with opioid use
  - Can include intentional and unintentional drug deaths
  - Includes deaths from adverse reaction to prescription drugs & medication errors (very few)
- Term coined by Princeton economists Anne Case & Angus Deaton
  - Linked to lack of economic opportunity (not necessarily lower wages) and poor and declining social capital

Deaths of Despair the Only Leading Cause of Death Trending Upward

Deaths from Drug Overdose Double to Become Leading Contributor to Deaths of Despair

Cumulative increase 2005 - 2016

51%

113%

24%

26%


Deaths of Despair (combined rate from all three causes)

Suicide

Alcohol

Drugs

Data: 2005-2016 National Vital Statistics System (NVSS), via CDC WONDER


Deaths of Despair Up in All States

2005

2016

Data: 2005 & 2016 National Vital Statistics System (NVSS), via CDC WONDER

Deaths of Despair Rising in some States much Faster than in Others


Lowest- and Highest-Rate States Experienced Different Rates of Change

Note: Lowest- and highest-rate states for Deaths of Despair composite in 2016 selected.
Summary & Implications

• Combined death rate from suicide, alcohol, and drug overdose is up in every state
• Drug overdose death rate more than doubled between 2005 and 2016, and surpassed other factors as largest contributor to ‘Deaths of Despair’
• State experiences are unique and many facing dramatic increases in drug overdose deaths
• Policy opportunities:
  • Improve access to opioid reversal medications
  • More proactive guidelines and limits for opioid prescription
  • Enhance access to mental health care services & encourage medical home models that integrate medical, behavioral, and addition services

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