

OhioGuidestone's Impact on Ohio's Health Value

A Response to HPIO Strategies to Improve Ohioans' Health

Maic D'Agostino & Brittany R. Pope

June 2020

THE INSTITUTE OF
**FAMILY & COMMUNITY
IMPACT**

 An OhioGuidestone Initiative

FamilyandCommunityImpact.org

IFCI@ohioguidestone.org

440.260.8865



SUMMARY

Recently, the Health Policy Institute of Ohio (HPIO) released its 2019 Health Value Dashboard, which placed Ohio at 46th out of 51 in health value among U.S. states and the District of Columbia. Ohio's low ranking was not due to lack of access to care, HPIO found. Instead, the policy group identified nine strategies that would help improve Ohio's score and thereby improve health outcomes and quality of life for all Ohioans, particularly those most at risk due to disparities. These strategies target downstream care delivery systems rather than costly upstream care, including evidence-based home visiting, lead abatement, housing, public transportation, and investment in Ohio's behavioral health workforce. As one of Ohio's largest behavioral health organizations and social service agencies, OhioGuidestone has investment in many of the strategies outlined by HPIO. Either through OhioGuidestone's continuum of services or through innovations produced its Institute of Family & Community Impact, we have an opportunity to be integral partners in efforts to improve Ohio's health value—and thus help Ohio's children, families, and communities grow stronger and healthier.

WHO SHOULD USE THIS PAPER

- Program directors and policymakers
- Government and NGO social services agencies
- Behavioral health organizations and partners
- Managed care organizations and healthcare providers
- Researchers in health-related fields
- Community organizers and stakeholders

TAKEAWAYS & ACTION ITEMS

- Ohio's health value is low due to a number of factors, including a variety of social determinants of health, physical environments, and yet unrealized public health opportunities—even though many Ohioans have access to quality care.
- Behavioral health agencies can play a critical role in improving Ohioans' whole health and well-being through many initiatives that already exist, such as OhioGuidestone's services.
- OhioGuidestone advocates on behalf of its clients and their communities for strategies that will improve health and increase the efficacy of the agency's interventions, programs, and treatments.
- Increasing public health funding to connect Ohioans to upstream solutions that address basic needs, such as housing and transportation, will help improve health outcomes.
- Evidence-based practices and clinical innovations also can contribute.

THE INSTITUTE OF
**FAMILY & COMMUNITY
IMPACT**



OhioGuidestone

WHERE NEW PATHS BEGIN

OhioGuidestone's Impact on Ohio's Health Value: A Response to HPIO Strategies to Improve Ohioans' Health

Maic D'Agostino & Brittany R. Pope, *OhioGuidestone*



Introduction

This paper will highlight relevant strategies behavioral health providers can align with to positively impact health outcomes and overall health value of Ohioans.

“Without mental health there can be no true physical health,” said Dr. Brock Chisholm of the World Health Organization (cited in Kolappa et al., 2013). This statement is central to OhioGuidestone’s theory of change: the brain and body are one. Although behavioral health’s association with the brain is commonly understood—as are interventions focused on modalities closely aligned with cognitive, behavioral and emotional paradigms—we assert that attention to the connection between the brain and body, as well as the partnership among medical health and behavioral health stakeholders, must continue to grow to address health and wellness.

Ohio's Health Value

Recently, the Health Policy Institute of Ohio (HPIO) unveiled Ohio's 2019 statewide health value score: 46 out of 51. HPIO calculates health value scores using a systemic measurement of health outcomes that include a wide variety of conditions and diseases, health-related behaviors, and other determinants of health, compared among all U.S. states (and the District of Columbia). Critical determinants of health also are factored in, such as access to care, healthcare spending, employment and poverty, environmental conditions, social supports, and public health initiatives. Interestingly, Ohio did not score low on healthcare access. The poor outcomes experienced statewide instead are driven by disparities associated with race, income, and environment; healthcare spending that is directed mostly toward downstream care; and complex issues related to addiction and substance use disorders. In HPIO's analysis, **strategies to improve Ohioans' health value include expanding access to and investment in home-visiting programs, early childhood care and education, lead screening and abatement, affordable housing, public transportation, and behavioral health workforce strengthening.**

The importance of upstream prevention was emphasized as a critical avenue to improve health outcomes by implementing proactive strategies such as these, instead of depending only on responsive treatment. Many are familiar with widespread health prevention initiatives such as annual preventative visits or well-child visits; incorporation of healthy eating and exercise; and promoting better sleep habits to help avoid, delay or lessen the impact of illness—and at the very least detect

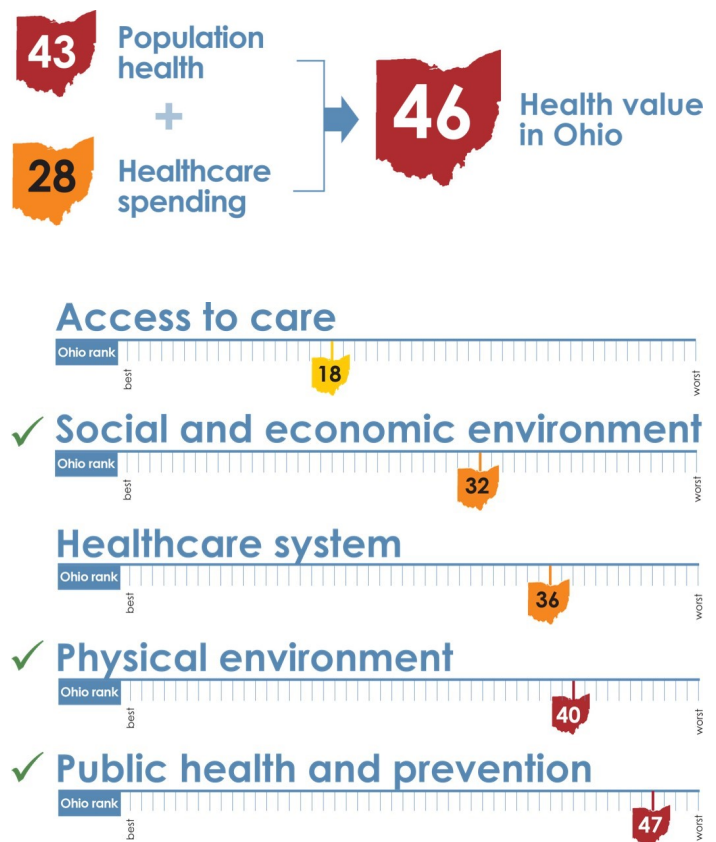


Fig. 1 – Health Policy Institute of Ohio

early enough for the best possible prognosis. While healthy behaviors are important, more attention must be paid to prevention strategies, including those outside of healthcare spaces which contribute to health and wellness (or the lack thereof).

Consider how car maintenance works. Similar to health prevention appointments and efforts, vehicles have suggested routine care for oil changes, brakes, tires, and more. Such maintenance helps keep cars running smoothly and identifies issues that need correction. No amount of scheduled maintenance to prevent wear and tear on tires, however, can prevent damage that comes from potholes. Meanwhile, mufflers rust in cold weather areas when they are exposed to snow and road salt. In order to prevent car

issues caused by the road or other environmental occurrences, the root causes have to be targeted directly. Nothing can be done to the car to stop the potholes; instead tax-funded public maintenance fixes potholes on public roads. Alterations to salt composition, non-salt deicing, or other strategies that reduce rust can be implemented by public officials. Mechanics still are equipped to replace tires, mufflers, and a wide range of body work, but these are responsive or “downstream” efforts. Initiatives that address the other issues mentioned to prevent (or reduce) damage in the first place are “upstream” solutions that benefit everyone. Of course, cars are replaceable, and human life is not. Yet we can still learn from this metaphor.

Just like street repair is beyond the scope of car mechanics, many social and environmental determinants of health are not in the direct scope of healthcare providers. But, nevertheless, they impact health outcomes and value, and ultimately one’s lifespan. Research continues to demonstrate the impact of one’s social and environmental experience on physical and mental health from increased risk of early death connected to adverse childhood experiences (ACEs) (Felitti et al., 1998; Shonkoff, 2012), preterm birth (Pearl et al., 2018), comorbid presentation of diabetes and depression (Downs & Faulkner, 2015; Renn et al., 2011), and the connection between posttraumatic stress disorder (PTSD) and hypertension and hyperlipidemia (high blood pressure and cholesterol, respectively) (McFarlane, 2010). These are but a few examples. Such research also highlights the need for increased prevention, as early as possible, including upstream intervention, in settings outside

of check-ups and therapy sessions (Braveman et al., 2011; Alegría et al. 2018).

HPIO arrived at nine strategies in need of increased public awareness and advocacy to improve upstream prevention efforts across the state to improve health value:

- Increase investment in evidence-based home visiting programs.
- Expand access to quality early childhood education.
- Expand access to lead testing and abatement services.
- Strengthen the state earned income tax credit.
- Increase the availability of safe, accessible, affordable housing.
- Increase investment in public transportation.
- Prioritize tobacco reduction.
- Implement evidence-based drug prevention programs and social-emotional learning in schools.
- Strengthen the behavioral health workforce.

OhioGuidestone and the Institute of Family & Community Impact (IFCI) have a direct or indirect stake in most of these strategies, discussed in the remainder of this paper.

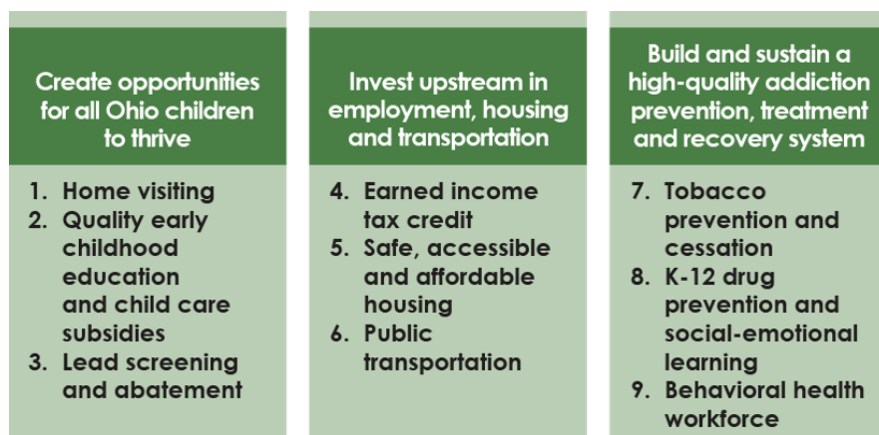


Fig. 2 – Health Policy Institute of Ohio

Evidence-Based Home Visiting, In-Home Service Continuum, & Early Childhoods Innovations

Through our constellation of services, we offer a variety of home visiting programs that promote health and wellness for families, especially mothers with very young children and even father-focused programming. We provide evidence-based home visiting services such as Parents As Teachers, Help Me Grow, and Bright Beginnings. We also provide in-home and community-based services to Ohio children and families through psychotherapy, parental support and skill-building, consultation, and assessment. We are a statewide leader in early childhood mental health (ECMH) consultation and treatment, early care and education technical support (through programs such as Incredible Years), and autism spectrum disorder (ASD) intervention with the PLAY Project.

Additionally, we have developed an evidence-based, in-home initiative for young children and caregivers: Joyful Together©. Joyful Together is a parent-implemented model that leverages the power of relationships and

play to combat childhood adversity, support healthy attachment and development, and build resiliency. Joyful Together ECE (early care and education) also addresses how to coach and support ECE educators in their dedicated mission to support healthy learning and development in young children. Both the in-home and ECE models equip caregivers with tools to improve the quantity and quality of joyful interactions with children that also helps lower caregiver stress. The use of reflective coaching with parents and ECE professionals builds capacities that help children targeted with the intervention, as well as positively shapes the home and supports high-quality ECE environments.

For more information on the PLAY Project, Joyful Together, and the negative impacts of childhood adversity, read our white papers *Expand Insurance Coverage of The PLAY Project to Support Developmental and Relationship-based Treatment of Young Ohioans with ASD* and *Joyful Together©: Addressing & Preventing Toxic Stress in Ohio*.

Evidence-Based Home Visiting & In-Home Services	Early Childhood Technical Assistance & Consultation	Early Childhood Innovation	School-Based Social-Emotional Learning
Parents as Teachers	Incredible Years	Joyful Together©	School-Based Mental Health
Help Me Grow	ECMH	Joyful Together ECE	Trauma-Informed School Environments
Nurturing Parenting & Nurturing Fathers			
The PLAY Project			

Fig. 3

Lead Poisoning Abatement & Behavioral Health Intervention

Childhood lead poisoning should be an outdated issue, yet a quarter of all children under six years old screened in Ohio had elevated blood lead levels (Ohio Department of Health, 2020). We continue to call strongly for action related to childhood lead poisoning risks, which are particularly high among Ohio's African-American families, families who are economically disadvantaged, and/or

families living in older homes. This includes not only lead testing and abatement, but also referrals to behavioral health services for children with elevated blood lead levels. (For more information on this topic, read our white paper, *Lead Poisoning & Behavioral Health: Increased Referrals for Treatment Can Mitigate Long-term Consequences of Childhood Lead Poisoning.*)



Address Housing & Transportation to Support Quality Mental Health Intervention

Our community-based clinicians and specialists see first-hand the needs of their clients. Because of the nature of our client needs and the holistic approach we take to care, our staff—especially those providing support services such as therapeutic behavioral services and psychosocial rehabilitation—often utilize case management and social services networks to aid our clients in gaining housing, transportation, and other basic needs. While we are not a housing, food, or transportation

provider, we work intimately with many organizations and agencies that are. We recognize that when clients are safely housed, adequately fed, and able to get to the places they need to, therapists and mental health workers are better able to treat the diagnoses of their clients and promote healthy lifestyles and behaviors. Therefore, we advocate for improved access to safe, affordable housing and public transportation services for the people and communities we serve.

Strong School Presence for Strong Social-Emotional Environments

OhioGuidestone has a strong presence in school districts throughout northeast and central Ohio. Our school-based services are responsive to the psychosocial needs of children and adolescents, providing consultation, treatment, and other supportive services in a school environment, family home, or other community setting. School-based clinicians also become a part of the schools' social-emotional professional development learning by providing support to teachers and administrators, and even operating as family-community liaisons. School-based clinicians measure and monitor symptoms and functioning in children, consistently demonstrating significant improvements, especially in student anger, anxiety, and depression .

OhioGuidestone's long-standing expertise in school-based interventions has also driven innovative training and manualized protocols to address common presenting issues in students. We promote trauma-informed school environments to help build resilience in youth and cultivate safe classrooms and school spaces for all children. Our Trauma-

Informed School Environments training and consultation services highlight the harmful impact of marginalization, poverty, and discrimination on students, which often are connected to child behaviors being labeled as problematic in school. Training coaches, educators, and administrators to mindfully operationalize compassion through healthy relationships with students becomes a vehicle to build resilience and, in turn, help students manage intense feelings and thoughts that impact behavior and learning. To learn more about Trauma-Informed School Environments training and consultation or our evidence-based interventions for school-based psychotherapy, visit familyandcommunityimpact.org.

OhioGuidestone also offers an array of substance use disorder and recovery services. While not directly correlated to a particular strategy outlined above, these services are vital components for improving Ohio's health value, overlapping especially with tobacco reduction initiatives and school drug prevention programs.

Bolster Behavioral Health Workforce

Of course, a strong behavioral health workforce is something we pride ourselves on providing to Ohioans. Making it stronger will make it even better. Some of the initiatives suggested by HPIO—increased reimbursement rates, parity in insurance coverage for behavioral health services, student loan repayment, and continued integration with

physical healthcare—certainly would give our staff greater resources to work with to help improve the quality of service provided even further. These efforts to bolster behavioral healthcare professionals also could help limit turnover, giving clients with the greatest need and who are most at risk more established and consistent care.

Conclusion

This paper strives to make clear the connection between upstream interventions (such as housing, transportation, and employment) and health outcomes, especially among low-income and at-risk populations. Although many in public health and public policy may be aware of this connection, funding for public health remains in need of restructuring and innovation to better facilitate upstream, preventative social and environmental solutions that are intimately connected to and determine health.

We have to remain flexible and open-minded about what public health interventions look like and how we fund them. To accomplish health equity will require us always to be cognizant of wide-ranging and seemingly disparate problems. The directions that funding sources need to take will be complicated and demand a balancing act between many streams. To help us focus, it's always good to remember to look at outcomes and how we measure them. For HPIO, those outcomes are translated into health value.

While this paper does not go in depth on the details of social determinants of health, it will suffice to say for now that the issues and disparities in health outcomes are complex and multifaceted (Hahn et al., 2018). Therefore, the solutions must also be multifaceted. We can't expect to only put money and effort in one area, such as mental health services, and expect to improve or even affect all of the other domains that impact mental health. However, we can exponentially multiply the benefits of social services and public health initiatives by combining them in creative ways. That's why we're highlighting the in-depth, wide-ranging, and far-reaching

work of HPIO to identify not only where Ohio lags in health value but where we can intervene to improve it. OhioGuidestone, through its services, and innovations created by IFCI can offer several large pieces to help complete this puzzle.

But to accomplish it will require increased integration with other healthcare services, restructured funding for public health, and innovative approaches to diverse issues at the community level. We are up to the task of improving Ohio's health value and ask that others invested in public health join us in our commitment to do so. Ohio is depending on us.



REFERENCES

- Alegría, M., NeMoyer, A., Falgàs Bagué, I., Wang, Y., & Alvarez, K. (2018). Social determinants of mental health: Where we are and where we need to go. *Current Psychiatry Reports*, 20(11), 95. <https://doi.org/10.1007/s11920-018-0969-9>
- Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: Coming of age. *Annual Review of Public Health*, 32, 381–398. <https://doi.org/10.1146/annurev-publhealth-031210-101218>
- Downs, C. A., & Faulkner, M. S. (2015). Toxic stress, inflammation and symptomatology of chronic complications in diabetes. *World Journal of Diabetes*, 6(4), 554–565. <https://doi.org/10.4239/wjd.v6.i4.554>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- Health Policy Institute of Ohio. (2019). 2019 health value dashboard. https://www.healthpolicyohio.org/wp-content/uploads/2019/04/2019__HealthValueDashboard.pdf
- Kolappa, K., Henderson, D. C., & Kishore, S. P. (2013). No physical health without mental health: lessons unlearned? *Bulletin of the World Health Organization*, 91, 3–3A. <https://doi.org/10.2471/BLT.12.115063>
- McFarlane A. C. (2010). The long-term costs of traumatic stress: Intertwined physical and psychological consequences. *World Psychiatry*, 9(1), 3–10. <https://doi.org/10.1002/j.2051-5545.2010.tb00254.x>
- Ohio Department of Health. (2020). Lead data. Ohio Public Health Information Warehouse. Retrieved June 10, 2020, from <http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData>
- Pearl, M., Ahern, J., Hubbard, A., Laraia, B., Shrimali, B. P., Poon, V., & Kharrazi, M. (2018). Life-course neighbourhood opportunity and racial-ethnic disparities in risk of preterm birth. *Paediatric and Perinatal Epidemiology*, 32(5), 412–419. <https://doi.org/10.1111/ppe.12482>
- Renn, B. N., Feliciano, L., & Segal, D. L. (2011). The bidirectional relationship of depression and diabetes: A systematic review. *Clinical Psychology Review*, 31(8), 1239–1246. <https://doi.org/10.1016/j.cpr.2011.08.001>
- Shonkoff J. P. (2012). Leveraging the biology of adversity to address the roots of disparities in health and development. *Proceedings of the National Academy of Sciences of the United States of America*, 109 (Supplement 2), 17302–17307. <https://doi.org/10.1073/pnas.1121259109>

EFFECTS OF LIVED EXPERIENCES ON HEALTH

Joyful Together™: Addressing and Preventing Childhood Toxic Stress in Ohio

Brittany R. Pope & Rose Frech

Lived Experiences' Effects on Health: An Introduction to Social Determinants of Health for Community Mental Health

Sharmika Primm

OUR RESPONSE TO LIMITATIONS OF CBT IN COMMUNITY MENTAL HEALTH TREATMENT

CBT: Is Its Evidence-Base Valid for Mental Health Treatment in Community Settings?

Brittany R. Pope, Reinhild Boehme, & Isabella Hu

"Just Try Harder" Doesn't Heal: Addressing the Therapeutic Needs of Clients in Community Mental Health Treatment with Evidence-Based Innovation

Maic D'Agostino, Brittany R. Pope, & Reinhild Boehme

TAKING A STANCE ON SUBSTANCE USE DISORDER

Informational: Perception of Hope for Substance Use Disorder Treatment in Ohio

Kristen Mitzel

We Cannot Talk About Substance Use Without Talking About Mental Health

Kristen Mitzel

RESPONDING TO OHIO'S CHILDHOOD LEAD POISONING CRISIS

Lead Poisoning & Behavioral Health: Increased Referrals for Treatment Can Mitigate Long-term Consequences of Childhood Lead Poisoning

Brittany R. Pope, Isabella Hu, & Maic D'Agostino

Expand Insurance Coverage of the PLAY Project to Support Developmental and Relationship-based Treatment of Young Ohioans with ASD

Kristen Mitzel, Ashley Cunningham, & Maic D'Agostino

OhioGuidestone's Impact on Ohio's Health Value: A Response to HPIO Strategies to Improve Ohioans' Health

Maic D'Agostino & Brittany R. Pope

Find our white papers and series online at www.FamilyandCommunityImpact.org.