

ACMHA POLICY FORUM

December 4-5, 2012: Washington, DC

Issue Brief: Harnessing Community Support for Health and Well-being

Health is a prerequisite and a goal of development and progress.ⁱ As the pace of change in healthcare accelerates, leaders increasingly recognize the need to dramatically improve health outcomes for people at risk for, or living with, chronic illnesses in the United States. Current approaches will no longer be sufficient. Community support and development strategies are needed to foster prevention and health promotion.ⁱⁱ

Chronic conditions are the biggest drivers of health care and disability costs, and behavioral health conditions are increasingly recognized as major contributing factors to these costs.ⁱⁱⁱ Managing and treating these conditions accounts for more than 75 percent of health care spending in the United States, while only 3 percent of health care spending goes to public health prevention programs.^{iv}

Community health promotion fosters changes in our cities and towns that help promote and protect health. These changes can be accomplished through personal health improvement activities and through changes in the physical and social environments in which we live.^v Behavioral health conditions must be an explicit part of these prevention efforts. Trauma, mood disorders, substance use disorders, schizophrenia, bi-polar and other conditions have a huge impact on our nation's public health and affect more than 25% of our citizens at any one time. The Federal Substance Abuse and Mental Health Services Administration (SAMHSA) emphasizes that behavioral health is essential to health and has supported recent efforts to address behavioral health conditions in the United States.^{vi} Some leading advocates have argued recently that behavioral disorders have had devastating effects on economic productivity, stability of our institutions, and global leadership and that we are suffering the consequences of preventable problems.^{vii}

An array of socioeconomic factors make up the "social determinants" of health and wellbeing, including behavioral health.^{viii} These factors include housing, employment, poverty and equitable access to resources. These are issues that the health system cannot address alone. However, community

health promotion efforts have to assess these social determinants and mobilize communities to address them incrementally and with the resources already at hand. Expanding health insurance coverage, improving the quality of care, and expanding community and behavioral health prevention can each save lives and reduce disability. But of these three, community health prevention is the only intervention that has saved lives and saved money in the long run – nearly \$600 billion over 25 years.^{ix}

For decades, the federal government has recognized the importance of preventing substance use conditions in our communities through comprehensive community interventions. Similarly, we have proven public health initiatives in tobacco control, HIV/AIDS, obesity, and maternal health. While prevention was part of the vision of the landmark Community Mental Health Centers Act in 1963, more recently the promotion of positive mental health has not been an explicit part of federal health policy.^x Instead, we have focused only on treatment. Mental health and substance use providers need support to collaborate with other community health leaders to improve our capacity to promote health and wellness in communities where people live, learn, work, and play.^{xi}

A growing body of evidence supports the effectiveness of community capacity building to improve health outcomes.^{xii} Health promotion and prevention of adverse health conditions, including mental illness and substance use, must be part of broader community health goals. Building community capacity requires the adoption of an array of "community development tools" including but not limited to, health education, social marketing, community health needs assessments, participant-based research, community planning days, coalition building, and mobilizing self-help and peer services, including peer to peer and family centered services and supports. Community goals will vary depending on the priorities they establish and communities will differ in the levels of external support they will need. The specific goals will also change over time but they should all pursue a

common goal of community health improvement – including both physical and behavioral health.

Trauma prevention, particularly in children, is an area that needs immediate attention in most of our communities. Trauma and adverse childhood experiences have an extraordinary impact on health status.^{xiii} For example, 70% of adults in the United States, approximately 220 million Americans, have experienced some kind of adverse or traumatic event at least once in their lives. With each additional adverse childhood experience, the risk increases for some of the most disabling and costly health problems.^{xiv} These include alcoholism, depression, chronic obstructive pulmonary disease (COPD), liver disease, smoking, adolescent pregnancy and risk for intimate partner violence. Reducing the prevalence of adverse childhood experiences and its associated chronic diseases must be a priority. In most communities, reducing trauma and adverse experiences will also require addressing unmet behavioral health conditions and the underlying social determinants of health.

Behavioral health is uniquely equipped to facilitate this important community-based work. We have demonstrated the ability to reduce illegal and prescription drug use, reduce the impact of depression, increase self-help and peer support for managing chronic conditions, and improve youth wellness and mental health literacy. We have a community workforce that is experienced in outreach, connected to healthcare and other community organizations, and skilled at engaging consumers in services. Yet, behavioral health prevention efforts have not been widely adopted in large-scale population health efforts.

Most of the focus on the role of social determinants in promoting good health status has occurred outside of the United States but U.S. policies are beginning to address these issues. There are multiple international initiatives to promote health and wellbeing through a “health in all policy” strategy, often focused on achieving health equity and social inclusion by addressing health status as a part of other economic development policies. A study in more than seventeen countries has shown efforts to reduce health risk factors had an empowering effect: communities and stakeholders were more willing and interested in participating in health promotion activities in a sustained manner; alliances and collaboration were strengthened; communication channels were opened; and

municipalities were stimulated to review their planning and implementation processes in order to incorporate health promotion principles.^{xv} The Robert Wood Johnson Foundation Commission to Build a Healthier America^{xvi} and the Centers for Disease Control (CDC) and Prevention Public Action Plan to integrate Mental Health Promotion and Mental Illness Prevention with Chronic Disease Prevention are examples of two U.S. policy efforts that have begun to adopt this approach - but more attention is needed for behavioral health conditions.^{xvii}

The social interventions needed to improve community health and reduce disability status are not billable interventions. They do not take place in an office or exam room. They require “community organizing” activities that are unique to each community and that build on and enhance each community’s strengths, including businesses, schools, community health centers, and faith communities. As a place to begin, the CDC’s CHANGE Action Guide is a proven community health planning tool, however it should be augmented to include behavioral health conditions.^{xviii}

To reap the benefits of better health and reduced healthcare costs, health promotion needs to be explicitly incorporated into all policies, including community development, education, law enforcement, as well as healthcare. Behavioral health needs to be an explicit part of each of these efforts. Thus, whenever spending or policies for treatment and support are considered, specific focus also should be given to improving health and reducing the incidence of disease, including addictions, depression, anxiety and other behavioral health conditions. The nation’s communities are ready and willing to participate. Law enforcement, clergy, educators, health professionals, and businessmen and women recognize that health and economic development are related. They need the right supports and incentives to spark and guide their actions. Reducing the incidence of trauma and adverse childhood experiences are important places to begin.

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Endnotes

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