



Public Health and Behavioral Health "INTERSECTIONS"

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HOAC Semi-Annual Meeting¹





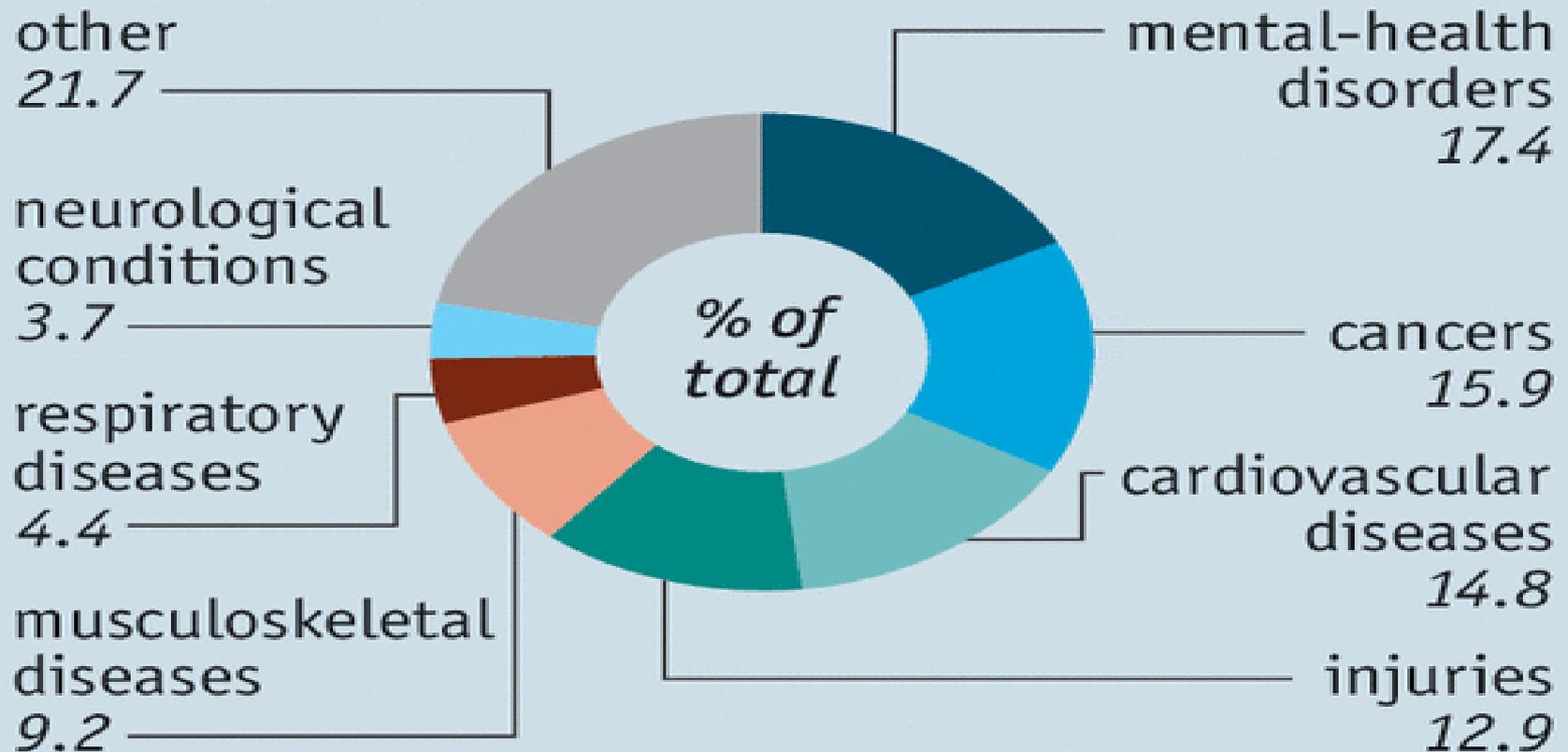
Why is work at this intersection important?

- Mental illness and SUDs are major drivers of death and disability
- Outrageous health disparities for people with SMI and SUD
- Behavioral factors are a critical link to chronic disease and disparities
- Work at this intersection as a unique “portal” through which we can address a wide range of public health issues
- “Wave” of attention is an opportunity

From head to toe

High-income countries, people under 70, 2012

Disability-adjusted life-years* caused by:



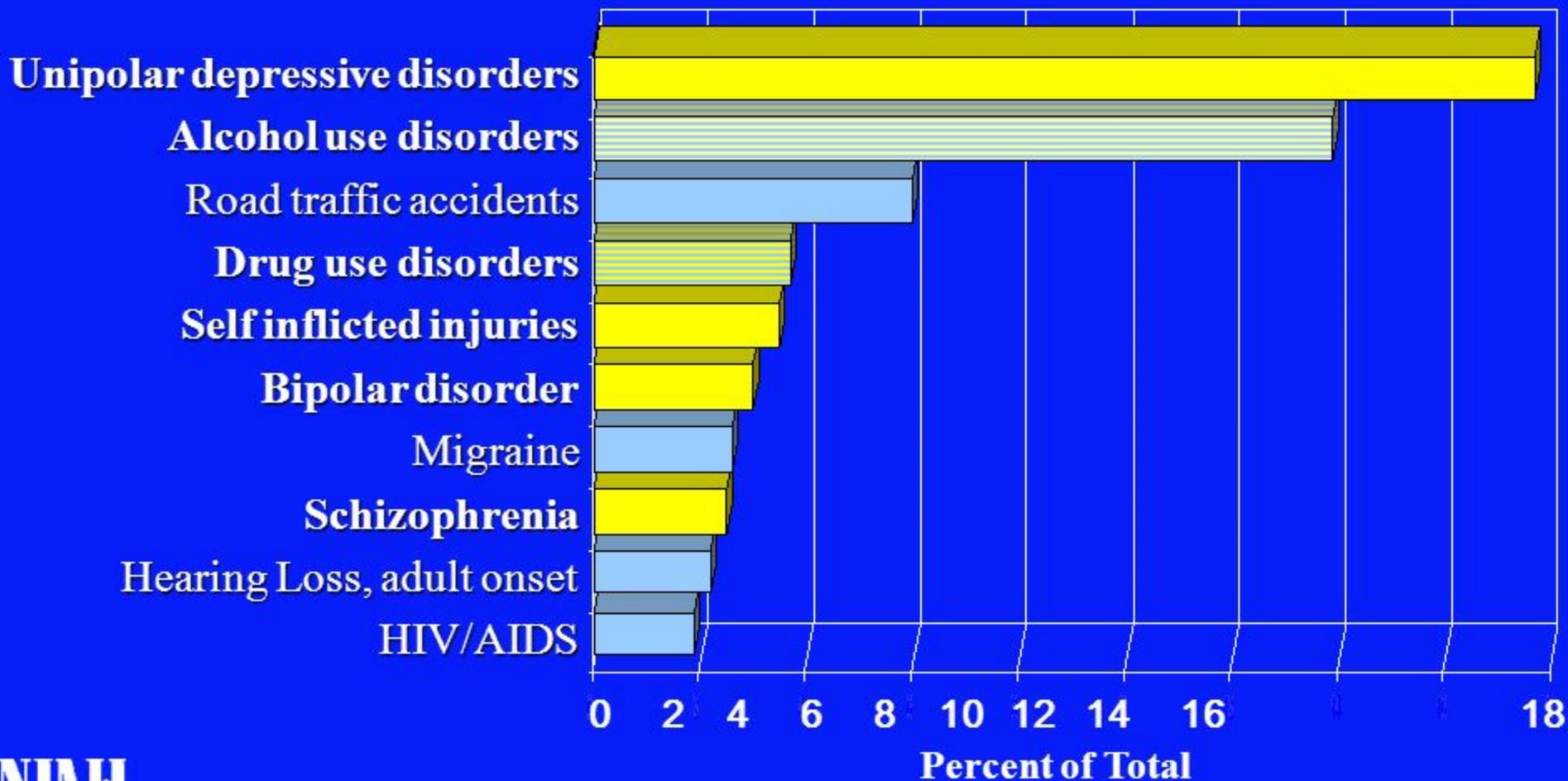
Sources: WHO;
The Economist

* Sum of years of life lost to premature death plus disability

Disease Burden by Illness - DALY

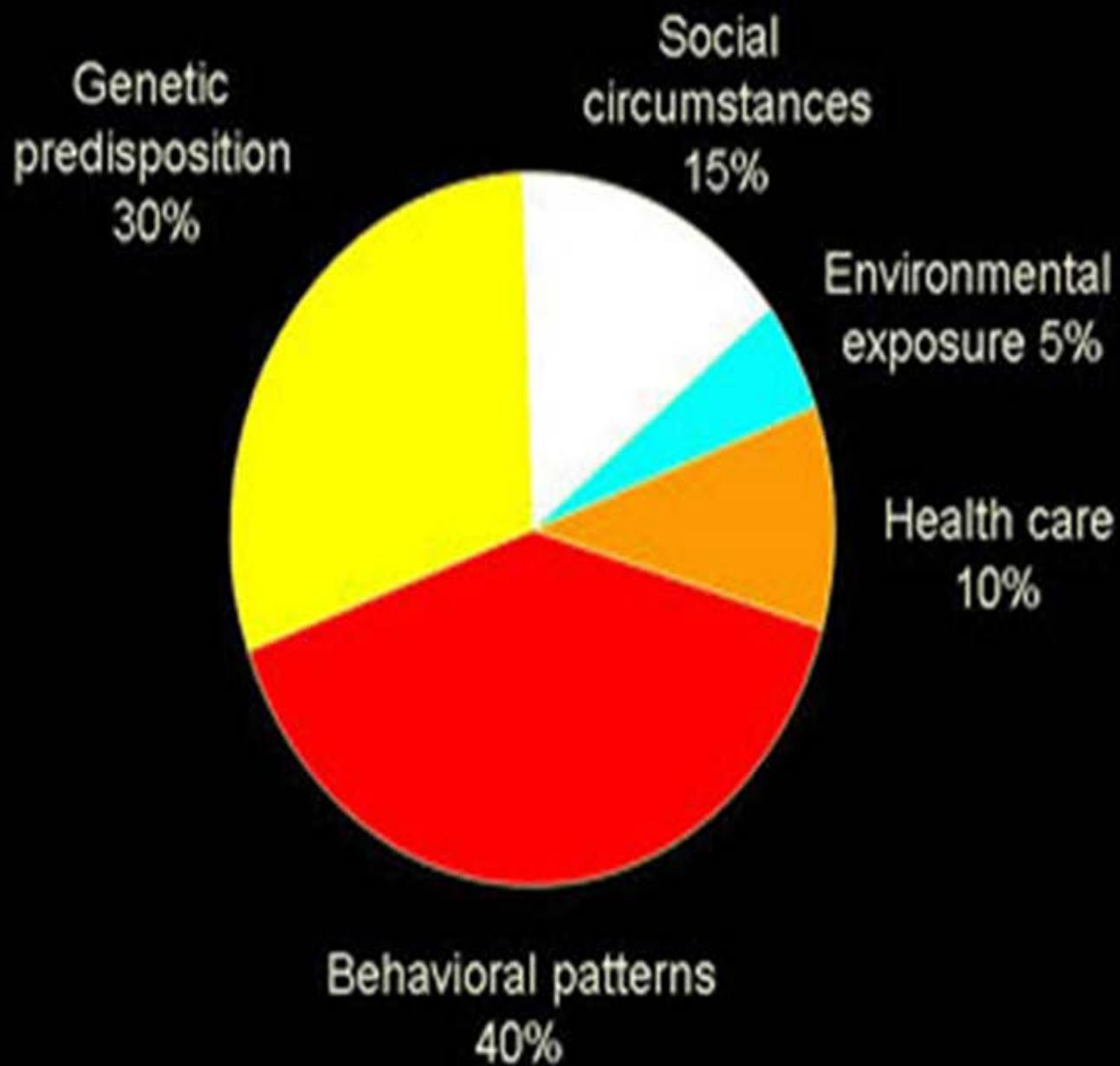
United States, Canada and Western Europe, 2000

15 - 44 year olds

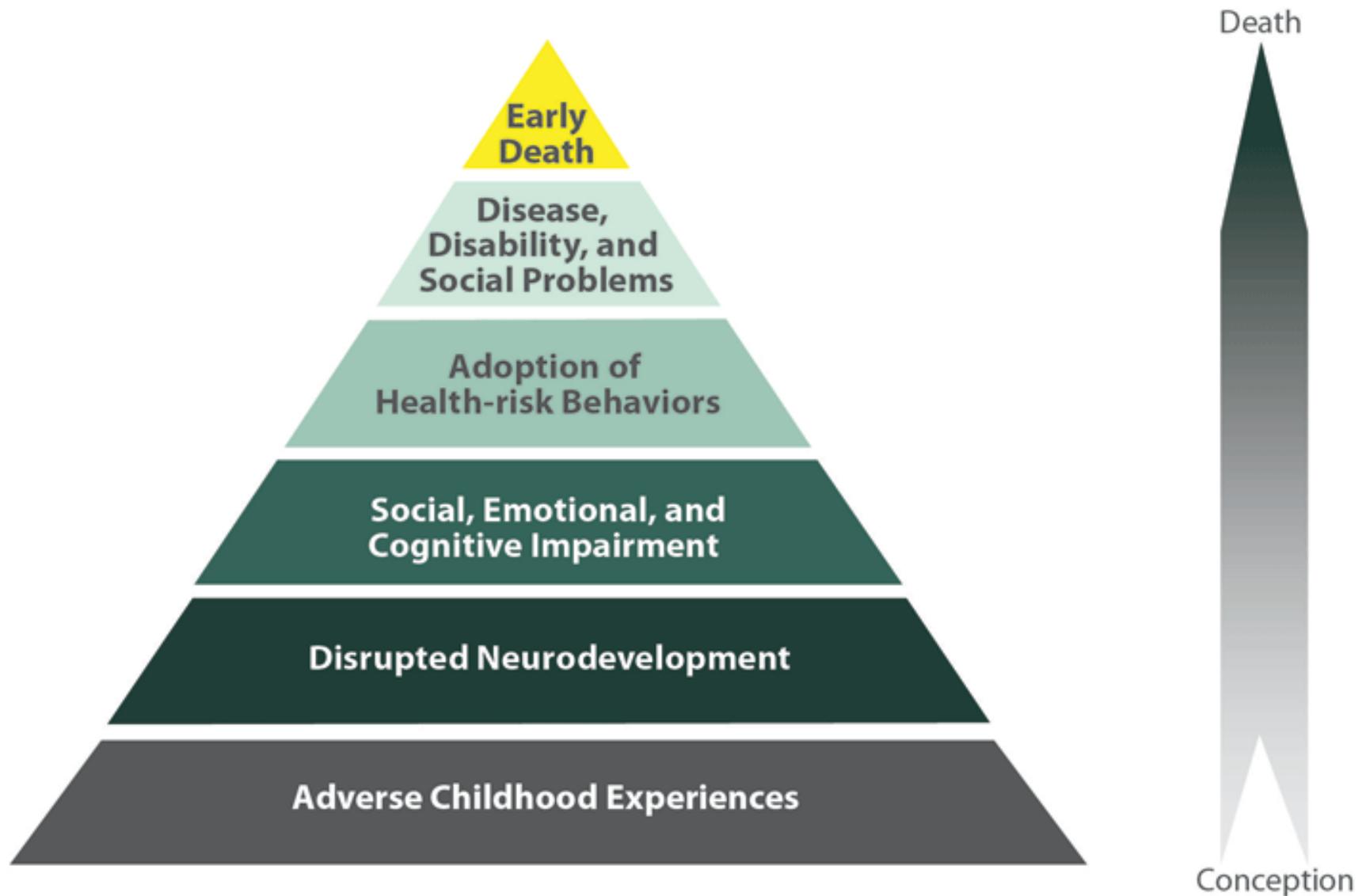


Health Disparities for People with SMI

- Americans with SMI die 14 to 32 years earlier than the general population.
- Life expectancy for people with SMI ranged from 49 to 60 years
- Causes of death similar to general population (chronic illness)
- Life expectancy for US residents with SMI on par with:
 - many sub-Saharan African countries
 - US in 1910-1920



Adapted from McGinnis JM, et al. *Health Aff (Millwood)*. 2002;21(2):78-93.

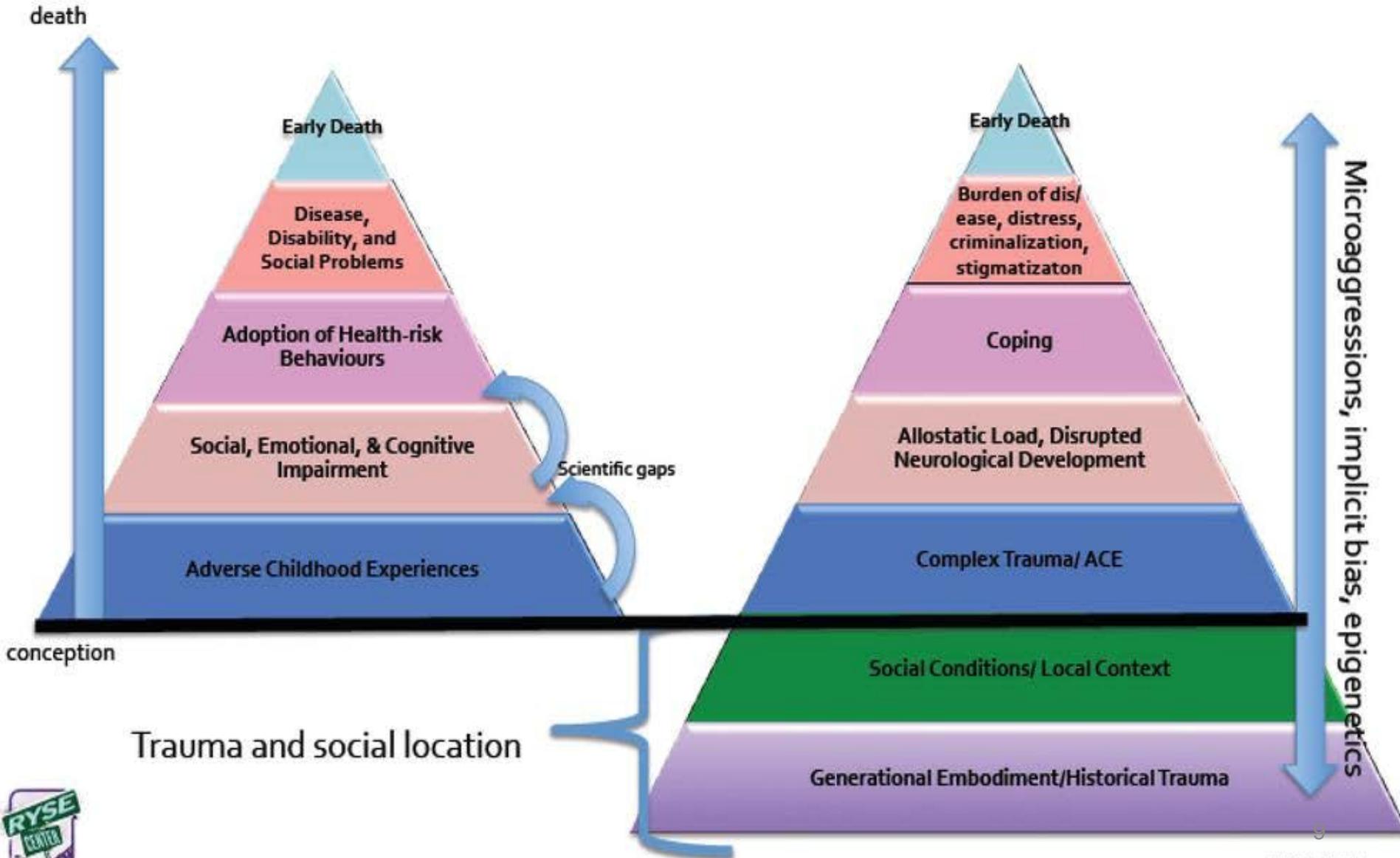


Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



Working at the Intersection: The Risks

- Differences in perspective
- Limited resources
- Silos/ “Stay in your lane” mentality
- Perception of physicians and public health as perpetrators
- <https://www.youtube.com/watch?v=ly5fYH79pZ0>
- Our implicit biases, if not addressed, can cause harm to our patients, communities, and our profession

Thoughts on Implicit Bias and Behavioral Health

- Our history
- Our mass media
- Our medical/ public health culture
- Personal experience

Working at the Intersection: Opportunities

- Growing recognition (at least on some level) that more integration is necessary
- Complementary perspectives
- Common cause
- By collaborating more closely, both BH and PH have the opportunity to significantly advance strategic objectives

Collaborating to Address Strategic Objectives

- For BH:
 - Reduce stigma
 - Enjoy more “parity” with the much larger health sector (risks inherent, too)
 - Leverage public health’s resources
 - Novel funding sources
 - Tools
 - Partners

Collaborating to Address Strategic Objectives

- For PH:
 - Sustainable funding for certain PH functions that benefit BH
 - More “beach heads” to address SDoH and Health Equity using PSE:
 - Walkable trails
 - Smoke-free BH campus
 - Gun/ police violence
 - Positive school environment
 - Explicit/ implicit bias
 - Affordable housing
 - WPC



Health Equity through a BH Lens

- Governments and medical profession have significant roles in past and current inequities
- Still significant **EXPLICIT** biases against people with mental illnesses and substance use disorders
- As explicit biases gradually erode, implicit biases will be even more difficult to address.

To Achieve “Behavioral Health Equity

- An integrated care delivery system. Will require new:
 - Resources
 - Interest and expertise from outside of BH
 - Willingness of BH to work outside of comfort zone
 - Vulnerability and courage
- Parity, not just in payment, but in quality expectations
- Proactive policies, practices, and procedures

What is “Recovery”?

- “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”
- 4 major dimensions of recovery are:
 - Health
 - Home
 - Purpose
 - Community
- Guiding Principles include:
 - Person-driven, but involves individual, family, and community strengths and responsibility
 - Supported through relationships and social networks
 - Culturally-based
 - Trauma-informed
 - Respect

What is “Health Equity”?

- “The attainment of the highest level of health for all people” (Healthy People 2020)
- More focus on health inequities, disparities, outcomes, and policy change.
- But lots of overlap with “Recovery”

What policies/ procedures/ systems support BH equity/ recovery?

- Integrated Health Systems (not just delivery)
- Inclusion/ empowerment
- Housing
- Education
- Labor
- Criminal justice
- Other

What can a Health Officer/ Local PH Do?

- Get educated on local BH challenges and systems
- Get to know local BH leadership
- Invite BH to participate in CHA, CHIP, strategic planning, etc.
- Get involved in BH planning processes
- Offer PH resources, perspectives
- Advocate for data sharing
- Understand our biases and how we may be perceived



Questions/ Comments?