

# KANSAS MENTAL HEALTH PROVIDER COALITION

.....Speaking with one voice to meet the needs of people making money off folks with mental health labels

## Health Equity in Behavioral Health

**The Need:** More Attention to healthy communities to PREVENT and SOLVE behavioral health conditions.

**Position:** Complete recovery from behavioral health issues is absolutely possible and probable. Prevention works! Build communities that support health and maintain a health community machinery.

**The Problem:**

Some communities are struggling because they are not given a fair chance to be healthy. Where we live or work, or our food and fitness environment, is one of the most important things determining whether we end up fit and healthy or not. People with behavioral health conditions often do not have access to a healthy environment or opportunities to make healthier choices. When we improve these food, housing, employment, and fitness environments, the health of ALL people in Kansas improves as well.

We should prevent further damage to Kansas's quality of life by helping Kansas communities get in good shape, saving money and lives in the long run. The research on mental illness prevention show that food, housing, employment, and exercise options all work to prevent and solve behavioral health conditions. (Movember Foundation *Making Connections* report, 2013). Smart states and communities have been able to implement effective policies and programs. The health and strength of communities is dependent on their public structures, including adequate transportation, markets with healthy foods, and schools with physical fitness requirements. Without these structures, however, community success is undermined. When they are well maintained, they form a kind of machinery that makes it possible for Americans to maintain their health and quality of life. When we improve the public structures in a place, the health of the people who live and work there improves as well.

**Why this matters:** Typical mental health advocacy efforts have been dominated by looking for money for mental health providers. However, it works better to ask for money to deal with food, housing, transportation, or exercise options in the community. Health care access only affects 20% of health care outcomes. Mental health advocates need to expand to whole community approaches to affect the other 80% of mental health outcomes.

**The bottom line:** It isn't really that hard to prevent and solve behavioral health conditions. Simply build healthy communities, focus more on health rather than illness, listen to peer advocates, and support wellness, resilience building, trauma-informed care, and whole person health.

**Need more information?** Drill deeper into this issue on the back of this page.

*DRAFT Prepared by Poetry for Personal Power for 2018*

## **The rest of the story about preventing and solving behavioral health conditions in Kansas.**

More info: “Health disparities” are differences between specific population groups in the incidence, prevalence, mortality or burden of disease and illnesses. Reporting on health disparities typically illustrates how some population groups have higher rates of certain diseases and conditions than other groups. For instance, it has long been documented that African American and some Latino ethnic groups have higher infant mortality rates than white populations. In 2006 solid research pointed out that people with “serious mental illness” diagnoses die 25 years younger than undiagnosed people. Over 60% of this is due to preventable physical illness.

The term “health equity” broadens the disparities concept by asking, “Why are some populations at greater risk of illnesses and preventable deaths than others?” This question leads to a deeper analysis and exploration of the causative factors that contribute to disparities. In the case of behavioral health, often the answer is not because of a need to increase clinical encounters, but because of the neighborhood in which we live, the foods we eat, our quality of health prior to entering the behavioral health system. Health outcomes also depend on our levels of support, access to transportation, neighborhood conditions, and whether we can find culturally appropriate health providers. Of course, community-centered, affordable, quality health care is also essential, but is not the only lens through which this type of complex problem should be examined.

In its seminal report on health disparities, *Reducing Health Disparities Through a Focus on Communities*, PolicyLink created a framework identifying four primary factors in communities that impact health either directly or indirectly. They form the social and political determinants of health:

1. **Economic environment:** degree of poverty; employment with living wages and good benefits; neighborhood economic conditions; home ownership; small business ownership; presence of quality commercial and retail services and investments.
2. **Social Environment:** ability to have strong social networks and support systems; civic engagement; community cohesion; cultural values and affiliations; perceptions of the neighborhood.
3. **Physical environment:** quality of the built environment and infrastructure; environmental quality (degree of toxins and pollution); public safety; quality, affordable housing; parks and recreation; geographic access to opportunities.
4. **Services:** quality, affordable health services; community and public support services, including good schools; reliable transit; access to healthy and affordable foods; banking and financial services; police and fire protection; quality schools and child care services; consistent sanitation.

**Kansas can prevent behavioral health conditions:** Simply build healthy communities, focus more on health rather than illness, listen to peer advocates, and support wellness, resilience

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