



GETTING TO THE SOURCE: HOW A FOCUS ON PREVENTATIVE CARE AND SOCIAL DETERMINANTS OF HEALTH STRENGTHENS FAMILIES AND COMMUNITIES

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When most of us think of health, we imagine encounters in the physical medical facilities where people are treated. But only about 10 percent of factors influencing one's health outcomes are related to traditional health care. Our physical environments, genetics, and a host of social issues like poverty, racism, and educational attainment influence the remaining 90 percent of health outcomes for most people. Yet still, we spend billions of dollars each year on health care without thinking critically about what factors actually determine health outcomes.

The system is inefficient. To really begin to move families toward health and well-being, I want to use levers at my disposal as chief medical officer for the state of Colorado to reframe our conversation around health care and health care funding to focus more on prevention instead of mitigation and the all-important social determinants of health. The factors that I have chosen to prioritize in this effort are adverse childhood experiences (ACEs) and suicide among men and boys.

If every child born in Colorado was planned and supported, we would see decreased numbers of ACEs among young people and increased numbers of children who grow up to be happier, healthier adults. State efforts to reduce unintended pregnancies have been fruitful. From 2009-2015, we saw a 40 percent decrease in the teen pregnancy rate due in large part to efforts out of the Colorado Family Planning Initiative. This helped the state and federal governments save almost \$70 million in entitlement program spending from 2010-2014. But despite significant savings, funding for preventative programming in the initiative may be at risk, particularly at the federal level. Nevertheless, we remain steadfast in our approach by funding clinics and local public health agencies and offering training to providers on free, long-acting, reversible contraceptives.

Even if a child is planned and supported, we know that depression during pregnancy can have detrimental effects on mother and child and be a source of ACEs later in life. In fact, children of mothers who experience depression or anxiety are more likely to have behavioral problems than children of mothers who smoke, binge drink, or subject them to physical or emotional abuse. Depression or anxiety during pregnancy can result in impaired postnatal mother-infant bonding and damage to a child's emotional development and cognitive functions. Data shows that

nearly one in nine Coloradans who give birth will experience signs and symptoms of depression, making it the most prevalent complication during pregnancy in the state. So we piloted dyadic screening for children and their parents during well-child visits and saw parental screenings increase by almost 60 percentage points. We are now working on a plan to expand screenings beyond initial pilot locations. We also launched a public awareness campaign around depression and anxiety during pregnancy, developing a community partner toolkit with materials and resources to help providers reach intended audiences, a best practice guide for mothers and their support persons, and a technical assistance guide for partners.

In 2016, more Coloradans died from suicide than from homicide, motor vehicle accidents, breast cancer, influenza and pneumonia, or diabetes. The state recorded the most suicide deaths ever recorded in the state in 2016 and consistently ranks in the top 10 nationally for suicide deaths. It is one of the leading causes of death for Coloradans ages 10-24, but most significantly affects middle age men, with this group accounting for more than half of all suicide deaths in Colorado. There has long been a stigma around suicide, especially among men, so I am using my platform within the Department of Public Health and Environment to bring visibility to this community health issue. As co-chair of the State Innovation Model Population Health Workgroup, I was able to highlight suicide in a call to action for boys and men. I have spoken on the topic at a suicide press conference with Denver Mayor Michael Hancock, a Public Health in the Rockies conference, and events highlighting two-generation approaches to health and well-being across the state. To bolster these efforts, I secured resources during the last legislative session for outreach and education and am exploring non-traditional avenues to connect with men and boys around this issue.

Social determinants of health are the main drivers of health. By addressing them, we prevent most of the illnesses that drive healthcare costs. A failure to address these issues is a failure to uphold our commitment to the health and wellbeing of our constituencies. So we have to be more critical of how we direct resources to address the health of Coloradans. We have to shift our thinking to prioritize prevention and work to address the root causes of negative health outcomes.



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Tista Ghosh serves as the chief medical officer for the Colorado Department of Public Health and Environment. The Department's mission is to protect and improve the health of Colorado's people and the quality of its environment.