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"NISONGER CHAMPION"

"The Nisonger Champion Award is designed to honor an individual or agency/organization who has made significant contributions to the quality of life for persons with developmental disabilities and their families. The recipient shall not only demonstrate a strong commitment to providing the skills and resources needed to succeed in evidence-based supports and services but has also displayed a sincere interest in the well-being of persons with developmental disabilities."

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2022 NISONGER CHAMPION AWARD

Barbara Sapharas, MA, SLP

Barb is a sibling. Barb worked in the field of developmental disabilities for over 40 years. She has a master's degree in speech-language pathology (SLP) from Cleveland State University. She has also worked as a direct support professional, Service Support Administrator, and a staff development specialist....

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Slide 5

2022 NISONGER CHAMPION AWARD

"Barbara has been advocating for and helping people with developmental disabilities since she was 4 years old, when her brother Nick was diagnosed with cerebral palsy."

"Barb focuses on evidence-based approaches and strives to ensure that her trainings are grounded in practical applications that are delivered and used with reliability. She always has the best interests of the person with DD and their family in mind."

"Because she had two siblings with disabilities and because she is Barb, no one is more passionate about championing the cause of brothers and sisters of people with disabilities than Barb Sapharas. Barb is passionate and unyielding when it comes to supporting families of people with disabilities and particularly siblings."

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Slide 6

KEYNOTE SPEAKER: Eric Emerson, PhD

PANELISTS:

Amy Rohling McGee, Health Policy Institute of Ohio

Susan M. Havercamp, PhD, FAAIDD, The Ohio State University Nisonger Center

Stephen Beetstra, DDS, MHSA, The Ohio State University Nisonger Center

Patricia T. Gabbe, MD, MPH, FAAP, The Ohio State University College of Medicine

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Slide 7

NISONGER INSTITUTE 2022

Eric Emerson, PhD

Emeritus Professor of Disability and Health Research
Lancaster University (UK)

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Slide 8

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The Social Determinants of Health of People with Intellectual & Developmental Disabilities

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Social Determinants of Health & People with Intellectual & Developmental Disabilities
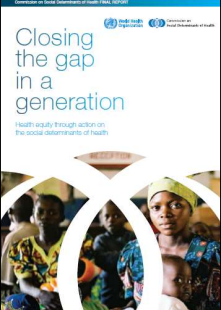
Lancaster University

Five questions ….
- What are 'social determinants'?
- How do they impact on health?
- What relevance do they have to understanding the health of people with intellectual & developmental disabilities?
- What do we need to know?
- What do we need to do?

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What are 'Social Determinants'?

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Closing the gap in a generation

- WHO Commission 2008
- '*The societal conditions in which people are born, grow, live, work and age …….. early years' experiences, education, economic status, employment and decent work, housing and environment, and effective systems of preventing and treating ill health*'

Preamble to the Rio Political Declaration on Social Determinants of Health, adopted by UN Member States in October 2011
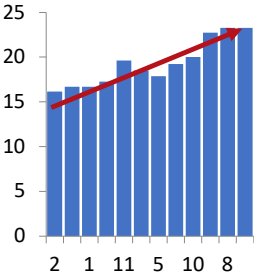
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A Little Bit of History ….

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- Louis René Villermé (1826)
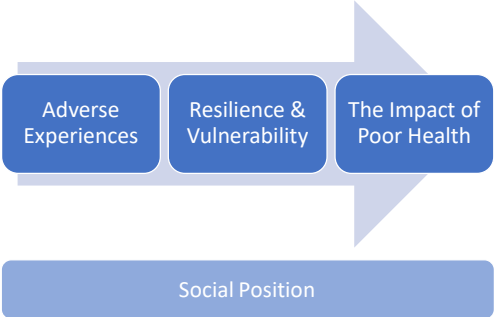- Annual mortality rates (per 1,000) related to *Arrondisement* wealth in Paris (1817-21)

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How do Social Determinants Lead to Health Inequity?

Lancaster University

Adverse Experiences → Resilience & Vulnerability → The Impact of Poor Health

Social Position

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Adverse Experiences

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- Poverty and material hardship
- Area deprivation
- Violence
- Discrimination
- Social exclusion
- Lack of control
- Exclusion from education
- Not being employed
- Non-standard employment

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Resilience & Vulnerability

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- **Individual capabilities** such as self-regulation, communication and problem-solving skills
- **Individual characteristics** such as faith, hope, believing that life has meaning, self-efficacy, sense of control, sense of belonging
- **Positive relationships** with caring adults, acquaintances, friends and romantic partners
- **Access to resources** such as effective caregiving and parenting, teachers and schools, health and welfare services, social capital, wealth and power.

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The Impact of Poor Health

Lancaster University

- Reduced access to timely and effective treatment
- Increased impact of poor health on material and psychological well being

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Recent Developments
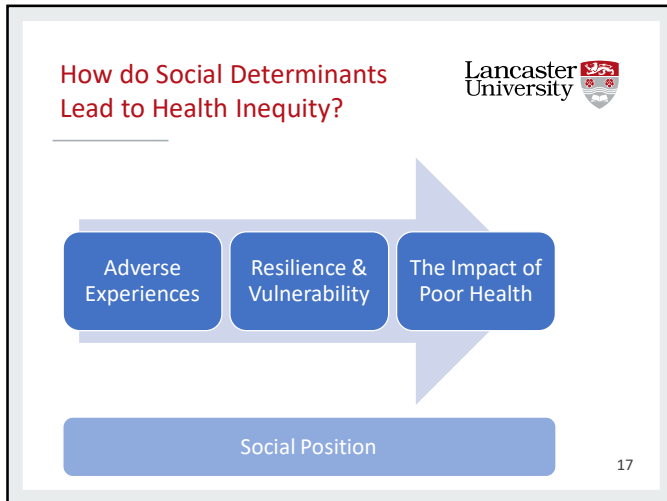
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Cumulative exposure across the life-course
- *Timing*: Exposure in early life (including prenatally) may be more damaging
- Indirect 'cascading' effects on subsequent risk exposure

Mediating pathways
- **Social** (e.g., parenting practices)
- **Psychosocial** (e.g., self-efficacy)
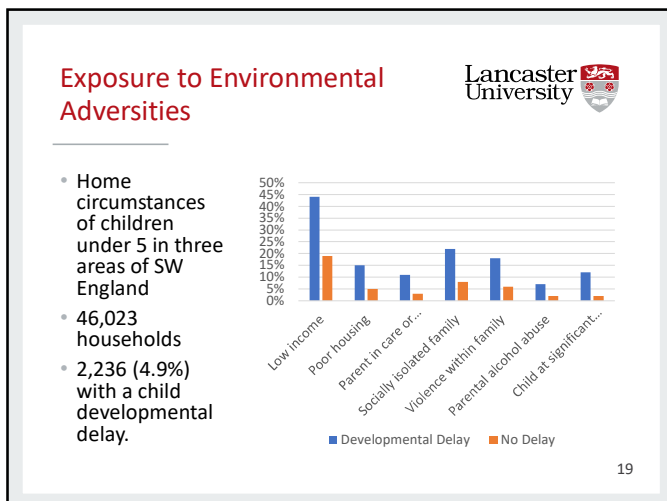- **Biological** 'embedding'

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How do Social Determinants Lead to Health Inequity?

Lancaster University

Adverse Experiences → Resilience & Vulnerability → The Impact of Poor Health

Social Position

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Relevance to people with intellectual & developmental disabilities?

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- Extensive evidence of increased risk of exposure to adversity
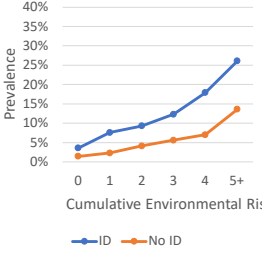
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Exposure to Environmental Adversities

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- Home circumstances of children under 5 in three areas of SW England
- 46,023 households
- 2,236 (4.9%) with a child developmental delay.

Chart categories: Low income, Poor housing, Parent in care or..., Socially isolated family, Violence within family, Parental alcohol abuse, Child at significant...

Legend: Developmental Delay, No Delay

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Relevance to people with intellectual disabilities?

Lancaster University

- Extensive evidence of increased risk of exposure to adversity
- Evidence of reduced access to some potentially resilience promoting relationships and resources

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Resilience & Vulnerability

- **Individual capabilities** such as self-regulation, communication and problem-solving skills
- **Individual characteristics** such as faith, hope, believing that life has meaning, self-efficacy, sense of control, sense of belonging
- **Positive relationships** with caring adults, acquaintances, friends and romantic partners
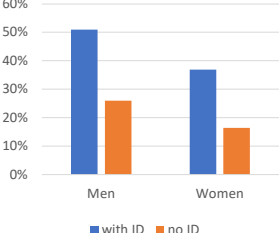- **Access to resources** such as effective caregiving and parenting, teachers and schools, health and welfare services, social capital, wealth and power.

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Resilience
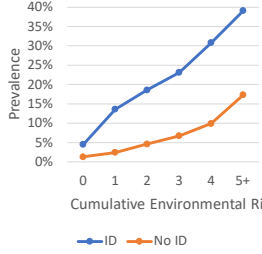
Emotional Disorder

Conduct Disorder

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Relevance to people with intellectual disabilities?

- Extensive evidence of increased risk of exposure to adversity
- Evidence of reduced access to potentially resilience promoting relationships and resources
- Evidence of reduced access to timely and effective treatment

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Timely and Effective Treatment
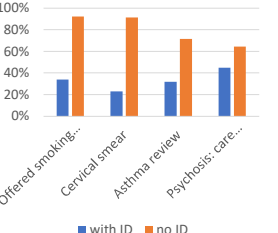
Avoidable deaths in England 2010-2014

Poor management of long-term conditions in primary care

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Future Research

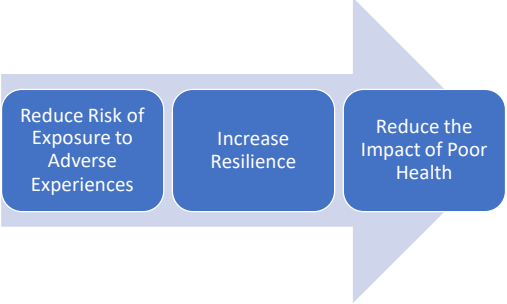Lancaster University

Knowledge Gaps

- The 'hidden majority'?
- Differences in resilience?
- Intersectionality?
- Low- and middle-income countries?

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Implications for Policy & Practice
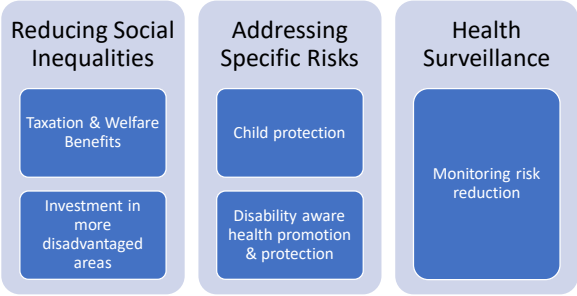
Lancaster University

Reduce Risk of Exposure to Adverse Experiences → Increase Resilience → Reduce the Impact of Poor Health

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Reducing Exposure

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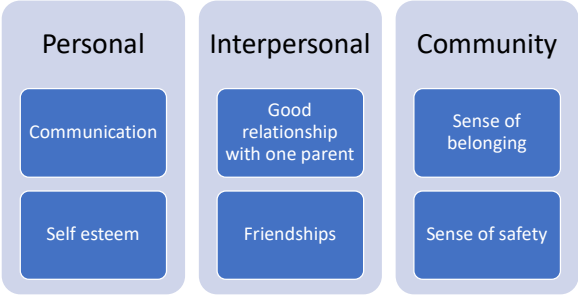
Reducing Social Inequalities	Addressing Specific Risks	Health Surveillance
Taxation & Welfare Benefits	Child protection	Monitoring risk reduction
Investment in more disadvantaged areas	Disability aware health promotion & protection	

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Building Resilience

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Personal	Interpersonal	Community
Communication	Good relationship with one parent	Sense of belonging
Self esteem	Friendships	Sense of safety

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Slide 29

Access to Timely and Effective Treatment

Identification
- Accommodations to generic health screening programmes
- Annual health checks

Access
- Accommodations to generic health care
- Specialised liaison staff

Health Surveillance
- Health status
- Access to health care

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Slide 30

Thank you for listening

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Slide 31

Moderator: Eric Emerson, PhD

PANELISTS:

Amy Rohling McGee, Health Policy Institute of Ohio

Susan M. Havercamp, PhD, FAAIDD, The Ohio State University Nisonger Center

Stephen Beetstra, DDS, MHSA, The Ohio State University Nisonger Center

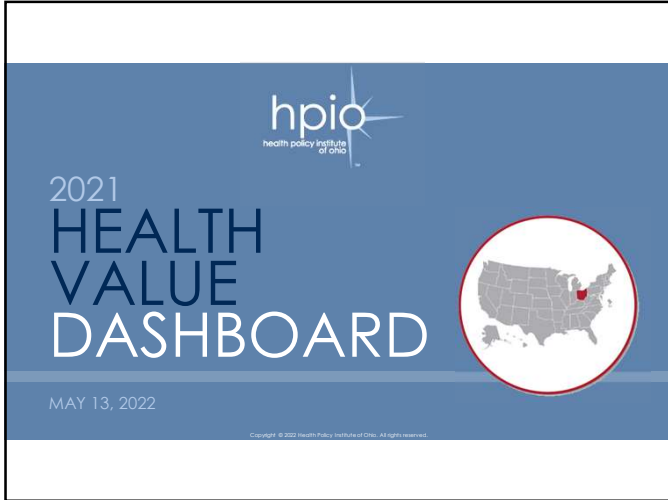**Patricia T. Gabbe, MD, MPH, FAAP,** The Ohio State University College of Medicine

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Slide 32

Amy Rohling McGee

President
Health Policy Institute of Ohio

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Slide 33

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2021
HEALTH VALUE DASHBOARD

MAY 13, 2022

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Slide 34

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MISSION

To advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending

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Slide 35

Modifiable factors that influence health

Physical environment
Such as:
• Housing conditions
• Air quality
• Access to green space and parks

Social and economic environment
Such as:
• Education
• Income
• Neighborhood violence
• Racism and discrimination

Clinical care
Such as:
• Access
• Quality
• Care coordination

Health behaviors
Such as:
• Physical activity
• Nutrition
• Tobacco use

10% / 20% / 40% / 30%

Source: Booske, Bridget C. et. al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute. 2010.

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Slide 36

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Pathway to improved health value

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Data in context

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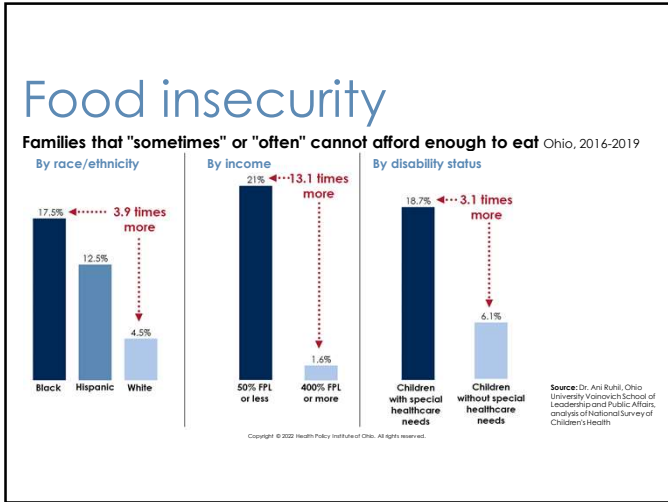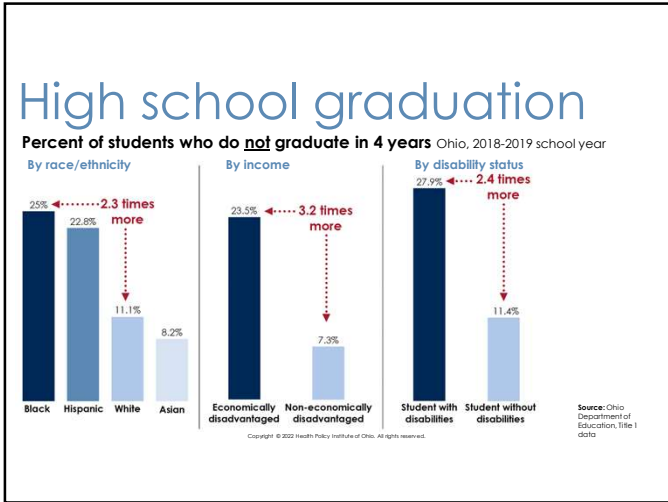**Health value in Ohio**

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If these inequities were eliminated…

| 96,510 **fewer** children in families with low incomes would experience **food insecurity** | 68,009 **fewer** Black Ohioans would be severely **cost burdened for housing** | 238,174 **more** Ohioans with less than a high school diploma would have **broadband internet access** | 181,488 Ohioans with disabilities would not have to **delay health care due to cost** |

Source: National Equity Atlas

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Public | Private

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Improvement is possible

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www.hpio.net

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CONTACT

Amy Rohling McGee

Health Policy Institute of Ohio
arohlingmcgee@hpio.net

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Susan M. Havercamp, PhD, FAAIDD

Program Director, Health Promotion and Healthcare Parity, Behavior Support Services Professor, Department of Psychiatry and Behavioral Health

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IMPROVING THE HEALTH OF OHIOANS WITH DISABILITIES

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ODHP is a partnership between The Ohio State University Nisonger Center, the Ohio Department of Health, the University of Cincinnati University Center for Excellence in Developmental Disabilities, and the Ohio Colleges of Medicine Government Resource Center.

nisonger.osu.edu/ODHP   OhioDisabilityandHealthProgram   @OhioDHP

This presentation was supported, in part, by the Centers for Disease Control & Prevention through the CDC Cooperative Agreement Number 5U59DD000931-02. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

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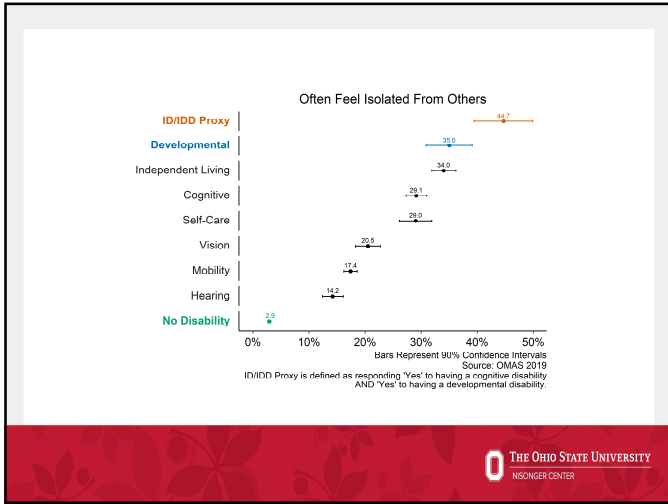
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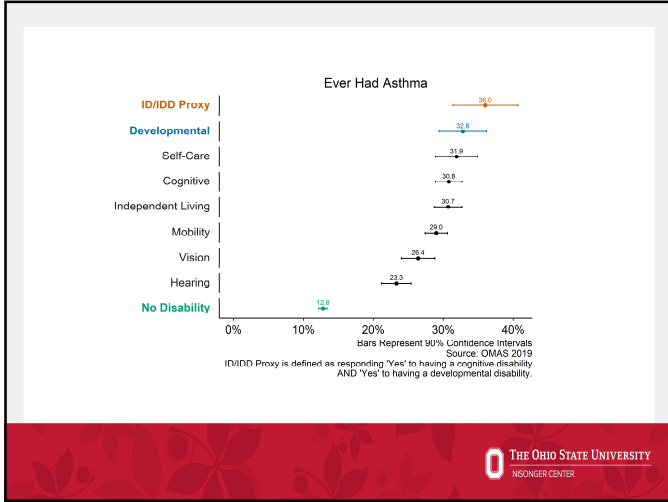
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Stephen Beetstra, DDS, MHSA

Program Director, Nisonger Dental Services,
Assistant Professor of Clinical Dentistry
Division of Restorative and Prosthetic Dentistry

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HOW DENTISTRY IS LAGGING BEHIND IN RECOGNIZING THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH

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SOCIAL DETERMINANTS OF HEALTH AND ITS IMPACT ON DENTAL CARE FOR INDIVIDUALS WITH IDD

Oral Health in America

Advances and Challenges

- Follow up to the 2000 Surgeon General's Report on Oral Health
- Ties Oral Health into Total Health
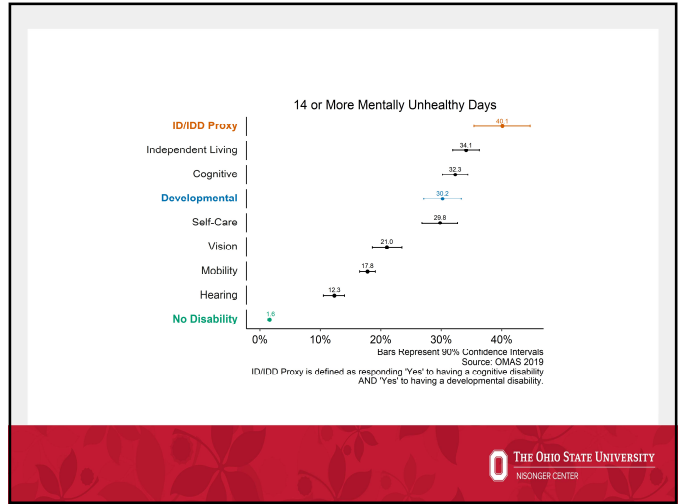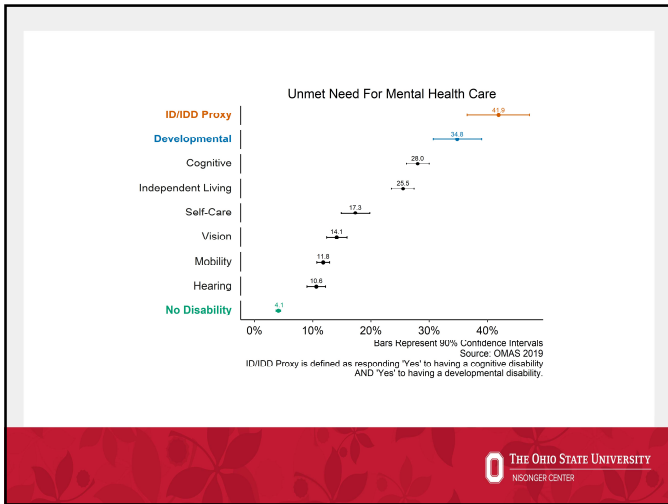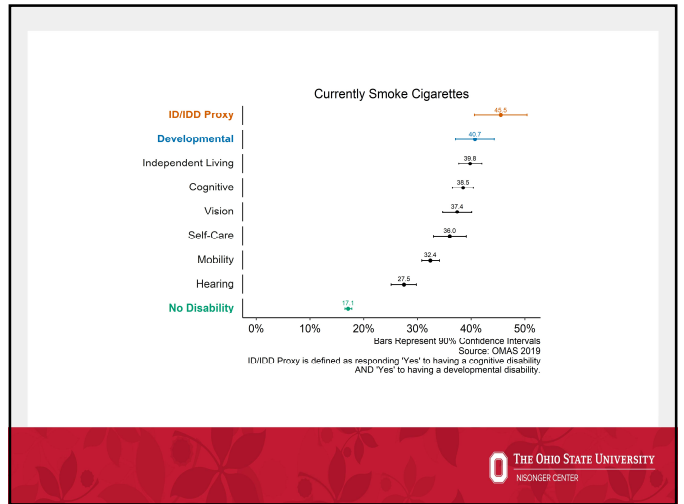- Addresses some of issues patients with SHCNs face in obtaining optimal oral health

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WHAT ARE THE ISSUES WE FACE IN OBTAINING ORAL HEALTH SERVICES FOR INDIVIDUALS WITH IDD?

- Social Determinate Problem One
  - Transportation
    - Lack of providers trained or willing to treat the population which creates a geographic maldistribution
    - Individuals depend on others for transportation

- Possible Solutions
  - Increase training of community providers to care for this population – Identify providers with the heart
  - Look at alternative models of care – Mobile dentistry, teledentistry

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WHAT ARE THE ISSUES WE FACE IN OBTAINING ORAL HEALTH SERVICES FOR INDIVIDUALS WITH IDD?

- Social Determinant Problem Two
  - Economic
    - Dental reimbursement model is archaic and does not take into consideration the difficulty or time of the procedure
    - Public insurance programs are underfunded

- Possible Solutions
  - Change the reimbursement model to allow for medical modifiers to justify cost for the service
  - Move dentistry out of the silo that it is currently located and make it part of health
  - Focus on health and not disease

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WHAT ARE THE ISSUES WE FACE IN OBTAINING ORAL HEALTH SERVICES FOR INDIVIDUALS WITH IDD?

- Social Determinants Problem 3
  - Education
    - Patient
    - Caregiver
    - Provider

- Possible Solutions
  - Revamp the education of providers to become more health based and not diseased based
  - Improve training of caregivers to focus on disease prevention
  - Expand research into best practices that can be easily implemented by lay providers
  - Begin patient training early
  - Make post graduate residencies mandatory for dental providers

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WHAT ARE THE ISSUES WE FACE IN OBTAINING ORAL HEALTH SERVICES FOR INDIVIDUALS WITH IDD?

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Patricia T. Gabbe, MD, MPH, FAAP

George W. Paulson, MD, Scholar-in Residence
The Ohio State University College of Medicine

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Can Preterm Deliveries be Prevented?

Main DM, Gabbe SG, Richardson D and Strong S. 1985 AJOG

"…a lifetime of poor nutrition, poor housing, poor education, tremendous stress and unplanned pregnancies are the underlying causes…."

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Social Determinants of Health Experienced by Moms2B Participants

Moms2B Pathways Administered
July 2014-Jan 2015 (n=113)
and Transportation

Moms2B The Ohio State University Wexner Medical Center © 2014
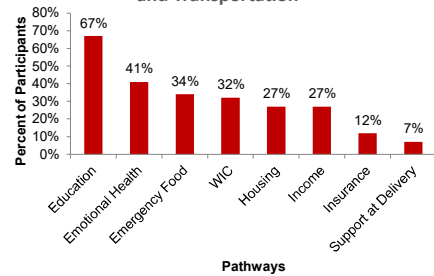
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Developing trust and learning at Moms2B

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Bringing Care into the Community
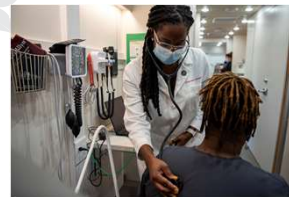
Dr. Kamilah Dixon
Moms2B Medical Director
OSU Department of OB-Gyn.

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Study Results: Women Attending Moms2B have better birth outcomes and 55% fewer infant deaths.

Bar chart values:
- Preterm <37 wks: Moms2B 10.90%, No-Moms2B 12.70%
- Preterm <32 wks: Moms2B 1.50%, No-Moms2B 2.00%
- Preterm <28 wks: Moms2B 0.60%, No-Moms2B 1.10%
- Low Birth Weight: Moms2B 9.50%, No-Moms2B 12.00%
- Infant Death: Moms2B 0.75%, No-Moms2B 1.70%

■ Moms2B ■ No-Moms2B

675 Moms attending Moms2B compared with 1336 Moms not attending Moms2B propensity scored on 17 variables.

Hade, E, Lynch, C, Benedict, J, et al. Maternal and Child Health Journal, released on-line January 19, 2021 In Print (2022)26:923-932.

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Summary

- Moms2B group teaching and support improves pregnancy outcomes and reduces infant deaths.
- Most women attending Moms2B have typical development.
- However, 1-3% of pregnant people that attend have intellectual disabilities and need specialists:
  - To support their reproductive health plans.
  - If pregnant, to help with parenting skills and social support to maintain custody of their infants and children.
- More studies are needed to help people with intellectual disabilities establish parenting skills and support their reproductive health plans.

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Thank you from Moms2B

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Q&A

QUESTIONS?

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