Healthy ILLINOIS 2021

Behavioral Health
Action Team Meeting
Friday, January 29, 2016
1:30 – 4:00 PM

Illinois Department of Public Health
IDPH
Protecting Health, Improving Lives

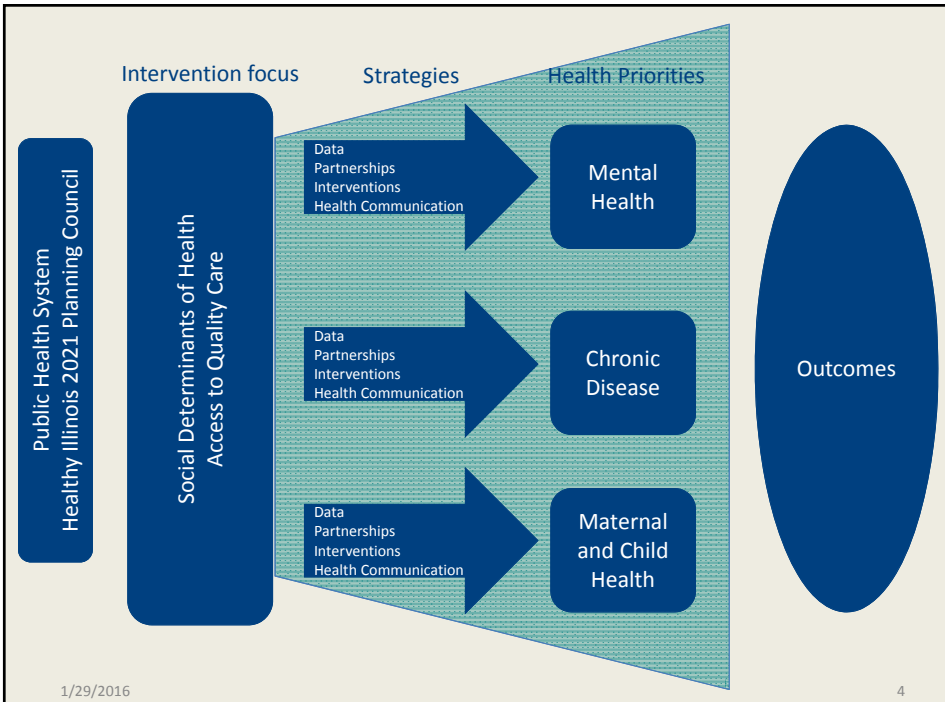
UIC MidAmerica Center for Public Health Practice

Agenda

Agenda Topic	Time Allotted
1. Welcome - Minutes - Update on process and role of state	1:30 – 1:50 PM
2. Report out from small groups: Prevention, Early Intervention & Treatment	1:50 – 2:30 PM
3. Data Presentation and Reactions	2:30 – 3:15 PM
4. Selection Criteria	3:15 – 3:35 PM
5. Next Steps	3:35 – 3:50 PM
6. Public Comment	3:50 – 4:00 PM
7. Adjourn	4:00 PM

Meeting Purpose

- Summarize action team work and update planning progress; hear early goals from prevention, early intervention and treatment groups
- Review behavioral health-related data to date as included within draft State Health Assessment
- Discuss and begin weighting decision criteria for selecting strategies (work between this meeting and next)
- Begin discussion on recommendations for the vision for Behavioral Health Action Team beyond this process



Thank you!!

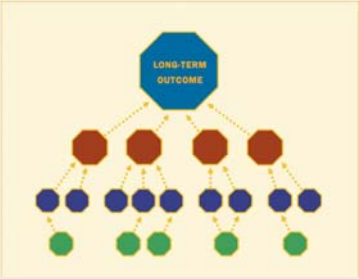
Questions

- What is the role of the public health system in SHIP implementation? What are our recommendations for the SHIP planning council and other system partners for implementation in general?
- How do we address Social Determinants of Health seriously?
- How do we select focused risk factors and appropriate statewide interventions that will be implemented?
- What activities would the public health system best undertake?
- How do we ensure proactive, coordinated and response efforts continued beyond March?

What is needed and what did we learn?

- Measurement is required:
  - Need to show process, impact and outcome progress
- Evidence-based or promising practice
- Accountability and action
- Leverage and maximize resources; promote alignment
- Focus on prevention
- Use interventions that impact social determinants of health and access to care within Behavioral Health
- Are statewide but facilitate local health improvement

Creating an Action Plan



Select Outcomes

Scalable Strategies

Action Plan

Selection Criteria:
SDOH
Access to Quality Care
Impact
Urgency
Champions

 Anderson, A., *The Community Builder's Approach to Theory of Change*. www.theoryofchange.org

Why is this process useful?

- Facilitates question on whether we're focusing on the right issues in the right way (e.g. SDOH)
- Learn what's going on in the state
- Select points of most "impact"
- Encourage collective activity
- Align work by encouraging adoption of best practices
- Framework for measurement and monitoring statewide health and health improvement strategies

SHIP Implementation: Role of the Public Health System Examples

- Strategic:
  - Consider and execute where possible innovative models to promote prevention, e.g. a public health prevention fund
  - Advocate for best practice and address system gaps/needs
- Proactive:
  - Create and oversee statewide agenda with focus
  - Monitor and evaluate health status and impact indicators and make/lead recommendations to assess agenda progress
  - Facilitate cross-agency data production, e.g. regular data briefs
  - Promote common measurement approaches, best-practice/evidence based interventions across the state
  - Align resources, prevent duplication and promote coordination
- Responsive:
  - Response to funding opportunities collectively
  - Address gaps in the system

Discussion: Role of the Public Health System to implement SHIP

1. What would you add to the list? What is missing?
2. Who is responsible for fulfilling SHIP implementation? Who should coordinate and lead it? How will you and your organization be involved?
3. If the system is successful in implementing the SHIP overall in 5 years, what will happen? What might change in the public health system?

Examples of strategies and application to a statewide health improvement plan

Health outcome:

- Reduce prolonged depression among teens (self-reports, diagnoses, etc.)

Impact:

- Increase treatment capacity in IL
- Reduce suicide attempts

Strategies:

- Increased linkages among and across service providers (screening through treatment)
- Increased mental health awareness and resources among colleges and other target populations

- How are these or could they be interventions that might be in the state health improvement plan?

Small group report-out

- Prevention
- Early intervention
- Treatment

Data Presentation

As you view the data, think of how the goals shared earlier align with the data within the following areas:

- Data
- Interventions
- Partnerships
- Health communication

Data for Action: Behavioral Health

The data presented today are for a subset of core indicators selected for the Statewide Health Assessment (SHA) This subset includes indicators related to behavioral health and provides a basis for continued monitoring and as a starting point for program planning, for quality improvement efforts, and for identifying potential policy initiatives.

These initial findings should be viewed as prompts for asking questions that can yield a deeper understanding of particular issues. To address those questions, a more detailed examination of particular indicators or sets of related indicators will be required, taking into account the complex intersection of many factors.

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Percent of Children Less than 18 Reported as Never or Only Sometimes Safe in Their Community / Neighborhood* Illinois Overall and by Race/Ethnicity, 2011

Source: Child and Adolescent Health Measurement Initiative, Data Resource Center National Survey of Children's Health (NSCH)

Benchmark**	**13.4**	**(12.9 - 14.0)*****
Illinois Overall	**14.9**	**(12.5 - 17.3)**
Non-Hispanic Black	24.5	(17.3 - 31.6)
Non-Hispanic White	7.0	(4.8 - 9.3)
Hispanic	27.1	(20.3 - 33.8)
Non-Hispanic Other	9.6	(4.2 - 14.9)

*"How often do you feel [child name] is safe in your community or neighborhood?" NSCH, 2011/12
** U.S. Overall from NSCH, 2011/12
*** (95% confidence intervals)

Lack of community safety is a social determinant of health and it has been shown to be associated with both physical and mental health outcomes.

In Illinois overall, close to 1 in 6 children were reported by a parent or guardian as living in an unsafe community. For both non-Hispanic black and Hispanic children, approximately 1 in 4 were reported as living in an unsafe community.

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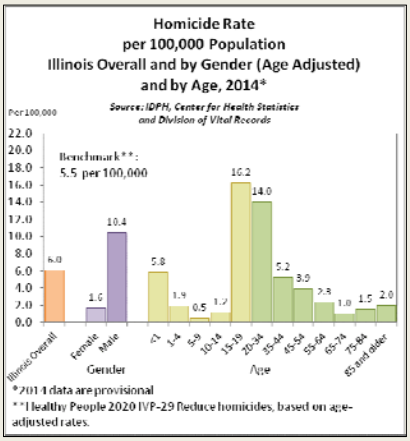
Age-Adjusted Homicide Rate per 100,000 Population Illinois Overall and by Race/Ethnicity, 2014*		
Source: IDPH, Center for Health Statistics and Division of Vital Records		
Benchmark**	**5.5**	
Illinois Overall	**6.0**	**(5.6-6.5)*****
Non-Hispanic Black	27.1	(24.7-29.5)
Non-Hispanic White	1.5	(1.2-1.8)
Hispanic	3.9	(3.1-4.9)

*2014 data are provisional
**Healthy People 2020 IVP-29 Reduce homicides; based on age-adjusted rates.
*** (95% confidence intervals)



In 2014, 768 Illinoisans were victims of homicide. Even after adjusting for age, non-Hispanic blacks were far more often the victims of homicide compared to other racial/ethnic groups and their age-adjusted rate was more than five times that of the Healthy People benchmark. Homicide rates were also highest among men and among young adults.

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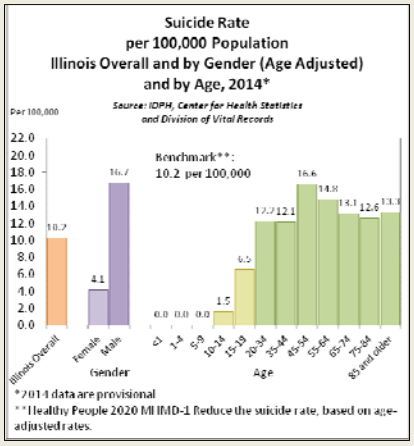
Age-Adjusted Suicide Rate per 100,000 Population Illinois Overall and by Race/Ethnicity, 2014*		
Source: IDPH, Center for Health Statistics and Division of Vital Records		
Benchmark**	**10.2**	
Illinois Overall	**10.2**	**(9.6-10.8)*****
Non-Hispanic Black	4.9	(3.9-6.0)
Non-Hispanic White	13.0	(12.2-13.8)
Hispanic	5.2	(4.2-6.1)
Non-Hispanic Other	4.8	(3.4-6.7)

*2014 data are provisional
**Healthy People 2020 MHMD-1 Reduce the suicide rate; based on age-adjusted rates.
***(95% confidence intervals)



In 2014, 1,365 Illinoisans committed suicide. Suicide showed a different pattern across racial/ethnic groups, with the rate for non-Hispanic whites being worse than the Healthy People 2020 objective and more than twice as high as the rates in other groups. Men had a suicide rate 4 times that of women in Illinois, while rates among adults were relatively similar across age groups.

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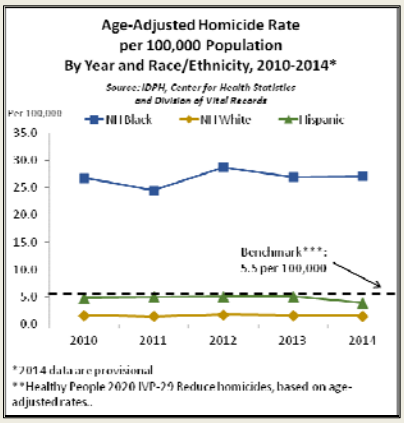

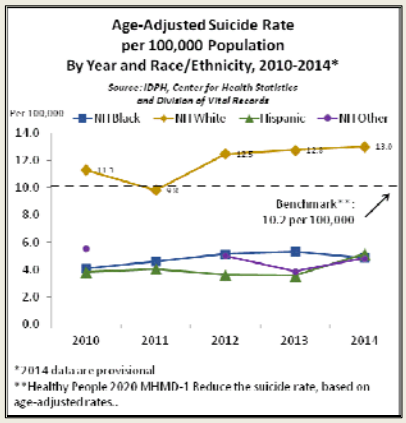

The trend data for homicide shows the persistence of the disparity between non-Hispanic blacks and other racial/ethnic groups.

The trend data for suicide suggest that rates after age adjustment may be increasing over time, particularly among non-Hispanic whites, the group which also had the highest rates over the five-year period.

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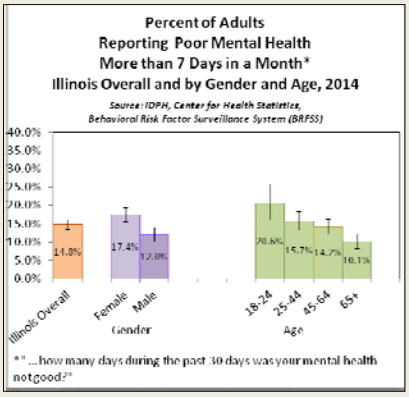
Percent of Adults Reporting Poor Mental Health More than 7 Days in a Month* Illinois Overall and by Race/Ethnicity, 2014

Source: IDPH, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

Benchmark	-	
Illinois Overall	**14.8**	**(15.2-18.2)****
Non-Hispanic Black	17.3	(13.6-21.8)
Non-Hispanic White	14.7	(13.2-16.4)
Hispanic	15.5	(11.8-20.1)

* "… how many days during the past 30 days was your mental health not good?"
**(95% confidence intervals)



Unlike many other indicators, the racial and ethnic disparities in how Illinois adults reported experiencing poor mental health for more than one week in a month were relatively small. Approximately 15-17% of all Illinois adults reported experiencing poor mental health for more than one week in a month. According to this measure, poor mental health occurred more frequently in women than in men, and more frequently in young adults, with decreasing frequency in older age groups.

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Percent of Adults Reporting Adverse Childhood Experiences* (ACES) Illinois Overall and by Race/Ethnicity, 2013 *Source: IDPH, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)*	
Benchmark	-
Illinois Overall	**12.2 (10.8-13.5)****
Non-Hispanic Black	16.3 (11.8-20.8)
Non-Hispanic White	11.2 (9.9-12.5)
Hispanic	16.5 (11.1-22.0)
Non-Hispanic Other	2.4 (0.7-4.1)

*4 or more ACES reported. ACES include physical, sexual, verbal abuse, living in a household with an alcohol or drug user, with someone with mental illness/depression, someone ever incarcerated, with physical abuse among adults, or with divorced parents.
**(95% confidence intervals)

Adverse childhood experiences (ACES) have been shown to have an impact on both physical and mental health outcomes.

Overall, approximately 1 in 8 Illinois adults reported experiencing 4 or more adverse childhood experiences. Reporting of ACEs is relatively similar across race/ethnicity, gender, age, and geography.

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Average Number of Days per Month Illinois Adults Report Mental Health Not Good According to Number of ACEs Data Source: 2013 IL BRFSS, IL Department of Public Health		
ACEs	**Average Days**	**95% CI**
4 or more	7.0	5.9, 8.0
1-3	3.6	3.2, 4.1
none	2.9	2.5, 3.3

Percent of Illinois Adults Who Reported Activity Limitations Due to Physical, Mental, or Emotional Problems According to Number of ACEs Data Source: 2013 IL BRFSS, IL Department of Public Health		
ACEs	**Percent**	**95% CI**
4 or more	26.4	21.2, 31.6
1-3	19.1	16.8, 21.4
none	12.8	11.3, 14.4

The extent of Adverse Childhood Experiences reported by Illinois adults appears to be associated with poor mental health and activity limitations resulting from mental health.

23

Percent of Children 6-17 Reported as *Not* Engaging in Vigorous Physical Activity* Illinois Overall and by Race/Ethnicity, 2011

Source: Child and Adolescent Health Measurement Initiative, Data Resource Center, National Survey of Children's Health(NSCH)

Benchmark**	**9.1**	
Illinois Overall	**8.0**	**(8.6 - 9.7)*****
Non-Hispanic Black	7.6	(2.6 - 12.7)
Non-Hispanic White	5.1	(3.0 - 7.2)
Hispanic	13.4	(7.0 - 19.9)
Non-Hispanic Other	11.8	(2.6 - 21.0)

*"How many days during the past week did [child name] exercise, play a sport, or participate in physical activity for at least 20 minutes that made [him/her] sweat and breathe hard?"
**U.S. Overall from NSCH, 2011/12
***(95% confidence intervals)

Approximately, one quarter of adults in Illinois reported engaging in no physical activity. For NH blacks and Hispanics, the percentages were close to 30%

Physical activity is recognized as an approach for preventing chronic disease and disability.

The percentages of children not engaging in physical activity ranged from 8.0-13.0; Hispanic children had the highest percentage.

Percent of All Adults Reporting *No* Physical Activity in the Last 30 Days* Illinois Overall and by Race/Ethnicity, 2014

Source: IDPH, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

Benchmark**	**25.3**	
Illinois Overall	**24.0**	**(22.5-25.6)*****
Non-Hispanic Black	29.8	(25.1-35.0)
Non-Hispanic White	22.2	(20.5-23.9)
Hispanic	28.9	(23.8-34.5)

*During the past month, did you participate in any physical activities?
**U.S. Overall from BRFSS, 2013.
***(95% confidence intervals)

24

Smoking is perhaps the most well established risk factor for a wide array of health outcomes. Overall, 1 in 6 adults in Illinois reported being current smokers in 2014, and 1 in 4 non-Hispanic black adults reported smoking. Among pregnant women, smoking rates are lower as might be expected, but approximately 10% of pregnant women still reported smoking.

Percent of All Adults Reporting Smoking* Illinois Overall and by Race/Ethnicity, 2014

Source: IDPH, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

Benchmark**	**12.0**	
Illinois Overall	**16.7**	**(15.2-18.2)*****
Non-Hispanic Black	25.2	(20.3-30.9)
Non-Hispanic White	16.5	(14.8-18.2)
Hispanic	12.9	(9.6-17.1)

*Current Smoker
**Healthy People 2020 TU-1.1 Reduce cigarette smoking by adults.
***(95% confidence intervals)

Percent of Women Reporting Smoking During the Last 3 Months of Pregnancy Illinois Overall and by Race/Ethnicity, 2012

Source: Illinois Center for Health Statistics, Pregnancy Risk Assessment Monitoring System (PRAMS)

Benchmark*	**1.4**	
Illinois Overall	**8.8**	**(7.1-11.0)****
Non-Hispanic Black	10.1	(5.2-18.7)
Non-Hispanic White	12.0	(9.5-15.2)
Hispanic	1.9	(0.9-4.3)

*Healthy People 2020 MICH-11.3 Increase abstinence from cigarette smoking among pregnant women. Target: 98.6 percent for abstinence; 1.4 percent for smoking.
**(95% confidence intervals)

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Adolescent Smoking and Alcohol Use

- Substance use and abuse among Illinois teens overall is very similar to that of the U.S. overall
- Survey data showed that almost 40% of teens drank at least once in the month before the survey, and over 20% drank more than 5 drinks in a row in that month
- Almost 20% of teens smoked in that month, and over half had tried to quit

http://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/states/il.html.
Centers for Disease Control and Prevention. (2012). 1991-2011 High School Youth Risk Behavior Survey data

26

Percent of Women Who Report Always Placing Their Infants on Their Backs to Sleep Illinois Overall and by Race/Ethnicity, 2012

Source: IDPH, Center for Health Statistics Pregnancy Risk Assessment Monitoring System (PRAMS)

Benchmark*	**75.9**	
Illinois Overall	**77.5**	**(74.4-80.2)****
Non-Hispanic Black	56.0	(45.2-66.3)
Non-Hispanic White	85.0	(81.6-87.9)
Hispanic	73.7	(67.6-79.0)
Non-Hispanic Other	78.8	(68.1-86.6)

*Healthy People 2020 MICH-20 Increase the proportion of infants who are put to sleep on their backs.
**(95% confidence intervals)

Safe sleep practices are one component of preventing infant mortality. An important safe sleep practice is ensuring that infants sleep on their backs and not on their stomachs or sides. In 2012, close to a quarter of Illinois women who recently gave birth reported **not** always placing their infants on their back to sleep.

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Extent of Racial/Ethnic Disparities

Disparity Ratios* for 11 Core Indicators Related to Behavioral and Mental Health
Sorted According to the Size of the Black–White Disparity Ratio

Indicator	Black-White Disparity Ratio	Hispanic-White Disparity Ratio
Homicide	18.1	2.6
Children Living in Unsafe Neighborhoods	3.5	3.9
Poverty**	2.8	1.9
Unsafe Sleep Practices	2.3	1.8
Children 6-17 Having No Vigorous Physical Activity	1.5	2.6
Adults with 4 or more Adverse Childhood Experiences (ACES)	1.5	1.5
Adult Current Smoker	1.5	0.8
Adults with **No** Exercise in Past 30 Days	1.3	1.3
Adult with more than 7 Poor Mental Health Days per Month	1.2	1.1
Smoking During Pregnancy***	0.8	0.2
Suicide***	0.4	0.4

* Black-White Disparity Ratio = Rate/Percent in Non-Hispanic Blacks Divided by Rate/Percent in Non-Hispanic Whites; Hispanic-White Disparity Ratio = Rate/Percent in Hispanics Divided by Rate/Percent in Non-Hispanic Whites.
** For poverty, race and Hispanic ethnicity are not mutually exclusive: "black" includes black Hispanics and "white" includes white Hispanics.
For these 2 indicators, there are important disparities, but the direction of those disparities is ***reversed from that on the other indicators; the ratio is less than 1, meaning that non-Hispanic whites had higher rates.

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Data: Your reactions

- What's missing?
- What, if anything, is surprising?
- To what level is there alignment between the data and the draft small group goals?

Where we're going

Meeting date	Proposed discussion focus and activities
Friday 1/29	Review and discuss decision criteria with strategy examples
Wednesday 2/10	Focus on action planning (will require work in between)
Wednesday 2/24	Focus on action planning (will require work in between)
2/26-3/9	Writing first draft of the State Health Improvement Plan
Monday 3/14	Planning Council and Action Teams In-Person Meeting: Presentation and discussion
Thursday 3/17	State Board of Health Presentation
Late March	Public Hearings
Late April	Final Submission
April and beyond	How do we regroup to continue discussion and efforts?

Action Planning Template

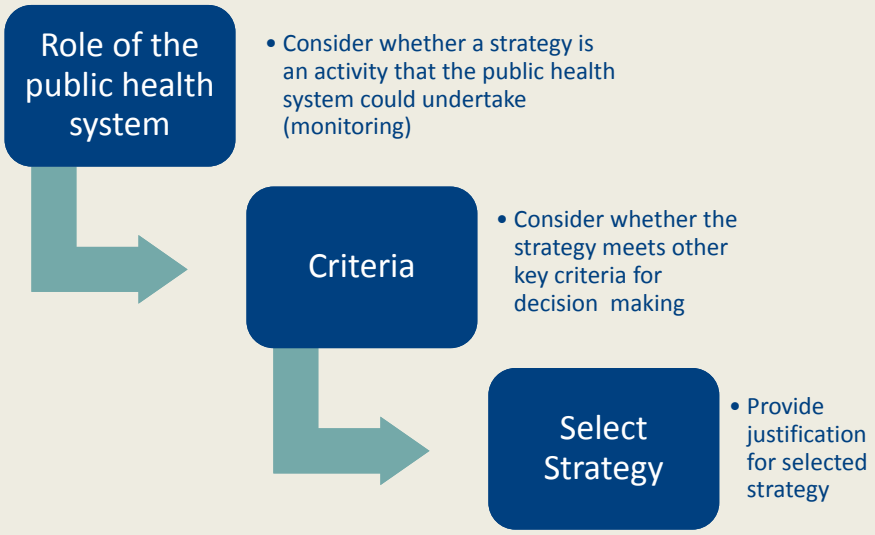
Action Team:							
	Goal:						
	Objective 1:						
	Justification:						
	Activity	**Launch Steps**	**Target Date**	**Champion Organization**	**Outcome / Deliverable**	**Indicator**	**Progress**
1							
2							
3							
	Objective 2:						
	Justification:						
	Activity	**Launch Steps**	**Target Date**	**Champion Organization**	**Outcome / Deliverable**	**Indicator**	**Progress**
1							
2							
3							
	Objective 3:						
	Justification:						
	Activity	**Launch Steps**	**Target Date**	**Champion Organization**	**Outcome / Deliverable**	**Indicator**	**Progress**
1							
2							
3							

For now: Action Planning Template

Action Team:					
	Goal:				
	Objective 1:				
	Justification:				
	Activity	Launch Steps	Target Date	Champion Organization	Health Outcome
1					
2					
3					

PROPOSED SELECTION CRITERIA

Using this information to select strategies



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Proposed Criteria

Role of the Public Health System

SDOH	Access	MCH	Urgency	Impact	Evidence -Based	Resources
• How does a proposed strategy address social / ecological factors?	• How does a proposed strategy address access to care?	• How does a proposed strategy promote maternal and child health?	• Is there a crisis? • Are there efforts to build on?	• How many individuals does this reach? • How is disparity addressed?	• Has this strategy been used before with measured success?	• What resources could be leveraged? • Are new resources required?

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Social Determinants of Health

- The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- Strategy Example: *Tenant-based rental assistance to reduce exposure to crimes against person and property and neighborhood social disorder.*

World Health Organization. (2015). *Social Determinants of Health*. Retrieved at: http://www.who.int/social_determinants/en/

http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/housing-tenant-based-rental-assistance-programs%E2%80%94-social

Access to Quality Care

- The timely use of personal health services to achieve the best health outcomes. Attaining good access to care requires:
  1. Gaining entry into the health care system
  2. Getting access to sites of care where patients can receive needed services
  3. Finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust

Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman M, editor. Washington: National Academies Press; 1993.

Access to Quality Care

- Strategy Example: *Reducing out-of-pocket costs to increase cancer screening for breast, cervical, and colorectal cancer. Out-of-pocket costs may be reduced by providing vouchers, reimbursing clients, or reducing health insurance costs associated with screening tests.*

http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/updated-recommendations-for-client-and-provider-0

Maternal and Child Health

- Focuses on six population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) Children with Special Health Care Needs; 5) Adolescent Health; and 6) Cross-cutting or Life Course. Work in this area seeks to improve access to health care and delivering quality public health services to women and children.
- Strategy Example: *Individual cognitive-behavioral therapy (CBT) and group CBT for symptomatic youth who have been exposed to traumatic events*

http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendations-to-reduce-psychological-harm-from

Urgency

- Addresses a particularly concerning aspect of the health priority or strengthens areas where there is movement
- Strategy Example: *Screening adolescents (ages 12 to 18) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up*

1/29/2016
http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/depression-in-children-and-adolescents-screening
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Impact

- Ability to reach a broad section of the population
- Strategy Example: *Worksite programs intended to improve diet and/or physical activity behaviors based on strong evidence of their effectiveness for reducing weight among employees.*

1/29/2016 http://www.thecommunityguide.org/obesity/workprograms.html 41

Evidence-Based

- An evidence-based practice is a practice that has been rigorously evaluated in experimental evaluations and shown to make a positive, statistically significant difference in important outcomes.

Oregon Research Institute. (2015). *What does it mean to be evidenced based*. Retrieved at: http://www.ori.org/resources/what_does_it_mean_to_be_evidencebased

Evidence-Based

- Sources for selecting evidence-based strategies
  - National Prevention Strategy
  - Healthy People 2020
  - Community Guide to Preventive Services

Find evidence-based information and recommendations related to **Mental Health and Mental Disorders**.

Strength of Evidence	Topic Area	Publication Date	Resource Type
	Mental Health and Mental Disorders		
4 out of 4	Improving Mental Health and Addressing Mental Illness: Mental Health Benefits Legislation (Community Guide Recommendation) Community Preventive Services Task Force	2012	Systematic Review

Resources

- Infrastructure:
  - Is there a champion?
  - Are partners already working on this issue?
  - What is staff capacity?
- Cost
  - Are resources currently available?
  - Can resources be reallocated?
  - Are new resources required?

Questions applied to proposed strategies

Discussion: Decision Criteria

- What are your questions on the criteria? What is missing?
- In thinking about the role of the public health system in implementing the SHIP, what kind of interventions should be considered as statewide, e.g. Policy? Systems? Programs?
- Given your answer, what criteria are MOST important and why?
- What might be examples of where the criteria could be applied to include an 'intervention'? Exclude an intervention?

Next Steps

Between now and 2/10 meeting, small groups meet to:

- Consider health outcome, impact measures
- Discuss major strategies to date within state and review evidence-based across other plans; discuss points of leverage to consider early goals
- Discuss SDOH and Access strategies in particular
- Discuss selection/decision criteria (including who can operationalize the work)

Next Steps

- When small groups meet; please remember:
  - Meeting agendas must be posted 48 hours in advance and include time for public comments
  - Keep meeting minutes and forward to Geneva
- Complete Action Planning Template for at least two goals and keep the 4 areas in mind (data, interventions, partnerships, and health communication); be prepared to justify
- Action Planning Template and instructions can be found here: https://app.box.com/s/73697l56i2w5grlh9v0g12e7q7mlal21
- Coordinator of each small group send template draft to Geneva by Monday, 2/8

Public Comment

- 5 minutes available for public comments
- Please state your name and organization

Adjourn

- Slides available at www.healthycommunities.illinois.gov
- Questions can be sent to HealthyCommunitiesIL@uic.edu
- Tools available at https://app.box.com/s/dilicpnexub4qg0acy33705txneqmpa7
- Remaining meeting dates:
  - Feb 10 from 11:00-1:30
  - Feb 24 from 1:30-4:00