

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Illinois Suicide Prevention Alliance
Data Workgroup
Approved October 20, 2014

Monday, August 11, 2014
2:00 p.m. – 3:00 p.m. (Conference call)

Introductions

Ben Arbise	Illinois Dept of Public Health
Bruce Steiner	Illinois Dept of Public Health
Jennifer Martin	Illinois Dept of Public Health
Libby Bair	Illinois Dept of Public Health
Peter Mulhall (chair)	Center for Prevention Research and Development
Steve Moore	American Foundation for Suicide Prevention

Minutes from June 16, 2014

Mr. Moore motioned for the approval of the minutes with a second from Mr. Arbise, all in favor, motion carried.

Announcements

Ms. Martin reported she and Ms. Bair have been meeting individually with several alliance members to discuss what suicide prevention strategies the ISPA can help implement in their agency, as well as opportunities for collaboration. Each call has resulted in at least one action item. After completion of the calls, Ms. Martin plans to go through her notes from the calls and create a summary to share with the workgroups. She recalls some callers mentioning data sources we may be able to use and looks forward to informing the group of those.

Ms. Martin reported Lurie Children's Hospital received CDC funding for the National Violent Death Reporting System. She looks forward to them arranging a time to talk with the department as to how to collaborate. Lurie submitted their application as a bona fide agent of the department.

Discuss any newly released suicide-related data

Guest Speaker, Bruce Steiner, Illinois Behavioral Risk Factor Surveillance System (BRFSS), Illinois Department of Public Health - Discuss preliminary data collected among Illinois adults during 2013 from the Adverse Childhood Experience (ACE) module of the BRFSS

Mr. Steiner outlined the ACE module as a series of questions that asks items of the respondent about the time they were growing up (before age 18). To Mr. Steiner's estimate, the module asks about 9 questions in total, and asks about various items related to childhood experience (regarding verbal abuse, sexual abuse, experiences in terms of being in the same household as someone with mental illness or a substance use disorder, incarcerated family, etc.).

Mr. Steiner is working with an Illinois team that is interested in the ACE module data; this group is in the process of determining how they want to use the data in the future. This group has been generating much discussion as to how ACEs may predispose people to chronic disease in life. The group operates from the standpoint of wanting to "break the cycle" of these effects of ACEs.

Mr. Steiner plans to provide the most recent version of the ACEs data to Ms. Martin, who will forward to the workgroup. Mr. Steiner recommended comparing current IL ACE data to a particular article in MMWR last year in order to see how IL varies from other states that use this module.

The data set used for what those attending the meeting were given as an attachment was based on a sample size of roughly 5000-6000 respondents, as it is an unweighted count. When data undergoes a weighting process, demographic portions of the sample are corrected to the population, generalizing the data to the entire population. Overall, Mr. Steiner noted this expands the 5000-6000 to over 9 million.

Mr. Steiner believes it is too early to say how beneficial this data is going to be, but he believes it does show some promise. The intent of the committee Mr. Steiner has been working with here in IL, as previously mentioned, is to “break the cycle.” This group will be meeting again in September. There is also expectation that additional questions may be funded that meet BRFSS needs, growing the initial sample size to over 11,000 respondents.

Mr. Moore inquired as to whether there will be a set of questions to tie the history of respondents (their ACEs) to the current status of respondents to show correlations between ACEs and health outcomes. Mr. Steiner noted any additional module added to the survey has to be financially supported by somebody, and questions are normally supported by various organizations at \$3,000 each. Because of this, adding questions is not necessarily easy to see through.

Ms. Martin inquired as to whether there are any questions about depression to be included. Mr. Steiner said there are questions related to mental health that he has been advocating for, but he hasn't been able to get anyone to take him up on this. He believes the data is valuable and would like to see increased usage of it.

Ms. Martin also inquired as to if the group wanted to do crosstabs whether it would be premature to start looking at the 2012 and 2013 data, or whether waiting until the next round would be better. Mr. Steiner said the data is good enough to use it now; however, we will want to discuss custom analysis with him further. Ms. Martin mentioned there are considerable correlations with substance use and mental health and there may be a correlation between ACEs and suicidality—to that, Mr. Steiner stressed he would want to work closer with the group to make sure we understand exactly what the data represent before making conclusions.

Ms. Martin agreed the group should get back together with Bruce to make next steps for using the data, as well as look at how IL compares to other states.

Identify other workgroup activities

Update on data matrix

Ms. Martin reported she has been building upon the matrix that Dr. Mulhall provided to the workgroup. Her updated draft links data sources that help address the indicators listed on the matrix; she looked at questions on BRFSS, youth survey, national survey, etc. to see what questions they asked would give information on indicators based on age groups. She noted the next phase of this project is to add programs that address the areas on the matrix, and this column will be completed in the next phase of the project.

Dr. Mulhall mentioned the CDC school health and policies survey and asked if anyone is aware of if this survey is still being done. The survey samples school districts and what their comprehensive health programs include. Dr. Mulhall added that with the Kognito gatekeeper training being provided/promoted to Illinois schools, we should see a change in the reported services offered within the survey results.

Update on Illinois Department of Public Health Burden Brief

Mr. Arbise reported the department data staff decided to look at self-inflicted injury for the same populations as the maps the department produced in FY14, however, the 12-14 age group will be expanded to 10-14. The brief will look at mode of attempts, focusing specifically on poisonings. There may be other types of data breakdowns at the end of the brief; however Mr. Arbise said how this will play out is yet to be determined until the data is looked at closer. Potential breakdowns of data include looking at race/ethnicity and gender. Ultimately, the goal to have this data brief released in time for Suicide Prevention Week.

Update on Illinois Violent Death Reporting System (IVDRS) Data Brief

Ms. Martin reported IVDRS plans to have their data brief focus on circumstances of suicide for varying age groups. This data brief will be one of three briefs for this year, and this particular data brief will be centered on Suicide Prevention Week. IVDRS is considering dissemination strategies for the data, including embargoing the data and sharing with stakeholders prior to its official release. This way, stakeholders can plan how to use the data in advance of the actual observance.

Recommendations from the final report from the Youth Suicide Prevention Consensus Building Meeting

Gather data/information (data matrix)

The committee adjourned before this agenda item was discussed due to a lack of time.

New business

Reminder of FY15 Meeting Dates

Ms. Martin will forward a meeting reminder that includes a list of the scheduled FY15 dates.

Set agenda items for next meeting – standing agenda items

Minutes submitted by Libby Bair, reviewed by Jennifer Martin