



“Who’s Leading the Leading Health Indicators?”

- Fourth installment of the monthly series, “Who’s Leading the Leading Health Indicators?”
- Highlight organizations using evidence-based approaches to address one of the Healthy People 2020 Leading Health Indicator (LHI) topics.



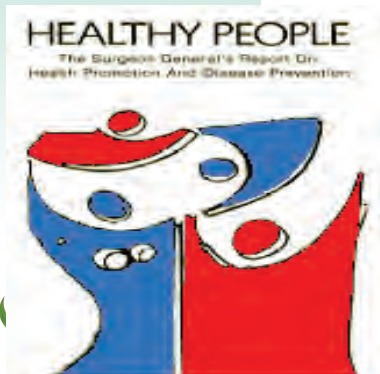
Webinar Agenda

- Don Wright, MD, MPH
HHS Deputy Assistant Secretary for Health
- Howard K. Koh, MD, MPH
HHS Assistant Secretary for Health
- CAPT Jose Belardo, JD, MSW
HHS Regional Health Administrator, Region VII
- Robert H. Aseltine, Jr., PhD, Director
Institute for Public Health Research UConn Health Center
- Sara Strawhun, M Ed
School Outreach Project Manager, CHADS Coalition for Mental Health



What is Healthy People?

- A comprehensive set of national 10-year health objectives
- A framework for public health priorities and actions
- Roadmap for prevention





What are the Leading Health Indicators (LHIs)?

Leading Health Indicators are:

- Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses.
- Linked to specific Healthy People objectives.
- Intended to motivate action to improve the health of the entire population.



LHI Topics

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco



Impact & Context: Mental Health

- Leading cause of death and disability
 - 10th leading cause of death
 - Economic impact

- Link between mental health and physical health



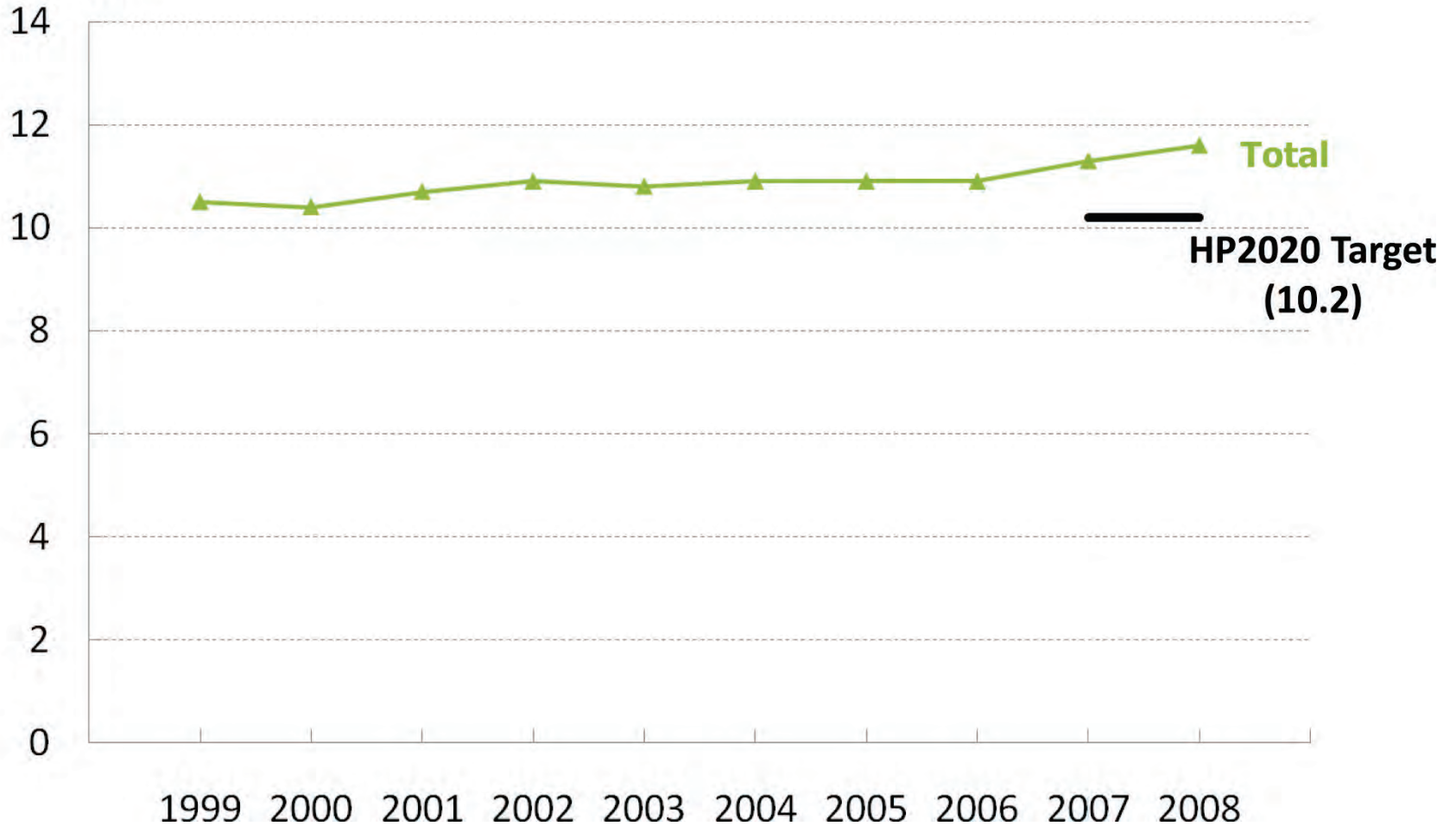
Leading Health Indicators: Mental Health

- **Indicators for mental health:**
 - Suicides
 - Adolescents who experience major depressive episode (MDE)

- **Healthy People at the community level:**
 - Action at the community level creates momentum for national change.

Suicides

Age-Adjusted Rate
per 100,000
Population



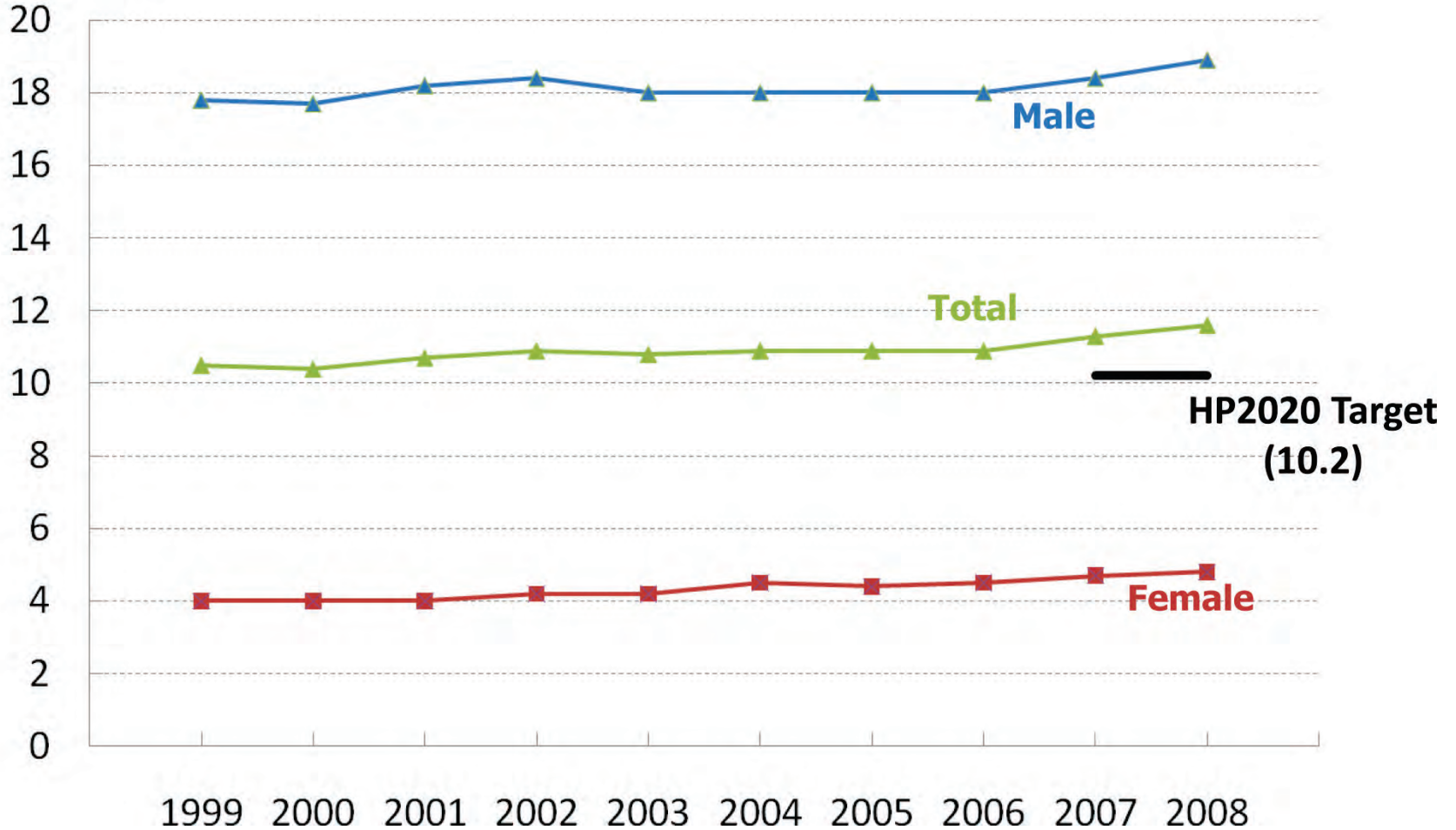
NOTE: Data are for ICD-10 codes *U03, X60-X84, Y87.0 reported as underlying cause. Data are age adjusted to the 2000 standard population.

SOURCE: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

Obj. MHMD-1

Suicides

Age-Adjusted Rate
per 100,000
Population



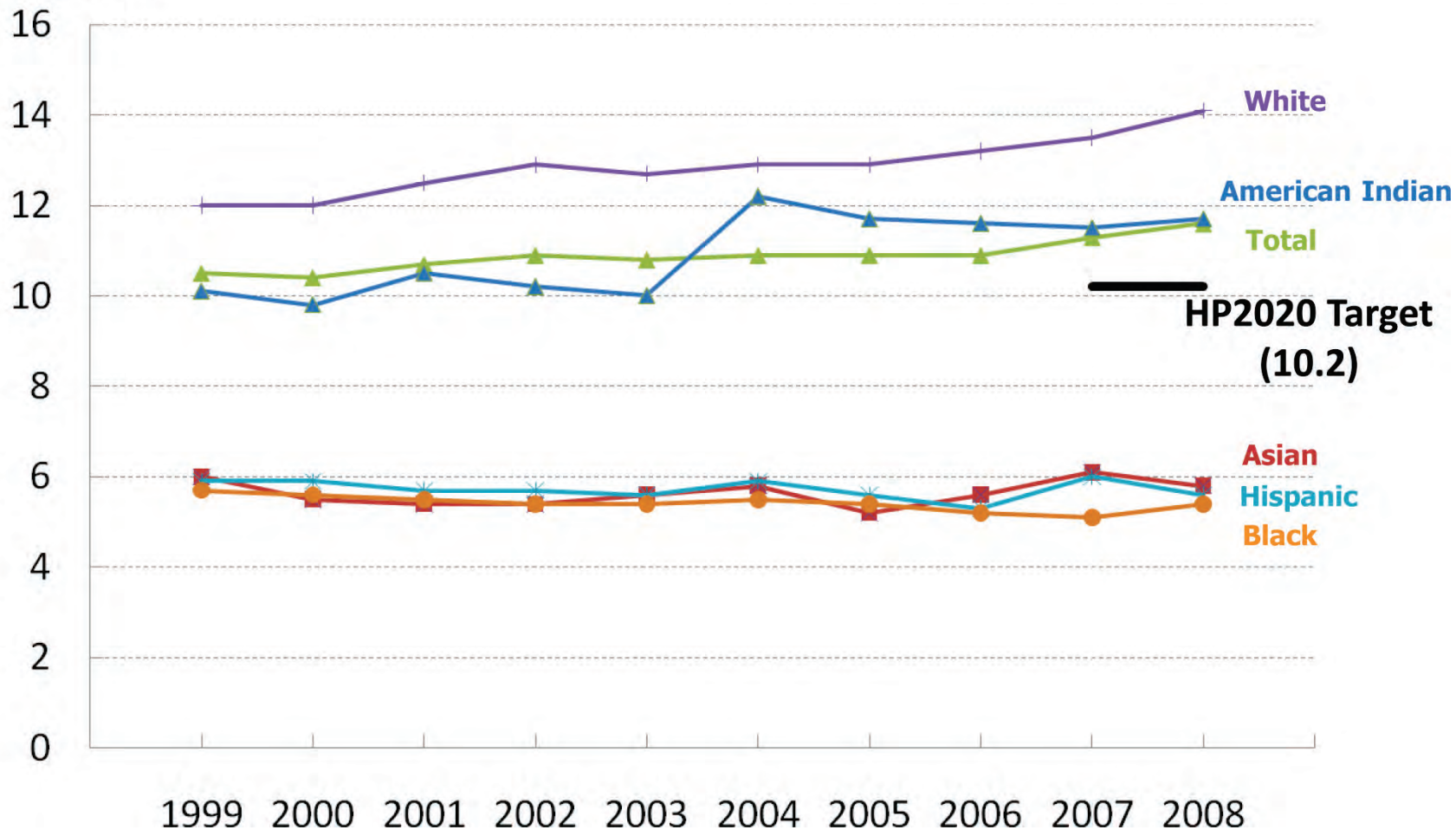
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SOURCE: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

Obj. MHMD-1

Suicides

Age-Adjusted Rate
per 100,000
Population



HP2020 Target
(10.2)

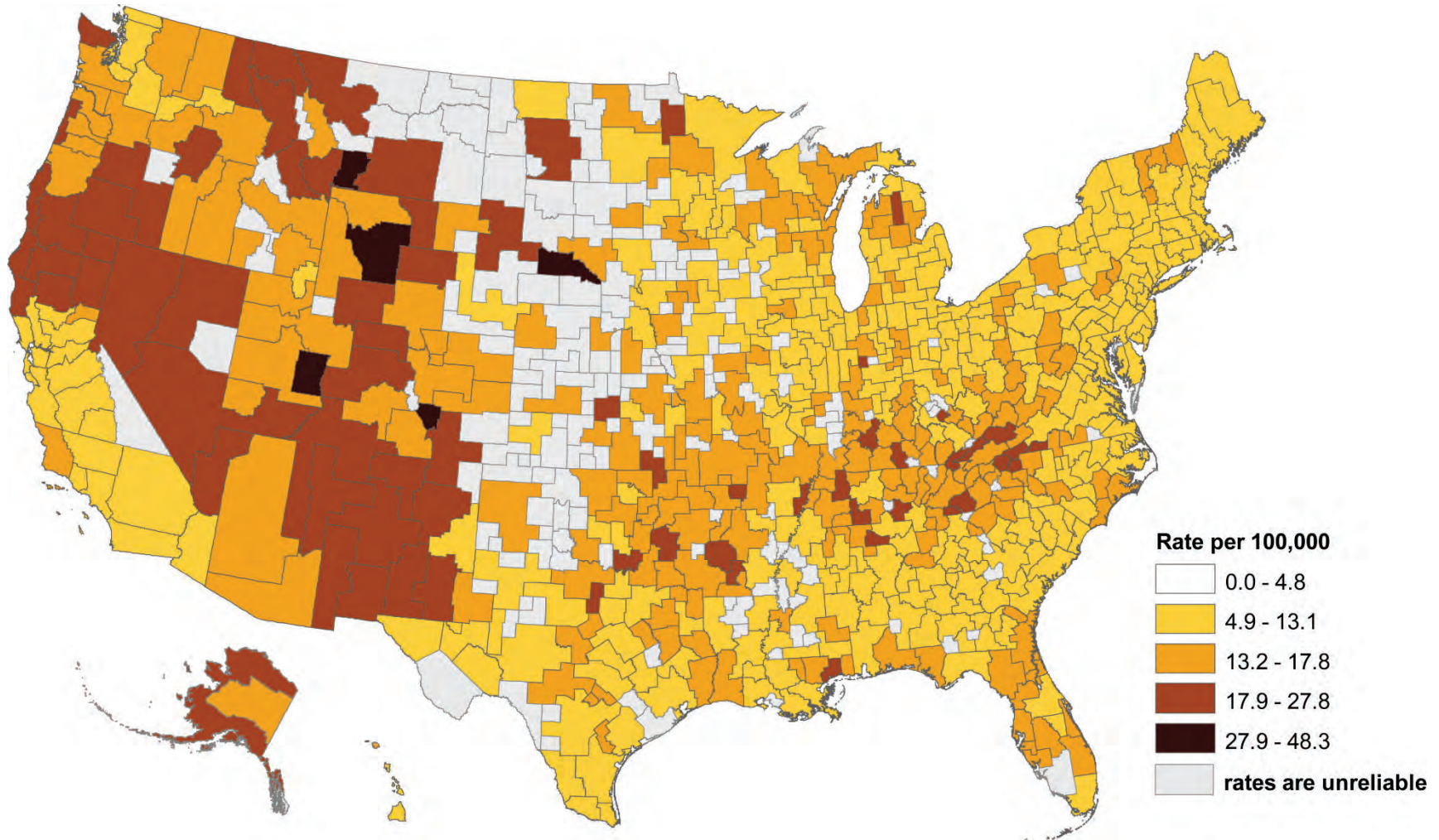
Asian
Hispanic
Black

NOTE: Data are for ICD-10 codes *U03, X60-X84, Y87.0 reported as underlying cause. American Indian includes Alaska Native. Asian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Data are age adjusted to the 2000 standard population.
SOURCE: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

Obj. MHMD-1

Suicides , 2005-07

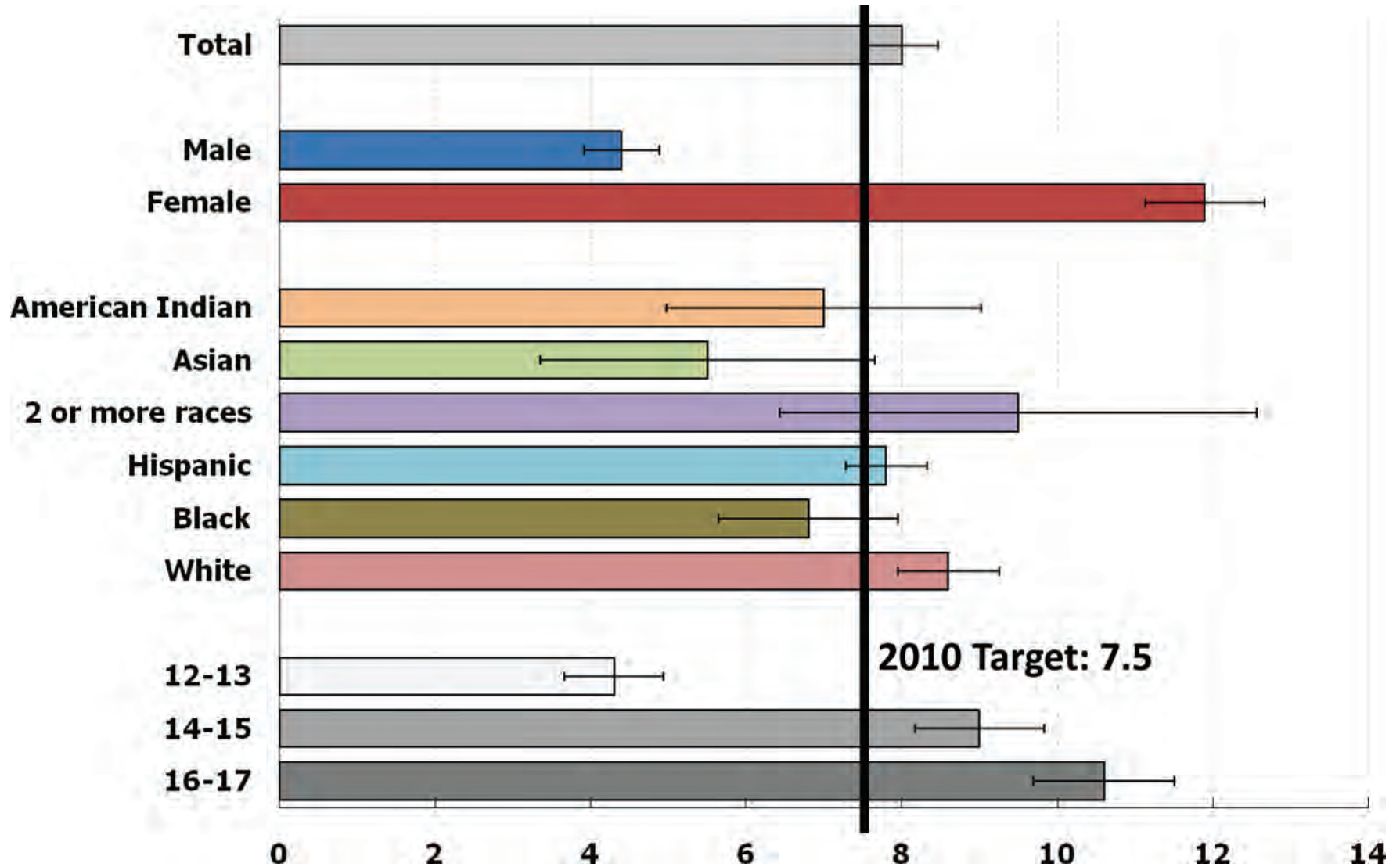
HP2020 Target = 10.2



NOTES: Data are for ICD-10 codes *U03, X60-X84, Y87.0 reported as underlying cause. Data are age-adjusted to the 2000 standard population. Rates are displayed by a Jenks classification for U.S. health service areas.
SOURCE: National Vital Statistics System-Mortality (NVSS-M), CDC, NCHS.

Obj. MHMD-1

Major depressive episode (MDE) among adolescents, 2020



NOTE: — = 95% confidence interval. Adolescents aged 12-17 years, reporting a Major Depressive Episode (MDE) in the past 12 months. American Indian includes Alaska Native. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race.

SOURCE: National Survey on Drug Use and Health (NSDUH), SAMHSA.

Obj. MHMD-4.1



Determinants: Mental Health

- Social factors:
 - Interpersonal
 - Family
 - Community dynamics
- Economic factors:
 - Housing quality
 - Employment opportunities



Mental Health: Federal Actions

- Substance Abuse and Mental Health Services Administration
 - Suicide Prevention Lifeline
 - Garrett Lee Smith Memorial Act
 - Center for Behavioral Health Statistics
 - National Registry of Evidence-based Programs and Practices (NREPP)
- National Action Alliance for Suicide Prevention

Signs of Suicide: Results Promising School- Based Suicide Prevention Program

Robert H. Aseltine Jr., PhD



University of Connecticut
Health Center



University of Connecticut

IPHR

Institute for Public Health Research

Introduction

- Developed by Screening for Mental Health, Inc.
- Evaluation by UConn Health Center
- Funding:
 - Center for Mental Health Services (SAMHSA)
 - Patterson Trust
 - Garrett Lee Smith Act (SAMHSA)
 - Department of Defense

SOS: Signs of Suicide

■ Goals of SOS:

- Help teens understand the connection between suicide and undiagnosed, untreated mental illness
- Mobilize peers: Empower them to **ACT**

Program Components

- Brief 1-2 period program administered by teachers, school counselors
- **Main teaching tool = video**
“Friends for Life: Preventing Teen Suicide”
- **Discussion Guide** focuses discussion & reinforces message
- Screening for depression (7 item BSAD)

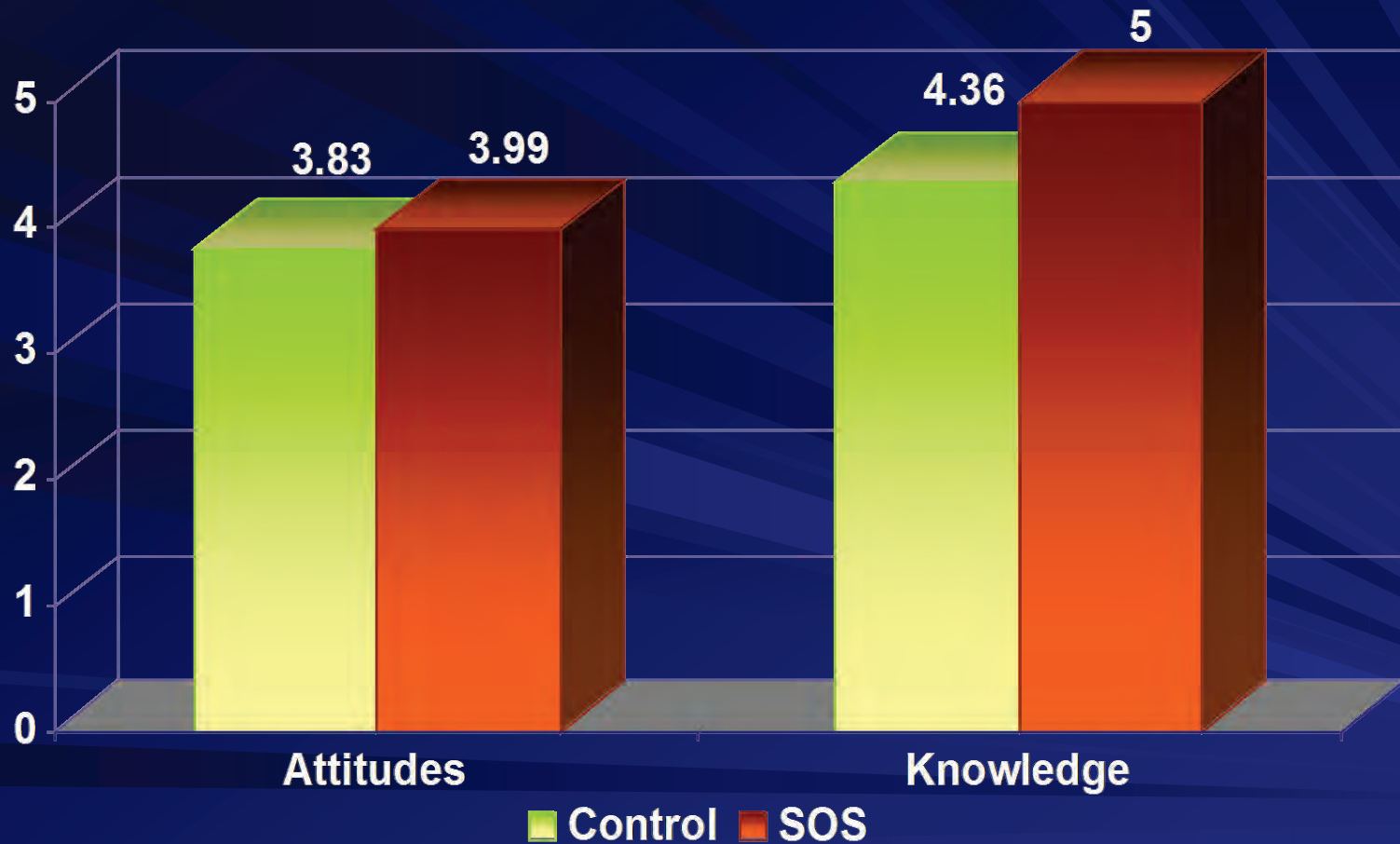
Outcome Evaluation

- Involved 4133 students in 9 schools (CT, GA, MA)
- Randomized experiment:
 - ½ of classes did SOS in fall
 - ½ of classes did SOS in spring
- Posttest only data collection
 - Outcomes assessed at 3 mos. (Jan/Feb)
 - Anonymous questionnaires during class

Measures

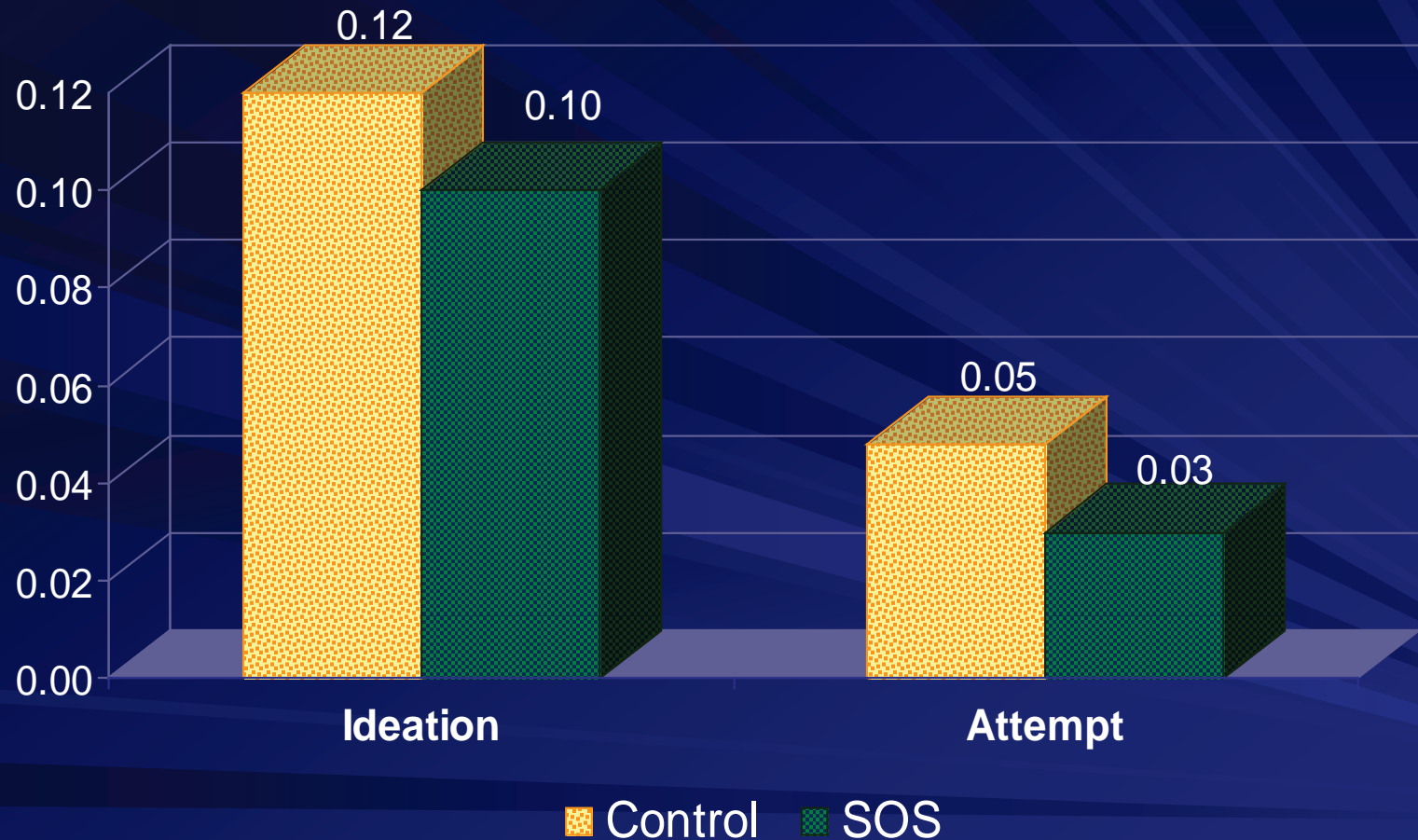
- Attitudes/Knowledge
 - Attitudes: 8 item scale
 - Knowledge: 10 item scale
- Help-seeking past 3 months:
 - Treatment Y/N
 - Talked to adult Y/N
 - Talked to adult about friend Y/N
- Suicidal behavior past 3 months:
 - Ideation Y/N
 - Attempts Y/N

Effects of SOS Program on Knowledge and Attitudes About Depression/Suicide



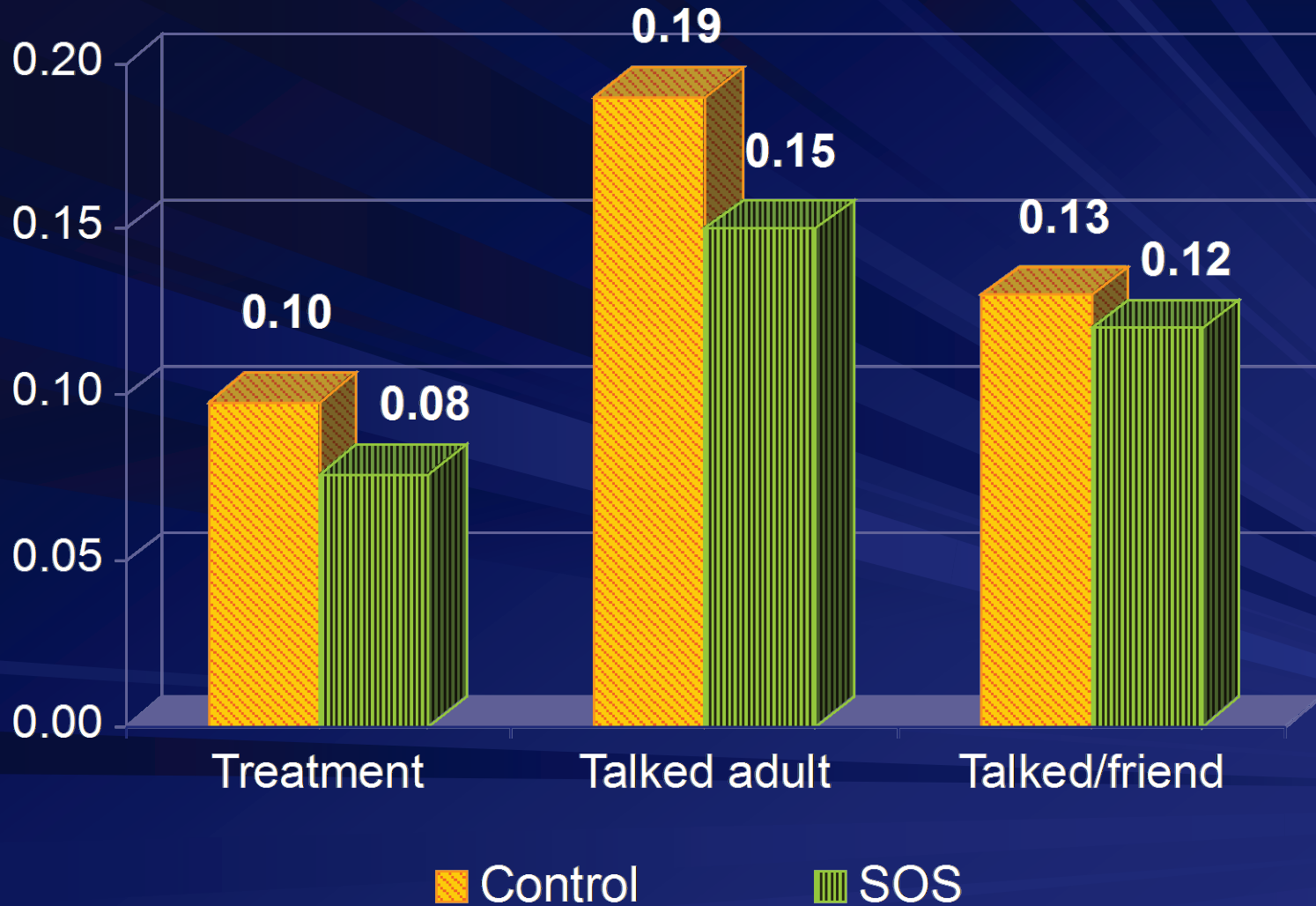
Treatment and controls differ at the .05 level for both outcomes.

Effects of SOS Program on Suicidal Ideation and Suicide Attempts



Treatment and controls differ at the .05 level for suicide attempts.

Effects of SOS on Help-Seeking



Summary of SOS Research

- SOS: first program to curtail suicide attempts in randomized study
- Program well received by schools
- Added to SAMHSA's NREPP
- Currently used in 1000+ schools

CHADS Coalition
FOR Mental Health
COMMUNITIES HEALING ADOLESCENT DEPRESSION AND SUICIDE

Sara Strawhun, M. Ed.
School Outreach Project Manager

Introducing Chad



- 18 years old, academically and athletically gifted
- Eagle Scout, active in church and volunteer groups
- Recognized as a leader with great potential
- Senior year of HS diagnoses:
 - Depression
 - Bipolar Disorder
 - Obsessive-Compulsive Disorder
- Died: by suicide: April 15, 2004

CHADS' Mission

The McCord's have vowed to be Chad's voice.

Marian and Larry created CHADS Coalition for Mental Health, an organization focused on saving the lives of our youth by ending the stigma surrounding mental illness through *awareness, education, family support and research*.

SOS Signs of Suicide®

- Evidence-based
- SAMHSA certified
 - Quality
- Accessibility
 - CHADS
 - Train others



Missouri

Adolescent Suicide Mortality by Gender (CDC, 2007)

Gender	Number Suicides (15-19)	Number Suicides (20-24)	Rate (15-19)*	Rate (20-24)*
Male	1,221	2,260	11.03	20.64
Female	260	399	2.48	3.89
Total	1,481	2,659	6.87	12.53

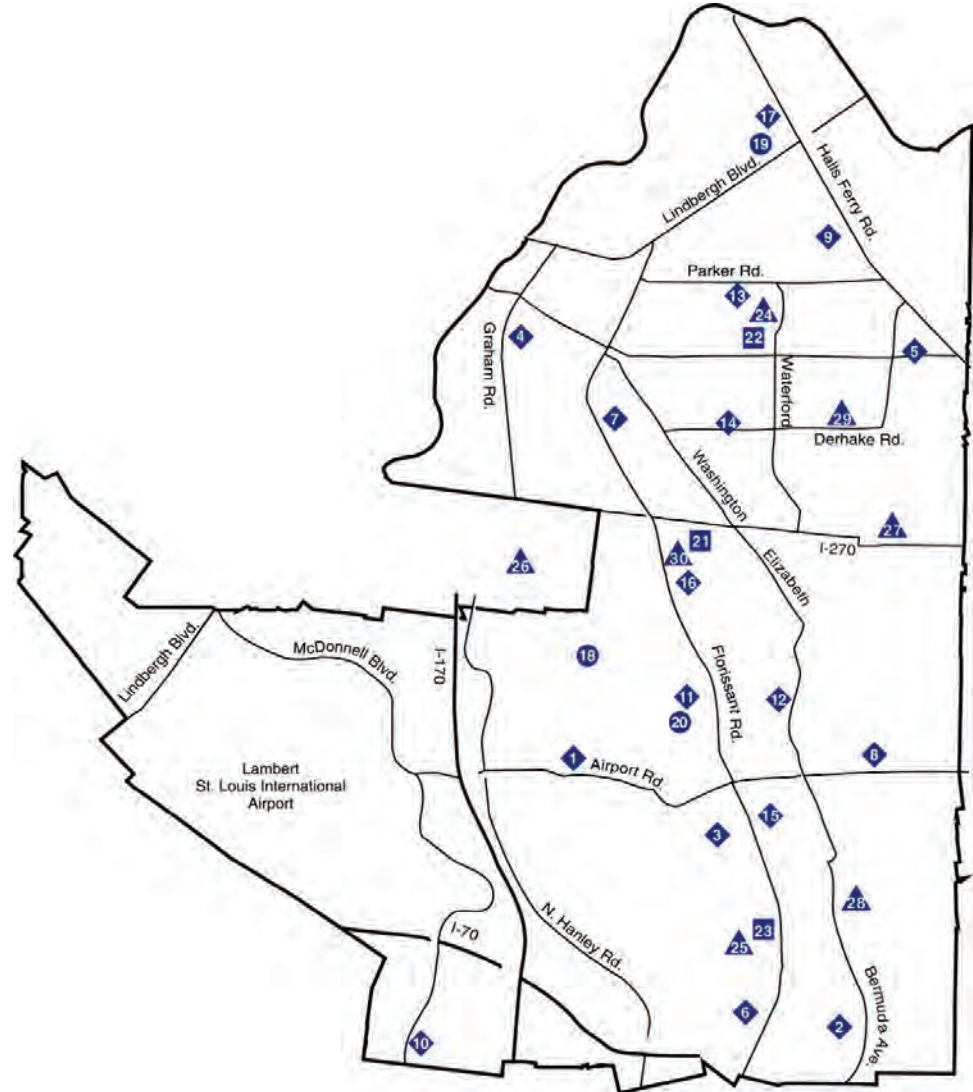
*Rate per 100,000

Adolescent Aged 14-18 Suicide Ideation and Attempts (CDC, 2009)

BRFSS Question	Male	Female	Total
Seriously considered attempting suicide	10.6%	20.6%	15.4%
Made a plan about how they would attempt suicide	8.6%	14.2%	11.3%
Attempted suicide one or more times	5.0%	7.9%	6.4%

Ferguson-Florissant School District

- 3 High Schools
- 3 Middle Schools
- 17 Elementary Schools
- 100% SOS implementation for grades 6-9



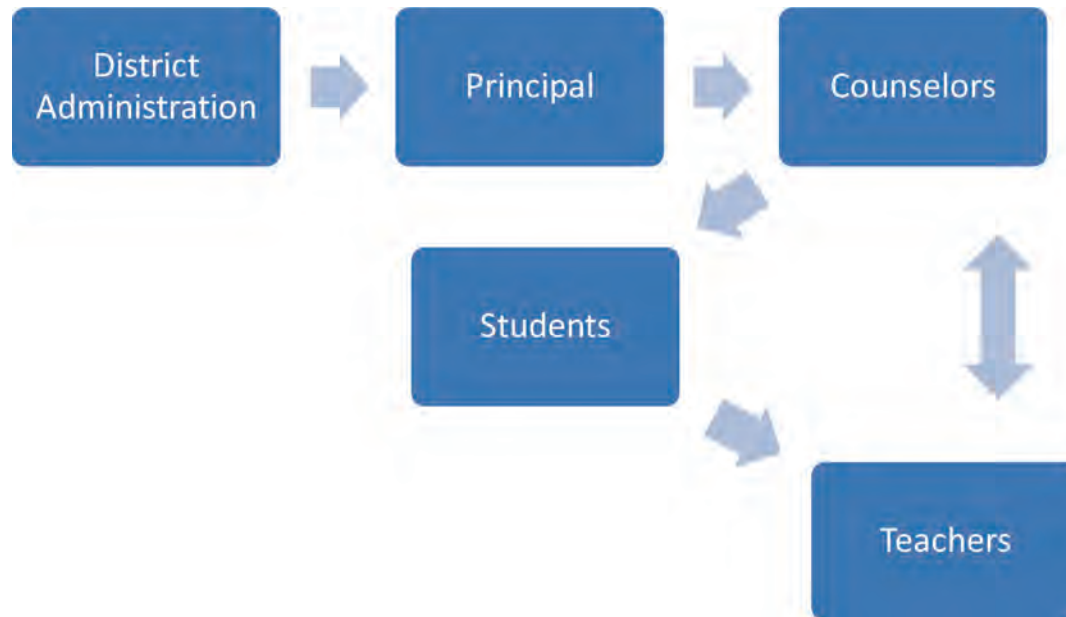
Ferguson-Florissant Demographics

- District covers 92 square miles of suburban St. Louis
- Total student composition:

	2010	2011
Total Enrollment	11,713	11,674
Asian Percentage	0.8%	0.5%
Black Percentage	79.7%	76.5%
Hispanic Percentage	1.3%	2.3%
Indian Percentage	0.1%	0.1%
White Percentage	18.1%	15.9%
Free/Reduced Lunch	67.9%	68.8%

CHADS & Ferguson-Florissant

- 1) District buy-in
- 2) Required implementation
- 3) Regular check-ins
- 4) End of year meeting



Outcomes & Results

2011-2012 School Year:

- 2,213 students participated in the SOS program
- 410 students seeking help (19%)—higher than average

Reported Outcomes

- Improved participant knowledge and attitudes
- Identifying at-risk students
- In the 2010-2011 school year, students reported the following after taking part in SOS:
 - 88%, understanding how to use the ACT technique
 - 82%, able to recognize the warning signs of suicide
 - 82%, know what to do if a friend is having suicidal thoughts

Student Responses to SOS

“I know that if a friend is feeling depressed, always tell an adult.”

“I think this was a great, excellent video and it’s going to help a lot of depressed people.”

“I thought the presentation was nice. I learned to tell an adult over the age of 21 if you hear or see someone talking about suicide.”

“Thanks for coming and talking to us. You do a great thing for kids and so many kids' lives.”

“Your presentation was so great! Keep up the great work. My coping skills when I’m sad are drawing, listening to music, and running.”

“I think this presentation was well done. It made me understand how my mother felt when she attempted.”

“I enjoyed getting to learn things I may use if I’m ever in a situation like that.”

Challenges & Barriers

- “Danger” of discussing suicide
- BSAD
 - Verbal
- Coordinating Schedules/Prioritizing Teaching Time
 - GLEs
 - Combined classes
 - Train teachers
- Screening Slips

BASED ON THE VIDEO AND/OR SCREENING, I FEEL...

I need to talk to someone within a few days about myself or a friend.

I need to talk to someone immediately about myself or a friend.

I do not need to talk to someone about myself or a friend.

Your Name (print) _____ **Grade:** ____ **Teacher:** _____

SOS Impact

“I would not have known about [students identified by SOS as at-risk for suicide] any other way if it were not for the SOS program... The SOS program addresses the issue very clearly and makes opening up in a confidential and safe way feasible.” ~ School Counselor

References

Centers for Disease Control and Prevention. "WISQARS Injury Mortality Reports, 1999 - 2007." Injury Prevention & Control: Data & Statistics (WISQARS).

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Centers for Disease Control and Prevention. "Youth Online High School YRBS: Missouri 2009 Results." Youth Risk Behavior Surveillance System.

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(accessed April 19, 2012).

Question & Answer Session





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