Healthy People 2020: Who’s Leading the Leading Health Indicators?
Who’s Leading the Leading Health Indicators?

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

1200 Healthy People objectives

LHIs are a subset of Healthy People objectives
Who’s Leading the Leading Health Indicators?

Featured Speakers:

- **Karen B. DeSalvo, MD, MPH, MSc** – Acting Assistant Secretary for Health, U.S. Department of Health and Human Services

- **Rob Lyerla, PhD** – Associate Director for Science, Center for Behavioral Health Statistics and Quality, Division of Evaluation, Analysis and Quality, Substance Abuse and Mental Health Services Administration (SAMHSA)

- **Chris Wagner** – Policy and Research Coordinator, Project Extra Mile
Substance Abuse

- Related conditions associated with the consumption of mind and behavior-altering substances that have negative behavioral and health outcomes.

- In 2014, SAMHSA estimated:
  - 27.0 million individuals 12 years and older used illicit drugs in the past 30 days
  - 60.9 million individuals 12 years and older engaged in binge drinking in the past 30 days
The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems, including:

- Cardiovascular conditions
- Pregnancy complications
- Teenage pregnancy
- HIV/AIDS and other STDs
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Crime
- Homicide
- Suicide
Substance Abuse - Leading Health Indicators

- Adolescents using alcohol or any illicit drugs during the past 30 days
- Adults engaging in binge drinking during the past 30 days
Adolescent Alcohol or Illicit Drug Use in the Past 30 Days, 2004-2014

NOTES: Data are for persons who reported using at least one of the following substances in the past 30 days: alcohol, marijuana or hashish, cocaine (including "crack"), inhalants, hallucinogens (including PCP & LSD), heroin, or any nonmedical use of analgesics, tranquilizers, stimulants, or sedatives.

SOURCE: National Survey on Drug Use and Health (NSDUH), SAMHSA.
Adolescent Alcohol or Illicit Drug Use in Past 30 Days, Race/Ethnicity, 2014

NOTES: I is 95% confidence interval. Data are for persons who reported using at least one of the following substances in the past 30 days: alcohol, marijuana or hashish, cocaine (including "crack"), inhalants, hallucinogens (including PCP & LSD), heroin, or any nonmedical use of analgesics, tranquilizers, stimulants, or sedatives. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes Other Pacific Islanders. Respondents were asked to select one or more races. Single race categories are for persons who reported only one racial group.

SOURCE: National Survey on Drug Use and Health (NSDUH), SAMHSA.
Adult Binge Drinking in the Past 30 Days, 2008-2014

Percent

2008 2009 2010 2011 2012 2013 2014

HP2020 Target: 24.4

NOTES: Data are for persons who reported having five or more drinks (for men) or four or more drinks (for women) at the same time or within a couple of hours of each other during the past 30 days.
SOURCE: National Survey on Drug Use and Health (NSDUH), SAMHSA.

Obj. SA-14.3
Decrease desired
Adult Binge Drinking in the Past 30 Days, Age, Race/Ethnicity, 2014

Notes: [horizontal bar] is 95% confidence interval. Data are for persons who reported having five or more drinks (for men) or four or more drinks (for women) at the same time or within a couple of hours of each other during the past 30 days. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Native Hawaiian includes Other Pacific Islanders. Respondents were asked to select one or more races. Single race categories are for persons who reported only one racial group.

Source: National Survey on Drug Use and Health (NSDUH), SAMHSA.
Activities Supporting Behavioral Health Indicators Related to Substance Abuse and Mental Health

Rob Lyerla, PhD
CAPT, USPHS
Associate Director for Science
Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration (SAMHSA’s) Mission

Reduce the impact of substance abuse and mental illness on America's communities

http://www.samhsa.gov/
Offices and Centers

- SAMHSA Headquarters Offices
  - Office of the Administrator
  - Office of Communications
  - Office of Financial Resources
  - Office of Management, Technology, and Operations
  - Office Policy, Planning, and Innovation,
    - Behavioral Health Equity
    - Tribal Affairs and Policy (OTAP)
  - Regional Administrators
Offices and Centers

- SAMHSA Headquarters Center
  - Center for Mental Health Services
  - Center for Substance Abuse Prevention
  - Center for Substance Abuse Treatment
  - Center for Behavioral Health Statistic and Quality
CBHSQ Supports SAMHSA’s Mission

- Federal Statistical Reporting Unit
  - Provides national leadership in behavioral health statistics and epidemiology
  - Promotes basic and applied research in behavioral health data systems and statistical methodology
  - Designs and carries out special data collection and analytic projects to examine issues for SAMHSA and other federal agencies
  - Participates with other federal agencies in developing national health statistics policy
  - Consults and advises SAMHSA’s Administrator and the Department of Health and Human Services' Secretary on statistical matters
SAMHSA/CBHSQ Data Sources

- National Survey on Drug Use and Health (NSDUH)
- Treatment Episode Data Set (TEDS)
- National Survey on Substance Abuse Treatment Services (N-SSATS)
- National Mental Health Services Survey (N-MHSS)
- Current Realities - Emerging Behavioral Health Issues
Public Use Files

New & Updated Data
New NSDUH 2014 Public-Use File
Updated N-SSATS Public-Use Files
New TEDS-A 2013 Public-Use File

SAMHDA Home
Welcome back to SAMHDA—the Substance Abuse and Mental Health Data Archive!

The Substance Abuse and Mental Health Services Administration (SAMHSA) and RTI International are proud to launch the redesigned SAMHDA website with new designs, streamlined menus, and simplified navigation. We want to offer our users an easy way to get to the data they need for their analyses.

We encourage legacy and new users to return to the site often to explore the spectrum of available data offerings. We will update and expand our resources, tools, and documentation frequently to deliver the most relevant data for your needs.

The SAMHDA help desk is available to answer questions via our online technical assistance form or by calling 888.741.2242.

In an upcoming release, we will implement a user-friendly application for performing online analysis. The application will allow users to create cross-tabs and perform logistic regression, chi-square tests, and t-tests from their web browsers, as well as download output and underlying data in .csv format.
Behavioral Health Treatment Services Locator

https://findtreatment.samhsa.gov/
Short Reports

The NSDUH Report

Major Depressive Episode and Treatment among Adolescents: 2009

In Brief

- An estimated 2 million adolescents, or 8.1 percent of the population aged 12 to 17, had major depressive episodes (MDE).
- Rates of past-year MDE increased between the ages of 12 to 13 (3.5 to 4.4 percent), and females aged 14 to 17 were over twice as likely as their male counterparts (10.0 to 4.1 percent).
- Adolescents who had past-year MDE were less likely to be in the same grade as those without past-year MDE.

About one third (34.7 percent of adolescents who had MDE in the past year.

The TEDS Report

Length of Time from First Use to Adult Treatment Admission

In Brief

- Among adult treatment admissions, an average of 3.6 years (SD = 6.0 months) elapsed between the first use and first treatment admission for major depression.

The N-SSATS Report

HIV Services Offered by Substance Abuse Treatment Facilities

In Brief

- In 2008, approximately 1.6 million people lived with HIV/AIDS in the United States.
- The number of people with HIV/AIDS has increased since 2000, with a peak of 1.3 million people in 2008.
- At least 1 million people live with HIV/AIDS in the United States.

The DAWN Report

Monthly and Seasonal Variations in Emergency Department Visits for Drug-Related Suicide Attempts: 2004 to 2008

In Brief

- In 2004, emergency department visits for drug-related suicide attempts were highest in February and lowest in September.
- Emergency department visits for drug-related suicide attempts were highest in February and lowest in September.
- In 2008, emergency department visits for drug-related suicide attempts were highest in February and lowest in September.

SAMHSA

Substance Abuse and Mental Health Services Administration

www.samhsa.gov 1-877-726-4777 1-877-788-4777
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Source: http://www.samhsa.gov/data/behavioral-health-barometers
Major publications


Alphonso Arroyo, DDS, MSc; Margaret L. Martin, PhD; Rob Jaffe, PhD

Mortality and Morbidity Weekly Report

Figure 2. Percentage of persons who reported driving a vehicle under the influence of alcohol alone, marijuana alone, alcohol and marijuana combined, and alcohol alone, by age (years) — National Survey on Drug Use and Health, United States, 2014

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002–2014.

* Analysis limited to marijuana users.
Original research: Quintile distribution of heavy alcohol drinking prevalence
Original research: Spatial clustering of Heavy Alcohol Drinking (HAD)
Emerging issues
Deepwater Horizon Oil Spill, 2010

Pre: 2007-2009
Behavioral health assessments

Oil Spill: 2010

Post: 2011
Behavioral health assessments

Sources:
SAMHSA and CDC. Behavioral Health in the Gulf Coast Region Following the Deepwater Horizon Oil Spill, HHS Publication No. (SMA) 13-4737, Rockville, MD; Atlanta, GA., 2013.
SAMHSA (CBHSQ)-Partners

“is an organization of member states and territories representing public health epidemiologists” that “works to establish more effective relationships among state and other health agencies”. CSTE works along with tribal, state, jurisdictions and federal officials to help advance public health policy and epidemiological capacity.
In progress/completed

- CSTE voted on and approved list of Behavioral Health Indicators

- Paper in progress to call for national Behavioral Health Surveillance System (like Infectious disease Surveillance system)

- Consultation this summer on updating guidelines for surveillance systems to include specifics unique to Behavioral Health Surveillance

- Pilot testing of data collection at county level

- National assessment of ownership of data

- Mathematical modeling to establish thresholds
Last thoughts

- Federal responsibility to be good stewards of the public trust
- Large, reliable, national surveys
- Data dissemination for decision making
- Cutting edge responses to the needs of public health providers and their constituents
Thank You!

Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
Toll-Free Numbers
877-SAMHSA-7 (877-726-4727)
800-487-4889 (TDD)
Shaping the landscape to prevent excessive alcohol consumption in Nebraska

Chris Wagner
Policy and Research Coordinator

July 21, 2016
History of Project Extra Mile

1995 - Omaha was selected as one of five demonstration sites in the country by National Association of Governors' Highway Safety Representatives (now the Governors' Highway Safety Association). A community coalition was formed shortly thereafter.

2001 - Project Extra Mile became a statewide network of community coalitions and lead coalition activities in the following counties: Cedar, Dawson, Dodge, Douglas, Hall, Madison, Sarpy, Saunders, Scotts Bluff, Washington and Wayne.

2012 - The organization transitioned to focus on its community partnerships and providing TA to partnerships to lead their own underage drinking prevention initiatives. The Omaha metro area coalition continues to meet monthly.

2016 - The organization expanded its mission from focusing on the prevention of underage drinking to focusing on the prevention of all alcohol-related harms.
Our Mission

Advocating for evidence-based policies and practices to prevent and reduce alcohol-related harms.
About Us

Project Extra Mile is a statewide network of community partnerships in Nebraska working to prevent alcohol-related harms through the use of science- and evidence-based strategies.

Community organizing is the foundation to our efforts. We focus our work on policy initiatives, enforcement collaborations, media advocacy, education and awareness and youth leadership.
Topics to Cover

- Excessive Alcohol Consumption
- Enhanced underage drinking enforcement operations
- Community engagement
- Screening and counseling for alcohol misuse
What is excessive consumption?

- **Binge drinking**
  - 5 or more drinks in a sitting for males
  - 4 or more drinks in a sitting for females

- **Heavy drinking**
  - More than 2 drinks per day (on average) for males
  - More than 1 drink per day (on average) for females

- **Underage drinking**
  - Consuming alcohol under the legal drinking age of 21

- **Drinking by pregnant women**
  - Consuming alcohol at any time during a pregnancy (CDC)
Why is it important?

- Excessive drinking is the third leading preventable cause of death in the U.S.  
  (Mokdad et al., 2004)

- Caused 88,000 deaths and 2.5 million years of potential life lost each year from 2006-2010  
  (CDC, 2013)

- 9 out of 10 excessive drinkers are not dependent on alcohol  
  (Esser et al., 2014)
Short- and Long-term Consequences

- **Short-Term**
  - Injuries
  - Violence
  - Alcohol poisoning
  - Reproductive risks

- **Long-Term**
  - Chronic diseases
  - Cancers
  - Learning and memory problems
  - Mental health conditions
  - Social problems
  - Alcohol dependence (CDC, 2015)
Excessive Consumption: The Costs

- Excessive drinking cost the US $249 billion in 2010...
- ...$100 billion of which was borne by government

(Sacks et al., 2015)
Alcohol use by Youth in Nebraska

- 1 out of 5 high school students reported using alcohol in the last 30 days in 2015.

- In 2015, current alcohol use among NE high school students continued to decline and was lower than high school students nationally.

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<td>NE</td>
<td>53%</td>
<td>43%</td>
<td>27%</td>
<td>23%</td>
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<tr>
<td>US</td>
<td>51%</td>
<td>43%</td>
<td>39%</td>
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Source: 2011 and 2014/2015 Nebraska Youth Risk Behavioral Surveys (YRBS)
Binge Drinking by Youth in Nebraska

- 1 out of 6 high school students reported binge drinking during the past 30 days.
- In 2015, a lower percentage of high school students in NE reported binge drinking than high school students nationally.

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<td>NE</td>
<td>37%</td>
<td>30%</td>
<td>16%</td>
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<tr>
<td>US</td>
<td>31%</td>
<td>26%</td>
<td>22%</td>
<td>18%</td>
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Source: 2014/2015 Nebraska Youth Risk Behavioral Survey (YRBS)
Binge Drinking by Adults (18+) in Nebraska

- 1 out of 5 adults aged 18 and older reported binge drinking during the past 30 days versus 1 out of 6 nationally.

- Nebraska jumped from 8th to 5th worst in terms of its binge drinking rates among the 50 states and D.C. in 2014. Four of Nebraska’s communities (Omaha, Lincoln, Grand Island, and Norfolk) ranked in the top 15 of nearly 200 cities indexed for binge drinking rates across the country. (CDC, 2014; CDC, 2012)

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<td>23%</td>
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<td>US</td>
<td>18%</td>
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Source: 2014 Behavior Risk Factor Surveillance System
Key Programs

- Enhanced underage drinking enforcement operations
  - Compliance checks
  - Selective enforcement
  - Community engagement
  - Monitor liquor licensing and regulatory processes

- Screening and counseling for alcohol misuse
  - CHI Pilots
  - Data analysis
  - Literature review
Cumulative Estimated Number of Lives Saved by Minimum Legal Drinking Age Laws, 1975-2014

Source: National Highway Safety Administration
Compliance Checks

- One of the most effective ways to deter commercial alcohol sales to underage youth

- Underage Cooperating Individuals (CIs) working with law enforcement to ensure compliance with Minimum Legal Drinking Age laws

- Coalition involvement in underage drinking enforcement operations demonstrates strong community support for these efforts
Compliance Checks

PEM has worked since 1997 to coordinate multi-agency underage drinking enforcement efforts in communities across the state

- Current operations focus on Douglas and Sarpy Counties (approximately 1,500 retail licenses)
  - Goal of up to 6 operations per year involving 6 law enforcement agencies
- Media advocacy before and after
- Follow up for non-compliant businesses
- Continue to provide technical assistance to law enforcement agencies and coalitions across the state
  - Guidelines for cooperating individuals
  - Mini-grant application process
  - Community support
Selective Enforcement

- Saturation/party patrols
  - @ parks, residential areas, parking lots
  - Target times of year when youth access to alcohol increases
    - Holidays
    - Homecoming
    - Prom
    - Graduation

- T.R.A.C.E. -- Address social access

- Hold adults accountable – No Free Ride if You Provide
Community Engagement

- Over 500 neighbors, youth and community organizations are members of the Project Extra Mile coalition
- Monthly coalition meetings are attended by law enforcement
- Law Enforcement Workgroup identifies dates for underage drinking enforcements and topics for annual law enforcement training
Monitoring Licensing & Regulatory Processes

- PEM monitors the licensing process from the municipal level to the state Liquor Control Commission, which has the final say on applications.

- Communities of 10,000+ residents; three most-populous counties.

- Community organizing around local ordinances or liquor license applications of potential concern.

- Provide latest research and training opportunities to communities.
Screening and Counseling

- **Goal:** Implementation of screening and counseling for alcohol misuse in all health systems in Douglas County with subsequent statewide expansion

- **Partners:** CHI Health, University of Nebraska Medical Center’s College of Public Health, UNMC Binge Drinking Collective Impact Workgroup

- CHI provided $30,000 for implementation of SBIRT pilot projects at its clinics, as well as to study the pilot project data and to review use of SBIRT across the country

- CHI currently piloting SBIRT at two clinics with plans to expand to 10 additional clinics over the next year; UNMC Midtown Clinic working to implement SBIRT pilot
Key Findings

- Since 1997, PEM has coordinated compliance checks at over 10,000 businesses licensed to sell alcohol.

- In 1997, the non-compliant rate was 41% vs. 8% in 2015.

- Citations for youth-related alcohol violations during selective enforcement patrols have declined by 39% between 2006 and 2014.
Project Extra Mile
Alcohol Compliance Checks
Douglas & Sarpy Counties

NON-COMPLIANT RATE

Lessons Learned

- Evidence-based policies and practices are the most effective and efficient ways to prevent and reduce alcohol-related harms

- Importance of good working relationships with law enforcement and their active involvement in coalition

- Local data is essential

- Leave no stone unturned – If you want to be effective, you must seize every opportunity to advocate
Challenges

- Limited resources
- “Call Tree” obsolete but social media in full force
Thank You!

Project Extra Mile
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Roundtable Discussion
Please take a moment to fill out our brief survey.
Stay Connected

- Visit [healthypeople.gov](http://healthypeople.gov) to learn more about the Healthy People 2020 Leading Health Indicators

- To receive the latest information about Healthy People 2020 and related events, visit our website to:
  - Join the Healthy People 2020 Consortium
  - Share how your organization is working to achieve Healthy People goals

Follow us on Twitter [@gohealthypeople](https://twitter.com/gohealthypeople)

Join our Healthy People 2020 group on LinkedIn
Maximizing Inclusion and Participation to Improve Outcomes

Thursday, August 11 | 12:30 PM EDT

Please join us as we review the progress of select Healthy People 2020 objectives in the Disability and Health and Health-Related Quality of Life and Well-Being Topic Areas.

Hear how one community-based organization has partnered to improve outcomes.

To register, visit:
www.healthypeople.gov