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

- Tenth 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.
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.
Webinar Participants

- **Howard K. Koh, M.D., M.P.H.**
  Assistant Secretary for Health, HHS

- **Don Wright, M.D., M.P.H.**
  Deputy Assistant Secretary for Disease Prevention and Health Promotion, HHS

- **Kevin Haggerty, M.S.W., Ph.D.**
  Assistant Director, Social Development Research Group

- **Jaclynn Sagers**
  Director, Tooele City Communities That Care

- **Panelist:**
  - **Sarah Wattenberg, MSW**, Senior Advisor on Substance Abuse Policy, HHS
  - **Blair Brooke-Weiss**, M.S.P.H., Communities That Care Specialist, Social Development Research Group, University of Washington
Impact & Context: Substance Abuse

- An estimated 10 million people aged 12 to 20 report drinking alcohol during the past month.
- Approximately 23 million Americans are current illicit drug users.
- Almost 18 million Americans are classified with alcohol dependence or abuse.
- Annual costs exceed $600 billion annually.
Leading Health Indicators: Substance Abuse

The Substance Abuse Leading Health Indicators are:

- Adolescents using alcohol or any illicit drugs during the past 30 days
- Adults engaging in binge drinking during the past 30 days
Youth Substance Abuse

Impact on youth:

- Brain Development
- Injury
- Death
- Risky behavior
- Social Consequences
Alcohol or Illicit Drug Use in the Past 30 Days:
Ages 12 to 17 Years, 2002-2011

Note: 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), Substance Abuse and Mental Health Services Administration (SAMHSA).
Alcohol or Illicit Drug Use in Past 30 Days: Ages 12 to 17 Years by Age and Country of Birth

Note: I = 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.

Source: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA).
Alcohol or Illicit Drug Use in Past 30 Days: Ages 12 to 17 Years by Race and Ethnicity

Percent

<table>
<thead>
<tr>
<th>Race</th>
<th>2008</th>
<th>2011</th>
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<tbody>
<tr>
<td>Asian</td>
<td>10.5</td>
<td>9.0</td>
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<tr>
<td>Black</td>
<td>22.5</td>
<td>18.0</td>
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<td>2 or more races</td>
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<td></td>
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<tr>
<td>White</td>
<td>13.0</td>
<td>15.0</td>
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<tr>
<td>Hispanic</td>
<td>17.0</td>
<td>14.0</td>
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<tr>
<td>American Indian</td>
<td>16.0</td>
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</table>

HP2020 Target: 16.6

Note: I= 95% confidence interval. Data are for persons who reported using alcohol or illicit drugs in 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. 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), Substance Abuse and Mental Health Services Administration (SAMHSA).
Communities that Care Overview

Get Started

Creating Communities That Care

Implement and Evaluate

Create a Plan

Get Organized

Develop a Profile
Community Youth Development Study: Results of Testing Communities that Care

Spring ’06
- 3 years of CTC
- 2nd year of programs

Spring ’07
- 4 years of CTC
- 3rd year of programs

Spring ’08
- Completed Year 5 of the study
- Ended CYDS funding and technical assistance

April ’03
Start of Study

Spring ’09
No CYDS funding and no technical assistance for 1 year

Youth Outcomes in Grade 7:
- Lower levels of targeted risk
- Lower rates of initiation of delinquency

Youth Outcomes in Grade 8:
- Lower rates of initiation of use of alcohol, cigarettes, smokeless tobacco, and delinquency
- Lower prevalence of alcohol, binge drinking, smokeless tobacco
- Fewer delinquent behaviors

Youth Outcomes in Grade 10:
- Lower rates of initiation of use of alcohol and cigarette, and delinquency
- Lower prevalence of smoking, delinquency, and violence

- Hawkins et al. (2009) Archives of Pediatric Adolescent Medicine,
- Hawkins, et al. (2012 Archives of Pediatric Adolescent Medicine,
Risk factors exist in different environments:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Community</th>
<th>Substances Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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<td>Availability of Drugs</td>
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<td>Availability of Firearms</td>
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<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
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<td>Media Portrayals of Violence</td>
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<td>Transitions and Mobility</td>
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<td>Low Neighborhood Attachment and Community Disorganization</td>
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<td>Family</td>
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<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
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<th>Risk Factors</th>
<th>School</th>
<th>Substances Abuse</th>
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<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
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<th>Depression &amp; Anxiety</th>
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<td>Lack of Commitment to School</td>
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<td>Individual/Peer</td>
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<td>Alienation and Rebelliousness</td>
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<td>Friends Who Engage in the Problem Behavior</td>
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The Social Development Strategy

The Goal... Healthy Behaviors... for all children and youth

Start with... Healthy Beliefs and Clear Standards... in families, schools, and peer groups

Build... Bonding - Attachment - Commitment... to families, schools, and peer groups

By providing... Opportunities, Skills, Recognition... in families, schools, and peer groups

Be Aware of... Individual Characteristics
Effects of Communities That Care: Spring 2007

- Significant reductions in initiation of tobacco and alcohol use and delinquency among eighth grade students community wide in a panel followed from grade 5.

Compared with controls:
- 33% less likely to start smoking cigarettes.
- 32% less likely to start drinking alcohol.
- 25% less likely to start delinquent behavior.

(Hawkins et al., 2009)
Significant reductions in current alcohol use and crime among eighth grade students in the panel:

- 23% less likely to drink alcohol currently than controls.
- 37% less likely to “binge” (5 or more drinks in a row) than controls.
- Committed 31% fewer different delinquent acts in past year than controls.

(Hawkins et al., 2009)
• Compared to control communities, 10th graders in CTC communities showed:
  ➢ Less rapidly increasing risk since grade 5.
  ➢ Lower mean levels of targeted risk.
  ➢ Lower incidence of delinquent behavior, alcohol use, and cigarette use.
  ➢ Lower prevalence of past-month cigarette use.
  ➢ Lower prevalence of past-year delinquency
  ➢ Lower prevalence of past-year violence.

(Hawkins, Oesterle et al., 2012)
Tooele City
Communities That Care

Mobilizing the village to raise healthy children

Jaclynn Sagers, PS
Director / Community Coordinator
Tooele City CTC

Kevin Haggerty, MSW, PhD
University of Washington
Tooele City BEFORE CTC Implementation

- 2003 recent alcohol use among 10th graders in Tooele City and Utah:

- 2003 lifetime marijuana use among 10th graders in Tooele City and Utah:
Tooele City AFTER CTC Implementation

- 11.8% decrease in 30-day alcohol consumption among 10th graders between 2007 and 2009

- 3.3% decrease in recent marijuana use among 10th graders between 2007 and 2009
Beginning the work of CTC

- Intervention community in 2003 clinical trial
- Engaging community stakeholders
  - Champions
  - Diverse community leaders (chamber of commerce, school district, police, mayor)
  - Forming a coalition (Community Board)
- Data collection & compilation
- Community assessments
  - Risk and Protective Factors
  - Existing resources and gaps
Choosing Preventive Programs – an iterative process

- Lions-Quest Skills for Adolescence™, LifeSkills Training™, Guiding Good Choices™
  - Evidence-based
  - Address the root cause *AKA chosen Risk Factor*: Low Commitment to School, Interaction with Antisocial Peers, Family Conflict/Poor Family Management

- SDRG menu-set (CTC Prevention Strategies Guide)

- NREPP database

- Selections are data-driven
LifeSkills Training™

- Substance abuse/problem behavior prevention
- Worked with the school district to make LifeSkills a required curriculum
- Program fidelity
- Trainings & TA
- Implementation & Evaluation
Sustainability – from non-profit to City Department

- Funding for CTC through the clinical trial ended in spring 2008
- Became a City Department in July 2008
- Funded by general budget and institutionalized as a department within Tooele City Corp. infrastructure
- Value in the details:
  - Developing relationships with policy makers & funders
  - Strong program data
  - Creating detailed and realistic budgets
Steps to Success

- Partners and stakeholders:
  - Maintaining Champions
  - Supporting teachers and other implementers
  - Welcoming community member input and ideas
  - Maintaining visibility with policy-makers

- Collecting data and insuring data validity
- Engaging trained, energized coalition members
- Effective messaging
Thank You!

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Roundtable Discussion

Please take a moment to fill out our brief survey.
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